

S B

77

Alaska State Legislature

Senator Paul Fischer
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State Senate

While in Juneau
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Juneau, Alaska 99811
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M E M O R A N D U M

2/15/89

TO: Senator Al Adams, Chairman
Senate Community & Regional Affairs Committee

From: Senator Paul Fischer *PF*

Subject: SB 77 Aids information for health care workers

SB 77 is a bill which follows a pattern set by several states across the nation relating to acquired immune deficiency syndrome. This bill would require a health care facility to notify each person who works for or within the facility who has been, or will be in contact with the patient or the patient's bodily fluids. Also, if the patient was transported to the facility by ambulance, the facility shall also notify each certified physician-trained mobile intensive care paramedic who came into contact with the patient during transport.

Notification under this bill must include appropriate medical advice about dealing with the type of contact the person will experience. Also, notification shall be given 48 hours after the facility is aware of the diagnosis. The confidentiality of the patient and person being notified shall be protected at all times.

Currently, Alaska does not have any laws pertaining to aids on the books. It is time the legislature took preventative action to slow the spread of this deadly disease. I would greatly appreciate your early scheduling and favorable consideration of this bill.

Thank you.

FISCAL NOTE

FEB 16 1989

REQUEST:

Revision Date: _____
Title: SB 77 - An Act relating to
Acquired Immune Deficiency
Sponsor: Fischer
Requestor: _____

Agency Affected: Health & Social Services
BRU: State Health Services
Components: AIDS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
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REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Elizabeth Ward, Director *E. Ward* Phone: 465-3090
Division: Public Health Date: _____

Approved by Commissioner: Myra M. Munson *Myra M. Munson* Date: 2/15/89
Agency: Department of Health and Social Services

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Position Paper

SB 77

For an Act entitled: "An Act relating to acquired immune deficiency syndrome and related conditions."

SB 77 would require a health care facility that has reason to know that a patient has been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or as being Human Immunodeficiency Virus (HIV) positive, to notify each person who works for or within the facility who has been, or will be, in contact with the patient or the patient's body fluids. SB 77 would also require the health facility to notify any certified emergency medical technician or certified physician-trained mobile intensive care paramedic who comes into contact during transport of a person known to be HIV positive or diagnosed with AIDS.

The probability of a health care worker's acquiring HIV infection on the job is low. HIV infection is spread through exposure to infected blood and other body tissues and fluids such as semen. The estimated risk for acquiring infection from a single needle stick exposure to HIV infected blood is 0.4 percent. Emergency care personnel and surgeons are among those health care providers expressing particular concern about infection because of the frequency of exposure to blood.

Discussion

1. Whether or not a patient is HIV infected cannot be diagnosed without performing screening and confirmatory laboratory tests. Such tests have not been done on the majority of persons requiring either emergency or hospital care. These tests are generally not done without the express informed consent of the patient. Mandatory or routine testing is not supported by most health authorities.

Even if a patient were to be tested for HIV infection after admission to a facility, the only types of tests which could give immediate results may give false positive or false negative reactions. In fact, the test most likely to be used tends to give a significantly high number of false positive results.

2. Since HIV status is unknown in most instances, health workers need to treat all exposures to blood, tissues and body fluids as having potential for disease transmission. Moreover, concentration on the possibility of HIV infection alone ignores the very real exposure of health workers to other types of infections such as hepatitis

which are more common and which exact a higher rate of mortality and morbidity.

Most health care workers are being trained in the use of universal precautions to protect themselves from diseases which may be spread from patients to health care workers through a variety of routes. Guidelines for precautions to be taken have been issued by the federal Centers for Disease Control and updated versions are periodically made available as knowledge and experience are accumulated. Since these guidelines are often based on a "worst case scenario" of a type which might be encountered in a high prevalence urban area, the State may issue clarifications or recommendations to make the federal guidelines more applicable to our local situation.

1. It will be very difficult to protect patient confidentiality under this proposed legislation which requires the facility to notify each person who has been or will be in contact with the patient or the patient's body fluids, regardless of whether or not any prospective interaction would actually pose a risk of infection. Consequently, facilities would be likely to have no recourse but to notify virtually everyone who was in contact with the infected individual. It appears, for example, that a bookkeeper in a physician's office would have to be informed, although, due to specific exclusions, a dental hygienist would not.

Because the bill would require notification of persons who do not perform any function with the patient which would put the employee at risk of infection, the dissemination of otherwise confidential medical information would serve no scientifically based public health function.

Under the proposal, once the facility notifies staff and emergency medical personnel, they in turn may pass on the information to other people who are entitled to notice under provisions of this bill or "other law". The bill does not specify what "other law".

The Department of Law has informed this Department that the specific requirement of notice in SB 77 would arguably override other confidentiality laws. That being the case, the legislature should be careful to balance the traditional interests of privacy and confidentiality against a legitimate need to breach those rights in the interest of public health.

Position

The Department of Health and Social Services opposes this legislation on the following bases:

1. the proposed legislation will not significantly add to the protection of health care workers who may be occupationally exposed to the Human Immunodeficiency Virus;
2. it will be impossible to protect patient confidentiality under this legislative proposal;
3. observance of guidelines for universal precautions issued by the Centers for Disease Control and modified as necessary to meet conditions in Alaska will be more effective in protecting health workers not only against AIDS but also against diseases such as hepatitis which cause measurable mortality and morbidity.

Recommended by: Elizabeth Ward
 Elizabeth Ward, M.N.
 Director
 Division of Public Health

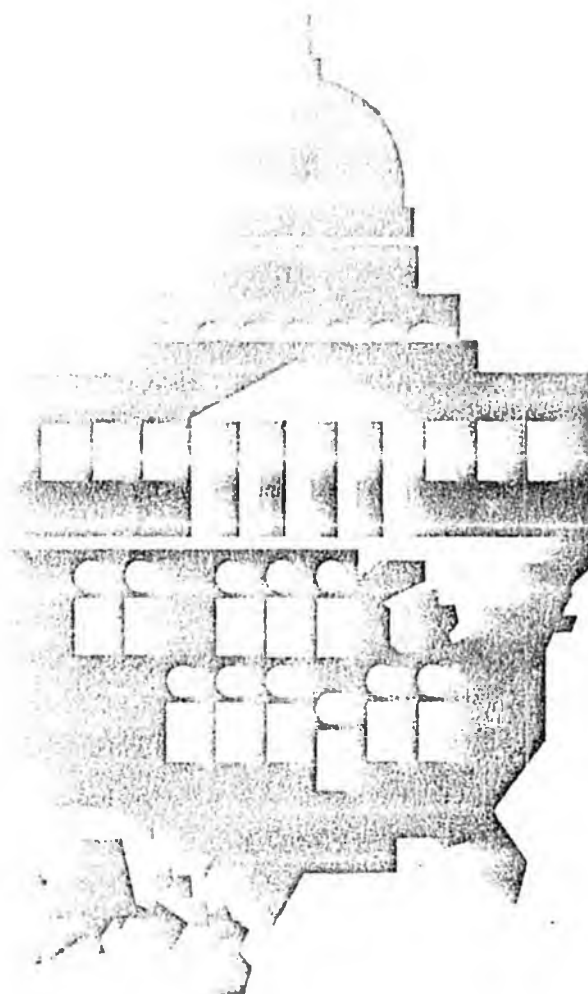
Date: 2/2/89

Approved by: Myra M. Munson
 Myra M. Munson
 Commissioner
 Department of Health and
 Social Services

Date: 2/15/89

**A SUMMARY OF AIDS LAWS
FROM THE 1987 LEGISLATIVE SESSIONS**

**INTERGOVERNMENTAL
HEALTH POLICY PROJECT
George Washington University**



MARYLAND

H.B. 498, Chapter 670, 1987 Laws Eliminates the six-month life expectancy requirement in order for individuals to be enrolled in a home-based hospice care program.

H.B. 668, Chapter 493, 1987 Laws Amends the strict liability and implied warranties statute governing blood service organizations to include tissues, organs or bones. The statute provides that a legally authorized individual who obtains, processes, stores, distributes or uses whole human blood, tissues, organs or bones, or any substance derived from them for injection, transfusion or transplantation purposes is performing a service, and is therefore not subject to strict liability in tort, implied warranty of merchantability or implied warranty of fitness.

The provisions are to be construed only prospectively and may not be applied or interpreted to have any effect on or application to any cause of action arising prior to the effective date of these provisions.

MASSACHUSETTS

H.B. 6378, Chapter 696, 1987 Laws Provides for the notification of fire fighters, police officers, emergency medical technicians, corrections officers, ambulance operators or attendants or other individuals who may be exposed to an infectious disease while acting in a professional capacity. Provides that an unprotected exposure which is capable of transmitting an infectious disease is to be defined by the Department of Public Health, and is to include mouth-to-mouth resuscitation and co-mingling of blood. In such instances, a trip report is to be provided to the facility to which the patient is transported. Requires licensed health care facilities which receive a patient subsequently diagnosed with an infectious disease to notify the individuals listed on the trip report of the exposure. Oral notification is to be made within 48 hours of diagnosis, and written notification within 72 hours. The notification is to include the appropriate medical precautions and treatment to be taken. The identity of the patient is not to be revealed. The Department is to assure the patient about whom the notification was made that confidentiality has been maintained and that those notified were potentially exposed to the disease. Provides immunity from civil or criminal liability for compliance with these provisions.

MICHIGAN

S.B. 115, Public Act 185, 1987 Laws Requires public schools to teach AIDS prevention education as a part of its mandated curriculum on dangerous communicable diseases, how they are spread and the best methods for their restriction and prevention. Provides that the curriculum used for AIDS is to be approved by the appropriate local school board of education prior to use in the public school setting.

S.B. 544, Public Act 258, 1987 Laws Establishes the Michigan Health Initiative Program. Creates the Risk Reduction and AIDS Policy Commission within the Department of Public Health, to be composed of 11 members appointed by the Governor with the advice and consent of the Senate. The Commission is to

has a positive test result, the marriage license may not be issued until the applicants provide an affidavit from a physician stating that both parties have been informed of their test results and have been counseled regarding AIDS. Costs are to be paid by the applicants. Provides for confidentiality; disclosure is authorized to the parents of a minor if parental consent is required for the marriage. Provides that a district judge may waive testing requirements in cases where the testing required for the marriage license is contrary to the tenets or practices of the applicants' religious creed.

H.B. 484, Act 904, 1987 Laws Authorizes public elementary and secondary schools to offer instruction on sex education, provided the subject matter is integrated into an existing course of study. The instruction is to be offered at the discretion of the public school or local parish school board. Instruction is prohibited from being offered in kindergarten and grades one through six. The instruction may include the study of sexually transmitted diseases. Prohibits sex education courses from utilizing sexually explicit materials depicting male or female homosexual activity. The major emphasis of any sex education instruction offered in the public schools is to encourage sexual abstinence between unmarried persons.

H.B. 1640 Act 878, 1987 Laws Requires a physician or other person reporting the death of a patient with a known or diagnosed virulent contagious disease, including AIDS and those who are known carriers of the AIDS virus, to notify the coroner. Violations constitute a misdemeanor and are liable for a fine of not more than \$5,000. Requires coroners to view a body or make an investigation into the cause and manner of death in cases involving deaths due to a virulent contagious disease that may be a public hazard, including AIDS.

H.B. 1728, Act 663, 1987 Laws Prohibits individuals from intentionally exposing another individual to the AIDS virus through sexual contact without the knowing and lawful consent of the victim. Provides that the crime of intentional exposure of the AIDS virus is liable for a fine of not more than \$5,000, imprisonment with or without hard labor for not more than 10 years, or both.

H.C.R. 75, Adopted 1987 Directs the Department of Public Safety and Corrections to study: 1) the feasibility of implementing mandatory AIDS testing in all state correctional facilities; 2) the feasibility of separating those afflicted with AIDS from the general prison population; 3) the development of a program to notify any victim of a crime who could have been infected by an inmate who tests positive for the AIDS virus; and 4) the costs associated with implementation of such a program. Requires a report to the appropriate House and Senate committees not later than 30 days prior to the start of the 1988 legislative session.

S.B. 380, Act 805, 1987 Laws Requires emergency medical technicians, paramedics or others who may come into contact with the blood or body fluid of a patient subsequently diagnosed with HIV infection to be notified by the receiving hospital within 48 hours of confirmation of the diagnosis, and provide counseling as to appropriate treatment. Notification may also be made to their employers and is to be made in a manner to protect the confidentiality of all involved.

To the extent possible, the registry is to be compatible with other national models to facilitate the coordination of information with other data bases. To facilitate the collection of information, the Department is authorized to require hospitals and laboratories to report cases. Authorizes the Department to promulgate rules in accordance with these provisions.

Information provided is confidential and disclosure is prohibited except if in a nonidentifiable form or if the information is being released or transferred to another registry under specified purposes. Any other authorization for disclosure of protected information must be gained from the subject of the information.

Amends the Illinois Public Aid Code relating to classes of persons eligible for medical assistance to include persons with AIDS or with a related condition with respect to whom there has been a determination that, but for home and community-based services, institutional care would be necessary. Assistance provided to these individuals is to be to the maximum extent possible under federal law. (Requires the Department to apply for a federal HCBS waiver for AIDS patients.)

Amends the Illinois Health Facilities Planning Act to provide for the development of rules and regulations for the conduct of an expeditious review process for CON applications for permits to construct or modify health care facilities needed for the care and treatment of persons with AIDS or related conditions. The process is not to exceed 60 days.

Authorizes schools to conduct AIDS inservice training programs for guidance counselors, nurses and teachers, including information on the nature of the disease and means to prevent its transmission.

Requires the Department of Public Health to create and administer a training program for public employees who have a need to understand AIDS in order to deal with and advise the public.

Beginning August 31, 1989, the Department is to provide to the legislature an annual report on the progress of the registry.

H.B. 1225, Public Act 85-608, 1987 Laws Requires that the Comprehensive Health Education Program curricula for elementary and secondary schools include a segment on sexual abstinence until marriage.

H.B. 1242, Public Act 85-135, 1987 Laws Amends the Hospital Licensing Act to require hospitals to notify paramedics and ambulance personnel who have provided or are about to provide emergency care to a patient who has been diagnosed as having a dangerous communicable or infectious disease. Requires the emergency services provider agency to maintain confidentiality of all information received.

Requires the Department of Public Health to establish by regulation a list of those communicable reportable diseases and conditions for which notification is required. The notification is to be made within 72 hours after a diagnosis is made for any of these diseases except AIDS. In cases of a confirmed diagnosis

A.B. 1952, Chapter 1316, 1987 Laws Under existing law, the AIDS Vaccine Research and Development Grant Program is authorized to provide grants for AIDS vaccine research, under specified conditions. Limitations are placed on the awarding of grants after FDA approval has been given in order to conduct clinical tests on humans of an AIDS vaccine. Amends those provisions to allow applicants to receive grants after FDA approval has been granted as well.

Reappropriates \$500,000 from the AIDS Vaccine Research and Development Grant Fund to the Department of Health Services to implement these additional drug-testing provisions.

A.B. 2170, Chapter 1354, 1987 Laws Requires the Superintendent of Public Instruction to contract with an organization for the development of a video tape and supplementary materials that teach abstinence from sexual intercourse. Permits schools electing to use the tape to use it within the context of comprehensive health education programs. Requires all materials developed to be reviewed by the State Board of Education. The video is to be developed, reviewed and prepared for distribution by December 15, 1988. Also authorizes the State Board of Education to purchase tapes that have previously been developed and are in compliance with criteria established for this video. Appropriates \$150,000 to the Superintendent to contract for the development of the video and related production costs.

A.B. 2356, Chapter 992, 1987 Laws Requires emergency medical technicians, who have provided emergency medical or rescue services to a person who is transferred to the chief medical examiner-coroner and later found to have a communicable disease or condition determined by the county health officer to be transmittable through oral contact or secretions of the body (including blood), to be notified of the exposure and instructed to call the county health officer. The identification of the patient is not to be disclosed. Emergency medical technicians also include paramedics, lifeguards, fire fighters and peace officers. The county health officer or chief medical examiner-coroner is to provide notification of the disease or condition to the funeral director taking disposition of the decedent prior to releasing the body.

A.B. 2594, Chapter 1470, 1987 Laws Under existing law, the California Medical Assistance Commission negotiates contracts with hospitals for the provision of in-patient hospital services in the state's Medi-Cal program. The Commission is required to take special factors into consideration when negotiating these contracts, and will now be required to give special consideration to the reimbursement issues faced by hospitals caring for Medi-Cal beneficiaries who are receiving treatment for AIDS.

Requires the Department of Health Services to develop an expedited review process to examine the effectiveness of investigational drugs and investigational services for suitability for reimbursement under the Medi-Cal program. Requires the Department to adopt emergency regulations governing the expedited review process, and exempts the regulations from the normal procedure for approval of regulations, as an urgency statute.



Martha
F-15

POSITION PAPER -- *Shanti of Juneau*

SB 77

For "an Act relating to acquired immune deficiency syndrome and related conditions."

Shanti of Juneau is a volunteer organization committed to providing accurate up-to-date AIDS education in Juneau and other Southeast communities, and to providing support to persons facing AIDS issues in their lives.

In their AIDS education programs, Shanti volunteers depend on current medical information from the Centers for Disease Control and from the State of Alaska Department of Health and Social Services, especially the Section of Epidemiology. In their support efforts, Shanti volunteers strive to maintain the highest degree of confidentiality as they meet emotional and practical support needs.

By providing nationally recognized and consistent AIDS medical information, and confidentiality, Shanti volunteers are able to work toward the goal of lessening peoples' fears about AIDS and lessening their fears of people who have contracted the AIDS virus.

Discussion of SB77:

1. Only in a minority of cases will a patient's HIV status be known to medical personnel when a patient is entering or being served by a medical facility. A large portion of persons who are HIV-positive (who have the AIDS infection, but may or may not have the disease AIDS) do not even know themselves that they are HIV-positive during the years they are without symptoms.

The Centers for Disease Control (CDC) procedures recommend that all patients be treated with universal blood and body fluid precautions so that health care workers don't expose themselves unnecessarily to any fluids that might endanger them. SB 77's notifications to health care providers of "known" HIV-positive patients could result in a false sense of security: if the health care workers then used the universal precautions only with those patients, their lax behavior could needlessly expose them unknowingly to the AIDS virus or to other fatal diseases such as Hepatitis.

2. Testing to determine a person's HIV status is not reliable under emergency conditions. The initial quick test has both false negative and a high degree of false positive results. A true positive (or negative) test requires additional, more extensive testing. Additionally, if a person in this situation is found to be negative, this does not take into account the long "window period" of 3 weeks to 6 months after exposure in which a person may in fact have contracted the virus but does not yet react positively to the test. A person can still transmit the AIDS HIV virus during this "negative" HIV test period: thus a negative test result does not insure non-transmission of the AIDS virus. So, once again, this brings all health care providers to the need to take equal protections with all blood and body fluids for the health care worker's fullest self protection.

3. The only way health care workers can know their own HIV status is to be tested, and have their confirmation tests. CDC protocol recommends medical personnel take the HIV test immediately upon accidental occupational exposure to blood and body fluids. This test establishes their baseline AIDS antibody status. Based on the "window period" mentioned above, CDC protocol then recommends they take a confirmatory test six months later. Again, knowing--or not knowing--of another person's HIV status is not enough to determine whether a health care provider has had any or enough exposure to the HIV virus to convert to a positive HIV status.

4. Mandatory AIDS-antibody testing to attempt to know all patients' HIV status is not recommended by CDC for many reasons. Informed consent is required for such tests, and CDC recommends pre- and post-test AIDS counseling for all who are tested. This, plus the follow-up confirmation testing, is a lengthy expensive process that does not in fact address the health care workers' concerns up front when initially or briefly handling a patient. Once again, universal blood and body fluid precautions are the best protection--not the false security of thinking it is "known" who is HIV positive.

5. Confidentiality is more apt to be compromised with each additional person who becomes aware of a person's positive HIV status. The extent of fear and prejudice still evident against people with AIDS or who are HIV-positive is great. People stand to lose jobs, insurance, housing and friends even on rumors of being HIV-positive. Permitting the wide disclosure as detailed in SB77 unnecessarily puts a patient at risk for such extensive discriminatory treatment. Also, without the confirmatory testing needed to verify if an initial positive HIV test is true or not, this extensive release of preliminarily "known" HIV status could ruin a person's life even if later tests prove an actual HIV-negative status.

Position on SB77:

Shanti of Juneau opposes SB 77 for the following reasons:

1. The bill will not increase the protection of health care providers who may be exposed to the HIV (AIDS) virus. Rather, the notification procedures outlined in the bill might instead increase occupational risk by engendering a resulting false sense of security that could lead to relaxation of the CDC's recommended self-protection guidelines.

2. Patient confidentiality will be too compromised by the broad range of people who could be notified of "known" HIV status.

3. Initial HIV-status (based on only the first HIV test) is often in fact not substantiated for some time. False negatives and false positives are not uncommon initial test results. Reliance on "known" negative or positive status that in fact might prove unsubstantiated later can decrease health care providers' self-protecting actions, and/or severely compromise a patient's standing when confidentiality is breached (loss of job, insurance, etc).

4. AIDS education and protection is best addressed by the Centers for Disease Control and its branches, such as the State of Alaska Department of Health and Social Services, and its Section of Epidemiology. Universal health care guidelines should come from the CDC's knowledgeable medical resource. The CDC is currently working on recommendations and guidelines that address the specific concerns of Emergency Medical Personnel. The CDC universal blood and body fluid precautions guidelines are already in place for all health care providers' protection.

For the greatest safety of all concerned, exhaustive research and extensive thought is behind CDC AIDS-related recommendations. The CDC is better equipped to address all the implications of AIDS-related matters than individual organizations or legislative bodies.

Central Emergency Services



"Central Kenai Peninsula Borough Fire & EMS Providers"

May 10, 1988

Senator Paul Fischer
Senate District D
Box 784
Soldotna, AK 99669

Dear Senator Fischer;

At our May 2nd meeting the Kenai Peninsula EMS Council discussed several issues relating to infectious diseases. First, Emergency Medical Technicians have been deleted from the list of persons at risk to Hepatitis B. This means that EMT's no longer are provided Hepatitis screening or vaccine by the local State Public Health Clinics. This has meant that the vaccine now costs over \$100.00 per EMT.

As you know, most EMT's are volunteers that provide a valuable community service. Nationwide, EMT's are at a considerable risk to contacting Hepatitis B and at a greater risk here in Alaska. In Soldotna, Central Emergency Service staff were treated by a vaccine that did not work. The medical community, the professional literature and communicable disease experts all tell us we must be immunized but the State no longer will provide testing or vaccine to EMT's. Many volunteers simply don't have the money and will not be protected while serving their communities.

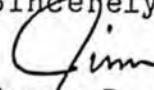
The second issue relates to your question concerning EMT's treating AIDS patients. As far as we can tell, there are no problems with the EMT's treating AIDS patients in the field, especially if it is known by the EMT. Infectious disease control measures are in place in all the ambulance services and fire departments. (See attached Standard Operating Procedure) A problem does exist in that EMT's can't find out if they have been exposed to AIDS or any other infectious disease because the laws currently do not allow hospitals to check without patient consent.

Senator Fischer
May 10, 1988
Page 2

If an EMT, Firefighter, Police Officer or RN is exposed he or she may never know. Even if they think they may have been exposed because of a breakdown in procedure or an accidental needle stick, etc., there currently exists no way to find out.

The EMT's of the Kenai Peninsula appreciate your concern for our health and look forward to any help you may be able to give us with respect to these two issues.

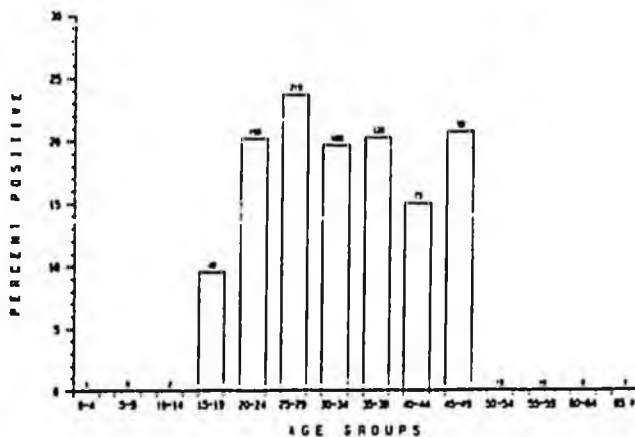
Sincerely,



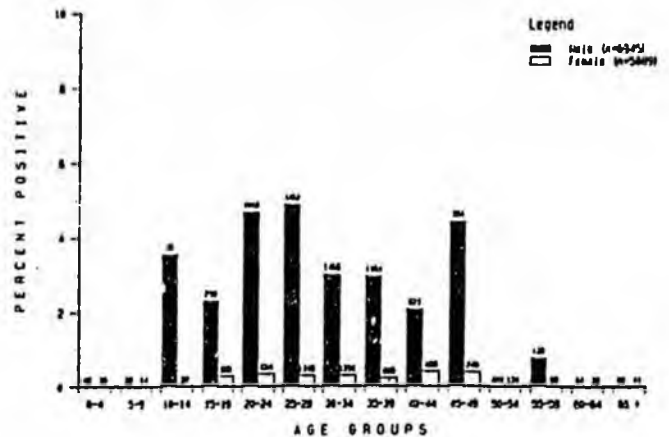
James D. Dunn, President
Kenai Peninsula EMS Council

Through December 31, 1988, 256 of 12,936 (2.0%) individuals tested at the State Public Health Laboratories, Division of Public Health, were positive for HIV infection. Of 1,786 Alaskan Natives tested, 15 (0.8%) were positive for HIV infection.

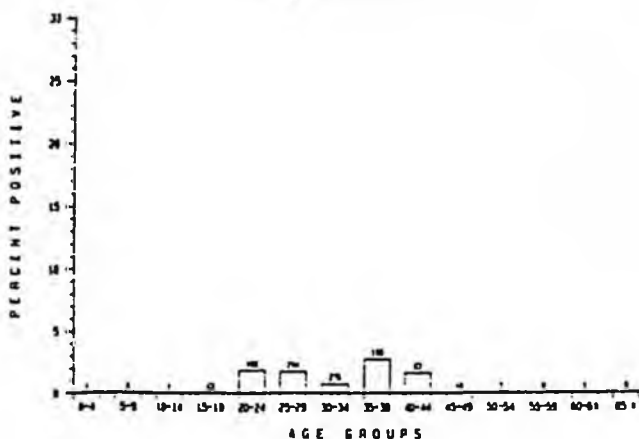
HIV Antibody Tests in Alaska, 1985-1988
Test Result for Homosexual and Bisexual Males by Age Group
Dates include May 1985 thru December 31, 1988
N=940, N(unknown)=1



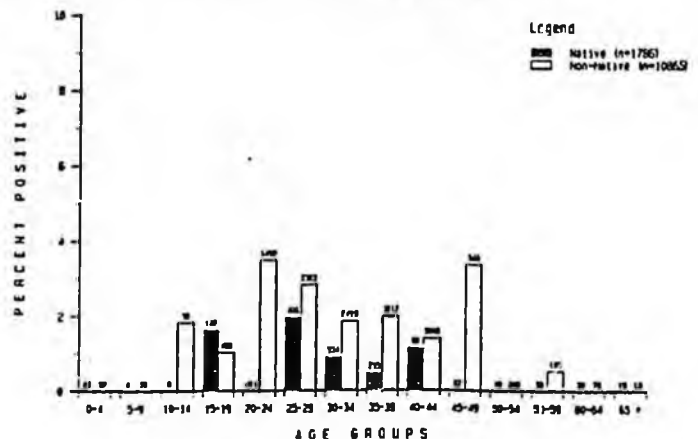
HIV Antibody Tests in Alaska, 1985-1988
Test Result for All Individuals by Age Group and Sex
Dates include May 1985 thru December 31, 1988
N=12936, N(positive)=256, N(unknown)=102



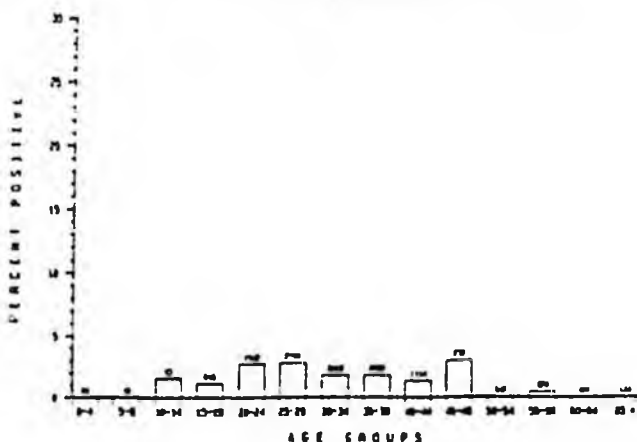
HIV Antibody Tests in Alaska, 1985-1988
Test Result for IV Drug Users by Age Group
Dates include May 1985 thru December 31, 1988
N=1060, N(unknown)=1



HIV Antibody Tests in Alaska, 1985-1988
Test Result for All Individuals by Age Group and Race
Dates include May 1985 thru December 31, 1988
N=12936, N(positive)=256, N(unknown)=205



HIV Antibody Tests in Alaska, 1985-1988
Test Result for All Individuals by Age Group
Dates include May 1985 thru December 31, 1988
N=12936, N(unknown)=5



Risk Category	Positive/Number Tested (%)		Total ^a
	Non-Native	Native	
Homosexual/Bisexual Male	170/814 (20.1)	10/86 (11.6)	181/940 (19.3)
IV Drug User	16/918 (1.7)	0/126 (0)	16/1060 (1.5)
Heterosexual Contact of Person with or at Risk of AIDS	3/979 (0.3)	1/136 (0.7)	4/1129 (0.4)
Menstrual	6/10 (60.0)	0/0 (0)	6/10 (60.0)
Transfusion with Blood/Blood Products	4/570 (0.7)	0/86 (0)	4/676 (0.6)
All Others	39/2553 (1.5)	4/1352 (0.3)	45/9121 (0.5)
Total	238/10874 (2.2)	15/1786 (0.8)	256/12936 (2.0)

^aTotal includes unknown race

