

Reclassification of AIDS and Quarantining

A resolution adopted at the 1990 OPHA Annual General Meeting

Code: 1990-01 (RES) **Status:** Archived

WHEREAS there is currently no treatment that can render a person infected with the virus causing Acquired Immune Deficiency Syndrome non-infectious; and

WHEREAS the treatment strategies available under virulent disease designation in the Health Protection and Promotion Act cannot successfully protect against the spread of HIV infection,

BE IT RESOLVED THAT OPHA adopt the position paper on the Reclassification of AIDS and Quarantining as OPHA policy

BE IT FURTHER RESOLVED THAT OPHA take the position, and so advocate, that it is inappropriate to reclassify AIDS as a virulent disease under the Health Protection and Promotion ACT at this time.

Section 22 of the Health Protection and Protection Act (HPPA) provides the Medical Officer of Health with sufficient power to order an individual “to conduct himself in such a manner as not to expose another person to” (1). Furthermore, Section 22 allows medical officers of health to require an individual with a “communicable disease to isolate himself and remain in isolation from other persons” (2). **As much as this power I already included in the HPPA, reclassification of AIDS to a virulent disease is unnecessary.**

As indicated in a joint submission by community groups to the Ontario AIDS Advisory Committee (3), “... diseases designated as ‘virulent’ under the HPPA fall into two categories: those which remain infectious for only a brief period of time and those which can be made non-infectious through treatment.” While AIDS is infectious, to date no treatment exists which would render it non-infectious. Without the option of treatment, all individuals remain the only effective approaches available to minimize the spread of HIV infection. Such counseling and education, however, cannot be limited to individuals diagnosed with the virus; it must be extended to all people engaged in risk behaviours, including unprotected sexual activities and sharing of injection drug needles.

In the case of psychosis, medical officers of health can request a psychiatric examination of individuals with HIV infection in order to determine whether they are continuing to pose a risk to the community. If the examination determines that the individual is an irresponsible person and indeed poses a risk, medical officers of health have the ability to use existing legislation to restrain him or her.

However, a vast number of infected individuals remain undiagnosed. Without diagnosis of such individuals, medical officers of health cannot contain the spread of HIV. Medical officers may also

have difficulty encouraging individuals at risk to seek testing.

Individual counseling for people at risk would be jeopardized by a lack of trust in the public health system which, with the power of quarantines, is perceived as threatening to individual liberties.

REFERENCES

1. Health Protection and Promotion Act, 1982, Section 22 (4h).
2. Health Protection and Promotion Act, 1982, Section 22 (4h).
3. AIDS Action Now! Reclassifying AIDS: A Community-Based Perspective. Toronto: AIDS Committee of Toronto, Hassle Free Clinic and Casey House Hospice, April 23, 1990.

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Status: Policy statements (resolutions, position papers and motions) are categorized as:

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1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

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