

[May 1983]

New Program Proposal: A I D S SURVEILLANCE AND EDUCATION PROGRAM

Acquired immune deficiency syndrome (AIDS) is a condition of profound impairment of cell-mediated immunity that results in disseminated malignancies (especially Kaposi's sarcoma) and opportunistic infections (especially Pneumocystis carinii pneumonia and disseminated infections). About 1500 cases have occurred nationwide, with 520 deaths to date; far exceeding the total combined mortality to date due to toxic shock syndrome and Legionnaire's disease.

King County, unfortunately, now appears to be following the trend observed in other metropolitan areas. The first local case of overt AIDS was diagnosed in mid-1982, and two more were reported in January 1983. A total of ten cases have now been reported in the Seattle-Tacoma metropolitan area; four have been fatal. Five additional King County residents who may have AIDS have been reported; their conditions are suggestive of AIDS but do not meet the formal case definition. All reported patients were adult males. Homosexual men appear, at this time, to be at highest risk of contracting AIDS.

Because of the seriousness of this disease, the Seattle-King County Department of Public Health proposes establishment of an acquired immune deficiency syndrome (AIDS) Surveillance and Education Program. The program is described below.

SCREENING - The Department proposes a 40-hour per week screening clinic, staffed by a nurse practitioner. The program would be located at the screening and immunization clinic in the Public Safety Building; some services may be located at Harborview Medical Center and/or the Seattle Gay Clinic. Screening services would include medical history, blood test, skin test, and physical examination in order to identify persons at highest risk of AIDS so that potentially effective preventive measures may be advocated or applied. Those patients who are determined to be immunodeficient (this does not equate with a diagnosis of AIDS) will be referred to other health care providers for appropriate follow-up testing and medical care.

SURVEILLANCE/EDUCATION - The cause of AIDS is unknown, although it is probably a transmissible disease. There is no known effective treatment although preventive methods, presumed to be effective, are available. Approximately 80% of those diagnosed to have AIDS will die within two years. It is imperative that data be gathered and analyzed for diagnosed cases of AIDS for individuals with persistent generalized lymphadenopathy syndrome(s), and cases of sub-clinical immunodeficiency. The latter conditions may be a prodrome of AIDS. Data will be gathered following Centers for Disease Control guidelines and shared with other public health agencies and research centers.

With AIDS as the main focus, the epidemiology or surveillance/education component of this project will provide additional support to the epidemiology component of the Sexually Transmitted Disease Program generally. Educational activities, directed at high-risk groups and the general community, will focus on informing the public about the nature of this disease and what is known about its prevention and control.

To facilitate this effort an AIDS direct telephone line and answer-phone recorder will be utilized. The telephone number will be featured in health education materials and public services announcements. In this way, the specific population at highest risk can obtain access to pertinent information; in addition, the general public will have a convenient means to become more informed on the subject.

The education and outreach services will be provided through the work of a Sr. Health Services Assistant, in coordination with the program's nurse practitioner and the Communicable Disease and Sexually Transmitted Disease Programs staff.

FEES - Patients will be charged using the Department's current sliding scale. As in other fee-supported programs, no one will be denied service due to the inability to pay.

PROJECT MANAGER/EPIDEMIOLOGIST - The project will be directed by Dr. Steven Helgerson under the joint supervision of Drs. H. Hunter Handsfield and Charles M. Nolan, Directors of the Department's Sexually Transmitted Disease and Communicable Disease Control programs, respectively. Dr. Helgerson is a medical epidemiologist and a member of the Infectious Disease Section of the Health Department (effective July 1, 1983). He was formerly an Epidemic Intelligence Service Officer with the Centers for Disease Control. Medical management of this project will be an addition to Dr. Helgerson's responsibility but will not represent an additional direct expense.

STAFF (New) - This proposal requires the following additional Health Department staff:

- 1) Nurse Practitioner - Major responsibilities will include:
 - obtaining health histories
 - performing physical examinations
 - conducting immune screening tests

- 2) Sr. Health Services Assistant - Major responsibilities will include:
 - interviewer/outreach work
 - data collection and collation
 - patient referral
 - community liaison
 - patient and community education
 - clerical support

B U D G E T

12 Months*

	<u>City</u>	<u>County</u>	<u>Total</u>
1 FTE Nurse Practitioner	\$26,142		26,142
1 FTE Sr. Health Service Assistant		15,472	15,472
Fringe 26%	6,797	4,013	10,810
Rent		2,500	2,500
Telephone and Record-a-Phone		1,250	1,250
Office Supplies		650	650
Medical Supplies	2,000		2,000
Contract Services		12,000	12,000
Printing & Binding		3,500	3,500
Laboratory Services		4,000	4,000
Postage		1,000	1,000
Private Auto Mileage	<u>250</u>	<u>450</u>	<u>700</u>
	\$35,189	\$44,835	\$80,024

*7-month budget (June-December 1983): City \$19,693
 County 25,092
 TOTAL \$44,785



JESSE W. TAPP, M.D., M.P.H.
Director of Public Health

M E M O R A N D U M

May 19, 1983

TO: Shelly Yapp, Director
King County Budget Office
Attention: Jerry Rettig

Gary Zarker, Director
Seattle Office of Management & Budget
Attention: Germaine Covington

FROM: Jesse W. Tapp

SUBJECT: AIDS Surveillance and Education Program

In my weekly report to County Executive Revelle and Mayor Royer, dated May 9, I discussed the emergence of AIDS (acquired immune deficiency syndrome) as a problem deserving a public health response in our community. As stated in the May 9 report, up until now we have attempted to redirect what we could from other objectives, and have used limited volunteer assistance, to help service public inquiry and needs regarding AIDS. I feel staff have done a commendable job thus far, given the brief time period in which they have had to address the problem without specific resource support.

We have now formulated, in collaboration with the Seattle Gay Clinic, a plan to address the AIDS problem. We are confident that implementation of this plan would enable this Department to provide a coherent and worthwhile service. Seattle Gay Clinic representatives have confirmed the appropriateness of the plan as relevant and potentially effective for addressing AIDS and related issues in our community.

I urge favorable review and support for this new service program. We are proposing a budget level of \$44,785 for this program in 1983, assuming a June 1, 1983 start. The proposed budget would entail a new revenue expenditure of \$25,092 for the County and \$19,693 for the City.

I will look forward to your response on this matter.

JWT:CAE:k

Attachment

cc: Randy Revelle, County Executive
Charles Royer, Mayor

bcc: Jill Marsden

Tim Burak

Patricia Canova ✓

District Service Centers:

CENTRAL
1500 Public Safety Bldg
Seattle 98104
587-2755

NORTH
10501 Meridian Ave. N
Seattle 98133
363-4765

COLUMBIA HEALTH CENTER
3722 S. Hudson
Seattle 98118
587-4650

SOUTHWEST
10820 8th Ave. S.W.
Seattle 98146
244-6400

EAST
2424 156th Ave. N.E.
Bellevue 98007
885-1278

SOUTHEAST
Renton
3001 N.E. 4th St.
Renton 98056
228-2620

Environmental Health Services
172 20th Ave
Seattle 98122
587-4632

Auburn
20 Auburn Ave
Auburn 98002
852-6400