

SB

195

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 4/26/87 5-DAY NOTICE
IN ACCORDANCE WITH UNIFORM RULE 23

FURTHER:

**FISCAL NOTE(S) ATTACHED **
IN ACCORDANCE WITH AS 24.08.035
(see below)

3/18/87 DATE TURNED INTO OFFICE 4/27/87
Mr. President:

FINANCE Committee considered SB 195

appropriation to the Department of Health & Social Services,
division of public health, for the Alaska AIDS program; efd.

and recommended:

- replace with CS SB 195 (FIN) same title
- attached amendment(s) and new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- further referral to _____
- letter of intent adopted and attached

** Committee attached or adopted fiscal note(s)
 zero fiscal impact

MEMBERS SIGNING DO PASS

[Signature]

[Signature]

[Signature]

[Signature]

OTHER RECOMMENDATIONS

[Signature]
Chairman signature and recommendation DO PAS

Committee Backup Attached



From The
**SENATE
FINANCE COMMITTEE**

DATE: April 27, 1987

TO: Lynn

FROM: Vicki (4935)
Rm 413 Cap

RE: CS SB 195 (Finance)

Please have a Finance Committee Substitute for SB 195 prepared with the changes noted in the attached copy of the bill.

CS SB 195 (Finance) was reported out of Committee this morning and read across at the 11 am floor session.

Please deliver the final version to me asap.

THANX!

Funding Information

General Fund ~~\$698,000~~ 498,000
Other Funds -0-
~~\$698,000~~ 498,000

FINANCE
BY THE SENATE SPECIAL
COMMITTEE ON AIDS PREVENTION

1 IN THE SENATE

2 COMMITTEE SUBSTITUTE SENATE BILL NO. 195 (FINANCE)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making an appropriation to the Department of
7 Health and Social Services, division of public
8 health, for the Alaska AIDS program; and providing
9 for an effective date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. The sum of ~~\$698,000~~^{498,000} is appropriated from the general fund
12 to the Department of Health and Social Services, division of public health,
13 for the Alaska AIDS program.

14 * Sec. 2. The unexpended and unobligated portion of the appropriation
15 made by sec. 1 of this Act lapses into the general fund June 30, 1988.

16 * Sec. 3. This Act takes effect immediately under AS 01.10.070(c).

STANDING COMMITTEE REPORTS

SB 195

The Finance Committee considered SENATE BILL NO. 195 (appropriation to the Department of Health and Social Services, division of public health, for the Alaska AIDS program; sfd) and a majority of the committee recommended it be replaced with

CS FOR SENATE BILL NO. 195 (FIN)

and do pass with a Letter of Intent. The report was signed by Senator Binkley, Co-chairman and concurred in by Senators Zharoff, Duncan, Fischer and Uehling.

Letter of Intent

CSSB 195 (FIN)

It is the intent of the Legislature that the programs funded by the Division of Public Health for AIDS education in the public school system be approved by the locally elected school boards to stress abstinence as the only totally effective preventative method and be directed at junior and senior high school students. Parental consent shall be required to participate in AIDS education programs. Funds are not included under this appropriation for the purchase or distribution of prophylactic devices.

SENATE BILL NO. 195 was referred to the Rules Committee.

SB 252

The Health, Education and Social Services Committee considered SENATE BILL NO. 252 (communications to a psychologist or psychological associate by a client) and a majority of the committee recommended do pass with the following amendment:

Page 1, lines 25-28: Delete: *Section 1 (5)
Insert: (5) proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges that the psychologist or psychological associate has violated provisions of this chapter.

The report was signed by Senator Fischer, Chairman and concurred in by Senators Josephson and Kerttula.

Zero fiscal note published today from Senate Health, Education and Social Services Committee.

SENATE BILL NO. 252 was referred to the Judiciary Committee.

Proposed Senate Finance Committee Statement of Legislative Intent

It is the intent of the Legislature that the programs funded by the Division of Public Health for AIDS education in the public school system be approved by the locally elected school boards, ^{should} stress abstinence ^{as} ~~is~~ the only totally effective preventive method and be directed at junior and senior high school students. Parental consent shall be required to participate in AIDS education programs. Funds are not included under this appropriation for the purchase or distribution of prophylactic devices.

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: SB 195
Publish Date: _____

Revision Date: _____
Title: "An Act Making an Appropriation
for the Alaska AIDS Program"
Sponsor: HESS Committee
Requestor: _____

Agency Affected: Health & Social Services
BRU: State Health Services
Components: Epidemiology, Nursing,
Laboratories

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES		225.5				
TRAVEL		50.0				
CONTRACTUAL		100.0				
SUPPLIES		120.0				
EQUIPMENT		2.5				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		498.0				

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		498.0				
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME		5.0				
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Elizabeth Ward, M.N., Director *E.W.* Phone: 465-3090
Division: Division of Public Health Date: 4/23/87

Approved by Commissioner: *Mary M. Munson* Date: 4/23/87
Agency: _____

- Distribution (by preparer):
- Legislative Finance
 - Legislative Sponsor
 - Requestor
 - Office of Management and Budget
 - Impacted Agency(ies)
 - Senate Secretary

page _____ of _____

*Approp.
Bill
No need for
fiscal note.*

BUDGET ANALYSIS

Personal Services \$225.5

The five new full-time positions being requested are as follows: 92.0

2-Microbiologist II positions (Fairbanks) (\$46 x 2 = \$92.0)

These two positions will provide the laboratory support necessary to process the HIV specimens.

1-Data Processing Clerk position (Fairbanks) This position will provide the data entry and clerical support necessary to the laboratory for the processing of the HIV specimens. 30.6

1-Education Specialist II (Anchorage) This position will provide for the development and implementation of an AIDS curriculum for Alaskan schools. 59.7

1-Public Health Representative (Anchorage) This position will assist with the overall coordination of AIDS activities throughout the state, including screening, training, and health education. 43.2

Travel \$50.0

Includes \$20.0 for an AIDS training seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Education Programs in school districts and communities state-wide. It also provides for travel for the Education Specialist, Public Health Representative, and other staff involved in AIDS activities.

Contractual \$100.0

Phones, postage and printing. 55.0

AIDS Health Educator (contract) 45.0

Supplies \$120.0

Health Educational materials

Equipment \$2.5

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: SB 195
Publish Date: _____

Revision Date: _____
Title: "An Act Making an appropriation
for the Alaska AIDS program"
Sponsor: HESS Committee
Requestor: _____

Agency Affected: Health & Social Services
BRU: State Health Services
Components: Epidemiology, Nursing
Laboratories

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES		425.5				
TRAVEL		50.0				
CONTRACTUAL		140.0				
SUPPLIES		80.0				
EQUIPMENT		2.5				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING		698.0				

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		698.0				
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME		5				
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

SEE ATTACHED

Prepared by: Elizabeth Ward, M.N., Director *E.W.* Phone: 465-3090
Division: Division of Public Health Date: 4/1/87

Approved by Commissioner: *Nancy M. Merson* Date: April 1, 1987
Agency: _____

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)
Senate Secretary

RECEIVED

APR 02 1987

page _____ of _____

LEGISLATIVE FINANCE

BUDGET ANALYSIS

Personal Services \$425.5

\$200.0 of the Personal Services total of \$425.5 will be used to fund non-permanent project nursing positions, an equivalent to 3.5 FTE, in the Section of Nursing in select Alaskan communities that have been identified as HIV test sites to provide screening and counseling services.

The five new full-time positions being requested are as follows:

2-Microbiologist II positions (Fairbanks) (\$46 x 2 = \$92.0) These two positions will provide the laboratory support necessary to process the HIV specimens.	92.0
1-Data Processing Clerk position (Fairbanks) This position will provide the data entry and clerical support necessary to the laboratory for the processing of the HIV specimens.	30.6
1-Education Specialist II (Anchorage) This position will provide for the development and implementation of an AIDS curriculum for Alaskan schools.	59.7
1-Public Health Representative (Anchorage) This position will assist with the overall coordination of AIDS activities throughout the state, including screening, training, and health education.	43.2

Travel

Includes \$20.0 for an AIDS training seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Education Programs in school districts and communities state-wide. It also provides for travel for the Education Specialist, Public Health Representative, and other staff involved in AIDS activities.

Contractual \$140.0

Phones, postage and printing.	25.0
Printing and distribution of Surgeon General Koop's report to all Alaskan households (est. 300,00)	70.0
AIDS Health Educator (contract)	45.0

Supplies \$80.0

Educational materials

Equipment \$2.5

Senate Finance Committee Statement of Legislative Intent

It is the intent of the Legislature that the programs funded by the Division of Public Health for AIDS education in the public school system be approved by the locally elected school boards, stress abstinence is the only totally effective preventive method and be directed at junior and senior high school students. Parental consent shall be required to participate in AIDS education programs. Funds are not included under this appropriation for the purchase or distribution of prophylactic devices.

SB 195

PROPOSED ALASKA AIDS PROGRAM - FY 88

Personal Services

\$470.5

Laboratory microbiologists and support staff to provide for increased HIV testing and analysis.

122.6

Public Health

Education and intervention specialists to assist school districts, medical professionals, sexually active individuals, and the general public to understand AIDS and HIV infection and to provide the disease intervention and prevention teaching and training that is necessary.

147.9

Nursing services to provide HIV screening and counseling to all individuals wanting to be tested.

~~200.0~~

Travel

Includes \$20.0 for an AIDS training Seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Reduction Programs in school districts and communities Statewide.

50.0

Contractual

95.0

Phones, postage and printing.

25.0

Printing and distribution of Surgeon General Koop's report to all Alaskan households (est. 300,000)

70.0

Supplies

Educational materials.

80.0

Equipment

Five (5) VHS recorders to facilitate on site professional and patient education.

2.5

6698.0
498.0

EPIDEMIOLOGY OF ACQUIRED IMMUNODEFICIENCY SYNDROME:
A BRIEF OVERVIEW

AMA's Council on Scientific Affairs members: John H. Moxley, III, M.D.,
Chairman; John R. Beljan, M.D.; George M. Bohigian, M.D.;
E. Harvey Estes, Jr., M.D.; Ira R. Friedlander, M.D.;
William R. Kennedy, M.D.; Paul Salva, Ph.D. (Medical Student Rep);
William C. Scott, M.D.; Joseph H. Skom, M.D.; Richard M. Steinhilber, M.D.;
Jack P. Strong, M.D.; Henry N. Wagner, M.D.; William R. Hendee, Ph.D.
(CSA secretary); William T. McGivney, Ph.D. (assistant secretary)

AMA's AIDS Panel members: John P. Phair, M.D., Chairman;
Arthur J. Ammann, M.D.; James W. Curran, M.D.; David T. Durrack, M.D.;
Jerome E. Groopman, M.D.; John R. LaMontagne, Ph.D.;
David S. Ostrow, M.D., Ph.D.; Paul A. Volberding, M.D.;
Norbert P. Rapoza, Ph.D. (AIDS Panel secretary)

Authors: John P. Phair, M.D.; James P. Steinberg, M.D.

More than 28,000 cases of AIDS in the United States have been reported to the Centers for Disease Control since the syndrome was described in 1981; the earliest cases were diagnosed in the late 1970's. During the 1980's more than 70% of patients in the United States and Europe have been homosexual or bisexual males.¹ In contrast, in Africa, AIDS is diagnosed with equal frequency in women and men and occurs primarily in heterosexual individuals.² Transmission from infected individuals to female and male sexual partners has been noted in the United States, Western Europe, and Australia. Other risk factors include intravenous drug abuse, which accounts for an increasing number of cases in urban areas, factor therapy for hemophilia, and transfusion with infected blood. Infants born to infected mothers are also at risk of infection with this virus. Finally, a small percentage of cases in the United States occur among recent immigrants from areas with high rates of infection, such as Haiti and Central Africa.¹

The means of transmission in intravenous drug users and patients receiving factor therapy or transfusions is parenteral exposure to contaminated blood or blood products. It is probable that the spread of the virus due to contaminated blood has been greatly reduced since testing of donors was instituted. However, the deferred donor program remains the primary means of protecting the blood supply, for false-negative test results for antibody have been reported. Sexual transmission is primarily the result of transfer and exposure to infected semen. The virus also has been isolated from cervical secretions, tears, and saliva³, but exposure to the latter two secretions has not been proved to transmit infection. Specific sexual practices enhance the risk of exposure among homosexual men, who account for most cases of AIDS in the United States. Receptive anal intercourse, other trauma to the rectum, and a large number of partners have been associated with high rates of seropositivity.⁴ Among cases not belonging to the groups mentioned above, the incidence of sexually transmitted diseases is higher; this suggests that heterosexual promiscuity increases the risk of exposure to the virus.¹

It is estimated that more than 1,000,000 residents of the United States have been exposed and may be infected with HIV (formerly HTLV-III/LAV).⁵ The estimate is based on extrapolation from seroprevalence data from defined groups of homosexual men and intravenous drug abusers. It is subject to a number of caveats and may over- or underestimate the extent of the spread of HIV in the U.S. population. Most persons having serum antibody to the virus appear to be infectious, ie, the virus can be isolated from peripheral blood lymphocytes.⁶

Several classification systems have been published to categorize the clinical spectrum of HIV infection.^{7,9} At present, most infected individuals are asymptomatic. A self-limited mononucleosis-like illness or aseptic meningitis may occur immediately following infection.¹⁰ The most common chronic clinical problem is persistent generalized

lymphadenopathy. Fewer individuals have constitutional symptoms (eg, fever, weight loss, diarrhea). Infections such as oral candidiasis or herpes zoster occur in other seropositive individuals. Immunologic abnormalities may not be demonstrable in asymptomatic persons or those with persistent adenopathy. Symptoms and mild infections are associated with decreased T-helper cell and increased T-suppressor cell numbers.¹¹ The development of severe immunodeficiency and the opportunistic diseases that define AIDS occur one to six years following the estimated onset of infection.¹² As the epidemic progresses, the duration of the incubation period for AIDS will probably increase beyond the already observed six years. The revised CDC classification system includes the neurologic consequences of HIV infection, the most common of which is progressive dementia.^{9,13}

The role of infection with cytomegalovirus, Epstein-Barr virus, hepatitis B or A virus, or other agents in the development of opportunistic disease or secondary neoplasms has not been defined. It has been suggested that the use of nitrites is increased in persons who develop Kaposi's sarcoma¹⁴, but this has not been confirmed.

This epidemiologic evidence provides a clear mandate to educate the general public regarding the risks of specific activities. Increased knowledge of self-protective measures currently offers the only method of controlling the epidemic. The report by the Surgeon General (October 22, 1986) emphasizes the following points: There is no risk of transmission by casual social contact and individuals can protect themselves by avoiding high-risk activities. Knowledge of preventive measures must be disseminated through school programs to parents, teachers, and members of school boards, as well as to the public at large. Public health measures, such as compulsory blood testing or quarantine, are not necessary and could be counterproductive, driving potentially infected individuals underground.

The two accompanying reviews deal with specific problems relevant to the spread of HIV. The first (by Gerberding and Sande) discusses risk of exposure in health care settings; the second (by Friedland) reviews the implications of caring for infected individuals in the household.

PROPOSED ALASKA AIDS PROGRAM - FY38
BUDGET ANALYSIS

Personal Services

\$425.5

\$200.0 of the Personal Services total of \$425.5 will be used to partially fund existing Section of Nursing positions in select Alaskan communities that have been identified as HIV test sites to provide screening and counselling services. 200.0

Five new full time positions being requested are:

- 2 - Microbiologist II positions (Fairbanks)--Range 16 (\$46.0 X 2 = \$92.0) These two positions will provide the laboratory support necessary to process the HIV specimens. 92.0
- 1 - Data Processing Clerk II position (Fairbanks)--Range 9 This position will provide the data entry and clerical support necessary to the laboratory for the processing of the HIV specimens. 30.6
- 1 - Education Specialist II (Anchorage)--Range 21 This position will provide for the development and implementation of an AIDS curriculum for Alaskan schools 59.7
- 1 - Public Health Representative (Anchorage)--Range 16 This position will assist with the overall coordination of AIDS activities throughout the state, including screening, training, and health education. 43.2

Travel

50.0

Includes \$20.0 for an AIDS training seminar for State PHN's from select communities. It will provide training to State PHN's to do screening, counseling and to assist with AIDS Health Education/Risk Reduction Programs in school districts and communities Statewide. It also provides for travel for the Education Specialist, Public Health Representative, and other staff involved in AIDS activities.

Contractual

140.0

- Phones(5.0), postage (5.0) and printing (15.0). (Curriculum materials, clergy conference, xerox, surveys) 25.0
- Printing and distribution of Surgeon General Koop's report to all Alaskan households (est. 300,000) 70.0
- AIDS Health Educator (contract) 45.0

Supplies

- Educational materials. (films, pamphlets, displays, VHS cassettes, PSAs, surveys, media campaign) 80.0
 - (1) Professional
 - (2) High Risk
 - (3) General Public

Equipment

Five (5) VHS recorders for PHNs to facilitate professional training and patient education.

2.5

TOTAL

698.0

AIDS FUNDING

FY 83 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 83	-0-	-0-	-0-
FY 84	-0-	-0-	-0-
FY 85	-0-	-0-	-0-
FY 86	-0-	\$ 39.8	\$ 39.8
FY 87	\$47.9	200.9	248.8
FY 88 Request	<u>44.0</u>	<u>200.9</u>	<u>244.9</u>
Total	\$91.9	\$441.6	\$533.5

Hepatitis B Funding

FY 82 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 82	\$ -0-	\$ 500.0	\$ 500.0
FY 83	-0-	1,000.0	1,000.0
FY 84	250.0	1,000.0	1,250.0
FY 85	250.0	3,600.0	3,850.0
FY 86	658.8	3,100.0	3,758.8
FY 87	187.9	400.0	587.9
FY 88	<u>-0-</u>	<u>350.0</u>	<u>350.0</u>
	\$1,346.7	\$9,950.0	\$11,296.7

It is estimated that there have been approximately 45 deaths in Alaska attributed to hepatitis B infection in the past 30 years.

Alaska AIDS Program

Epidemiology Office

April 1, 1987

I. OBJECTIVES OF AN HIV INFECTION RISK REDUCTION AND DISEASE PREVENTION PLAN

The major objectives and strategies of HIV risk reduction and disease prevention in the Division of Public Health can be outlined as follows:

1. To evaluate the prevalence and incidence of HIV infection in Alaska on an ongoing basis. This will allow determination of the magnitude of the problem, the characteristics of the outbreak, and disease trends. In addition, such evaluation can be used to measure success of risk reduction programs and identify areas for resource allocation.
2. To study and evaluate knowledge, attitudes and behavior of gay and bisexual men and intravenous drug abusers related to the risk of acquiring or transmitting HIV. Such information can be used to design risk reduction programs and to evaluate their efficacy.
3. To develop outreach programs to reach persons who have potentially been exposed to HIV, thus making them aware of their risk status. Potential exposures include sexual contact or needle-sharing with infected persons, having received HIV contaminated blood or blood products, or being born to an infected mother. Outreach programs can serve to bring high-risk persons into a network of risk-reduction programs designed to limit future transmission.
4. To conduct risk reduction programs designed to lead to behavioral changes aimed at reducing the risk of acquiring or transmitting HIV infection for persons identified in Objective 3.
5. To provide public education, including school-based programs, about HIV transmission, which may lead to increased public understanding of the AIDS epidemic and lessening of "AIDS hysteria".
6. To provide professional education so that health care providers can appropriately counsel and care for patients with HIV infection.
7. To develop programs for dealing with situations that pose particular management problems, such as HIV infection among mentally ill, mentally handicapped and non-compliant patients.
8. To evaluate the effectiveness of all risk reduction programs and allocate resources accordingly.

SPECIFIC METHODOLOGY FOR AN HIV INFECTION RISK REDUCTION AND DISEASE PREVENTION PLAN

The Alaska Division of Public Health, in conjunction with recommendations from the CDC, the Association of State and Territorial Health Officers (ASTHO) and the Conference of State and Territorial Epidemiologists (CSTE), has identified strategies for responding to the public health aspects of AIDS. These strategies are aimed at achieving the objectives outlined above and can be summarized as follows.

- A. Objective 1: To study the prevalence and incidence of HIV infection in Alaska.
 - 1. Ongoing tabulation and follow-up of AIDS cases
 - 2. Seroprevalence surveys among gay and bisexual men, intravenous drug abusers, and persons with hemophilia
 - 3. Studying seroprevalence rates from the blood banks
 - 4. Seroprevalence data collected from the alternate test sites
 - 5. Seroprevalence data collected from STD clinics
- B. Objective 2: To study and evaluate knowledge, attitudes and behavior of gay and bisexual men and intravenous drug abusers as related to HIV
 - 1. Surveys of persons attending alternate test sites
 - 2. Surveys of persons participating in seroprevalence studies
 - 3. Surveys of persons participating in specific education programs including drug treatment
- C. Objective 3: To develop outreach programs
 - 1. Media campaigns
 - 2. Contact notification
- D. Objective 4: To conduct programs leading to risk reduction through behavioral change
 - 1. Availability of alternate test sites
 - 2. Education programs
- E. Objective 5: To provide public education
 - 1. Specific media coverage
 - 2. Public lectures and seminars
 - 3. School-based education
 - 4. Education in the workplace
 - 5. The AIDS hotline
- F. Objective 6: To provide professional education
 - 1. Epidemiology Bulletin
 - 2. Seminars
 - 3. Hospital rounds
- G. Objective 7: To develop programs for dealing with situations that pose particular problems
- H. Objective 8: To evaluate the efficacy of all risk reduction programs

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
EPIDEMIOLOGY OFFICE

STEVE COWPER, GOVERNOR

3601 "C" STREET, SUITE 540
P.O. BOX 240249
ANCHORAGE, ALASKA 99524-0249
(907) 561-4406

AIDS PROGRAM STATUS REPORT STATE OF ALASKA

John P. Middaugh, M.D.
State Epidemiologist
Epidemiology Office
Division of Public Health
Chairman, AIDS Task Force
March 1, 1987

EXECUTIVE SUMMARY

- The Division of Public Health has continued its multi-faceted program in response to the pressing public health problems posed by AIDS. Each component of the program is consistent with guidelines established by the national Centers for Disease Control (CDC) and the Association of State and Territorial Health Officers (ASTHO).
- National recommendations continue to evolve based on the results of research and growing experience from the nationwide effort to control AIDS. As research findings become translated into policy recommendations, components of Alaska's AIDS program will need to be modified. As our understanding of AIDS increases, so will our ability to apply sound public health principles and practices to reduce the risk of disease transmission.

BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) is caused by infection with a virus known as human T-cell lymphotropic virus (HTLV-III) or Human Immunodeficiency Virus (HIV). There is a wide spectrum of HIV infections, ranging from infection in the absence of signs and symptoms at one end to infection with confirmed AIDS and a high degree of mortality at the other end. Several articles, reprints, and fact sheets are attached in order to provide detailed information about AIDS and about public health policy recommendations.

AIDS CASES IN ALASKA

In order to provide consistent information throughout the United States, a rigorous case definition was developed by national experts and is used to report cases of AIDS in Alaska to the national Centers for Disease Control.

Through March 1, 1987, 33 Alaskans have been confirmed to have AIDS, meeting the case definition of AIDS used by CDC. All AIDS patients have been members of identified high risk groups. Of the 33 cases, 27 were Caucasian, 3 were Native, 2 were Hispanic, and 1 was black. Cases have occurred in the following locations:

Anchorage	- 19	Age group:	<20 - 1
Juneau	- 6		20-29 - 8
Fairbanks	- 1		30-39 - 12
Kenai	- 2		40-49 - 9
Dillingham	- 2		50+ - 3
Other Alaskan communities	- 3		

Of the AIDS cases, 31 were male; two were female. Patient groups have included:

- Homosexual or bisexual men - 26
- Heterosexual with contact with a person with AIDS or at-risk for AIDS - 2
- Transfusion with blood/blood products - 3
- Hemophilia - 1
- IV Drug Abuse - 1

INFECTION WITH HIV - SCREENING PROGRAM RESULTS

Since 1985, the Division of Public Health has established eight sites in order to make accessible to Alaskans blood testing to detect infection with HIV. In 1986, through January 1, 1987, 132 of 2448 (5.4%) individuals tested were positive for HIV infection. HIV test results by risk category include:

<u>RISK CATEGORY</u>	<u>HIV RESULTS</u> <u>#positive/#tested (%)</u>
Homosexual or Bisexual	112/623 (18.0)
IV Drug User	6/210 (2.9)
Hemophilia/Coagulation Disorder	2/2 (100.0)
Heterosexual Contact with person with AIDS or at risk for AIDS	2/228 (0.9)
Transfusion with blood/blood products	1/41 (2.4)
All others	9/1344 (0.7)

Between October 1985 and September 1986, no positives were found among 1871 military recruit applicants screened in Alaska.

RISK ESTIMATE DATA

HIV transmitted through sexual contact, parenteral exposure to infected blood or blood components, and perinatal transmission from mother to neonate. HIV has been isolated from blood, semen, saliva, tears, breast milk, and urine and is likely to be isolated from some other body fluids, secretions, and excretions. Epidemiologic evidence has implicated only blood and semen in transmission.

Studies of non-sexual household contact of AIDS patients indicate that casual contact with saliva and tears does not result in transmission of infection. Spread of infection to household contacts of infected persons has not been detected when the household contacts have not been sex partners or have not been infants of infected mothers.

The kind of non-sexual person-to-person contact that generally occurs among workers and clients or consumers in the work place does not pose a risk for transmission of HIV.

None of the identified cases of HIV infection in the United States are known to have been transmitted in the school, daycare, or foster care setting, or through casual person-to-person contact. All medical evidence to date finds that there is no risk of transmission of AIDS virus in the kinds of contacts school children and personnel have under normal circumstances.

DESCRIPTION OF AIDS PROGRAM IN ALASKA

Reporting and Surveillance - The Division of Public Health in cooperation with the Arctic Investigations Laboratory, Centers for Disease Control, Anchorage, cooperatively established a voluntary reporting and surveillance system for AIDS in January 1982. In January 1985, the Division of Public Health included AIDS as a disease required by regulation to be reported to the Division of Public Health by all physicians and other health care providers in the State of Alaska.

All cases of AIDS or suspect AIDS are reported to the Epidemiology Office, Division of Public Health. A case investigation is then conducted to establish the validity of suspected diagnosis. Cases that are verified to be AIDS are then, in turn, reported to the national Centers for Disease Control, Atlanta, Georgia. All patient identifying information is strictly confidential and is protected from disclosure by Alaska statute.

Blood Bank - Screening

In May 1985, a laboratory test became available to screen for the presence of infection with HIV virus. Screening activities began in blood banks in Anchorage and Fairbanks for all prospective donors. All individuals found positive on screening are excluded from donating blood. Through January 1987, of approximately 16,468 donors screened, only one individual was positive - a bisexual man who said he wished to donate blood in order to have his blood screened for the presence of HIV virus.

At the same time, the Northern Regional Laboratory, Section of Laboratories, Division of Public Health, began providing HIV testing through the alternate testing sites and for communities that depend on walk-in donors. Through January 1987, 2 of 780 prospective blood donors were found to be positive. Further investigation revealed that the two individuals positive for HIV were members of high-risk groups who were not able to be tested at an alternate site.

Screening for HIV Infection - When HIV blood tests were developed, their primary purpose was to screen out potentially infected individuals to protect the nation's blood supply. Because early experience with the test raised questions as to its validity (sensitivity, specificity, and predictive value), the use of the test was recommended to be restricted solely for the purpose of screening blood donors.

However, it was recognized that many individuals in high risk groups would wish to be tested to see if they were infected with HIV. Concern was raised that members of high risk groups and other members of the general public might descend upon blood banks, not to donate blood, but to obtain the blood test. In order to protect the blood banks, alternate testing sites were recommended to be established so that concerned individuals could be tested.

Alternate test sites were established in Alaska in May 1985 according to CDC recommendations. These recommendations mandated pre-test and post-test counseling of all persons who requested blood testing for HIV. Counseling is done by STD clinic personnel who have received specialized training.

The purpose of counseling is to discuss with individuals the complex information about HIV infection, AIDS, the limitations and strengths of the laboratory test, and the interpretation and implications of laboratory results. Individuals who test positive are counseled about the need to refer close contacts who may be at increased risk of infection, and in risk reduction behaviors that can reduce transmission of HIV.

All identifying information is held strictly confidential by the individual who draws the blood and provides counseling. Testing is conducted in the State Laboratory using specimen identification numbers only. No information that would enable laboratory personnel to identify individuals is available to the laboratory.

AIDS Task Force - In October 1985, Commissioner Pugh, Department of Health and Social Services, appointed an AIDS Task Force. The purpose of the Task Force is to provide expert medical opinion regarding AIDS and HIV infection to the Division of Public Health and to the Department of Health and Social Services, and to aid in establishing policies regarding AIDS for the State of Alaska.

The Task Force recommends policies to the Division of Public Health for its consideration. The Task Force also has been charged with identifying AIDS program components in need of increased attention in order optimally to deal with problems related to AIDS and HIV infection in Alaska.

POLICY DEVELOPMENT - The Department of Health and Social Services has coordinated AIDS program activities closely with numerous individuals, agencies, and organizations, including the private medical community; Indian Health Service; Arctic Investigations Laboratory, Centers for Disease Control, Anchorage; and other Departments of the State of Alaska. Based on recommendations from the Task Force, the Department of Health and Social Services developed official policies regarding AIDS pertaining to schools, daycare and foster care; corrections; and providers of pre-hospital emergency care.

The Task Force has identified several areas in need of policy development. The Department of Health and Social Services should take an active role in assuring that AIDS patients have access to the full range of psychiatric, medical, and dental services. A working group should be established to explore health care financing options for the provision of comprehensive medical care to AIDS victims including outpatient care, psychological counseling, hospitalization, nursing home care, and hospice care.

Network - The Division of Public Health is developing a network of AIDS knowledgeable physicians and other health care providers as a resource for communities throughout the State of Alaska.

Confidentiality - In many public health activities, issues of confidentiality play an extraordinarily important role. Numerous diseases are required by regulation to be reported routinely to the Division of Public Health. The track record of the Division of Public Health in preserving confidentiality while working to protect the public's health is admirable.

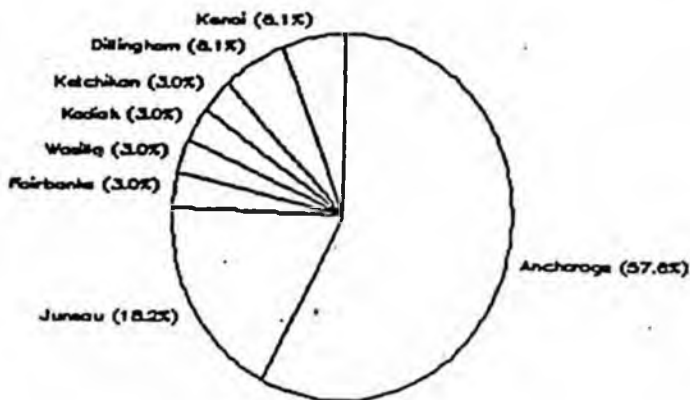
Confidentiality issues related to AIDS are extremely important. Through January 1986, AIDS program activities in Alaska have effectively balanced protection of individual rights and confidentiality and have effectively balanced those rights against requirements to protect the public. As medical research and national public policy guidelines continue to evolve, issues of confidentiality will continue to play a major role in program decisions.

Education

The Division of Public Health has recently begun to implement a CDC Community Health Education and Risk Reduction grant. We have hired a health education coordinator, conducted a survey of knowledge and attitudes about AIDS among the general public, and initiated efforts to increase AIDS prevention education in Alaska schools.

AIDS--ALASKA, through February, 1987

Place of Occurrence, N=33



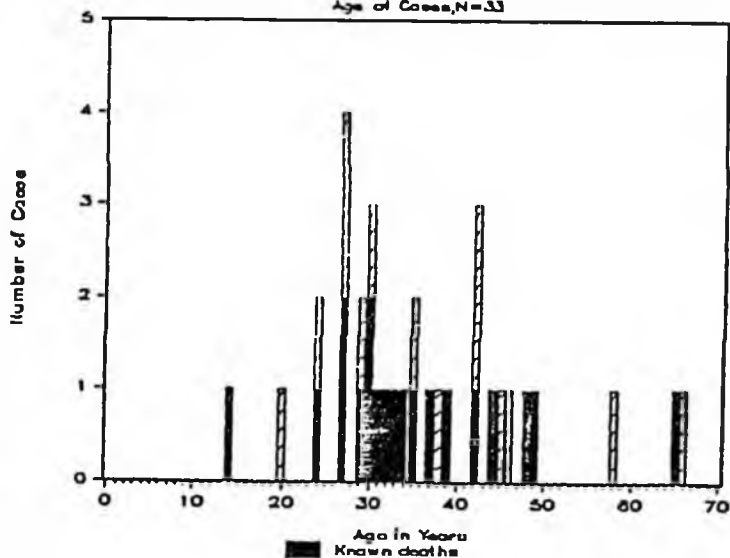
AIDS--ALASKA, through February, 1987

Risk Category, N=33



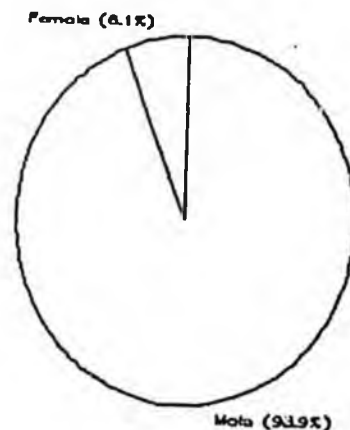
AIDS--ALASKA, through February, 1987

Age of Cases, N=33



AIDS--ALASKA, through February, 1987

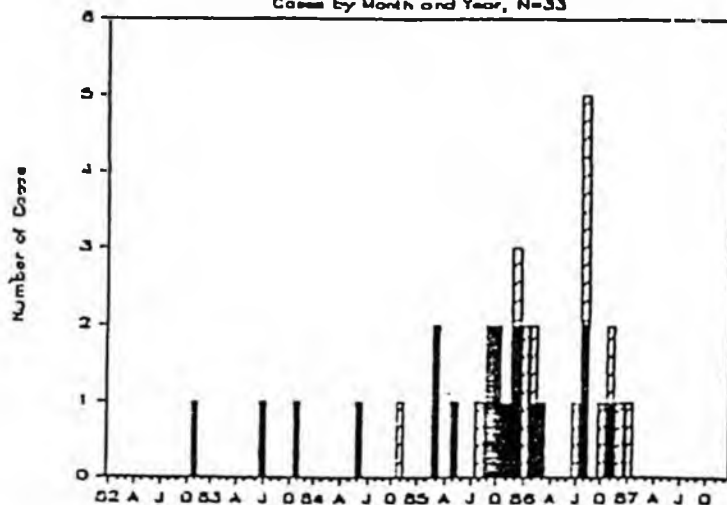
Sex of Cases, N=33



Epidemiology Office
 Division of Public Health
 Department of Health and Social Services

AIDS--ALASKA, 1982-87

Cases by Month and Year, N=33



STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

STEVE COWPER, GOVERNOR

P.O. BOX H-01
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030

January 30, 1987

Dear Administrator:

As you know, acquired immune deficiency syndrome (AIDS) has become a serious public health problem. It constitutes a most frightening disease by any measure. It devastates those who catch it; it is currently incurable and fatal. Furthermore, it is spreading at a menacing pace.

Fears and misconceptions about AIDS, however, have spread even faster than the disease itself. We hear, for instance, that AIDS is spread by mosquitoes or by sharing drinking glasses, statements not supported by scientific evidence. AIDS is deadly, but fortunately, it is difficult to catch.

The United States Public Health Service stresses that the disease is not transmitted through any casual contact. AIDS is spread only by intimate sexual contact, through transfusion of infected blood or blood products, and from an infected mother to her fetus or newborn child.

Obviously, the behaviors that are most risky for catching AIDS involve sex with multiple partners, intravenous drug use, and sexual contact with an I.V. drug user. Still, many people remain unconvinced.

The U.S. Public Health Service has developed a comprehensive plan to inform the American public about AIDS in order to create general awareness and understanding of the syndrome, the ways in which the virus is transmitted, and the relative threat it poses to various population groups and to the public health. The ultimate goal of the public information program is to help prevent and control AIDS.

The nature and effects of AIDS make it desirable to target selected information to several audiences. The public needs to know that AIDS is an infectious, sexually transmitted, blood-borne disease. The fact that both homosexual and heterosexual people may be at risk for AIDS because of sexual contact is an important message for everyone. So, too, is the danger posed by drug injection.

Administrator

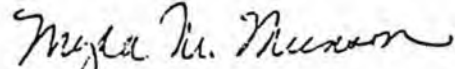
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January 30, 1987

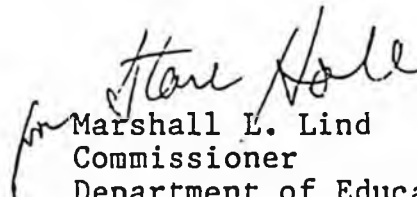
I am sending you materials developed by the Public Health Service and the American Red Cross. I am enclosing, also, a copy of the report on AIDS to the nation by the Surgeon General of the United States.

The PHS/Red Cross brochures on AIDS and Children are aimed at school administrators and teachers and at parents of children in school. I hope you will make these available to your staff and to parents who may ask questions about AIDS. For any additional information or materials related to AIDS, please do not hesitate to write or call me.

Sincerely,



Myra M. Munson
Commissioner
Department of Health &
Social Services



Marshall L. Lind
Commissioner
Department of Education

Hepatitis B Funding

FY 82 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 82	\$ -0-	\$ 500.0	\$ 500.0
FY 83	-0-	1,000.0	1,000.0
FY 84	250.0	1,000.0	1,250.0
FY 85	250.0	3,600.0	3,850.0
FY 86	658.8	3,100.0	3,758.8
FY 87	187.9	400.0	587.9
FY 88	<u>-0-</u>	<u>350.0</u>	<u>350.0</u>
	\$1,346.7	\$9,950.0	\$11,296.7

It is estimated that there have been approximately 45 deaths in Alaska attributed to hepatitis B infection in the past 30 years.

AIDS FUNDING

FY 83 - FY 88

	<u>State</u>	<u>Federal</u>	<u>Total</u>
FY 83	-0-	-0-	-0-
FY 84	-0-	-0-	-0-
FY 85	-0-	-0-	-0-
FY 86	-0-	\$ 39.8	\$ 39.8
FY 87	\$47.9	200.9	248.8
FY 88 Request	<u>44.0</u>	<u>200.9</u>	<u>244.9</u>
Total	\$91.9	\$441.6	\$533.5



ISER RESEARCH SUMMARY

Institute of Social and Economic Research, University of Alaska, Anchorage

March 1987, R.S. No. 34

AIDS: What Alaskans Know and Fear

Just about all Alaskans know that AIDS (Acquired Immune Deficiency Syndrome) is transmitted mainly through sexual contact with AIDS victims and less frequently through transfusions of blood contaminated with the AIDS virus. Most don't believe that it can be spread through more casual kinds of contacts with those who have AIDS.

But 25 percent of Alaskans nevertheless say they would not want their children to attend school with children who have AIDS, and 60 percent say they would not eat in restaurants where food handlers were known to have AIDS. So despite what Alaskans know about how AIDS is transmitted, many still fear certain kinds of casual contact with AIDS sufferers.

These are some of the findings of a recent

survey of 450 Alaska households conducted by ISER for the Division of Public Health in the Alaska Department of Health and Social Services.* Other findings are summarized below.

Knowledge and Misconceptions

As Table 1 shows, large majorities of Alaskans have accurate knowledge about several aspects of AIDS: 95 percent know AIDS leaves its victims unable to resist disease; 98 percent know that sexual contact with an AIDS victim, receiving transfusions of blood infected with the AIDS virus, or sharing needles with intravenous drug users who have AIDS can transmit the disease.

*The survey was conducted between January 19 and February 11, 1987. Results are subject to a maximum estimated error of plus or minus 5 percentage points.

Table 1. Selected Survey Questions on Alaskans' Knowledge About AIDS*

Statement	Agree %	Disagree %	Not Sure %	Latest Medical Information
High Level of Knowledge:				
Sexual contact is one way to get it.	98	1	0	Yes, it is.
Receiving a blood transfusion with AIDS-infected blood can give you AIDS.	98	0	1	Yes, it can.
You can get AIDS by sharing a needle with a drug user who has AIDS.	98	1	1	Yes, you can.
AIDS is a medical condition in which your body cannot fight off diseases.	95	2	2	Yes, it is.
Using a condom during sex can lower the risk of getting AIDS.	91	4	4	Yes, it can.
Just being around someone with AIDS can give you the disease.	4	91	4	Casual contact never known to transmit.
If you touch someone with AIDS, you can get the disease.	9	86	4	Casual contact never known to transmit.
AIDS is curable.	5	91	4	No cure yet.
Misconceptions:				
You can get AIDS by donating blood.	28	69	2	No, you can't.
If you share a drinking glass with someone who has AIDS, you can get it.	21	61	18	Such contact never known to transmit.
If you kiss someone with AIDS, you can catch the disease.	15	58	16	Such contact never shown to transmit.

*Percentages do not always add to 100 because 1 percent of those in the survey sample had never heard of AIDS and were not asked the questions.

More than 90 percent know AIDS cannot be cured yet, and 91 percent know that use of a condom during sexual intercourse can reduce the risk of getting AIDS. And most (more than 85 percent) understand that AIDS is not spread through simply being around or touching AIDS victims.

The table also shows that Alaskans are less well-informed about some aspects of AIDS. Probably the most significant misconception among Alaskans is that blood *donors* are somehow at risk of getting AIDS: 28 percent mistakenly believe that the act of giving blood can expose the donor to the AIDS virus. Many persons are apparently unaware that blood banks draw blood with sterile, disposable needles that are used only once and then destroyed.

Other areas of misconception have to do with whether AIDS can be transmitted through casual contacts. More than 20 percent of Alaskans believe you can contract the disease by sharing a drinking glass with an AIDS victim, and another 18 percent are not sure whether you can get the disease that way or not. About 15 percent think kissing an AIDS victim could put you at risk of getting the disease and another 16 percent are not sure if kisses could be a means of transmission or not. Health officials say AIDS cannot be transmitted in any of these casual ways.

Fears About AIDS

A substantial share—44 percent—of Alaskans are afraid of getting AIDS themselves (Table 2). Many of those are apparently worried not because they are in high-risk groups, but because AIDS is becoming more widespread and there are still misconceptions about how it is transmitted.

Even though the majority of Alaskans do not believe AIDS can be spread through casual contact,

Table 2. Selected Survey Questions on Alaskans' Level of Concern About AIDS

Statement	Agree %	Disagree %	Not Sure %
I am afraid of getting AIDS.	44	55	1
I would not eat at a particular restaurant if I knew a food handler had AIDS.	61	33	6
I would let my child attend school with a child who has AIDS.	59	25	15

many are nevertheless wary about certain kinds of exposure to AIDS victims. As we noted in the introduction, significant percentages do not want their children to attend school with AIDS victims and would not eat in restaurants where food was handled by AIDS victims.

Conclusion

With the exceptions we've described, Alaskans have relatively good information about AIDS. But a significant number are understandably apprehensive because AIDS is incurable and there are still gaps in science's knowledge about the disease. Public education programs which emphasize that AIDS is not casually spread and which publicize new findings about the disease would reassure Alaskans.

Researchers conducting the survey were Jack Kruse, professor of public affairs with ISER and Karen Pyle Foster, a research associate with ISER.

RESEARCH SUMMARY (No. 34)
 Institute of Social and Economic Research
 E. Lee Gorsuch, Director
 University of Alaska, Anchorage
 3211 Providence Drive
 Anchorage, Alaska 99508

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'POSITION PAPER'

SENATE BILL NO. 195

For "An Act making an appropriation to the Department of Health and Social Services, Division of Public Health, for the Alaska AIDS program, and providing for an effective date."

This act appropriates \$698,000 from the general fund to the Department of Health and Social Service, Division of Public Health, for the Alaska AIDS program.

Background

Through March 31, 1987, 34 Alaskans have been confirmed to have AIDS and 20 of them are known to have died. All AIDS patients have been members of identified high risk groups.

<u>Location</u>		<u>Age Group</u>
Anchorage	- 20	<20 - 1
Juneau	- 6	20-29 - 8
Fairbanks	- 1	30-39 - 12
Kenai	- 2	40-49 - 10
Dillingham	- 2	50+ - 3
Other Alaskan Communities	- 3	

Risk Group

- Homosexual or bisexual men - 27
- Heterosexual with contact with a person with AIDS or at-risk for AIDS - 2
- Transfusion with blood/blood products - 3
- Hemophilia - 1

Since 1985, the Division of Public Health has established eight sites in order to make accessible to Alaskans blood testing to detect infection with HIV. Through January 1, 1987, 132 of 2448 (5.4%) individuals tested were positive for HIV infection. HIV test results by risk category include:

<u>Risk Category</u>	<u>HIV RESULTS</u> <u>#positive/#tested (%)</u>	
Homosexual or Bisexual	112/623	(18.0)
IV Drug User	6/210	(2.9)
Hemophilia/Coagulation Disorder	2/2	(100.0)
Heterosexual Contact with person with AIDS or at risk for AIDS	2/228	(0.9)
Transfusion with blood/blood products	1/41	(2.4)
All others	9/1344	(0.7)

- The number of AIDS cases continues to rise. It is now estimated that in 1991, 270,000 Americans will develop AIDS and 179,000 will have died of AIDS. More than 1.5 million Americans are believed now to be infected with the AIDS virus - one half may develop AIDS. Epidemiologic studies have shown that heterosexuals increasingly are becoming infected and that heterosexual transmission of the virus occurs more easily than initially suspected.
- Experts believe it unlikely that a vaccine against AIDS will be available or drugs to cure AIDS will be discovered in the next five years - or even longer.
- The National Research Council and Institute of Medicine of the National Academy of Sciences published a major work after reviewing all available information about AIDS "Confronting AIDS, Directions for Public Health, Health Care, and Research." These experts have called for a major nationwide response to AIDS, recommending federal government expenditures of \$1 billion per year for research and \$1 billion per year for disease prevention education.
- Surgeon General Koop issued his landmark report on AIDS and stated that "...education concerning AIDS must start at the lowest grade possible... There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases."
- We must continue and strengthen our present program. We must stop considering only the number of positive AIDS cases and begin to focus on HIV infection. HIV infection is a far more serious problem; for every positive AIDS case, experts estimate that 50 others have been infected with and carry the virus and they are capable of infecting others.
- We must increase screening for HIV infection and counseling for individuals who are infected or are members of high risk groups. This should also help assure the continued screening of rural Alaskans for Hepatitis B which can also be transmitted sexually.
- We must implement the National Academy of Science and Surgeon General's recommendations to provide education concerning AIDS in our schools at the lowest grade possible.

Position

The Department of Health and Social Services strongly supports this bill because it will enable Alaskans to respond appropriately to the growing AIDS epidemic and will provide funds necessary to reduce transmission of the virus and prevent Alaskans from becoming infected with this lethal disease.

POSITION PAPER/Department of Health & Social Services

Recommended by:

Elizabeth Ward

Elizabeth Ward, M.N.
Director
Division of Public Health

Date:

4/1/87

Approved by:

Myra M. Munson

Myra M. Munson
Commissioner
Department of Health
and Social Services

Date:

April 1, 1987

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
EPIDEMIOLOGY OFFICE

STEVE COWPER, GOVERNOR

3601 "C" STREET, SUITE 540
PO. BOX 240249
ANCHORAGE, ALASKA 99524-0249
(907) 561-4406

AIDS IN ALASKA CHALLENGES FOR THE FUTURE March 1, 1987

AIDS -- WHAT HAS CHANGED?

- The number of AIDS cases continues to rise. It is now estimated that in 1991, 270,000 Americans will develop AIDS and 179,000 will have died of AIDS. More than 1.5 million Americans are believed now to be infected with the AIDS virus -- one half may develop AIDS. Epidemiologic studies have shown that heterosexuals increasingly are becoming infected and that heterosexual transmission of the virus occurs more easily than initially suspected.
- Experts believe it unlikely that a vaccine against AIDS will be available or drugs to cure AIDS will be discovered in the next five years--or even longer.
- The National Research Council and Institute of Medicine of the National Academy of Sciences published a major work after reviewing all available information about AIDS--"Confronting AIDS, Directions for Public Health, Health Care, and Research." These experts have called for a major nationwide response to AIDS, recommending federal government expenditures of \$1 billion per year for research and \$1 billion per year for disease prevention education.
- Surgeon General Koop issued his landmark report on AIDS and stated that "...education concerning AIDS must start at the lowest grade possible...There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases."

AIDS -- WHAT SHOULD ALASKANS DO NEXT?

- 1) We must continue and strengthen our present program. We must stop considering only the number of AIDS cases and begin to focus on HIV infection. HIV infection is a far more serious problem; for every AIDS case, experts estimate that 50 more are infected with the virus and they are capable of infecting others.
- 2) We must increase screening for HIV infection and counselling individuals who are infected or are members of high risk groups. This should also help assure the continued screening of rural Alaskans for Hepatitis B which can also be transmitted sexually.

AIDS IN ALASKA
CHALLENGES FOR THE FUTURE

March 1, 1987

Page 2

- 3) We must implement the National Academy of Sciences and Surgeon General's recommendations to provide education concerning AIDS in our schools at the lowest grade possible.
- 4) We must anticipate the future serious problems that will occur in health care financing and insure that Alaskans who develop AIDS and their families will have access to appropriate medical health and social services.
- 5) We must insure that confidentiality is protected to assure the voluntary cooperation in the testing of at risk Alaskans for HIV and other communicable diseases.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
EPIDEMIOLOGY OFFICE

STEVE COWPER, GOVERNOR

3601 "C" STREET, SUITE 540
P.O. BOX 240249
ANCHORAGE, ALASKA 99524-0249
(907) 561-4406

March 17, 1987

FOR IMMEDIATE RELEASE

While most Alaskans are knowledgeable about the basic biomedical facts concerning AIDS (Acquired Immune Deficiency Syndrome) and know that AIDS is transmitted through sex or AIDS-infected blood, many still harbor unwarranted fears about the spread of the disease through casual contact.

This is the conclusion of Alaska public health officials based on a recent survey of 450 Alaskan households conducted for the Division of Public Health of the Alaska Department of Health and Social Services by the Institute of Economic and Social Research of the University of Alaska, Anchorage.

Ninety-five percent of those responding to the survey know correctly that AIDS is a condition in which the body cannot fight off diseases. Ninety-eight percent know also correctly that AIDS is sexually transmitted, and an equal number know it can be transmitted by sharing a needle with a drug user who has AIDS.

But Alaskans are much less knowledgeable about casual contacts and the spread of AIDS. Twenty-eight percent of those responding, for instance, believe wrongly that AIDS can be spread by sharing drinking glasses with someone with AIDS. An additional 18 percent are not sure. Fifteen percent believe wrongly that kissing can spread the disease, while an additional 18 percent are not sure. Sixteen percent believe wrongly that mosquitoes spread AIDS, 16 percent are not sure.

Many Alaskans also believe that somehow donors of blood are at risk for getting AIDS. Another significant misconception held by many is that a new vaccine has recently been developed for the treatment of AIDS.

As Table 1 shows, most Alaskans have accurate knowledge about some of the biomedical facts concerning AIDS.

Table 1. Selected Survey Questions on Alaskans' Knowledge About AIDS*

Statement	Agree %	Disagree %	Not Sure %	Latest Medical Information
High Level of Knowledge:				
Sexual contact is one way to get it.	98	1	0	Yes, it is.
Receiving a blood transfusion with AIDS-infected blood can give you AIDS.	98	0	1	Yes, it can.
You can get AIDS by sharing a needle with a drug user who has AIDS.	98	1	1	Yes, you can.
AIDS is a medical condition in which your body cannot fight off diseases.	95	2	2	Yes, it is.
Using a condom during sex can lower the risk of getting AIDS.	91	4	4	Yes, it is.
Just being around someone with AIDS can give you the disease.	4	91	4	Casual contact never known to transmit.
A new vaccine has recently been developed for the treatment of AIDS.	43	40	17	No Vaccine developed yet.
AIDS is spread by mosquitoes	16	68	16	No, they do not.
Less Certainty:				
You can get AIDS by donating blood.	28	69	2	No, you can't.
If you share a drinking glass with someone who has AIDS, you can get it.	21	61	18	Such contact never known to transmit.
If you kiss someone with AIDS, you can catch the disease.	15	68	16	Such contact never known to transmit.

*Percentages do not always add to 100 because 1 percent of those in the survey sample had never heard of AIDS and were not asked the questions.

Table 2. Selected Survey Questions on Alaskans' Level of Concern About AIDS

Statement	Agree %	Disagree %	Not Sure %
I am afraid of getting AIDS.	44	55	1
I would not eat at a particular restaurant if I knew a food handler had AIDS.	61	33	6
I would let my child attend school with a child who has AIDS.	59	25	15

The table also shows, however, that substantial numbers of Alaskans harbor unwarranted fears about the spread of AIDS through casual contact. The misconception that blood donors are at risk for catching AIDS may result from the publicity that before 1985 some who received donated blood developed AIDS. Many are apparently unaware that only sterile, disposable needles are used to draw blood at blood banks. Many also seem unaware that the nation's blood supply has been cleaned of contaminated blood and that individuals with the AIDS virus are not allowed to donate blood.

Scientists agree that no vaccine is likely to be developed for at least five years and many believe it will be ten years or longer before any AIDS vaccine can be developed.

It is obvious that Alaskans are concerned about AIDS. A substantial number--44 percent--are afraid of getting AIDS themselves. Also, 61 percent of respondents said they would not eat in a restaurant if they knew a food handler had AIDS. An additional indicator of the public's fears about AIDS is that 25 percent say they would not let their child attend school with a child who has AIDS. Another 15 percent are not sure. (Table 2.)

The survey results, says Dr. John Middaugh, "underscore the need to provide accurate information about AIDS to all Alaskans."

The current effort by Alaska's health professionals to deal with the growing problem of AIDS, says Middaugh, is focused on public education and on implementing the recommendations of the surgeon general's report to provide AIDS-related information to school children.

In addition, says Middaugh, additional efforts are underway to expand the state's free voluntary blood screening program so that public health officials can counsel those who are infected with the virus. "People who are shown to test positive to the virus must be counseled about methods to reduce behaviors that spread the virus. We must also make efforts to contact and counsel the sex partners of those infected because they are also at risk of developing AIDS.

"That the public supports such efforts," says Middaugh, "is demonstrated by the fact that 72 percent of the respondents indicated they would take such a test if it were offered free."

Contact Person: Marvin Bailey

(907) 561-4406

Surgeon
General's
Report
on

ACQUIRED
IMMUNE
DEFICIENCY
SYNDROME



Surgeon
General's
Report
on

**ACQUIRED
IMMUNE
DEFICIENCY
SYNDROME**

U.S. Department of Health
and Human Services

Foreword



This is a report from the Surgeon General of the U.S. Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans — fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs—addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is *not* spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between \$8 and \$16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.



C. Everett Koop, M.D., Sc.D.
Surgeon General

AIDS

AIDS Caused by Virus

The letters A I D S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV or HTLV-III or LAV"¹. These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The



Artist's drawing of AIDS virus with cut away view showing genetic (reproductive) material.

¹These are different names given to AIDS virus by the scientific community:

- HIV — Human Immunodeficiency Virus
- HTLV-III — Human T-Lymphotropic Virus Type III
- LAV — Lymphadenopathy Associated Virus

AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system to ward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases" — using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

Signs and Symptoms

No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.

ARC

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and

may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

AIDS: the present situation

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.



No Risk from Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2,500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the AIDS virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct

contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease — its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risks

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. AIDS is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex Between Men

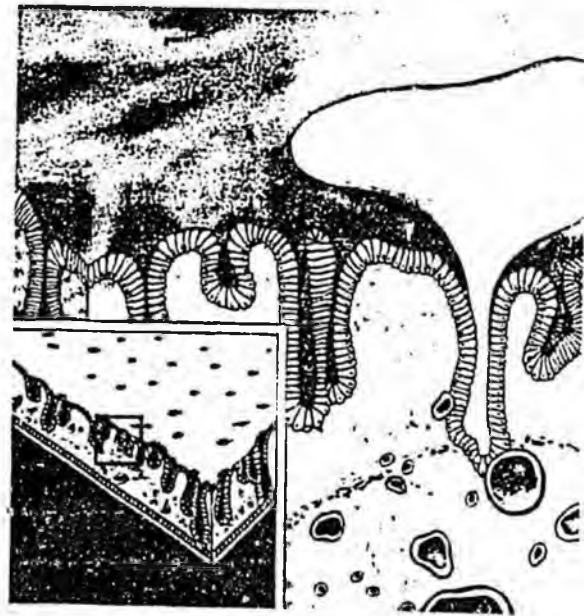
Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.



Vulnerable rectum lining provides avenue for entry of AIDS virus into the blood stream.



How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

Prevention of Sexual Transmission – Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. *Absolute certainty* means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

AIDS: you can protect yourself from infection

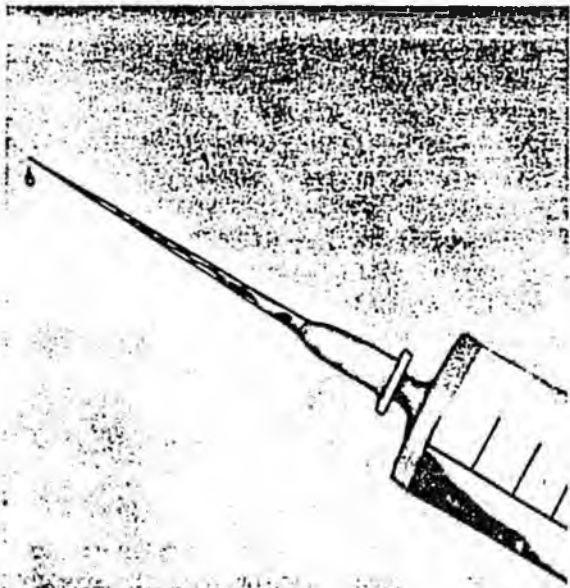
Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).



- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).

- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say *NO* to sex! They have been taught to say *NO* to drugs! By saying *NO* to sex and drugs, they can avoid AIDS which can *kill* them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.



Dirty intravenous needle and syringe contaminated with blood that may contain the AIDS virus

Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements.

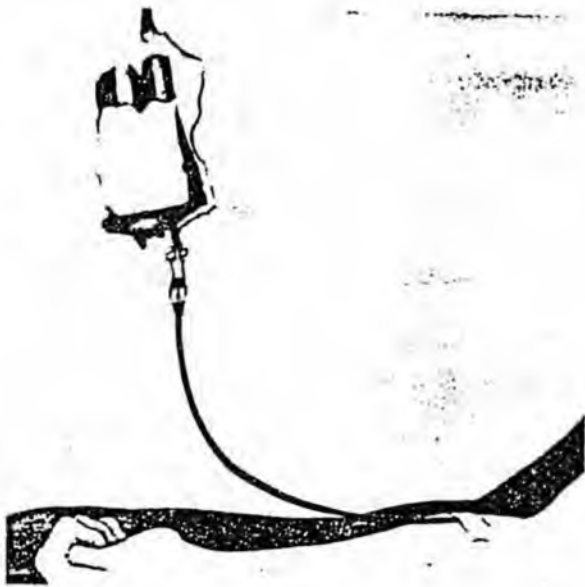
No one should shoot up drugs because addiction, poor health, family disruption, emotional disturbances and death could follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a *clean, previously unused* needle, syringe or any other implement necessary for the injection of the drug solution.

Hemophilia

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Blood Transfusion

Currently all blood donors are initially screened and blood is *not* accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become



infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should *never* donate blood.

Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous

drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

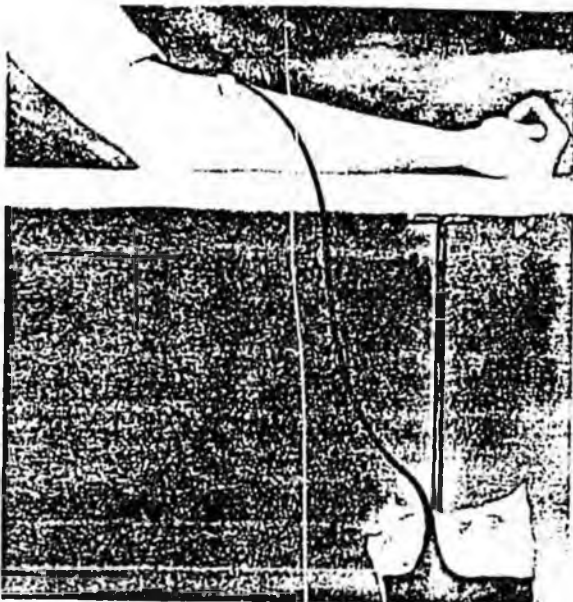
Summary

AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk

AIDS: what is safe

Most Behavior is Safe

Everyday living does not present any risk of infection. You *cannot* get AIDS from casual social contact. Casual social contact should not be confused with casual *sexual* contact which is a major cause of the spread of the AIDS virus. Casual *social* contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or bathing in hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus.) AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual contact.



Donating Blood

Donating blood is *not* risky at all. *You cannot get AIDS by donating blood.*

Receiving Blood

In the U.S. every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 donations.

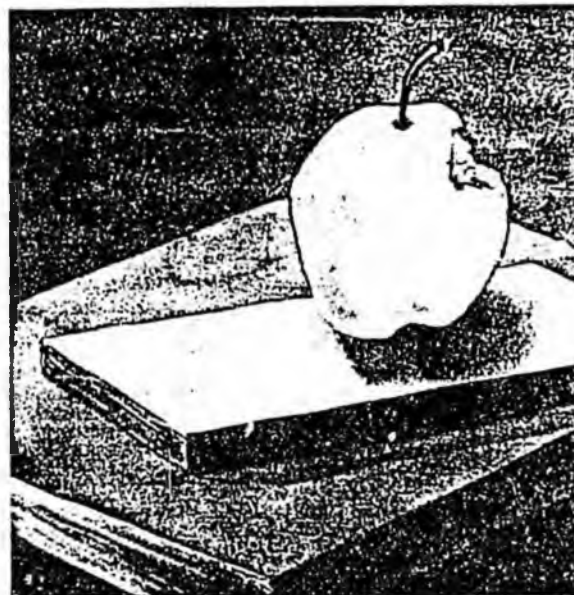
There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS

cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

Children in School

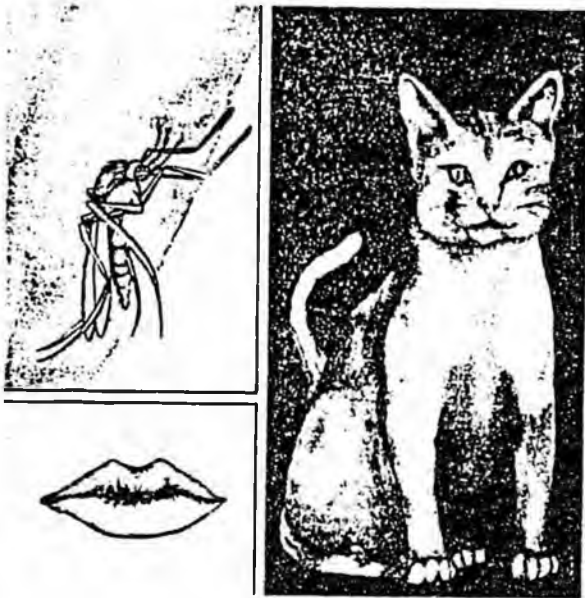
None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open



cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.



Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

Pets

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS comes from sexual contacts with infected persons and from the sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.

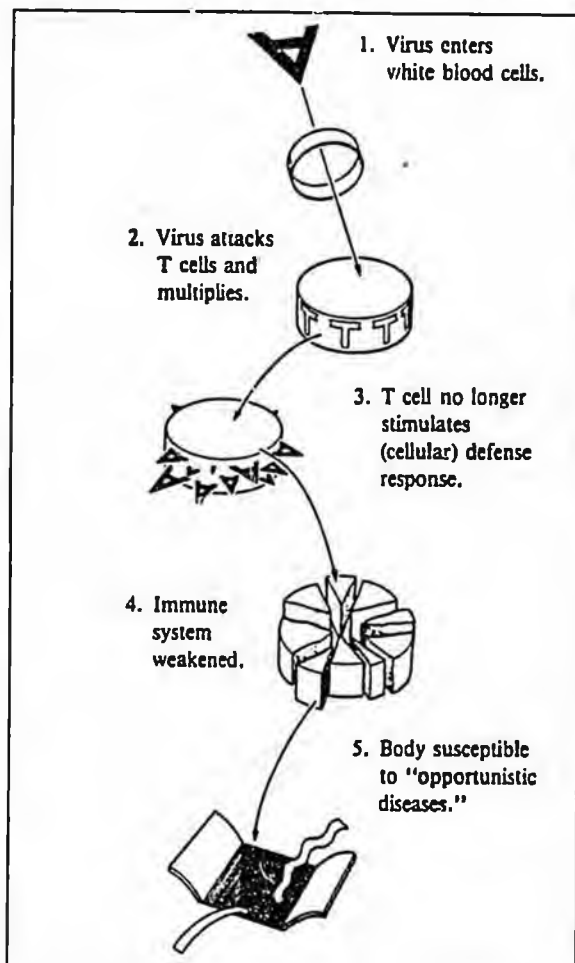
Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody. The military feel this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines. These vaccines could activate disease and be potentially life-threatening to the recruits.

AIDS: what is currently understood

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the



potential discovery of factors that may better explain the mechanism of AIDS infection.

Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

Summary

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS—for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships and to avoid injecting illicit drugs.

Look to the Future

The Challenge of the Future

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

Information and Education Only Weapons Against AIDS

It is estimated that in 1991 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

AIDS will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

Be Educated - Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and your family physician will be able to help you.

Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

Special Educational Concerns

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

Anger and Guilt

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.

Confidentiality

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts — as is the practice with other sexually transmitted diseases — those infected with the AIDS virus go underground out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her health records.

State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not infected with the AIDS virus.

The responsibility of State and local task forces should be far reaching and might include the following areas:

- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal, and have policies to insure the practice of good hygiene.

School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

Sex Education

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental

behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such children on a case-by-case basis.

Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

AIDS Education at the Work Site

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients *before* the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

Strain on the Health Care Delivery System

The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is particularly critical to the minority communities.

Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive. It can be expected that many who *test* negatively might actually be positive due to *recent* exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health, and the health of the nation.

Additional Information

Telephone Hotlines (Toll Free)

PHS AIDS Hotline
800-342-AIDS
800-342-2437

National Sexually Transmitted Diseases Hotline/
American Social Health Association
800-227-8922

National Gay Task Force
AIDS Information Hotline
800-221-7044
(212) 807-6016 (NY State)

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey
Building, Room 725-H
200 Independence Avenue,
S.W.
Washington, D.C. 20201
Phone: (202) 245-6867

Local Red Cross or
American Red Cross
AIDS Education Office
1730 D Street, N.W.
Washington, D.C. 20006
Phone: (202) 737-8300

American Association of
Physicians for
Human Rights
P.O. Box 14366
San Francisco, CA 94114
Phone: (415) 558-9353

Hispanic AIDS Forum
c/o APRED
853 Broadway, Suite 2007
New York, NY 10003
Phone: (212) 870-1902 or
870-1864

AIDS Action Council
729 Eighth Street, S.E.,
Suite 200
Washington, D.C. 20003
Phone: (202) 547-3101

Los Angeles AIDS Project
1362 Santa Monica
Boulevard
Los Angeles, California
90046
(213) 871-AIDS

Gay Men's Health Crisis
P.O. Box 274
132 West 24th Street
New York, NY 10011
Phone: (212) 807-6655

Minority Task Force on AIDS
c/o New York City Council
of Churches
475 Riverside Drive,
Room 456
New York, NY 10115
Phone: (212) 749-1214

Mothers of AIDS Patients
(MAP)
c/o Barbara Peabody
3403 E Street
San Diego, CA 92102
(619) 234-3432

National AIDS Network
729 Eighth Street, S.E.,
Suite 300
Washington D.C. 20003
(202) 546-2424

*National Association of
People with AIDS*
P.O. Box 65472
Washington, D.C. 20035
(202) 483-7979

*National Coalition of Gay
Sexually Transmitted
Disease Services*
c/o Mark Behar
P.O. Box 239
Milwaukee, WI 53201
Phone: (414) 277-7671

*National Council of
Churches/ AIDS Task Force*
475 Riverside Drive,
Room 572
New York, NY 10115
Phone: (212) 870-2421

*San Francisco AIDS
Foundation*
333 Valencia Street,
4th Floor
San Francisco, CA 94103
Phone: (415) 863-2437