CALIFORNIA MEDICAL ASSOCIATION

COMMITTEE ON AIDS AND SEXUALLY TRANSMISSIBLE DISEASES

TUESDAY, MAY 19, 1987

SAN FRANCISCO AIRPORT HILTON HOTEL

3:00 - 6:00 P.M.

PLEASE BRING THIS BOOK TO THE MEETING

ROSTER

COMMITTEE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
AND SEXUALLY TRANSMISSIBLE DISEASES

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COMMITTEE ON AIDS AND SEXUALLY TRANSMISSIBLE DISEASES

Tuesday, May 19, 1987
3:00 - 6:00 p.m.

Airport Hilton Hotel
San Francisco

Roll Call

Meeting Minutes, March 31, 1987

Overview - Meeting Expectations

TAB	ITEM	STATUS
1	Report to Council, April 24, 1987	Information
2	AB 87 (mailed May 11, 1987)	Action
3	BMQA, "AIDS: A Primer" (mailed May 11, 1987)	Action
4	AIDS Legislation Testimony	Action
5	AIDS Policy Review - Laurens P. White, MD	Action
6	CMA Policy - Where We Stand on AIDS	Action
7	HIV Antibody Testing	Action
	. Alternate Test Site Guidelines, Department of Health Services, AIDS Activity Office	Action
	. Consent Form for HIV Ab Test . where to obtain, resources . CMA endorsed	Action
	. For Profit HIV Testing . More-Health Institute . Letter, David Dassey, MD, Riverside County Department of Public Health, to Robert Gebhart, Riverside County Medical Society . "State Requests Review of AIDS Testing Service", The Press Enterprise	Action
8	Health Professional Education, Richard Hamilton, MD California AIDS Advisory Committee	Action
9	HIV Testing of Persons in State Hospitals . Memo, Soman to Cleveland, April 17, 1987 . Letter, Soman, April 6, 1987 . Letter, Alan Teitelbaum, MD to Mervyn Silverman, March 17, 1987 . Letter, Jeffrey Zwerin, D.O. to Governor Deukmejian, January 16, 1987 . Letter, Dean Towle, MD, to Laurie Soman, March 24, 1987 . Reference Committee G - Resolutions 701-87, 702a-87 . Policy and Procedures for California State Hospitals, from Division of State Hospitals	Action

10	AIDS Newsletter	For Information
11	Evaluation Summary, AIDS Update for the Practicing Physician, 1987 CMA Annual Session	For Information
12	CDC AIDS Slides - General, Surveillance and Epidemiology, and Study of Health Care Workers	For Information
13	"Hospital Accused of AIDS Bias After Dismissing Patient", Times, April 22, 1987	For Information
14	Frederick Armstrong, MD, Letter to local County Medical Societies and County Health Officer	For Information
15	Condom Promotion - Update	For Information

FOR ACTION

REPORT TO COUNCIL
from
THE COMMITTEE ON AIDS AND SEXUALLY TRANSMISSIBLE DISEASES
Mervyn F. Silverman, MD, Chairman

April 24, 1987

Legislative Report

At the meeting held March 31, 1987, the Committee considered 37 pieces of AIDS legislation. Committee recommendations on these bills were submitted to the Commission on Legislation for inclusion into their report.

Three bills, AB 1951, AB 2153, and SB 1006, address the issue of HIV testing in persons not competent to give authorization, or persons residing in a public mental hospital. As these issues are particularly complex, a subcommittee with members of this committee and representatives from the Liaison Committee to State Hospital Medical Staffs was formed to address the specific problems raised by these bills. Their comments and recommendations will be forwarded directly to the Commission on Legislation.

AB 87 **Agnos "AIDS Omnibus Bill"**

At the March 6th meeting, Council voted to change position on this bill from an "approve" to a "watch" and bring back position. This committee reviewed the most recent version (Attachment 1) and recommends a <u>support</u> position with the following amendments.

A. Language regarding mental competency needs further clarification which incorporates recommendations resulting from the joint ad hoc committee's review of AB 1951, AB 2153, and SB 1006.

B. Expand language regarding protection against discrimination to include services such as convalescence, skilled nursing facilities, and drug and alcohol treatment centers.

C. A representative from the gay community should be included on the proposed Commission on AIDS.

D. The Commission also should include health care professionals familiar with AIDS from the medical and mental health perspectives.

RECOMMENDATION #1: THAT CMA ADOPT A POSITION OF SUPPORT ON AB 87 WHICH INCORPORATES THE ABOVE MENTIONED AMENDMENTS.

Fiscal Note: Minimal

AIDS Issues for Policy Development

It has become evident that AIDS has brought into focus many medical and public health policies, whether assumed or officially addressed. There is a need for a thorough review of all policies as it relates to AIDS. This committee and staff has undertaken a review of all current CMA policy, as well as the policies of other major health care organizations. Attachment 2 shows the generic format which will be used for this process as well as a preliminary list of issues. It is the intent of this committee to present this overview to council at its next meeting in order that council thoroughly review and consider policy on all aspects of AIDS.

Condom Promotion for AIDS Prevention

At its February 11, 1987 Executive Committee meeting, staff was directed to investigate the feasibility of condom manufacturers financially supporting the development and distribution of public service announcements on the use of condoms for AIDS prevention. Staff has been in contact with View Film & Video Inc. (Attachment 3) which has expressed a desire to produce such PSA's at not cost to CMA. A preliminary working relationship has been established which has led to the development of a draft script. This committee has reviewed and commented on those drafts and has set the following guidelines for the next generation script.

A. That all options for avoiding AIDS should be mentioned, including abstinence.

B. That commitment and responsible behavior be underlying themes.

C. That PSAs should be appealing to homosexual and heterosexual populations.

D. That spermicide be recommended for use with a condom.

An ad hoc task force was developed to review and recommend changes for this committee's consideration as the project develops. Final PSA story boards will be submitted to council for approval should council approve the following:

RECOMMENDATION #2: THAT CMA PRODUCE PUBLIC SERVICE ANNOUNCEMENTS WHICH PROMOTE THE USE OF CONDOMS AND SPERMICIDE FOR THE PREVENTION OF AIDS, AND THAT SUCH PSAs WILL INCORPORATE THE GUIDELINES OUTLINED ABOVE.

Fiscal Impact: Minimal; staff time only if (1) View Film & Video provides all labor and materials; (2) within budget if View film and Video provides only partial assistance

Mandatory Continuing Medical Education on AIDS

The California AIDS Advisory Committee began investigating the concept of mandatory Continuing Medical Education on AIDS for all licensed California health care providers. Mark Madsen, who staffs this committee and manages the Department of Continuing Medical Education, was requested (Attachment 4) to serve on a subcommittee to investigate this notion. It was the subcommittee's recommendation to the AIDS Advisory Committee that mandatory CME on AIDS was inappropriate. However, it was further recommended that funds should be made available for agencies such as the CMA, California Nurses Association, BMQA, etc. that are all already providing AIDS education in order to reach more providers, particularly in the rural areas, with basic information on early diagnosis, treatment, and referral.

One strategy that was offered by CMA was that through our relationship with the Audio Digest Foundation, a special series of tapes on AIDS could be developed to educate more physicians on the inevitable situation of treating someone in the early stages of AIDS.

It should be noted there is growing opinion and criticism among the concerned public, media, legislators and gay leaders that physicians are not well trained or prepared for AIDS, particularly in the rural areas. It cannot be ignored that there is some evidence that suggest this is true (Attachment 5). The type of questions (Attachment 6) asked at CMA's Annual Session program on AIDS is one such indicator. Stories about physicians and dentists who turn away suspected AIDS carriers or who advise "AIDS can be transmitted by a drinking glass" are numerous.

In order to maintain CMA's leadership role and to avert poor publicity in this area, this committee and the Committee on Continuing Medical Education is developing strategies for addressing this potential problem and current need. The following is the first recommended action:

RECOMMENDATION #3: THAT CMA ENCOURAGE THE AUDIO DIGEST FOUNDATION TO DO A SPECIFIC SERIES OF CME TAPES ON AIDS FOR THE PRIMARY CARE PHYSICIAN WHICH EMPHASIZES EARLY DIAGNOSIS TREATMENT AND REFERRAL, WHILE RECOGNIZING THAT AUDIO DIGEST FOUNDATION HAS BEEN RESPONSIVE TO AND HAS PRODUCED EXCELLENT CONTINUING MEDICAL EDUCATION ON AIDS FOR THE ENTIRE MEDICAL COMMUNITY.

Fiscal Note: None

Public Service - AIDS Information Card

The Speakers Bureau on AIDS has been most effective with educating audiences on AIDS. However, the experience of the speakers has led to the conclusion that public education on AIDS is not taking place on a level which reaches the average citizen. For people who are so inclined, a Health Tip, newspaper articles or listening to an AIDS speaker is an effective way of learning. However, for the average person who does not believe they are at risk and who's reading level is at the national average (seventh grade level), there is a no effective medium for AIDS information. It is the committee's opinion that a simple health education technique is necessary that would:

1) be easy to read for the general population
2) give basic information on AIDS prevention
3) provide resources for further information
4) be easy and inexpensive to develop and distribute
5) promote discussion in a non-threatening way in everyday situations
6) be useful in public establishments and businesses, schools, hospitals and clinics, prisons, jails, etc.
7) be useful for physicians in their educational efforts and promote physicians as knowledgeable on AIDS

Attachment 7 shows the front and back of the initial AIDS information cards. Subsequent cards can be developed depending upon the need for varied message or changes in phone hotline numbers. Development of more AIDS information cards will progress as the need arises.

Initial feedback of this approach has been extremely favorable. A great deal of interest in co-sponsorship has been expressed by both national and international agencies.

RECOMMENDATION #4:

THAT CMA ENDORSE THE DEVELOPMENT AND DISTRIBUTION OF THE AIDS INFORMATION CARD FOR PHYSICIANS AND OTHER AGENCIES PROVIDING AIDS EDUCATION;

THAT CMA PROMOTE THE USE OF AIDS INFORMATION CARD ON A NATIONAL AND INTERNATIONAL LEVEL;

THAT CMA CONTINUE AND BE IDENTIFIED AS THE DEVELOPER OF THIS IDEA WHILE PROMOTING CO-SPONSORSHIP WITH OTHER ORGANIZATIONS.

Early distribution of this card can be accomplished through preforated punch-out sheets within California Physician and Western Journal of Medicine which would provide approximately 8 to 16 cards to every CMA members at minimal cost. Production costs for the printing and distribution of these cards to outside agencies would be offset by a small profit margin for CMA.

Fiscal Note: Minimal to implement; production and distribution through California Physician, $600.

Use of DPHG for CMV Retinitis

Ganciclovir (formerly called DPHG) is the drug of choice and is currently the only therapy for CMV Retinitis (Attachment 8) and other AIDS related conditions. In California, Medical reimbursement for this therapy is routinely denied (Attachment 9). Considering that there are no alternatives to DPHG and that to withhold DPHG treatment leads to blindness, other complications and early death, the committee on a AIDS and STDs makes the following recommendation:

RECOMMENDATION #5: THAT CMA PRESIDENT WRITE TO THE DIRECTOR OF DEPARTMENT OF HEALTH SERVICES, KEN KIZER, MD, EXPRESSING OUR STRONG DISAGREEMENT WITH CURRENT MEDI-CAL REGULATIONS THAT PREVENT THE USE OR REIMBURSEMENT OF DRUGS SUCH AS DPHG WHEN CLEARLY THERE IS NO OTHER HUMANE CHOICE.

Fiscal Note: None

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May 6, 1987

TO: MEMBERS OF THE EXECUTIVE COMMITTEE

FROM: LAURENS P. WHITE, M.D., PRESIDENT-ELECT

Attached is a proposed "white paper" on AIDS which summarizes actions of the House of Delegates and the Council. I feel a paper of this type is needed to help guide CMA in future actions concerning AIDS, and I am requesting your input.

May 6, 1987

TO: MEMBERS OF THE EXECUTIVE COMMITTEE

FROM: Laurens P. White, M.D., President Elect

SUBJECT: COMMITTEE ON AIDS AND SEXUALLY TRANSMISSIBLE DISEASES/CMA POLICY ON AIDS

The following represents the current position of the California Medical Association on the subject of Acquired Immune Deficiency Syndrome. This includes a summary of the resolutions passed at the March meeting of the House of Delegates of the CMA as well as policies developed before that time. It is the highest priority of the CMA to do everything in our power to attempt to control the spread of the disease and improve the treatment of patients with AIDS in California and in the United States. We believe that efforts to date have been inadequately funded and have, to some extent, been hampered by laws that were passed to assure confidentiality to protect the blood supply, but which have hindered the public health pursuit of this disease. We recommend changing some of these laws while maintaining others.

AIDS has primarily been a disease of homosexual males and intravenous drug abusers as well as others exposed to blood transfusions at surgery, following injury, or hemorrhage or for hemophilia, as well as other circumstances where blood was transfused. The fact that male homosexuals have been at high risk has, of course, added a great deal to the emotional reaction to this disease. The Gay community has been concerned lest they lose some of the civil rights that we all hold dear and this concern is both real and valid. It is the position of the CMA that the best public health measures and the best treatment for AIDS in no sense involves changing or diminishing our concern for civil rights. It is not a matter of "either/or" where it is either control AIDS or protect civil rights. In fact, inattention to the rights of those who may have the disease is more likely to increase its spread rather than to decrease it. With that as background, we wish to emphasize the following.

1. CMA policy recognizes that AIDS is a communicable disease which is not casually transmitted and which should be subject to the proven methods of communicable disease control which are appropriate for it. We recommend voluntary testing for HIV antibody in all of those people whose behavior, sexual activities, or exposure to blood transfusions or IV drug abuse may have put them at risk of exposure to this virus. We do not recommend mandatory testing for any group.

2. The CMA proposes to seek deletion of legal requirements for patient consent to HIV antibody testing which are more extensive than requirements generally imposed on informed consent to medical care and specifically to other routine blood tests.

3. We believe that in those circumstances where HIV testing is desirable, all physicians should be urged to counsel their patients appropriately both before testing and after the results are reported.

4. The CMA urges legislative changes, particularly in AB 403, to provide that the results of a positive HIV test may be made available on a confidential basis to physicians involved in caring for the patient and to the local health officer. These changes have been embodied in AB 87 currently before the California Legislature.

5. The current antibody test for AIDS is ELISA, with confirmation by Western Blot. There are both false positive and false negative results, with different significance in different risk groups. Better tests are needed. A few antibody positive individuals will not have the virus (false positives).

   Additionally, there is a window of infectivity between the time of infection and development of antibodies which was thought to be no more than 10-12 weeks in duration, but which has now been shown in a few cases to last for six months. There are, therefore, using current tests, some individuals who will test negative and be able to transmit the disease (false negatives). This affects our informing these parties of positive or negative antibody status. In short, even with great care, we may do harm in whatever we say to patients their spouses or sexual partners or others.

6. We believe that physicians should have the option after counseling the patient to report with immunity to an endangered third party "that the patient is antibody positive." This would be particularly important if the endangered third party was a marital or sexual partner of such an antibody positive patient and as such the partner was unaware of the antibody status of the patient. Counseling of such third parties should be carefully and thoughtfully done, allowing sufficient time to answer questions.

7. We believe that the CMA should take whatever action is necessary to allow blood banks and health departments to share information for the purpose of locating and informing patients who have any transmittable blood-born disease, including, of course, AIDS.

   We are aware that these positions put the association squarely behind efforts to relax the existing law on confidentiality as it relates to those infected with AIDS, while not putting the CMA in the position of favoring mandatory testing.

Under the present laws the physicians must have written consent to notify other physicians or significant other sexual partner of the antibody status of the patient. Under existing law, failure to obtain such written consent could result in fines of up to $10,000 and a year in jail for the notifying physician for each such unauthorized disclosure. This is an intolerable burden and is preventing adequate public health measures in trying to control the spread of the disease. We recommend repeal of fine and jail term for those sharing these antibody results with professionals with a "need to know."

The CMA is also urging the development of specific educational programs and materials for individuals of various age groups from grade school through college, and their parents, concerning HIV infection and the means of preventing the spread of HIV infection. CMA will support and assist the California Department of Education in the immediate development of these materials. The CMA is also committed to frank discussion of the prevalence of AIDS and its spread as the result of specific behavior, rather than of specific groups. We favor frank discussion of what high risk behavior means including specific discussion of various sexual practices, using, if appropriate, specific street terminology for sexual and other acts. The CMA is totally committed to obtaining adequate funding for development and implementation of AIDS/HIV educational programs at both state and national levels.

The CMA will also vigorously seek very substantially increased funding for the care and treatment of patient's with HIV infection and its complicating infections. The CMA is further committed to informing the public that to increase categorical research money for AIDS while at the same time further decreasing the research money for the basic science which underlies all of the research into AIDS is counter-productive and dishonest.

The CMA encourages voluntary premarital, prenatal and perinatal screening for HIV antibody. We do not feel that any mandatory testing should be performed at these times, but that in anyone who may have been exposed to immunodeficiency virus, a voluntary test is important. We are aware that testing in a pregnant woman may lead to finding antibody positive pregnant women, and that such women should be counseled to have an abortion because the risk of producing a baby with AIDS is greater than 3 out of 4 and in the long run it may be higher than that. Mandatory testing in a pregnant woman with no possibility of acting on the information seems not only to violate her civil rights in terms of the test but to do violence to the woman's possible views on pursuing the pregnancy. It is also our view that the test results in those who are antibody positive during premarital, prenatal and perinatal testing should be reported to local public health officials so that they may carry out contact tracing for such HIV infected individuals when it is appropriate, with due attention to confidentiality and the counseling of such patients.

The California Medical Association further urges that AZT and DHPG, both drugs useful in the treatment of AIDS or one of its complicating infections, should be available on all insurance programs which pay for outpatient drugs, and should be made available to the Medi-Cal population. We are also aware of the irony that it may be more available to the patient on Medi-Cal than to patients with higher level private insurance, and we are committed to working to increase the willingness of insurance to pay for this kind of treatment, even acknowledging that it may not in the long run be life-saving.

The CMA is committed to treating patients with AIDS, even at a time when the disease is considered virtually 100% fatal,in the same concerned, considerate and intensive way as we would treat patients with any other highly fatal disease regardless of who the patient is or how the patient became ill. It is our view that they deserve the same care and compassion as any other patient in any other situation.

CMA is also committed to taking these policies to the AMA House of Delegates to convince AMA to adopt these positions.

GUIDELINES FOR HTLV-III ANTIBODY TESTING IN THE COMMUNITY

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received CMA
5-14-87

INTRODUCTION

To assist local and state health departments to respond to the licensure of the HTLV-III antibody test, the Association of State and Territorial Health Officials (ASTHO) convened a meeting on March 1 and 2, 1985, to develop national guidelines for the initial community use of this test. Participants at this meeting included the executive committee of ASTHO, together with state epidemiologists, private physicians experienced in dealing with AIDS, representatives of city and county health departments, gay rights groups, blood banks and staff of CDC.

The actual public demand for this test at sites alternative to blood banks is unknown. Actual experience will dictate the degree of necessary safeguards, and the number of alternate testing programs required. State and local health departments will need to monitor the situation closely and implement a program that best fits their needs and circumstances.

The following recommendations for HTLV-III antibody testing in the community were reviewed and adapted from the ASTHO recommendations, for use in California by the State AIDS Task Force and by the Department of Health Services. The only major difference from the ASTHO recommendations is that the California guidelines state that additional test(s) on a repeat blood specimen is not required if the person with a reproducible positive test is in a known risk group for AIDS.

I. GENERAL PRINCIPLES:

1. The HTLV-III antibody test is not a test to diagnose Acquired Immunodeficiency Syndrome (AIDS), but may be of assistance in confirming the diagnosis, especially in a person with no known risk of exposure to AIDS. The test can distinguish whether someone in a high risk group has or has not been infected with the HTLV-III virus.

2. The HTLV-III antibody test is a useful tool that can assist in protecting the nation's blood supply, and is a valuable test to assist research efforts into the AIDS problem.

3. At the present time, the HTLV-III antibody test is not recommended for any purposes other than those stated above. The HTLV-III test should not be used for generalized screening or as a precondition for employment, evidence of insurability, or admission to school or the military.

4. Because of the serious potential for harm to the individual resulting from misinterpretation of the HTLV-III antibody test results, great care must be taken to inform the public and health care professionals about limitations in current understanding of the test results and of the entire disease process labeled Acquired Immunodeficiency Syndrome.

5. Information gathered from the testing or counseling of individuals should be kept strictly confidential.

6. State and local health departments, working in concert with the private medical and hospital communities, university systems, blood banks and plasma centers should establish a network and referral system (where not previously established) of physicians and other health care providers with expertise in dealing with AIDS.

7. There is limited availability currently of tests to detect the virus itself. In the absence of such tests, it is useful to determine whether there is any clinical or epidemiologic evidence of exposure to HTLV-III (i.e., is the individual in an "at-risk" or "high-risk" group). If so, the predictive value of the positive result (or the likelihood that the positive result truly represents infection with HTLV-III may be about 99%). When such clinical or epidemiologic evidence is lacking ("low-risk"), interpretation of test results is even more difficult and the predictive value of a positive test may be less than 10%. In the latter circumstance, much attention must be paid to seeking or excluding additional evidence of infection, including confirmatory serologic testing, virus isolation (if possible), and evidence for spread to or from regular sexual partners.

For purposes of this document, persons tested for HTLV-III antibody will be classified in one of two ways prior to a medical assessment:

- High risk: Persons with known risk of exposure to AIDS. This group includes all men who have had sexual contact resulting in the exchange of secretions with another man, intravenous drug users, persons with hemophilia, and other persons who receive blood or blood products (excluding immune globulin and hepatitis B vaccine), and persons who have had sexual contact with a person who has AIDS or an AIDS-related condition or who is at increased risk of exposure to AIDS.

- Low risk: Persons with no known risk of exposure to AIDS or HTLV-III. This group includes all persons to whom the risk factors listed on the high risk group do not apply.

II. PUBLIC INFORMATION RECOMMENDATIONS

State and local public health departments, in concert with blood banks, plasma centers, community organizations, and private health care providers, as applicable, are urged to take appropriate measures to educate the public about the HTLV-III antibody test. More specifically, it is recommended that:

1. State and local health departments, together with blood banks, plasma centers, private providers and community groups, should strongly urge individuals not to donate blood or plasma for the purpose of determining their HTLV-III antibody status.

2. The HTLV-III antibody test is of value for screening donated blood and in some clinical and research situations as an adjunctive diagnostic test. In addition, it is useful in distinguishing whether someone in a high risk group has or hasn't been infected with the virus. An individual may want to know this to relieve his/her own anxiety and to avoid transmission to others if he or she is positive. State and local health departments, blood banks, plasma centers and organized medical groups should urge health care providers using the HTLV-III antibody test in these situations to explain the test's limitations and implications to their patients or clients prior to its use.

3. Where HTLV-III testing is performed in alternate testing sites, state and local health departments should assure that information is provided to the person prior to the test. This information should explain the intended use of the test, its limitations for other purposes, and the potential consequences to the individual of being identified as serologically positive.

III. RECOMMENDATIONS FOR NOTIFICATION OF POSITIVE RESULTS

State and local health departments are urged to work with blood banks, plasma centers, alternative testing sites, private providers, laboratories and others who may be performing anti-HTLV-III testing to assure that no results are released to an individual until the initial HTLV-III positive test result can be repeated. At a minimum, this requires another test on the same sample of blood.

After a test on the initial blood sample has been repeated and is again positive, state and local health departments are urged to:

1. Assure that blood banks, plasma centers and other providers using the HTLV-III test for primarily low risk groups communicate information concerning all positive results in person by an individual with an understanding of the implications of a positive test result, and who can explain the additional steps necessary to assess the meaning of such a positive test result. (See recommendation IV.(1) for the rationale for requiring a personal communication.)

2. Assure that the individual with a positive test result is either provided individualized medical assessment at the time of initial notification of positive results, or is referred to an organization or health care provider who can provide such an assessment. (See additional requirements for alternative screening programs in Section IV.)

3. Assure that for a person with a positive test result and with no known risk of exposure to AIDS that another test is performed on a different sample of blood, whether by providing the service directly or by referral.

4. Assure that if the repeat test is also positive on the second blood sample, a medical assessment is offered, either directly or by referral. Persons who are known to have some risk of exposure to AIDS, can be offered or referred for such medical assessment without a repeat test on a second blood sample. Included in the assessment should be the following:

   a. A risk assessment to determine high risk or low risk sexual activity; drug use history, especially intravenous drug use; presence of hemophilia; blood transfusion receipt history; exposure to individuals that are in these high risk groups; and other potential risk factors.

   b. A sign and symptom inventory and clinical assessment, with focus on general systemic problems, including unexplained weight loss, fever, diarrhea, dyspnea and dysphagia.

c. A physical examination with particular attention to lymph node examination, oral examination for thrush, splenic palpation, genital, rectal and fundoscopic examinations, and special attention to skin or mucous membrane lesions suggestive of Kaposi's sarcoma.

d. A minimal laboratory examination, including a complete blood count, differential, WBC, VDRL and sedimentation rate. (Enumeration of the T-lymphocyte subset is an expensive test and not felt to be essential in this initial assessment, although in some areas of the country the test may be available at a reasonable cost).

After this medical examination and counseling, patients with repeat positive HTLV-III tests should be divided into two groups:

- High risk -- those persons felt to be at high risk for developing AIDS based on risk assessment or symptoms.

- Low risk -- those persons with no apparent risk factors, normal laboratory and examination findings, and no symptoms.

Further medical follow-up is indicated for both groups, but as detailed in Sections V and VI, should be different as a result of this evaluation.

IV. RECOMMENDATIONS FOR ALTERNATIVE TESTING SITES

State and local health departments and agencies are strongly urged to work with blood banks, plasma centers, community groups, laboratories and private providers where alternative testing sites are established. The location and assignment of administrative responsibility for alternative sites must be determined within each jurisdiction to best fit local needs and circumstances. Where such sites are established, it is recommended that state and local health departments assure that the following conditions are met.

1. Each person tested for HTLV-III antibody at an alternative site should be provided the results in person during a scheduled return visit. A personal presentation of the test results (whether positive or negative) is the only method which:

   - Does not involve potentially serious risk to the privacy of the individual;
   - Permits an assessment of the individual's emotional reaction and provides an opportunity for a private and sensitive explanation of the implications of the results; and
   - Permits persons in recognized risk groups for AIDS who have a negative test result to understand the limitations of the test, and to be informed of methods to reduce their personal risk, and the risk to others, of exposure to the HTLV-III virus.

2. Alternative site staff must be trained and experienced in assessing and responding to people about sensitive and potentially life-threatening issues. Such staff need not be persons with academic credentials. However, referral relationships with trained professionals should be established.

3. Strictest confidentiality must be maintained. This can be done in a number of ways, including use of the procedures followed for research protocols (including an Institutional Review Board protocol); strict adherence to standard procedures for confidentiality in clinical settings; or use of a patient number rather than name to assure complete record anonymity. No information about an individual should be shared with any other organization or individual without the signed permission of the individual who was tested. However, summary statistical information wihout individual identifiers should be provided to public health authorities if requested.

4. Persons should be fully informed about the limitations and implications of the test prior to providing the test. In addition, the person should be informed of how the results will be communicated or made available to him/her; how and where the results will be recorded; where the results might be reported; and

who may have access to them. Any possible future uses of the person's name for medical follow-up or research should require a signed consent and should be considered separately to avoid confusion.

5. A record of the information provided to the patient should be maintained in a confidential patient record containing the results of the HTLV-III testing.

6. All alternative testing sites for antibody to HTLV-III must be medically supervised. In addition, physicians, nurses and mental health professionals with additional specific training should be an integral part of a referral network.

7. All alternative test sites should have access to a referral list or a system of referral to physicians and other health care providers specializing in treatment of AIDS or AIDS-related conditions, and should establish, to the extent possible, working relationships with these providers.

8. Referral for medical follow-up for all persons with positive test results must be assured, and all persons at an alternative test site wishing further information should be informed of a referral network of health care providers with expertise in dealing with AIDS.

9. Charges for services provided at alternative sites, especially blood testing, should not be made if at all possible. Provision of low or preferably no cost services are an important incentive to keep persons from utilizing blood banks or plasma centers for initial testing. Costs and charges for the more expensive medical assessment recommended in subsection III(3) will have to rely, for the most part, on individual arrangements with private physicians and health care providers. However, consideration should be given to financial assistance for those persons in need of service and without adequate resources.

State and local health departments should compile and maintain a list of alternative test sites and make this information available to persons wishing access to those sites. State health departments also may consider establishing an "800" number to provide this information, as well as other general advice and referral services. Alternatively, a "900" number, which costs the caller 50 cents, may be considered.

V. FOLLOW-UP RECOMMENDATIONS FOR HIGH RISK INDIVIDUALS WITH REPEAT POSITIVE TEST RESULTS

State and local health departments are urged to work with blood banks, plasma centers, private providers, community organizations and others providing HTLV-III testing to assure that high risk individuals be advised to establish a relationship with a physician who can, by reason of training and experience, continue to evaluate the patient for signs and symptoms of AIDS or related conditions. If a person cannot be designated as at high risk or low risk for HTLV-III infection, then it is appropriate to provide follow-up recommendation for both high and low risk individuals. High risk individuals are defined as persons with known risk of exposure to HTLV-III, or of high risk of acquiring or transmitting the HTLV-III virus. This group includes all men who have had sexual contact with another man, intravenous drug users, hemophiliacs and other persons who have had sexual contact with a person who has had an HTLV-III infection or who is at increased risk of exposure to HTLV-III. It is also recommended that:

1. High risk individuals be advised of the early clinical manifestations of HTLV-III infection, AIDS, and AIDS-related conditions and advised to seek immediate medical attention if any of them occur.

2. High risk individuals be advised that the prognosis for an individual infected with HTLV-III (the probable cause of AIDS) over the long term is not known. However, available studies conducted among homosexual men indicate that most persons will remain infected, but asymptomatic.

3. High risk individuals be advised to seek medical evaluation and followup at least twice annually, and more frequently as indicated for an individual who develops signs or symptoms suggestive of HTLV-III infection, AIDS, or AIDS-related conditions.

4. High risk individuals be advised that although the person may be asymptomatic, there is risk of infecting others by sexual intercourse, sharing needles, and possibly through saliva or exposure through oral-genital contact or intimate kissing. The efficacy of condoms in preventing infection with HTLV-III is unproven, but the consistent use of them may reduce transmission.

5. High risk individuals be advised that blood, plasma, body organs, other tissue or sperm should not be donated.

6. High risk individuals be advised that toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.

7. High risk individuals be advised that children born since 1979 to women with a positive HTLV-III test should be clinically evaluated.

8. High risk individuals who are women, or women who have a high risk sexual partner who has a positive test, be advised that they are at increased risk of acquiring AIDS, and that any offspring is at increased risk of acquiring AIDS.**

9. High risk individuals be advised that in the absence of close or intimate contact, household contacts need not be referred for testing at this time.

10. High risk individuals be advised that after accidents resulting in bleeding, contaminated surfaces should be cleaned with household bleach freshly diluted 1:10 in water.

11. High risk individuals be advised that devices that have punctured the skin, such as hypodermic, tattoo and acupuncture needles, should be steam sterilized by autoclave before reuse or safely discarded. Whenever possible, disposable needles and equipment should be used.

12. High risk individuals be advised that when seeking medical or dental care or illness, they should inform those responsible for their care of the positive HTLV-III results so that appropriate evaluation can be undertaken and precautions taken to prevent transmission to others.

13. High risk individuals be advised that most persons with positive HTLV-III test results need not consider a change in employment. However, if they are employed in medical, dental or other health care professions and performing invasive procedures or if they have skin lesions, they should take precautions similar to those recommended for hepatitis B to protect their patients or contacts from the risk of infection.

14. High risk individuals be advised that any sexual or needle-sharing partner of a person with a positive test should be advised to seek HTLV-III antibody testing and clinical evaluation of potential risk factors, symptom history, and physical findings.**

**Because there was no current consensus on recommendations 8 and 14, these decisions should be left to the discretion of the evaluating physician.

VI. FOLLOW-UP RECOMMENDATIONS FOR LOW RISK INDIVIDUALS WITH REPEAT POSITIVE TEST RESULTS

State and local health departments are urged to work with blood banks, plasma centers, private providers, community organizations and others providing alternative test sites to assure that low risk persons with repeat positive HTLV-III antibody tests be provided with counseling. These persons are defined as those with repeat positive results who are not members of known risk groups, have no signs or symptoms of immune deficiency disease, and have a normal physical and laboratory examination. It is recommended that:

1. Low risk individuals be advised about interpretation of these test results. This should include an understanding that the proportion of false positives in the low risk group will be high, and that the patient's particular result may be of questionable significance. The person should also understand that a positive test -- if it is not a false positive -- measures only antibodies to the virus which may indicate past or present exposure to HTLV-III or a related virus. In addition, the person should be counseled that he/she does not appear to have AIDS, and that the risk of developing AIDS in the future, if the test is not a false positive, is small.

2. Low risk individuals be advised that, as a precautionary measure, they should not donate blood, plasma, sperm or body organs.

3. Low risk individuals be advised that if no known risk factors are present, currently there is insufficient evidence to warrant a broad restriction on sexual relations. However, advice on sexual relations and practices should be individualized.

4. Low risk individuals be advised that until more is known about the status of a positive test in a low risk population, that testing the patient's regular sexual partner may provide better or more information to determine if the test result may be a true or false positive. However, testing of other family members of low risk patients is not advised.

5. Low risk individuals be advised that there is insufficient evidence to warrant advising blanket postponement of pregnancy at this time. However, each circumstance should be carefully evaluated.

6. Low risk individuals be advised that they should notify their personal physicians and dentists that they have had repeat positive HTLV-III screening tests but were considered as having no known risk of exposure to AIDS. Specific written information should be provided to these persons for this purpose.

7. Low risk individuals be advised there is no need for any restrictions on employment, education, or other social contacts.

8. Low risk individuals be advised that additional referral is available if they have further questions or concerns.

9. Low risk individuals be advised to seek medical follow-up assessment within six months in order to identify any potential changes in their medical status or recommendations.

The nine recommendations above apply only to individuals who have no abnormal physical or laboratory findings other than repeat positive HTLV-III tests, and are not in a known risk group for acquiring AIDS. All other individuals with repeat positive HTLV-III tests, whether with known risk factors (including being a sexual partner of a person in a high risk group) but otherwise free of findings, or with no known risk but some clinical findings, should be given those recommendations provided to "high risk" patients. There will be cases where low risk individuals desire to know all recommended precautions concerning the transmission of HTLV-III infection, AIDS, and AIDS-related conditions. In these cases, it is suggested that the recommendations for high risk individuals also be given to the individual. In addition, where the individual clinician is uncertain as to the risk status of the person who has been tested, it is suggested that both sets of recommendations be given to the individual.

CONSENT FOR
THE HTLV-III ANTIBODY BLOOD TEST

I have been informed that my blood will be tested in order to detect whether or not I have antibodies in my blood to the HTLV-III virus, which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I have been informed that the test is new and its accuracy and reliability is still uncertain and that the test results may, in some cases, indicate that a person has antibodies to the virus when the person does not (false positive) or fail to detect that a person has antibodies to the virus when the person has the virus (false negative). I also have been informed that currently there are no other blood tests that may be used to identify the virus, which is the probable causative agent of AIDS, and that in order to diagnose AIDS other means must be used in conjuction with the blood test.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks, and alternative tests, I may ask those questions before I decide to consent to the blood test.

I understand that the results of this blood test will only be released to those health care practitioners directly responsible for my care and treatment. I further understand that no additional release of the results will be made without my written authorization, unless required by law.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of results and have had all of my questions answered. Further, I acknowledge that I have given consent for the the performance of a blood test to detect antibodies to the HTLV-III virus.

x _____
Patient Signature

x _____
Printed Name

Date: _____

CONSENT FOR THE HTVL-III
ANTIBODY BLOOD TEST

(W & I 5328)

LRH 5673 (12/85)

AUTHORIZATION FOR DISCLOSURE OF THE RESULTS OF A BLOOD TEST TO DETECT AIDS

A. EXPLANATION:

This authorization for use or disclosure of the results of a blood test to detect acquired immune deficiency syndrome (AIDS) is being requested of you to comply with the terms of the Confidentiality of Medical Information Act, Civil Code Section 56 et seq. and Health and Safety Code Section 199.21(g).

B. AUTHORIZATION

I hereby authorize _____
[Name of Physician]

to furnish to _____
[Name or Title of Person Who is to Receive the Results]

the results of blood tests to detect acquired immune deficiency syndrome (AIDS) and medical records and information pertaining to the treatment of AIDS.

C. USES

The requester may use the information for any purpose, subject only to the following limitations: _____.

D. DURATION

This authorization shall become effective immediately and shall remain in effect until _____.
[Date]

E. RESTRICTIONS

I understand that the requester may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

F. ADDITIONAL COPY

I further understand that I have a right to receive a copy of this authorization upon my request.
Copy requested and received: ___Yes ___No Initial_____.

Date: _____ 19__ _____
Signature

_____
Printed Name

NOTE: This form must be in at least eight-point type.

Catherine Hanson
Hassard, Bonnington, Rogers, Huber

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 23541 SAN FRANCISCO, CA.

The More-Health Institute

Post Office Box 170578
San Francisco, Ca. 94117-9953

A Non-Profit Foundation
Preventing Disease Thru Education

THE MORE-HEALTH INSTITUTE
P.O. Box 170578, San Francisco, CA 94117-0578

731-7052

Timothy Sankary M.D., M.P.H.
Director

(415) 731-SAFE
(7233)

The More-Health Institute
Post Office Box 170578
San Francisco, CA 94117-9953

With AIDS going around . . .

Is Celibacy our ONLY Alternative?

A Better Solution :

The More-Health Institute AIDS Prevention Program for Singles

The More-Health Institute (MHI) has developed a unique program to prevent the spread of AIDS. There are no signs or symptoms in infected individuals for up to 5 years or more, during which time, they can unknowingly pass the virus to any or all of their sexual partners. With the epidemic doubling so rapidly, we cannot afford to wait 5 years or more for a vaccine or cure which may never come. Sexually active, single individuals must now take steps to protect themselves and avoid being infected. Condoms are not enough.

THE KEY IS KNOWING THAT YOUR PARTNER IS UNINFECTED BEFORE YOU BECOME EXPOSED.

The MHI Prevention Program for Singles allows an individual to participate in voluntary testing and certification in order to limit his or her sexual contact to another AIDS-free individual. This way, a couple can have romance without fear. And the virus will be controlled!

The More-Health Institute is a non-profit, international foundation dedicated to preventing disease through education. Founded by a medical epidemiologist from the University of California, Berkeley, this program is supported by donations.

YOU can do something to help prevent the spread of AIDS in your community and protect yourself from this deadly threat.

If you want to help stop this horrible disease from spreading through our population, please return the attached card for free information.

MHI has developed information packages suitable for the following groups. I am interested in more information. I represent:

__ a physician or group practice
__ a church or civic organization
__ a dating or singles organization
__ a clinical lab wishing to make the test available
__ a business concerned about AIDS in the workplace
__ a charitable foundation considering support
__ a Public Health Officer
__ an educator
__ a sexuality counseling group

Name_____
Organization_____
Address_____
City_____State____Zip_____
Phone

MAR 30 1987

RIVERSIDE COUNTY MEDICAL ASSOCIATION

3993 Jurupa Avenue • Riverside, California 92506 • (714) 686-3342

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March 25, 1987

Ralph Thomas
CALIFORNIA MEDICAL ASSOCIATION
P.O. Box 7690
San Francisco, CA 94120-7690

Dear Ralph,

For any action you might feel appropriate.

Best regards,

C. P. Rowlands
Executive Director

mjb
Enc.

COUNTY OF RIVERSIDE - DEPARTMENT OF HEALTH
3575 · 11th STREET MALL (POST OFFICE BOX 1370) · RIVERSIDE, CA. 92502
Edward J. Gallagher M.D. M.P.H.
Director of Health

March 11, 1987

Robert N. Gebhart, M.D.
President
Riverside County Medical Association
3993 Jurupa Avenue
Riverside, CA 92506

Dear Dr. Gebhart:

I am writing you about a situation involving medical services that I feel needs to be looked at carefully. Perhaps you could suggest the appropriate RCMA committee or state agency to do so.

I have discovered that a local hospital is involved with a commercial firm to provide HIV antibody testing "anonymously" by mail, for the low price of $49.75. This was shown recently on KABC-TV news in Los Angeles. One receives the initial materials by calling 800-USA-TEST. The completed application and payment are returned to the company, which apparently maintains the identifiers. They label a blood tube and send it with a prescription for phlebotomy; the buyer has blood drawn locally and mails the tube to Circle City Hospital laboratory in Corona, California, where the test is run. The company receives the results from the lab, and sends it to the client with educational materials; all identifying information is shredded once the results are sent.

There is no doubt in my mind that this procedure is unethical. It fails to consider the tremendous emotional and psychological burden which this test imposes on people. It oversimplifies the need for sensitive and supportive education. It may do a great deal of damage to persons testing positive and not adequately prepared.

I have discussed the operation with the lab director, Dr. Gorospe. He is open to discussing the issue to consider the benefits as well as problems that can be anticipated. We can be instrumental in seeing that they modify their service so as to provide appropriate follow-up and referral for HIV antibody testing. Would RCMA consider this something it should act upon? Thank you for your consideration.

Sincerely yours,

David E. Dassey, M.D.
Chief, Disease Control Services

DED:jm

Enclosure

Reply to: (714) 787-1608

WHAT EVERYONE SHOULD KNOW ABOUT AIDS and the HIV ANTIBODY TEST

WHAT IS AIDS?

AIDS is the rarest and most serious form of the disease caused by infection with a virus most commonly called HIV virus (aka HTL III). HIV virus attacks a form of white cells in the blood which normally promotes immune responses to fight off germs. In the absenc of immune responses, such as in AIDS patients, serious illness, or even death can be caused by normally harmless organisms or ra tumors. In order to help you better understand about the HIV virus and its relationship to AIDS, it should be known that three stag may or can occur.

1). **INFECTION OF HIV WITH POSITIVE ANTIBODY, WITHOUT SYMPTOMS**
Upon infection of the HIV (Human Immunodeficiency Virus) it may take 3-6 months for antibodies to be produced and detecte in the blood. Studies indicate that an incubation period of up to 5 years or longer may occur, in which the person has **no sympton and may unknowingly transmit the virus and infect others.** Up to 25% or more of these persons with positive antibody will develc AIDS within 5 years. It is estimated there are 2,000,000 to 4,000,000 persons in the United States infected with the virus.

2). **DIAGNOSED WITH ARC (AIDS-Related Complex)**
The person infected with the HIV virus may develop AIDS-related symptoms at any time after infection, such as fever, night swea weight loss, fatigue and swollen glands, but may not go on to develop the opportunistic infections or cancers which are associate with AIDS. In some cases these symptoms show themselves for several months before the onset of AIDS. In most cases sympton seem to disappear without the person developing AIDS.

3). **DIAGNOSED WITH AIDS (Acquired Immune Deficiency Syndrome)**
AIDS may appear at any time (normally years) after infection without ever developing ARC. **AIDS is the most serious and fat form** of the disease. This virus destroys the immune system of an otherwise healthy individual and leaves the body defensele and vulnerable to other diseases known as "opportunistic infections" as well as to certain rare cancers. It was reported at th end of 1986 that there are more than 29,000 Americans diagnosed with AIDS and this number is doubling every 9 months.

OPPORTUNISTIC INFECTIONS AND CANCERS
Some of the most common opportunistic infections associated with AIDS include:

- Pneumocystis carinii, a form of pneumonia
- Severe internal candidiasis (yeast infection)
- Cytomegalovirus (CMV), Herpes, Shingles, Toxoplasmosis

Kaposi Sarcoma, a rare form of cancer which leaves purplish lesions inside and outside the body as well as various rare form of lymphoma have also been associated with AIDS.

Although the relationship between ARC and AIDS is still being studied, it seems clear that ARC is a milder form of infection with th AIDS virus. Persons with ARC may be infectious to others, just as persons with AIDS are infectious to others.

WHO IS AT RISK OF ACQUIRING AIDS?
Persons who are at HIGH RISK of being infected by the HIV virus include:

- Homosexual males and bisexuals
- Anyone with multiple sexual partners
- Drug abusers who share needles to inject drugs
- Recipients of blood products (red cells, plasma, factor VIII and others, i.e. people with hemophilia)
- Sexual partners of the above and sexual partners of persons with the HIV virus
- Infants born to mothers of the high risk group
- Haitian immigrants

If an individual is not in one of the above listed HIGH RISK GROUPS, they are considered to be at low or no significant risk of contractin the HIV virus.

HOW IS THE HIV VIRUS TRANSMITTED?
HIV virus is spread by contact with infected body fluids such as semen and blood. This includes transmission through sexual contac as well as transmission through sharing needles or sharing equipment used for injecting drugs. Saliva, urine, stool or tears have nc been proven to spread HIV virus. The actual danger of deep (wet) kissing has not been established. Casual contact, which doe not involve contact with body fluid, has not been shown to transmit the virus. Repeat exposure to the virus may be necessary to develo AIDS. A person may not show symptoms for several months to several years. During the incubation period, which may last up to 5 yea or more, person may unknowlingly transmit the virus and infect others.

SYMPTOMS OF AIDS

The symptoms of AIDS may be similar to the symptoms of other minor illnesses such as colds, bronchitis, and flu. If you have one more symptoms, you should visit a physician for a complete physical examination. Symptoms of AIDS might include the followir

- Swollen glands in the neck, armpit, or groin with or without pain, that last longer than three months.
- Skin rashes or discolorations
- Unexplained weight loss of more than 10 to 15 pounds in less than two months
- Night sweats (periods of waking up drenched or sweaty) or fever lasting several weeks
- Dry cough that is persistent, not caused by smoking, and has lasted too long to be due to the flu or other respiratory disea
- Persistent, unexplained diarrhea or bloody stools
- Creamy, white patches or spots in the mouth or throat, sometimes accompanied by soreness or difficulty in swallowing
- Unexplained Pneumonia
- Certain viral infections

WHAT IS THE HIV/HTLV-III ANTIBODY TEST?

When a person is infected by any virus, the body's white blood cells normally begin to fight the infection by producing substanc called antibodies. By measuring antibodies in the blood, it can be determined whether or not a person has been infected by c particular virus. Research has shown that antibodies to the HIV virus are usually found in the blood of persons with AIDS, ARC, a persons in the high risk groups, who have been exposed to the HIV virus. THE HIV/HTLV-III antibody test is performed by going to Independent laboratory or hospital laboratory in your area for drawing of specimen which will be forwarded to the testing laborato The HIV/HTLV-III antibody test (ELISA) will be performed. If the ELISA antibody test is positive, a confirming test known as the Weste Blot will be performed at no additional charge using the submitted specimen.

THE HIV/HTLV-III ANTIBODY TEST DOES NOT DIAGNOSE AIDS BY ITSELF. CLINICAL CORRELATION AND OTHER MEANS MUST BE US IN CONJUNCTION WITH THE HIV/HTLV-III ANTIBODY BLOOD TEST TO DIAGNOSE AIDS.

POSITIVE TEST RESULTS

A positive test result showing the presence of antibodies could mean that the person:

- has been exposed to the HIV virus
- can be infectious to others
- may develop AIDS

Positive HIV/HTLV-III antibody test are automatically confirmed by the Western Blot test at no additional charge.

FOR THESE REASONS, IT IS ESPECIALLY IMPORTANT FOR THOSE PEOPLE WITH A POSITIVE TEST RESULT TO HAVE A FOLLOW-UP MEDIC EXAMINATION BY A PHYSICIAN.

NEGATIVE TEST RESULTS

A negative test result could have the following meanings:

- the individual has not been exposed to the virus
- the individual may have been exposed and infected by the AIDS virus, but too early to produce detectable levels of antibodi (i.e. antibodies are usually produced within 3-6 months after infection)
- there may have been prior infection and the antibody is no longer detectable
  the individual may even have a "false negative" test, meaning that the person's blood **DOES** carry the antibody but the test fail to detect it properly. This occurs in about 1 in 100,000 or .001% of the general population

CONFIDENTIALITY

Blood specimens submitted to the testing laboratory will be identified only by a code number. No personal identifying informati (name, address, etc.) will appear on the specimen container. The entire procedure will be anonymous and confidential.

Results of the test will be forwarded by certified mail to the address you have provided, restricted to addressee only (you must ha proof that you are that named person). No other disclosure of test results with identifying information will be made unless specific requested by mail from the testee. This request must include the testee's I.D. number, signature, and payment of the record search f

ALL MAILING INFORMATION WILL BE DESTROYED IMMEDIATELY AFTER MAILING OF TEST RESULTS.

CAN A PERSON WHO IS PRESENTLY WITHOUT ANY SYMPTOMS AND IN A LOW RISK GROUP HAVE THE ANTIBODY TO THE AIDS VIRU IN THEIR BLOOD?

YES. There could be exposure to the AIDS virus of which the individual is unaware and this person, even though without sympton could be potentially infectious and capable of spreading the AIDS virus to other persons.

RECOMMENDATIONS FOR THE INDIVIDUAL

All individuals who are in a high risk group, regardless of their test results, and all individuals who have a confirmed positive test are advised to follow the following recommendations:

- Seek regular medical care and counseling with follow-up. The medical outcome of a positive test over the long term is not known. However, studies indicate that up to 25% of people who are currently without symptoms but have a positive HIV antibody test will develop AIDS within 5 years. Although no symptoms may be present, it is possible to transmit the virus to others. Again, medical care and counseling is strongly advised.
- There is a risk of infecting others by sexual intercourse or the sharing of needles. The use of condoms decreases the spread of many sexually transmitted diseases and may minimize the risk of transmission of HIV virus. Limiting the number of sexual partners is helpful in decreasing spread to others. Protect your sexual partner from contact with your body fluids during sex. ("Body fluids" include blood, semen, urine, feces, saliva, and women's genital secretions.)
- Refrain from donating blood, plasma, body organs, sperm or other tissue.
- Toothbrushes, razors or other implements that could be contaminated with blood should not be shared with others.
- Avoid practices that may injure body tissue, such as anal intercourse.
- Avoid oral genital contact and deep open-mouthed kissing.
- If you cut yourself and spill blood or other body fluids on clothes or furniture, wash the area with a mixture of water and bleach (1 part bleach to 10 parts water).
- Women with a positive antibody test, or whose partners tests positive are at risk of acquiring AIDS. If these women become pregnant, their offspring are also at increased risk of acquiring AIDS. These women should consult their physician and any decisions should be made on a case by case basis regarding the pregnancy.
- Inform your physician and dentist of the positive HIV antibody test result so that an appropriate evaluation can be done, and precautions taken to prevent the transmission of the virus to others.
- Testing for HIV antibodies and a medical evaluation should be advised for all intimate contacts (sexual partner(s), needle sharers, infants).
- Try to keep healthy, eat a well balanced diet, get plenty of sleep, and reduce stress in your life.

MYTHS ABOUT AIDS

Persons who have been advised to follow these recommendations do not need to make any additional lifestyle changes. Casual contact with family, friends and people at work or in the community can be as usual.

CASUAL CONTACT, WHICH DOES NOT INCLUDE CONTACT WITH BODY FLUIDS, HAS NOT BEEN SHOWN TO TRANSMITTED THE VIRUS.

The following myths are frequently heard in regards to AIDS.

- MYTH. . .You can get AIDS by shaking hands with someone who has it.
- MYTH. . .You can get the virus by being in the same room as someone who has AIDS.
- MYTH. . .A kiss on the check or a hug from a person with AIDS will spread the disease.

Remember your future is at risk

The HIV virus (aka HTLV-III) has been found in:

HIGH CONCENTRATIONS:

- Blood
- Menstrual flow
- Semen

LOWER CONCENTRATIONS:

- Tears
- Saliva
- Urine
- Vaginal secretions
- Feces
- Perspiration

It has been reported that the HIV/HTLV-III virus (AIDS virus) has been found to survive for ten days at room temperature in a dry condition.

HIGH-RISK behavior

- Intercourse without condom
- Oral copulation with ejaculation
- Contact with urine, semen or blood on skin with cuts or sores.
- Intimate contact with the rectum
- Sharing sex toys

POSSIBLY RISKY behavior

- Intimate (wet) kissing
- Intercourse with condom
- Oral copulation without ejaculation
- Contact with urine on skin

NO KNOWN RISK behavior

~~**POSSIBLY LOW RISK behavior**~~

- Hugging, holding, cuddling
- Body to body rubbing
- Social (dry) kissing
- Masturbation
- Massage

If you have any unanswered questions call 1-800-662-7233

National AIDS Prevention Corporation • PO Box 707 Mira Loma, California 91752-0707

NATIONAL AIDS PREVENTION CORPORATION
HIV/HTLV-III ANTIBODY TEST
ORDER FORM

Please complete all information on this order form. PRINT CLEARLY

1). Have you previously received an HIV/HTLV-III antibody test? (Y/N) ☐

If yes — Last test date (mo/yr) ☐☐ - ☐☐

2). Were you born in the U.S.? (Y/N) ☐

3). State that you live in? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4). In which county do you reside? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5). Age — (years) ☐☐

6). Sex — (M/F) ☐

7). Marital status (only one) ☐

(1) Single
(2) Married
(3) Widowed
(4) Divorced
(5) Separated

8). Mailing Information: **All this mailing information will be destroyed at the time of mailing your test results to insure the confidentiality and anonymity of your test results.**

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Zip ☐☐☐☐☐ - ☐☐☐☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Payment is by **VISA** ☐ or **MASTERCARD** ☐ or **PERSONAL CHECK** ☐ or **MONEY ORDER** ☐

TEST FEE IS $49.75 — Payable to N A P C
P.O. Box 707,
Mira Loma, CA 91752-0707

Complete the following if payment is by charge card:

Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date ☐☐ - ☐☐

Signature _____

All information on this order sheet must be completed in full. After receiving this order form and payment of $49.75, in the form of a charge card or personal check or money order, National AIDS Prevention Corporation will issue you an I.D. number and send you a testing package. There is additional drawing fee by the laboratory which may vary from lab to lab of approximately $5.00.

IF YOU NEED MORE HIV/HTLV-II ANTIBODY TEST ORDER FORMS, PLEASE CALL 1-800-USA-TEST.

State requests review of AIDS testing service

By RAYMOND SMITH
The Press-Enterprise

State health officials have asked for an accounting of clinical procedures at a Corona company that offers an AIDS testing service through the mail.

National AIDS Prevention Corp. of Corona is believed to be the first firm in California to sell tests for AIDS antibodies through the mail, said Don McClelland, an examiner with the state Department of Health Services laboratory field services. McClelland said he was unaware of the service until it was featured recently on a television news program.

Questions about the firm's AIDS testing program were mailed to the company late last week, McClelland said. When the answers are returned they will be reviewed to ensure the company is following proper testing procedures.

"When you have something like that suddenly appear, you don't know what the heck it is," McClelland said. "Right now we're trying to get information."

Theresa Travis, National's director of communications, said the company has not heard from the state about the request for information. She said customers call a toll-free phone number, 800-USA-TEST, and are told how the AIDS antibody test will be performed. After paying a fee and signing a consent form they receive a test kit that includes information on the testing process and on acquired immune deficiency syndrome.

The test, which determines if someone has been infected with the AIDS virus, not if they have the disease or will contract it, costs $49.75 plus $7 for shipping and handling.

"We're not trying to compete or take customers away from the clinics," Travis said. "We're just an alternative way of testing for people who don't want to wait or stand in line or whatever."

After operating for six weeks, the company has sent results to 150 people and another 2,000 have requested the test. Results are available in an average of 11 days. The testing program is operated jointly by National AIDS Prevention Corp. and Circle City Hospital in Corona, which tests the blood samples.

The number of people screened for AIDS in Riverside County Health Department testing programs tripled between January and February, county health officials said recently. Other health agencies reported increases both in testing and phone calls for information about AIDS.

Travis said some critics of the Corona firm mistakenly believe it provides a test-at-home service. Customers take the test kit to any medical laboratory or hospital to have a small sample of blood extracted, at an additional fee. Samples are returned to National, then sent to Circle City Hospital for testing.

Other critics have questioned the integrity of blood samples left for hours in a post office box to which samples are returned. Travis said the company has decided to use overnight delivery to speed the process, which prompted the additional $7 charge for shipping and handling.

Another criticism of the testing plan is its lack of counseling.

State and county health officials have complained that counseling is needed in any AIDS testing program. Dr. David Dassey, director of the county health department's disease control division, has said that people are confused about their test results even after talking with an experienced counselor.

Travis, however, said the firm is straightforward about its services: It is not an AIDS hot line and does not provide counseling. Customers are referred to the health department, personal physicians and AIDS support groups for counseling when they call the toll-free number and when they receive the test kit and test results, she said.

Still another concern is the company's pledge to maintain customers' anonymity. Applicants provide their names, addresses, if they were born in the United States and whether they have been tested for AIDS before.

It also promises that all records are purged as soon as results are mailed.

Travis said the company's computer system assigns a number to customers who want the test kit. That number is used until the results are known and ready to be sent to the customer, she said. Only one person has access to the information linking the computer-assigned number to a customer.

"They have a choice. They don't have to use our service," she said. "To me it's no different than the complete chance that you will be standing in line somewhere" for an AIDS test and be recognized.

Also contributing to this story was The Associated Press.

APR 27 1987

Richard R. Hamilton, M.D.
Chairperson, Subcommittee on
Health Professional Education
5722 Lorelei Avenue
Lakewood, CA 90712

April 20, 1987

Jack Davis
c/o Office of Senator Quentin Kopp
Sacramento, CA 95814

RE: Health Professional Education

Dear Mr. Davis:

Enclosed is the final subcommittee report for your information in the drafting of legislation of this subject. The positions in the enclosed document are supported by the California AIDS Advisory Committee (CAAC).

The goals of legislation on this subject which the subcommittee wishes to support include: The pursuit of basic AIDS education for as many health care workers as possible so they can become resources for their patients who wish or need information about sexually transmitted blood borne illnesses (especially AIDS). Minimize hysterical reactions that some health care providers commonly display. Insure that infection control procedures are based on facts and not fear.

This legislation should be targeted toward the health care provider who may not regularly come into contact with persons being treated for AIDS related conditions.

Some issues were discussed which are not included in the enclosed document, but they should be mentioned to you. Issue specific mandated continuing education for physicians is not recommended nor supported by the majority of the subcommittee nor the majority of the California AIDS Advisory Committee. It must be kept in mind that the minority opinion was strong. So strong that it appears in the opinion of those who voted against the issue. They supported legislation to require health care institutions and agencies to provide appropriate job related AIDS and blood borne disease education to all employees on an ongoing basis. This would require amendments to the appropriate sections of the Health and Safety Codes to include staff development, orientation, and inservice training to include specific information on AIDS for persons working in

long term care facilities and in infection control nurse responsibilities in acute care facilities. Please review Title 22 Section 70721, 70739, 1337.1, 1337.5, 1337 for areas for potential legislative action in these areas.

A recurring theme was JCAH, a federal agency, over which we have no control. It is hoped that if laws exist in California that mandate institutional action, JCAH will assist in enforcement.

The members of the subcommittee and the CAAC appreciate your efforts and will be contacting you to make their personal input. This letter and the attached document will hopefully help you and the Senator draft appropriate legislation on this issue.

Sincerely,

Richard R Hamilton, M.D.

Richard R. Hamilton, M.D.
Chairperson, Subcommittee on
Health Professional Education

Attachment

cc: California AIDS Advisory Committee Members
Subcommittee on Health Professional Education Members

APR 27 1987

Richard R. Hamilton, M.D.
Chairperson, Subcommittee on
Health Professional Education
5722 Lorelei Avenue
Lakewood, CA 90712

April 13, 1987

RE: Health Professional Education - Final Draft of Recommendations

To: California AIDS Advisory Committee (CAAC)

The following is a composite of the various recommendations made by the members of the Subcommittee on Health Professional Education. Contributing members were Will Warner, M.D., Harvey Bartnof, M.D., Linda McCready, Helen Scheitinger, R.N., Steve Dale, Richard Hamilton, M.D., Mark Madsen, and Beverly Campbell.

A two stage program consisting of a yearly set of three mailings with annually updated basic information, referral resources and sources for more detailed information was the primary topic of discussion. The second stage would consist of group education programs. CME credits and certificates of completion were recommended to motivate the providers. Consumers could request to see the certificate as a method of determining basic provider competence.

The first stage consists of a yearly series of three mailings of brief and very attractive information pieces that would require 30 minutes of reading and a 10 minute self test. To attract further attention, interest and action they should be mailed by the Department of Consumer Affairs with a test and 1 hour of CME. The mailings should be designed by the boards of the designated licensees. Already available information devices containing board base information can be used. Endorsements by the California AIDS Advisory Committee, the State Department of Health and all licensing boards would be used. Each licensing agency must update the materials yearly for the series of mailings. Because of their authority (real and implied) over their licensees an endorsement by each board would attract attention and assist compliance. Existing state agencies can handle the programs. An existing agency would be more efficient and encumbered by fewer fiscal restrictions. Legislation is needed to endorse the procedure and intent of the Health Professions Education Program and to provide funding for development, administration, distribution and postage. Endorsement of this stage by opinion leaders such as CMA presidents, Dr. Koop, and Dr. Kizer was discussed but met with only moderate support, but if forthcoming without delay of program, these types of endorsements would be helpful.

The second stage already has considerable effort and resources devoted to it. Information programs have already been implemented and are supported by state funds. More than one agency is involved. More must become involved with continued and greater intensity. Legislative endorsement and support financially are vital to the success of these programs. This stage includes in person contact, train the trainer, small groups, university programs, and profit and nonprofit CME systems. Hospital in service and staff meeting programs should be recommended in hopes that they would become mandated by JCAH. Hospitals, clinics and private offices must be induced to provide time off from patient care with payment for programs coming from these organizations.

Administrative agencies that should be responsible for opinion setting (stage 1) health professional education were official boards (Board of Registered Nursing, Board of LVN, Physical Therapy Examining Committee, Psychology Examiners Committee, Board of Medical Quality Assurance, Board of Dental Examiners and Department of Health Services Licensing of Certified Nurses Aides, and Cosmetologist Licensing agency), Health Departments, Medical and Health Profession Training facilities, Hospitals, and Community Service agencies.

Information to be disseminated should be grouped into five categories with subtopics (see attached). Emphasis should be on reaching primary providers and advising them of early diagnosis, infection control and referral.

Groups to be reached was clear cut in this order: Private M.D. (primary practitioners) and staff; dentists and dental hygienists; nurse practitioners, physicians assistants, and other mid-level practitioners; nurses (R.N., L.V.N., and Aide levels); paramedics and other first responders and the public.

There are time deadlines rapidly approaching if there is any intent for the bill to contain funding provisions for this year. Some groups (e.g., AIDS Virus Education and Research Institute - AVERI, Inservice Video Productions and CMA and Audio Digest) stand ready to incorporate the categories and topics in Appendix A not already included into their programs to promptly respond to the programs to be endorsed by legislation. To

follow the urgings of Surgeon General Everett Koop, M.D. the legislation should urge high priority status and urge funding now to encourage the development of education programs vital to help curb the epidemic and save lives and money in the future.

I would like to express my gratitude to those who have made the time to provide input to the process of this subcommittee.

Respectfully submitted,

Richard R. Hamilton, M.D.

Richard R. Hamilton, M.D.
Chairperson, Subcommittee on
Health Professional Education

Attachment

cc: Members: Stephen Dale, Linda McCready, Mark Madsen, Will Warner, M.D., Helen Scheitinger, R.N., Beverly Campbell, Sally Lyn Wright, Harvey Bartnof, M.D.

Others: Bruce Decker, Chairman of the California Aids Advisory Committee (CAAC), CAAC members, Cindy Laubacher c/o Assemblyman Filante's Office, and Jack Davis c/o Senator Kopp's Office

APPENDIX A

PROPOSED SUBJECT MATTER

A. Modes of transmission and measures to prevent transmission of HIV and other blood borne illnesses

1. Sexual Activity (heterosexual and homosexual) as modes of transmission.
2. Intravenous drug use as a mode of transmission of disease.
3. Blood and blood products.
4. Intrauterine infection of unborn children.
5. Groups affected (minorities, homosexuals, women, I.V. drug users, the unborn, the hemophiliac, blood transfusion recipients and the heterosexual with multiple partners.
6. Risk reduction methods for affected groups.

B. Infection control guidelines (CDC) on working safely with people infected with blood borne illnesses (including HIV).

1. Prevention of transmission in the dental office.
2. Laboratory procedures (T-cells, ELISA, Western Blot, viral cultures, routine labs and any test involving blood).
3. School precautions that are appropriate and that are unnecessary.
4. Blood banking and transfusion recommendations
5. CPR precautions.
6. Occupational transmission of blood borne diseases (including HIV).

C. Treatment of AIDS and AIDS related conditions (CDC definition of HIV infection and disease).

1. Early signs and symptoms (disease prodromes and types of infections to be identified).
2. Incidence patterns of HIV.
3. Community standard of compassionate and up-to-date care.
4. How to educate patients on issues most effectively and efficiently.
5. Coping mechanisms for providers' own emotions about HIV and those infected.
6. Issues to be addressed with those infected by HIV and their families.

D. Services available (how to refer, when to refer, and where to refer).

1. Home care
2. Alternative test sites and procedures
3. Public policy issues

E. Psychosocial issues and how to address them.

1. The captive patient (people whose insurance program, usually selected by an employer, utilizes a preselected group of providers that may not be AIDS sensitive).
2. Legal issues in California surrounding use of the HIV Ab test (confidentiality).
3. Ethical responsibilities.
4. Unlearning fear of AIDS and myths about the disease and people infected with HIV.

VIII

CALIFORNIA MEDICAL ASSOCIATION

INTEROFFICE MEMORANDUM

April 17, 1987

TO: Bill Cleveland

FROM: Laurie Soman LS

RE: **Meeting on HIV Testing of Persons in State Hospitals**

A group representing both the Liaison Committee to State Hospital Medical Staffs and the Committee on AIDS met on April 15 to discuss HIV testing of persons in state hospitals. Meeting participants were Drs. Alan Teitelbaum, Karen Kral, David Sanders, Jeffrey Zwerin and myself of the Liaison Committee and Drs. Dennis Causey and Elizabeth Harrison of the Committee on AIDS. We had a long and intense discussion on the potential need for HIV testing of state hospital patients, the potential uses of test results and consent procedures for persons who cannot meet the current requirement for written informed consent.

The group reached consensus on the following points:

- HIV testing of patients should be done only on an individual, case-by-case basis, on the initial recommendation of the treating physician, as indicated by his/her clinical judgment.

- Testing of an individual unable to give consent should require substitute consent by a judge -- for patients with developmental disability or mental disorder or judicially committed. This procedure should be initiated by three state hospital physicians -- the treating physician, the hospital medical director, and the public health officer of the hospital. All three would concur that testing is indicated on clinical grounds.

- If patients have the capacity to consent to treatment, attempts should be made to persuade them to voluntarily consent. If they refuse consent, testing should be done only after judicial review, according to the process discussed above.

- The legal proceedings should take place in the county of residence.

- Planning for the management of HIV positive patients should be done on a case-by-case basis as the patient's individual circumstances warrant.

- Test results should be available to all physicians involved in direct patient care, including receiving physicians, if patients are being transferred.

Bill Cleveland
April 17, 1987

- Test results should be able to be released to a judge if the information is relevant to placement or other aspects of the patient's care.

- Test results should be recorded in a separate part of the medical record.

As you'll note, this represents a significant shift in position from that originally recommended by the Liaison Committee and initially accepted by the Committee on AIDS. The shift is most profound in two areas:

o The group agreed that routine screening of all state hospital patients, on admission or otherwise, was unnecessary, and that testing should be done strictly on an individual case-by-case basis.

o There was agreement that any change in the existing system for obtaining substitute consent for treatment would be extremely complex and possibly inadvisable, at least for the present time. Thus, there was general agreement that physicians who wish to test state hospital patients, in either the Department of Mental Health or Department of Developmental Services system, should continue to seek consent from a judge.

The representative from Napa State Hospital did not dissent from these positions, but he wanted it made clear that Napa's medical staff will have concerns about continuing court-ordered testing, and particularly whether this can be implemented in a timely fashion.

I think our next step is to discuss how to approach AB 87 and AB 2153 in light of these recommendations.

##

LAS/fl

CC: Linda Ramsey
Mark Madsen

CALIFORNIA MEDICAL ASSOCIATION
44 Gough St. • P.O. Box 7690 • San Francisco 94120-7690 • (415) 863-5522

April 6, 1987

TO: Alan Teitelbaum, MD
Karen Kral, MD
David Sanders, MD
Jeffrey Zwerin, MD
Dennis Causey, MD
Elizabeth Harrison, MD

FROM: Laurie A. Soman

RE: Meeting on HIV Testing of Persons in State Hospitals

We have set the date for the special meeting to discuss HIV testing of persons in state hospitals. The meeting will be:

Wednesday, April 15, 1987
San Francisco Airport Hilton
7:30 - 9:30 p.m.

As you know, this meeting has been called to allow representatives from both the Liaison Committee to State Hospital Medical Staffs and the Committee on AIDS to come to agreement on recommendations for CMA policy on HIV testing of persons who are unable to meet the current requirement for informed consent.

Enclosed is background material for this meeting, including:

- pending legislation (AB 87, AB 1951, AB 2153, SB 1006)
- correspondence from Alan Teitelbaum, MD to Mervyn Silverman, MD describing the Liaison Committee's concerns about HIV testing in state hospitals
- positions of Napa and Camarillo State Hospitals on HIV testing
- resolutions on HIV testing approved by CMA's House of Delegates in March
- a recent JAMA article on the ethics of antibody screening in special settings.

Since the meeting date has been cleared with you in advance, I'll assume that you'll be attending. Please let me know if you will be unable to attend.

***

cc: Linda Ramsey
Mark Madsen
Bill Cleveland
Mervyn Silverman, MD

enclosures

CALIFORNIA MEDICAL ASSOCIATION
44 Gough St. • P.O. Box 7690, San Francisco, CA 94120-7690 • (415) 863-5522

March 17, 1987

Mervyn Silverman, MD
Chairperson, Committee on AIDS
and Sexually Transmissible Diseases
44 Gough Street
San Francisco, CA 94103

Dear Doctor Silverman:

As you know, the Liaison Committee to State Hospital Medical Staffs is very concerned about the issue of HIV testing in state hospitals serving persons with either developmental disabilities or mental disorders. This issue was first raised by the medical staff at Napa State Hospital, whose chief of staff recently wrote the Governor to request his support for legislation to permit HIV testing in state hospitals at the physician's discretion and the recording of the results in medical records. (This correspondence is attached.) Current law requires the written consent of the patient in order for a physician to test the patient's blood for HIV antibodies.

Because both our committees have a strong interest in this issue, I had invited a representative from your committee to come to our February meeting and to provide us with the committee's viewpoint on testing. Doctor Dennis Causey was very helpful in providing insight into your committee's thoughts. He made the points that written informed consent for HIV testing is preferred because of the potential emotional and social consequences of a positive result and that a patient who is able to give consent but refuses should be treated as if he or she is positive. He also informed us that the Attorney General has issued an opinion that conservators can give consent to testing for conservatees unable to consent. He noted that the Committee on AIDS prefers a legislative authorization, as in AB 87 (Agnos).

Members of the Liaison Committee believe that there are special circumstances in the state hospitals which make it important for patients' antibody status to be known. The circumstances include the following:

- The state hospital population is at a higher risk for exposure to the AIDS virus prior to admission. Six percent of a group of 135 patients tested at Napa were seropositive. (These patients, who are being treated for mental disorders under the Lanterman-Petris-Short Act, were tested under court order.) Many patients with mental disorders have a history of street drug use, including IV-administered drugs. It has been suggested that the incidence of hepatitis B may serve as an indicator of potential exposure to the AIDS virus. Approximately 10% of all state hospital patients with developmental disabilities are hepatitis B positive.

- Patients are also at higher risk post-admission for transmitting the virus or for being exposed to it because of the nature of their mental disorder or developmental disability (eg, lack of understanding or impulse control).

- Sexual activity-- forced or by consent-- is virtually impossible to control in most state hospital settings, given the hospital building design and staffing patterns and the fact that many patients are free to roam the grounds.

- It would be impractical to assume, for safety's sake, that all patients are infectious and to treat them accordingly. State hospital patients are residents, often on a long-term basis, at the hospital, not kept briefly (and bedridden) in a ward in a hospital in the community.

- Patients are routinely tested for exposure to hepatitis B on admission and the results recorded. Treatment, including placement, of infectious patients depends on the individual patient's behavior and personal circumstances.

For these reasons the Liaison Committee strongly believes that HIV testing should be treated as part of the routine testing of patients on admission to state hospitals for the purposes of diagnosis and management of the patient's care, as is done with hepatitis B.

The committee discussed AB 87 (Agnos), which would permit a patient's conservator to consent to testing when the patient is unable to give consent. We support AB 87 as a first step, but we must note that the bill does not address several other groups of state hospital patients for whom HIV testing might be advisable:

- patients who are legally able to consent but who refuse to do so
- judicially committed patients
- patients committed on a 72-hour hold under LPS; these patients have no conservator
- patients on a 14-day certification or post-certification up to 180 days who have no conservator.

In addition, it does not appear that AB 87 would apply to state hospital patients with developmental disabilities, whose conservatorship and consent procedures are different from those of patients with mental disorders. Consent for non-emergency medical treatment for these patients must be obtained from the court.

The committee's goal is to refine our position on HIV testing, particularly with regard to those populations not covered by AB 87. We will be considering such actions as recommending additional legislation to further amend current law on testing. We thought our discussion with Doctor Causey on these issues was most productive and we hope we can continue this dialogue with your committee.

If you would like more information on HIV-related issues in the state hospitals, please feel free to contact me or our committee staff, Laurie A. Soman.

Sincerely,

Alan Teitelbaum, MD

Alan Teitelbaum, MD
Chairperson, Liaison Committee to
State Hospital Medical Staffs

cc: Laurie A. Soman

Attachment

Laurie Scman

STATE OF CALIFORNIA—DEPARTMENT OF DEVELOPMENTAL SERVICES
GEORGE DEUKMEJIAN, Governor

NAPA STATE HOSPITAL
NAPA, CA 94558-6293
(707) 253-5000

JAN 2 7 1987

January 16, 1987

The Honorable Governor of California
State Capitol
Sacramento, California 95814

Dear Governor Deukmejian:

The following resolution was unanimously passed at a recent Medical Staff Meeting. I feel it is truly indicative of our continuous concerns for the welfare of our patients.

"We, the physicians of Napa State Hospital, are deeply concerned by recent legislation which has removed from the physicians of this state their medical discretion in the ordering of HIV (HTLV-III) antibody testing and recording of results on patients' clinical records.

C. Everett Koop, M.D., Surgeon General of the U. S. Public Health Service recently stated, 'unless you are absolutely certain that you are not carrying the AIDS virus, you must consider the possibility that you can infect others.'

In the light of Dr. Koop's statement, the policy required by the California statute, which is unprecedented in medical history, is not only inappropriate and counter-productive, it is a substantial detriment to quality medical care. In a larger sense, it unquestionably interferes with the protection of the health and well-being of the entire population.

We not only recommend that state health institutions be exempted from current law which removes physician discretion in the ordering and recording of the HIV (HTLV-III) antibody test, but in addition, we recommend that this test be made a part of the standard laboratory tests upon admission. Institution of these procedures has the potential to be a major public health preventative measure.

Copies to Doctor Elliott, Doctor Armstrong, Robert Elsner, **Laurie Soman**, Mark Madsen (to coordinate response).

The well-meaning effort to prevent unwarranted discrimination, which was the motive for the current statute, is laudatory. However, we are perpetrating not only an injustice, but also negligence upon the citizens of this state, aiding and abetting a tragic and devastating plague.

As stated by Dr. Koop, "By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths. In the same year, an estimated 145,000 patients with AIDS will need health and supportive services at a cost of between 8 and 16 billion."

We urge you to use your office to support legislation which would permit us here at Napa State Hospital, and our colleagues in similar California institutions, to order HIV (HTLV-III) antibody testing and to include the results in the patient's clinical records."

Sincerely yours,

JEFFREY ZWERIN, D.O.
Chief of Medical Staff

JZ:kg

cc: Steve Donoviel, Ph.D.
Clinical Director, Napa State Hospital

Richard Friday, M.P.A.
Hospital Administrator, Napa State Hospital

Robert O. Pasnau, M.D.
President, American Psychiatric Association

William W. Van Stone, M.D.
President, Northern California Psychiatric Association

John J. Coury, M.D.
President, American Medical Association

Gladden V. Elliott, M.D.
President, California Medical Association

VIA: Michael O'Connor, M.D.
Director, Department of Mental Health
1600 - 9th Street
Sacramento, CA 95814

Charles C. Harper
Chief Deputy Director, Department of Mental Health
1600 - 9th Street, Room 151
Sacramento, CA 95814

Douglas G. Arnold
Deputy Director, Division of State Hospitals
Department of Mental Health
1600 - 9th Street
Sacramento, CA 95814

Fred Valenzuela
Executive Director, Napa State Hospital

Thaddeus Kostrubala, M.D.
Medical Director, Napa State Hospital

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

George Deukmejian, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
CAMARILLO STATE HOSPITAL
BOX 'A', CAMARILLO 93011
PUBLIC NO. 805-484-3661
ATSS NO. 644-0011

MAR 2 7 1987

March 24, 1987

Laurie A. Soman
California Medical Association
P.O. Box 7690
San Francisco, CA 94120-7690

Dear Ms. Soman:

Camarillo Medical Staff considered this resolution:

Camarillo Medical Staff supports routine HTLV-III testing on all patients now residing at Camarillo State Hospital and Developmental Center, and on all future admissions to this facility.

Resolution was introduced by Dr. B. D. Marshall, seconded by Dr. T. Sneed and passed by a vote of thirty for and one opposed.

Not voted on but discussed was the concept that the medical staff would also favor routine screening of employees, including physicians. Although this appeared to be a consensus, the proposal was not brought to a formal vote.

Sincerely,

Dean Leon Towle M.D.

Dean Leon Towle, M.D.
Director
Medical-Surgical Services

DLT:gel
cc: S. Gnanamuthu, M.D., Medical Director

Reference Committee G

Resolution No. 701-87/G

AIDS Confidentiality Law

RESOLVED: That the California Medical Association encourage the State legislature to amend Section 199.21 of the Health and Safety Code to allow physicians reporting or testifying in personal injury litigation to reveal with immunity, the presence of a positive AIDS Antibody test if it is the physician's opinion that this is a factor contributing to the patient's disability.

ACTION: Referred to Council.

Referred to: Commission on Legislation.

* * *

Resolution No. 702a-87/G

AIDS Confidentiality Law

RESOLVED: That CMA seek to delete legal requirements for consent to HIV testing which are more extensive than requirements generally imposed for informed consent to medical care; and be it further

RESOLVED: That in those circumstances where HIV testing is desired, CMA urge all physicians to counsel their patients appropriately before and after testing; and be it further

RESOLVED: That CMA seek necessary legislative changes to provide that the results of a positive HIV test may be made available on a confidential basis to physicians involved in caring for the patient and to the local health officer; and be it further

RESOLVED: That physicians should have the option, after counseling a patient, to report with immunity to an endangered third party that the patient has tested HIV positive; and be it further

RESOLVED: That CMA take whatever actions are necessary to allow blood banks and health departments to share information for the purpose of locating and informing persons who have any transmissible blood borne disease.

ACTION: Substitute resolution adopted as amended for combined resolutions 702-87, 703-87, 727-87,, and 729-87.

Referred to: 1st, 3rd, and 5th Resolves: Commission on Legislation.
2nd Resolved: Commission on Communications.

* * *

Memorandum

To : Executive Directors
of
Atascadero, Camarillo,
Metropolitan, Napa and
Patton State Hospitals

Date : January 6, 1986

Subject : AIDS—Policy & Procedure
(File #85-44)

Telephone ATSS ( )
DSH (8) 473-8321
HOD (8) 473-4838

From : Division of State Hospitals
Hospital Operations Division

AIDS is now known to be a bloodborne, sexually transmitted disease. Persons infected with HTLV III, the "AIDS virus," may be asymptomatic and unaware of their infection. It is, therefore, necessary that health care workers in state hospitals take appropriate precautions to protect themselves from infection and to prevent the spread of infection among patients.

The attached policy and procedures incorporate recommendations from the U.S. Public Health Services Centers for Disease Control as well as a design to conform to legal requirements to protect the patients' right to confidentiality. If public health recommendations or legal requirements change, this Special Order will be revised to comply.

The Medical Directors and Chiefs of Professional Education have been meeting together to plan a basic educational package for all hospital employees. Their next meeting is January 23, 1986, and the training package will be ready soon after.

DOUGLAS G. ARNOLD, Deputy Director
Division of State Hospitals
Department of Mental Health

BAMFORD FRANKLAND, Deputy Director
Hospital Operations Division
Department of Developmental Services

Attachments
cc: Medical Directors
Chiefs of Professional Education

bcc: D. Michael O'Connor, M.D.
Steven P. Shon, M.D.
Jack Gallisdorfer
Phyllis Taylor, M.D.
Rick Gambrell
L. Martin Griffin, M.D.
Dennis Mahoney

DEPARTMENT OF MENTAL HEALTH

SPECIAL ORDER

Special Order Number: DSH-101

Effective Date: January 1, 1986

Originating Division: Division of State Hospitals

Expiration Date: None

Subject: AIDS--Prevention & Management

Distribution: Atascadero, Camarillo Metropolitan, Napa & Patton State Hospitals

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Special Order: There shall be training and procedures in each state hospital to ensure prevention of spread of AIDS/HTLV III as well as protect the patients' right to confidentiality.

Authority: By the authority of the Director of the Department of Mental Health.

Purpose: That no otherwise eligible MD patient shall be denied admission or care on the basis of a diagnosis of AIDS, ARC, or a positive HTLV III antibody test.

Method: The AIDS Prevention and Management protocol will be incorporated in all hospital manuals relating to patient care.

Douglas G. Arnold

DOUGLAS G. ARNOLD, Deputy Director
Division of State Hospitals
Department of Mental Health

12-31-85
Date

BAMFORD FRANKLAND, Deputy Director
Hospital Operations Division
Department of Developmental Services

12/24/85
Date

AIDS -- Prevention and Management

POLICY

A. No otherwise eligible MD client shall be denied admission or care on the basis of a diagnosis of AIDS, ARC, or a positive HTLV III antibody test.

B. Patients with HTLV III infection requiring state hospital treatment for their mental/behavioral disorder will be expected to be discharged to community care when that treatment is completed.

C. Patients who have been diagnosed as having AIDS or ARC and who require acute medical care or diagnostic procedures unavailable in the state hospital will be transferred to their county medical center or other acute care medical facility.

D. Staff will protect the patient's confidentiality by disclosing any identifying information relating to a patient's diagnosis of AIDS or presence of AIDS antibodies only to those health care practitioners directly responsible for the patient's care and treatment, or as otherwise required by law, or as authorized by the patient.

E. The hospitals value and respect the health and safety of employees and families and will provide them with sufficient information about AIDS to protect themselves.

F. Specific AIDS literature will be available on each hospital unit, in the public health office, and in the patients' library. Public health personnel will be available for information and consultation.

PROCEDURES

A. Prevention

Throughout the hospital, the following precautions recommended in the November 15, 1985, edition of the Morbidity and Mortality Report from the Centers of Disease Control shall be observed to prevent the transmission of HTLV III and other infections agents:

"1. Sharp items (needles, scalpel blades, and other sharp instruments) should be considered as potentially infective and be handled with extraordinary care to prevent accidential injuries.

2. Disposable syringes and needles, scalpel blades, and other sharp items should be placed into puncture-resistant containers located as close as practical to the area in which they were used. To prevent needlestick injuries, needles should not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand.

3. When the possibility of exposure to blood or other body fluids exists, routinely recommended precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or equipment contaminated with blood or other body fluids, or may also require gowns, masks, and eye-coverings when performing procedures involving more extensive contact with blood or potentially infective body fluids, as in some dental or endoscopic procedures or postmortem examinations. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood.

4. To minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predictable."

Additional recommendations for sterilization, disinfection, housekeeping and waste disposal are also contained in the same report.

B. Admission Procedures for Patients With Known Positive HTLV III Antibody Test

Admission procedures for these persons shall be the same as for any patient. When the admission date becomes known, personnel will be informed on a "need-to-know" basis and provided with in-service training by the PHN or other qualified trainers as is deemed necessary. Blood/body fluids precautions will be used and protective isolation will be ordered at the physician's discretion. The PHN will notify the local health department if AIDS is diagnosed.

C. In-Hospital Diagnosis

1. One physician on staff shall be identified by and report to the Medical Director as the facility's physician for AIDS and HTLV III consultation.

2. When AIDS or an AIDS carrier-state is suspected, a consultation with the AIDS physician shall be promptly requested.

3. Only after approval by the AIDS physician will the laboratory honor an order for the HTLV III antibody test.

4. A written informed consent, with the attached form, must be obtained from the patient prior to drawing blood for the HTLV III antibody test. The only allowable substitute consent is by order of the court.

5. Results of the HTLV III antibody test will be hand-delivered only to the Medical Director who will notify the patient's physician.

6. Any disclosure of the test results to any third party other than health care practitioners directly responsible for the patient's care and treatment must be specifically approved in writing by the patient using MH 5671 (6/83).

7. An official diagnosis of AIDS, ARC (AIDS related complex) or confirmed positive HTLV III antibody test will be made in the hospital only after confirmation by the AIDS physician and the Medical Director.

D. Case Management

1. The Medical Director, after consultation with hospital's Public Health Officer, the patient's physician and the AIDS physician, shall have sole authority in assigning treatment location for patients identified as having AIDS, ARC, or positive HTLV III antibody tests. The decision will be based on the patient's age, behavior, ambulation status, level of sanitation, ability to cooperate as well as severity of the illness. Public health and safety as well as the patient's rights will be considered.

2. Patients diagnosed as having AIDS, ARC, or positive and confirmed HTLV III antibodies shall have their clinical record cover labeled "Blood and Body Fluids Precautions."

3. All laboratory specimens from patients whose charts are labeled "Blood and Body Fluids Precautions" shall be labeled "Blood Precautions". Blood specimens shall be placed in an impervious bag for transport.

4. Medical management will focus on the prevention and early treatment of opportunistic infections and prevention of further deterioration of the immune system. The use of investigative drug therapy will follow hospital procedures.

5. Only the Medical Director will have the authority to approve transfer of AIDS or ARC patients to acute care hospitals.

E. Infectious Disease Control

The Medical Director in each hospital shall name the person or committee responsible for implementing and monitoring compliance with the most current guidelines from the Centers for Disease Control and the California Department of Health Services. This will usually be the Public Health staff and/or Infection Control Committee.

F. Employee Considerations

Employees sustaining accidental needle stick or blood contact on open wounds will report to the Employee Health Clinic immediately and be offered HTLV III antibody testing and subsequent follow-up either at the hospital or at an alternative test site.

TRAINING AND EDUCATION

Training will include disease transmission, precautions for self-protection, the client's/patient's need for protection from exposure to communicable diseases, and the client's/patient's right to confidentiality.

A. Hospital Staff

1. All new employees during the new employee orientation will receive instruction on infection control guidelines including the AIDS Prevention and Management protocol.

2. Ongoing education of medical staff, nursing staff, and all other hospital personnel will be developed under the direction of the Chief of Professional Education in the MD hospitals.

B. Patients

1. Patient education will be under the direction of the Public Health Nurse.

2. AIDS counselling with family or friends will be provided when appropriate by the Public Health Nurse in conjunction with the patient's physician.

CONSENT FOR
THE HTLV-III ANTIBODY BLOOD TEST

I have been informed that my blood will be tested in order to detect whether or not I have antibodies in my blood to the HTLV-III virus, which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I have been informed that the test is new and its accuracy and reliability is still uncertain and that the test results may, in some cases, indicate that a person has antibodies to the virus when the person does not (false positive) or fail to detect that a person has antibodies to the virus when the person has the virus (false negative). I also have been informed that currently there are no other blood tests that may be used to identify the virus, which is the probable causative agent of AIDS, and that in order to diagnose AIDS other means must be used in conjuction with the blood test.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks, and alternative tests, I may ask those questions before I decide to consent to the blood test.

I understand that the results of this blood test will only be released to those health care practitioners directly responsible for my care and treatment. I further understand that no additional release of the results will be made without my written authorization, unless required by law.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of results and have had all of my questions answered. Further, I acknowledge that I have given consent for the the performance of a blood test to detect antibodies to the HTLV-III virus.

x _____
Patient Signature

x _____
Printed Name

Date: _____

CONSENT FOR THE HTVL-III
ANTIBODY BLOOD TEST

(W & I 5328)

RM 5673 (12/85)

CALIFORNIA MEDICAL ASSOCIATION

INTEROFFICE MEMORANDUM

To: Bob Elsner
Linda Ramsey

Date: May 12, 1987

From: Mark Madsen

Subject: AIDS Newsletter

In order to address the many and varied issues raised by the AIDS crisis I would like to begin a periodic AIDS Newsletter. This publication would be similar to Med Exec Memo format and circulated to all medical executives, CMA officers, society presidents and key people in health care and politics. The following is a proposed list of topics to be addressed. Suggestions of course are welcomed.

A. Q & A on AIDS - this section would provide answers to the many correspondence and phone inquiries received by staff in CME department. The volume of these questions has overwhelmed current staffing. See attachment 1 for most requested information.

B. Policy review. Here we would outline current policy as approved by council. AIDS brings back into focus many issues which until now assumed policy was adequate, i.e., Infection control for AIDS.

C. Medical Society Activity. In this section we would review and highlight county society activities which could serve as a model for the less active societies. I believe that county societies will respond more to model programs as opposed to CMA staff consultation.

D. Resources. This would outline what responses are available. For example, LACMA's Video on Counseling the antibody positive patient.

E. Legislative review. Synopsis of current AIDS Legislation

F. Continuing Medical Education on AIDS. This section would review CME activities, particularly for the primary care physician. Also we would highlight Audio Digest Foundations tapes on AIDS.

We hope to have a meeting soon of staff who might be involved.

cc: Chuck McFadden
Jill Tyler
Charlotte Newhart
Patty Frisk
Cathy Frey

Request for Information on AIDS

Source of Request	Topics of Interest
Members	Infection Control
Non Members	Confidentiality
Hospitals	AIDS Packets
Medical Societies	Legislation - Laws/Regulations
Allied Health Organizations	Safe Sex
State Government (14)	CMA Policy
Insurance Companies	Risk Groups
Media	Statistics
General Public	Referrals/MD's and Organizations
Delegates & Alternates	CME
Medical Society Presidents	Dissenting Physicians
Medical Executives & Staff	Counseling Techniques/Regulations
Councilors	Consultation Resources
	Blood Banking - Safety
	Autologes Trans Guidelines
	Treatment Guidelines
	Alternative Test Sites

Partial Listing of requests for AIDS Information and Assistance

Medical Societies

Golden State
Imperial
Marin
Napa
Sacramento/El Dorado
San Mateo
Santa Clara
Solano
Stanislaus
San Francisco
San Luis Obispo
Riverside
LACMA

International

Taiwan
Germany
United Kingdom - Panos Institute
World Health Organization

Out-of-State

American College of Pathologists, Skokie, Illinois
American Society of Internal Medicine
Fayette City Medical Society
Greek Orthodox Archdiosese of North/South America, New York
Hospital Assn. of Metro, St. Louis
Madigan Army Medical Center, Tacoma Washington
Navt. Institute of Health, Rosslyn, Virginia
New York Medical Society
New York University
Pennsylvania Medical Society
Roch Port R-2 Schools, Missouri
State Medical Society of Wisconsin
Washington, DC Medical Society

Allied Health

American Foundation for AIDS Research
American Red Cross
California Medical Assistants Association
CEP Flash Med. America
Director of Health Services, Los Gatos
Department of Health Services, Berkeley, Sacramento
Health Offices, Orange County
Sonoma County Department of Health Services
Tri Counties AIDS Project
San Francisco Department of Health
AIDS Project, Los Angeles
San Francisco AIDS Foundation

Media

More than 250 contacts and AIDs speaking arrangements by Speakers Bureau.

City and County

Glendale
San Jose
Tarzana
Pacific Grove
San Luis Obispo
Salinas
Fresno
Irvine
Livermore

Government

Department of Health Services
State AIDS Task Force
California AIDS Advisory Committee
Agnos
Roberti
Filante
Kopp

Schools

Fairfield
Napa
San Rafael
Palo Alto
San Jose Unified School
Vacaville
Watsonville
La Crescenta

1987

SATURDAY, MARCH 7

Embassy 3 & 4 Rooms

Section on Preventive Medicine and Public Health presents

❑ ★ AIDS Update for the Practicing Physician

Program Planner and Moderator: Robert J. Melton, MD, Monterey

Educational Objectives: The physician attending the program should be able to identify those at risk of contacting AIDS in the future, should be able to provide appropriate counseling to patients who are infected with the virus or who are spouses of those infected and should be able to identify the practicing physician's role in responding to the AIDS epidemic.

8:30 **AIDS in Our Community: Prospects for the Next Few Years**
Donald P. Francis, MD, DSc, Atlanta, Georgia

9:15 **AIDS Prevention: The Health Professional's Tasks**
James Chin, MD, Berkeley

10:00 **Break**

10:15 **Ethical and Legal Concerns for the Physician**
Albert Jonsen, PhD, San Francisco

11:00 **Treatment Strategies for AIDS and HIV Infection**
Michael S. Gottlieb, MD, Los Angeles *(continued)*

11:45 **Discussion and Questions**

12:00 **Videotape: Counseling the HTLV-III Antibody Positive Patient**
Presentation of the Los Angeles County Medical Association and the Los Angeles County Department of Health Services

12:15 **Adjournment**

- Acceptable for up to 3½ hours of Category I Credit.
- Approved for 3½ contact hours, California Board of Registered Nursing provider number 00370.
- The financial assistance of the Centers for Disease Control and the California Department of Health Services is gratefully acknowledged.

CMA WESTERN SCIENTIFIC ASSEMBLY 1987

DISNEYLAND HOTEL, ANAHEIM

ATTENDANCE SUMMARY

Aids Update for the Practicing Physician
Saturday, March 7, 1987

1. SIGN-IN RECORD 228

a. CMA membership

Yes 174 No 54

b. Census of Hourly Attendance

Time 9:05 Number 153

Time 10:05 Number 135

Time 10:35 Number 140

Time 10:45 Number 178

Time 11:30 Number 151

Time 12:10 Number 109

c. **Specialties in attendance**

Physicians

General/Family Practice	69
Internal medicine	27
Psychiatry	20
Pediatrics	15
Obstetrics & Gynecology	7
Pathology	7
Dermatology	6
General Surgery	6
Ophthalmology	6
Physical Medicine & Rehabilitation	5
Preventive Medicine & Public Health	4

Anesthesiology	4
Occupational Medicine	4
Urology	4
Chest Diseases	4
Orthopedics	3
Emergency Medicine	3
Plastic Surgery	3

Nonphysicians

Registered Nurse	16
Adolescent Medicine	1
Aviation Medicine	1
Medical Student	1
Chief of Medical Staff	1
Home Health Care	1
N/A	1

CMA WESTERN SCIENTIFIC ASSEMBLY 1987

DISNEYLAND HOTEL, ANAHEIM

EVALUATION SUMMARY

Aids Update for the Practicing Physician
Saturday, March 7, 1987

1. TABULATION OF EVALUATION FORMS. 149

a. Percent of attendance 65%

b. CMA membership

Yes 117 No 27 N/A 5

c. CMA Delegate/Alternate

Yes 7 No 142

d. Years out of medical school

1-5	6-10	11-20	21-30	31-40	41-50	Over 50
7	9	25	28	42	11	5

e. Average years out of medical school 25.8

The program summary that follows is based on the 149 evaluation forms received.

AIDS UPDATE FOR THE PRACTICING PHYSICIAN

Saturday, March 7, 1987

Specialty _____ CMA Member Yes ____ No ____

County _____ Delegate/Alternate Yes ____ No ____

Years out of medical school _____

1. How much of the program did you attend? All 102 Half 14 Less than half 9

2. Circle appropriate score:

	Poor (1)	Fair (2)	Satisfactory (3)	Good (4)	Excellent (5)	N/A	AVG
Speakers:							
Robert J. Melton, MD			10	48	28	63	4.2
Donald P. Francis, MD			3	23	108	15	4.8
James Chin, MD	(absent)						
Albert Jonsen, PhD	3	7	14	51	50	24	4.1
Michael Gottlieb, MD		1	5	53	61	29	4.5
Program format	1		16	50	55	27	4.3
Handout materials	15	4	12	27	18	73	3.4
Audiovisual aids	5	7	23	41	31	42	3.8
Educational Merit:							
Adequate new information		2	8	48	68	23	4.4
Educational objectives met		3	8	50	65	23	4.4
Overall educational value		3	4	43	76	23	4.5

RECORD OF ATTENDANCE

If you wish to receive verification of your attendance, PRINT your name, CMA six-digit ID number (if known) and the number of hours earned.

_____ / / / / / / / ____

LAST NAME FIRST MIDDLE CMA ID NUMBER HOURS

GENERAL EVALUATION OF WESTERN SCIENTIFIC ASSEMBLY

AIDS Update for the Practicing Physician

Saturday, March 7, 1987

1. Do you regularly attend CMA's scientific assembly? Yes 63 No 41

   If so, why?

   o Convenient way to learn.

   o Good selective program.

   o It is stimulating.

   o Learn new things.

2. Does location affect your attendance? Yes 83 No 22

3. Do you plan to attend the 1988 assembly in Reno? Yes 48 No 39

   Uncertain 15 N/A 47

4. CMA identifies with a star (*) those programs and topics geared for primary care practitioners. Did you find this of value? Yes 78 No 20

5. Does the Western Scientific Assembly offer sufficiently attractive programs to draw physicians in your specialty? Yes 89 No 10

   If no, please indicate ways to make it more attractive to your peers.

   o More comprehensive programs on treatment in internal medicine - chemotherapy, cardiology, hematology, etc.

6. How did you learn about the assembly this year? (check all that apply)

Tabloid	28	Specialty Society Publications	9
Program Flyers	59	Word of mouth	10
California Physician	42	Other	3
Western Journal of Medicine	29		

PLEASE RETURN COMPLETED EVALUATION FORM TO STAFF

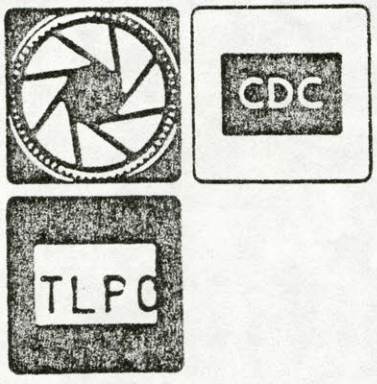
AT THE REGISTRATION TABLE

T H A N K Y O U

***

IN ACCORDANCE WITH YOUR REQUEST

***



from:
Centers for Disease Control
Training & Laboratory Program Office
Division of Technical Services
Still Picture Archives
Building 2, B-46 F02
Atlanta, GA 30333
(404) 329-1388

PLEASE CREDIT: Centers for Disease Control, Atlanta, GA 30333

☑ The enclosed slides/prints may be kept on permanent loan.

☐ The enclosed materials may be borrowed for a period not to exceed 6-8 weeks. Please return all materials to the above address.

L-181
GENERAL SERIES ON HTLV-III/LAV INFECTION AND AIDS

1. HTLV-III/LAV virus found in hemophiliac patient who developed AIDS; magnification of virus particles ranges in size from 90-120 nm.

2. Classification System for HTLV-III/LAV Infections--abstracted from MMWR, May 23, 1986.

3. Continuation of slide #2.

4. Surveillance definition.

5. Diseases indicative of immunodeficiency.

6. Continuation of slide #5.

7. The clinical spectrum of HTLV-III/LAV infection.

8. Kaposi's sarcoma in Haitian patient.

9. Violaceous plaques of Kaposi's sarcoma on the heel and lateral foot.

10. Kaposi's sarcoma of the distal leg and ankle. A statis dermatitis ulcer could produce a similar picture.

11. Skin biopsy of Kaposi's sarcoma; low magnification. The epidermis appears normal, but the dermis contains a cellular infiltrate and a vascular proliferation.

12. Skin biopsy of Kaposi's sarcoma; medium magnification. Numerous vascular lumina and a cellular infiltrate are present in the dermis.

13. Skin biopsy of Kaposi's sarcoma; high magnification. Two characteristics of Kaposi's sarcoma are extravasated erythrocytes and deposits of hemosiderin.

*14. Pulmonary pneumocystosis--chest X-ray showing interstitial infiltrate.

15. Pulmonary pneumocystosis with Pneumocystis carinii in alveolar spaces in human lung; GMS stain.

16. Pulmonary pneumocystosis with Pneumocystis carinii in alveolar spaces in human lung; GMS stain.

17. Routes of transmission of HTLV-III/LAV.

+ L-178 (AIDS - Surveil and/E
+ L-227 (Study of HC w's)

18. Public Health Service recommendations for preventing the spread of AIDS
thru —recommendations for everyone.
21.

22. Public Health Service recommendations for preventing the spread of
thru AIDS--special recommendations for persons with positive HTLV-III
25. antibody tests.

*Please credit:
Jonathan W. M. Gold, M.D., Assoc. Dir., Special Microbiology Lab, Assist. Attending Physician, Memorial Sloan-Kettering Cancer Center, and Assist. Professor of Medicine, Cornell University Medical College, New York.

6/86
102W

Hospital Accused of AIDS Bias After Dismissing Patient

By KIM MURPHY, *Times Staff Writer*

Attempting to clarify AIDS victims' legal protection against discrimination, the American Civil Liberties Union filed suit Tuesday on behalf of a man forced to leave a hospital drug treatment program when he tested positive for the deadly virus.

The lawsuit, filed for the 33-year-old man who had depended on the treatment program at Centinela Hospital to save his job, seeks a declaration from the courts that the Inglewood hospital violated state and federal law when it ordered him to undergo an AIDS blood test and then discharged him because of fears for the health of other patients.

The suit is one of the first in the nation seeking to expand on a Supreme Court decision in March that extended the protection of federal anti-discrimination law to victims of contagious diseases but left open the question of whether those who have merely been exposed to the AIDS virus should enjoy similar guarantees.

Millions Affected

Its outcome could affect not only hospital patients but an estimated 2 million federal employees, contractors and workers at facilities receiving government aid who have tested positive for the virus that causes acquired immune deficiency syndrome and who are subject to federal handicap discrimination laws.

"This case is important because it asks the court to rule, for the first time, that persons who test positively for the AIDS virus are protected by the Rehabilitation Act," said Mickey Wheatley, one of a team of private attorneys handling the case in cooperation with the ACLU.

Centinela Hospital's vice president for legal affairs, Eric Tuckman, said he had not seen the lawsuit and could not comment on it.

"The hospital is surprised that if, in fact, such an action is contemplated, that no communication was made by the ACLU to appropriate hospital officials," Tuckman added in a prepared statement.

The lawsuit was filed in U.S. District Court in Los Angeles on behalf of John Doe, an unidentified Los Angeles man who entered the hospital in January for treatment of a chronic alcohol and drug abuse problem that he said was threatening his job.

Assured About Test

The head nurse in the unit told him a blood test for AIDS was required because patients live in such close proximity, eating in the same kitchen and swimming in the same pool. When he resisted, insisting that he was emotionally unprepared for the results, the nurse assured him that the test would not jeopardize his ability to remain at the hospital, he said.

The man said that when the test showed he had been exposed to the AIDS virus—although he had no symptoms of the disease—he was called into Dr. Fredrick Schlaff's office and told that he would have to leave.

"I don't know what you should do, but this hospital can't have you as a patient here," Schlaff told him, according to the suit.

"I felt like committing suicide, really," the man said at a news conference Tuesday. "I felt like I had been thrown out into the street because I had a disease. I felt like everybody thought that if you swim with me or eat from the same plate that I eat off of or drink out of the same glass that I drink out of, you can catch the disease."

ACLU attorneys noted that there is no medical evidence that AIDS can be transmitted by such casual contact.

"What rational reason, what medical, scientific basis was there for asking this person to leave this program? There was none . . . and the hospital should have known that," said attorney Leroy S. Walker. "The reasons put forth by the hospital are absurd, and they're cruel."

ACLU attorneys say the hospital, by "coercing" the man into taking the blood test, clearly violated state law prohibiting AIDS testing against a person's will.

Also at issue is whether federal anti-discrimination laws for the handicapped apply to those who have tested positive for the AIDS virus.

In its March 3 decision extending such protections in the case of a Florida teacher fired because she had tuberculosis, the U.S. Supreme Court indicated that the ruling applies to all people handicapped by contagious disease.

The court specifically left open the question of whether those simply exposed to the AIDS virus, though not suffering from the disease, are entitled to similar protection.

About 20% to 30% of those exposed to AIDS contract the disease, yet without specific legal protections, hundreds of thousands of employees who have tested positive for AIDS could be fired, and millions more could be subject to AIDS testing demanded by their employers, ACLU lawyers said.

"If you use the hospital's reasoning, 230 million people are going to have to be tested, whether they want to or not," Walker said. "I think there are broad public policy issues here that have to be addressed."

PATIENT

Continued from Page 1

MAY - 1 1987

May 12, 1987

Dear Dr. _____:

AIDS is the number one health care issue of our time. A recent poll indicated that more than 90% of the California public believes AIDS to be an extremely important issue. County medical societies can and must play a major role in helping the public to understand AIDS and AIDS prevention in their communities.

Several counties have already formed task forces and committees and have been very active in identifying resources providing AIDS education and services helping to form rational sound community policies. For those who have not yet done so, I urge you to undertake this very important responsibility. I am certain that those counties with established committee's would be happy to assist.

Several county public health officers have told me that they would like to work with the county societies in establishing joint programs on AIDS. Please do not overlook this important relationship.

Enclosed is a policy statement on AIDS which has been approved by the CMA Executive Committee but not yet by the Council. If the Council decides to amend this statement, we will send you an amended copy at a later date.

If CMA staff or I can be of assistance in this endeavor, please call or write. The CMA staff person in charge of AIDS programs is Mark Madsen. His phone number is (415) 863-5522, extension #402.

Sincerely,

Frederick S. Armstrong, MD
President

FSA/sb

letter to each county health officer

Dear Dr. _____:

At the recent CCLHO meeting in Sacramento, I promised that I would send CMA's policy statement on AIDS. The enclosed statement has been endorsed by the CMA executive committee but not yet by the Council.

As I have said in the enclosed letter to your county medical society president, we should not overlook the important relationship between health officers and county medical societies.

If CMA staff or I can be of assistance in developing AIDS programs, please let us know. The CMA staff person in charge of AIDS programs is Mark Madsen. His phone number is (415) 863-5522, extension 402.

Sincerely yours,

Frederick S. Armstrong, MD
President

FSA/sb



POSSIBLE OPTIONS FOR FINAL VOICE OVER:

1. If you're going to make love, use a condom ... because you care.

2. Stop the spread of AIDS. If you're going to make love, use a condom ... because you care.

3. AIDS can be passed through sexual intercourse. If you're going to make love, use a condom ... because you care.

CAN BE SUPER-IMPOSED ON FINAL IMAGE:

*Use of spermicidal jelly is recommended with a condom.

View Film & Video Inc.

35 rue Singer. Paris France. 75016 1.4525.6829

442 Panoramic Highway. Mill Valley California. 94941 415.381.5608