

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-91

RESOLUTION ON THE CENTERS FOR DISEASE CONTROL'S PROPOSED CHANGE IN THE DEFINITION OF AIDS

WHEREAS, the Centers for Disease Control (CDC) has preliminarily announced that effective January 1, 1992 the AIDS Case Definition will be expanded to include all HIV-infected antibody positive adults and adolescents with CD4 counts less than or equal to 200; and

WHEREAS, this expansion of the case definition characterizes the Acquired Immune Deficiency Syndrome diagnostically as a chronic disease manifested by significant loss of CD4 cells and immune suppression, and relies less on the development of specific secondary clinical manifestations of severe immune deficiency; and

WHEREAS, this change, though it DOES NOT constitute a change in the severity of the HIV epidemic or the condition of individuals infected with HIV in San Francisco, DOES significantly impact how the epidemic is quantified, monitored, and reported; and

WHEREAS, the SFPDH AIDS Office had previously estimated that 3,600 people would be living with an AIDS diagnosis by January 1, 1992 under the expanded definition an additional 3,900-4,900 persons will be living with AIDS under the new category of CD4 cells less than or equal to 200 as of January 1, 1992; and

WHEREAS, for the purpose of health care planning, we now expect a living (Person With AIDS) PWA caseload of approximately 7,500-8,500 individuals in 1992, a more than doubling of AIDS cases in San Francisco; and

WHEREAS, the Surveillance Branch of the AIDS Office currently reports approximately 2,000 new AIDS cases per year, an additional 4,000 cases will need to be collected, investigated, and followed for survival analysis in 1992; and

WHEREAS, it is estimated that up to 50% of HIV-infected individuals with CD4 cells less than or equal to 200, who will be diagnosed with AIDS beginning January 1, 1992 are asymptomatic and may not require services which are designed for disabled individuals; and

WHEREAS, the San Francisco Model of Care currently has a large caseload and in some cases significant waiting times for related health services, eligibility for services being based on disability or functional need for supportive services regardless of disease "category"; and

WHEREAS, the expanded case definition will require the SFPDH AIDS Office to work and plan before January 1992 with service provider contract agencies to review current eligibility criteria to assure that priority be given to those individuals who are disabled and most in need of services; and

WHEREAS, eligibility evaluations will need to be enhanced and standardized by service area to assure appropriate service utilization and avoid any unnecessary stress on already taxed community-based organizations delivering HIV support services; and

WHEREAS, an AIDS diagnosis currently is one of the medical conditions the federal government uses to determine eligibility for MediCal benefits and other federal subsidy programs, the cost of unsponsored medical care for both outpatient and inpatient services should decrease as eligible PWA's will be able to apply earlier for MediCal, Medicare, and other related programs; and

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RESOLUTION NO. 18-91 (Cont'd.)

WHEREAS, reimbursement revenue from these federal programs, while not at all adequate to cover actual costs of care, will displace some of the burden of financing this epidemic from local jurisdictions to the federal government; and

WHEREAS, preliminary federal projections suggest that instead of the current 16 eligible Ryan White CARE Title I cities, under the new definition there would be as many as 29 cities eligible for this funding in February of 1993; and

WHEREAS, the revised definition will be more inclusive of women in AIDS case reporting, it does not preclude the need for more clinical and natural history research and data about HIV and the manifestations of immune suppression which are unique to this population of seropositives; therefore, be it

RESOLVED, that the Health Commission strongly urges that the Centers for Disease Control Cooperative Agreement grant be augmented in FY 1992 adequately to support the increased surveillance activity which will be required to comply with the new definition and to develop and fund expanded epidemiologic surveys of HIV infection in women; and be it

FURTHER RESOLVED, that the Health Commission strongly urges the Social Security Administration and the federal Medicaid and Medicare programs to remain consistent with the CDC expanded AIDS diagnosis as qualification for presumptive eligibility for these entitlement programs; and be it

FURTHER RESOLVED, that the Health Commission and the Department will continue to work with both the public and private sectors to plan for the January 1, 1992 change in the definition of HIV disease; and be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and Board of Supervisors to influence actively the Congressional federal appropriation committees to provide a significant increase of funding for the Ryan White CARE programs so that newly eligible Title I cities will not jeopardize the service programs funded under CARE in San Francisco; and be it

FURTHER RESOLVED, that the Health Commission urges both public and private clinicians to continue to work cooperatively with the Health Department in the prompt and complete reporting of AIDS cases under the expanded definition; and be it

FURTHER RESOLVED, that the Health Commission urges that anyone at risk for HIV infection undergo either anonymous or confidential testing and that HIV-infected individuals in San Francisco obtain early clinical evaluation and monitoring, including CD4 counts and treatment in order that optimal health care status can be maintained.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, September 3, 1991.



Sandy Ouye Mori

Secretary to the Health Commission