

## RESOLUTION ESTABLISHING A POLICY FOR AIDS EDUCATION PURSUANT TO THE BOARD OF SUPERVISOR'S RESOLUTION NO. 124-85

RESOLVED, That the Health Commission, Department of Public Health, would have residents of the City and County of San Francisco know the following facts about HTLV-III antibody test:

1. The HTLV-III antibody test is mainly of use in screening blood donations to the Blood Bank for transfusions, or as a part of research programs that guarantee confidentiality.
2. The HTLV-III antibody test adds an extra measure of safety to the blood supply when used at the Blood Bank in conjunction with voluntary donor deferral guidelines.
  - a) Persons in risk groups must refrain from donating blood or blood products, in order to minimize the chance of any HTLV-III virus from entering the actual blood supply.
  - b) Results of the HTLV-III antibody testing in Blood Banks will not be released at this time to donors. Those persons with positive results will be placed on a state-wide registry of deferred donors. Reasons for their inclusion on the deferred donor list will not be identifiable or specified.
3. Further research is necessary before the full value of the HTLV-III antibody test and its use outside of Blood Bank screening and research programs will be known.

Because of the uncertainty about the clinical value of the HTLV-III antibody test, the health department does not recommend testing unless specifically recommended by the individual's physician.

Individuals should be aware that the HTLV-III antibody test cannot determine whether one has AIDS, nor can it determine whether one will get AIDS in the future. The test tells only if one has been exposed to the HTLV-III virus some time in the past, by measuring the presence of antibodies to the HTLV-III virus at the time the blood sample was taken. It cannot determine whether you are still carrying the virus. This test is not a diagnostic or health predictive tool, ie. this test does not provide the individual with information to predict her/his future health status.

4. The HTLV-III antibody test is not 100% accurate. In some instances (approximately 1%) the test may be erroneously positive or "false positive". The result of the test may be inaccurate simply because the test has not been perfected.

Similarly, a negative test result does not always mean that an individual has not been exposed to the HTLV-III virus. It could mean only that the exposure to the HTLV-III virus has not yet resulted in the production of antibodies, that there has in fact been no exposure to the virus, that there may have been prior infection but that the antibody is no longer detectable, that the test was performed incorrectly, or that the test itself was inaccurate.

Positive or negative, the test result will not change the precautions one must take to prevent the transmission of AIDS. Any decrease in preventive actions based on inaccurate test results could lead to more infections.

5. Regardless of one's sex or sexual preference, there are conflicting and legitimate issues surrounding HTLV-III testing which affect all persons who might test sero-positive, including but not limited to confidentiality, insurability and employability. Not all test results can be protected from access by third parties. If test results are used improperly by third parties, it could threaten one's insurance, job status or other rights. In addition, the consequences of knowing one's own test results may, under questioning, affect ability to obtain insurance or a job.

6. Even though a positive test result cannot predict AIDS, a positive test may cause great personal anxiety and psychological stress for the individual. Persons who undergo testing should be provided with education and counseling about one's test and test results.
7. The Department of Public Health plans to offer HTLV-III antibody testing, contingent on adequate funding, at selected sites in San Francisco, in about 90 days without cost. The test will be conducted with complete confidentiality and in conjunction with appropriate health education, information, and referral for counselling services.

I certify that the foregoing resolution was adopted by the Health Commission at it's meeting of April 2, 1985.

  
Secretary