



MONTHLY MORBIDITY REPORT

EPIDEMIOLOGY

PUBLIC HEALTH STATISTICS

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES
P.O. BOX 60630 NEW ORLEANS, LOUISIANA 70160

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FACTS ABOUT AIDS

The Acquired Immune Deficiency Syndrome, or AIDS, was first reported in the United States in mid-1981. Since that time, the Public Health Service has received reports of almost 15,000 cases, about 50 percent of which have resulted in death.

AIDS is a serious illness, and a public health problem that merits concern. It has been named the number one priority of the United States Public Health Service. Researchers in the Public Health Service and in many major medical institutions have been working for more than four years to study AIDS, identify its cause, and develop treatments and preventive measures.

This fact sheet describes, in question-and-answer form, accurate information about the nature and extent of AIDS, the

risk of contracting AIDS, the actions individuals can take to reduce spreading AIDS, and current research and related activities under way in the Public Health Service.

WHAT IS AIDS?

AIDS is a serious condition characterized by a loss of natural immunity against disease. People who have AIDS are vulnerable to serious illnesses which would not be a threat to anyone whose immune system was functioning normally. These illnesses are referred to as "opportunistic" infections or diseases.

WHAT CAUSES AIDS?

Investigators have discovered the virus that causes AIDS. Different groups of

AIDS UPDATE

	CASES	DEATHS	PERCENT
JAN - NOV, 1985	73	28	38
TOTAL, ALL YEARS	168	99	59

investigators have given different names to the virus, but they all appear to be the same virus. The virus is called human T-lymphotropic virus, type III (HTLV-III); lymphadenopathy associated virus (LAV); or AIDS related virus (ARV). Infection with this virus does not always lead to AIDS. Preliminary results of studies show that most infected persons remain in good health; other may develop illness varying in severity from mild to extremely serious.

WHAT ARE ITS SYMPTOMS?

Most individuals infected with the AIDS virus have no symptoms and feel well. Some develop symptoms which may include tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen glands (lymph nodes) - usually in the neck, armpits, or groin. Anyone with these symptoms which continue for more than two weeks should see a doctor.

WHO GETS AIDS?

Ninety five percent of the AIDS cases have occurred in the following groups of people:

- Sexually active homosexual and bisexual men with multiple partners, 73 percent;
- Present or past abusers of intravenous drugs, 17 percent; (In addition, a certain number of homosexual or bisexual men are also IV drug abusers.)
- Persons with hemophilia or other coagulation disorders, 1 percent;
- Heterosexual contacts of someone with AIDS or at risk for AIDS, 1 percent;
- Persons who have had transfusions with blood or blood products, 2 percent.

Some 6% of patients do not fall into any of these groups, but researchers believe that transmission occurred in similar ways. Infants and children who have developed AIDS may have been exposed to HTLV-III before or during birth, or shortly thereafter, or may have a history of transfusions. Some patients died before complete histories could be taken. Special studies of risk factors are under way with each of these groups considered to be at increased risk for getting AIDS.

WHAT IS THE GEOGRAPHIC DISTRIBUTION OF REPORTED AIDS CASES?

Thirty-six percent of the cases in the United States are reported from New York State and about 23 percent from California. AIDS cases have been reported from 46 states, the District of Columbia, Puerto Rico, and more than 35 other countries.

IS AIDS A PROBLEM IN LOUISIANA?

Yes. As of November 10, 1985, a total of 155 cases have been reported to the Louisiana State Health Department, 40% of which have been reported so far in 1985. Ninety (58%) of these patients are known to have died. Most of the patients (83%) have been homosexual or bisexual men. The largest number of cases have been reported from the New Orleans area (74%), but cases have been identified in all parts of the state.

HOW CONTAGIOUS IS AIDS?

Casual contact with AIDS patients or persons who might be at risk for the illness does NOT place others at risk for getting the illness. No cases have been found where AIDS has been transmitted by casual household contact with AIDS patients or persons at higher

risk for getting the illness. Although the AIDS virus has been found in saliva, there have been no cases in which exposure was shown to result in transmission. Ambulance drivers, police, and firefighters who have assisted AIDS patients have not become ill. Nurses, doctors, and health care personnel have not developed AIDS from caring for AIDS patients.

However, health care and laboratory workers should follow safety procedures carefully when handling any blood and tissue samples from patients with potentially transmissible diseases, including AIDS.

HOW IS AIDS TRANSMITTED?

AIDS is spread by sexual contact, needle sharing, or less commonly, through blood or its components. The risk of getting AIDS is increased by having multiple sexual partners, either homosexual or heterosexual, and sharing of needles among those using illicit drugs. The occurrence of the syndrome in hemophilia patients and persons receiving transfusions provides evidence for transmission through blood. It may be transmitted from infected mother to infant before, during, or shortly after birth.

HOW LONG AFTER EXPOSURE TO HTLV-III DOES A PERSON DEVELOP AIDS?

The time between infection with the HTLV-III virus and the onset of symptoms (the incubation period) seems to range from about 6 months to 5 years and possibly longer. Not everyone exposed to the virus develops AIDS.

HOW IS AIDS DIAGNOSED?

There are no clear-cut symptoms that

indicate the loss of immunity. The diagnosis of AIDS depends on the presence of opportunistic diseases. Certain tests which demonstrate damage to various parts of the immune system, such as specific types of white blood cells, support the diagnosis. The presence of opportunistic diseases plus a positive test for antibodies to HTLV-III can also make possible a diagnosis of AIDS.

IS THERE A LABORATORY TEST FOR AIDS?

As with most other infections, there is no single test for diagnosing AIDS. There is now a test for antibodies (substances produced in the blood to fight disease organisms) to the virus that causes AIDS. Presence of HTLV-III antibodies means that a person has been infected with the AIDS virus; it does not tell whether the person is still infected. Presence of antibodies does not mean that the person will necessarily develop AIDS. The antibody test is used to screen donated blood and plasma and assist in preventing cases of AIDS resulting from blood transfusions or use of blood products, such as Factor VIII, needed by men with hemophilia. The test is also available through private physicians, most state or local health departments (including the Louisiana State Health Department) and at other sites.

WHAT ARE SOME OF THE DISEASES AFFECTING AIDS PATIENTS?

About 85 percent of the AIDS patients studied have had one or both of two rare diseases: Pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs; and a type of cancer known as Kaposi's sarcoma (KS). KS usually occurs anywhere on the surface of the skin or in the mouth. In early

stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist, and may grow larger. KS may spread to, or appear in, other organs of the body. PCP has symptoms similar to any other form of severe pneumonia, especially cough, fever, difficulty in breathing. Other opportunistic infections include unusually severe infections with yeast, cytomegalovirus, herpesvirus, and parasites such as Toxoplasma or Cryptosporidia. Milder infections with these organisms do not suggest immune deficiency.

IS THERE A DANGER OF CONTRACTING AIDS FROM DONATING BLOOD?

No. Blood banks and other blood collection centers use sterile equipment and disposable needles. The need for blood is always acute, and people who are not at increased risk for getting AIDS are urged to continue to donate blood as they have in the past.

HOW IS AIDS TREATED?

Currently there are no antiviral drugs available anywhere that have been proven to cure AIDS, although the search for such a drug is being pursued vigorously. Some drugs have been found that inhibit the AIDS virus, but these do not lead to clinical improvement. Though no treatment has yet been successful in restoring the immune system of an AIDS patient, doctors have had some success in using drugs, radiation, and surgery to treat the various illnesses of AIDS patients. Therapeutic agents are needed for all stages of AIDS infections, to block action of the virus once infection has occurred, and to build up immunity in patients who have developed AIDS symptoms. Eventually, a combination chemotherapy to combat the virus and

restore the immune system may be the most effective therapy. Interferon, a virus-fighting protein produced naturally by the body, has been used with some success against Kaposi's sarcoma. Natural and recombinant interleukin preparations are being used in an attempt to repair the immunologic deficiencies in AIDS patients.

CAN AIDS BE PREVENTED?

Yes. Cases of AIDS related to medical use of blood or blood products are being prevented by use of HTLV-III antibody screening tests at blood donor sites and by members of high risk groups voluntarily not donating blood. Heat treatment of Factor VIII and other blood products helps prevent AIDS in patients with hemophilia and other clotting disorders. There is no vaccine for AIDS itself. However, there is good reason to believe that individuals can reduce their risk of contracting AIDS by following existing recommendations. Communities can help prevent AIDS by vigorous efforts to educate and inform their populations about the illness, with special educational activities for members of high risk groups. Meanwhile, the discovery of the AIDS virus and methods developed for producing large quantities of the virus for experimental and other purposes enables scientists to work at developing a vaccine.

The Public Health Service recommends that the following steps be taken to prevent spread of AIDS:

- Do not have sexual contact with persons known or suspected of having AIDS.
- Do not have sex with multiple partners, or with persons who have had multiple partners.

- Persons who are at increased risk for having AIDS should not donate blood.
- Physicians should order blood transfusions for patients only when medically necessary. Health workers should use extreme care when handling or disposing of hypodermic needles.
- Don't abuse IV drugs. If you use IV drugs, then don't share needles or syringes (boiling does not guarantee sterility).
- Don't have sex with people who abuse IV drugs.
- Don't use inhalent nitrites (poppers). Their role as a cofactor for KS is being investigated.

Special recommendations for persons with positive HTLV-III antibody tests have been made to further prevent the spread of AIDS.

- A regular medical evaluation and follow-up is advised for persons with positive tests.
- Persons with positive blood tests may pass the disease on to others and should not donate blood, plasma, body organs, other tissue, or sperm. They should take precautions against exchanging body fluids during sexual activity.
- There is a risk of infecting others by sexual intercourse, sharing of needles, and possibly, exposure of others to saliva through oralgenital contact or intimate kissing. The effectiveness of condoms in preventing infection with HTLV-III

is not proved, but their consistent use may reduce transmission, since exchange of body fluids is known to increase risk.

- Toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.
- Women whose sexual partner is antibody-positive are themselves at increased risk of acquiring AIDS. If they become pregnant, their children are also at increased risk of acquiring AIDS.

Revised recommendations will be published as additional information becomes available.

WHERE CAN I GET MORE INFORMATION?

There are a number of sources of information concerning AIDS available to you. If you have concerns about your own health, you should ask your personal doctor. Information can also be obtained by phone from the following groups:

AIDS UNIT
Louisiana State Health Department
(8 AM - 4:30 PM, M - F)
(504) 568-5005

NEW ORLEANS AIDS TASK FORCE
(504) 522-AIDS

U.S. PUBLIC HEALTH SERVICE
(24-hour recorded message)
(800) 342-AIDS

REVISED ACQUIRED IMMUNODEFICIENCY SYNDROME

SURVEILLANCE CASE DEFINITION

- 1) The presence of a reliably diagnosed disease at least moderately indicative of underlying cellular immunodeficiency,

PLUS

- 2) Absence of known causes of underlying immunodeficiency and of any other reduced resistance reported to be associated with the disease (e.g. cytotoxic or immunosuppressive drugs, steroid therapy, lymphoreticular malignancy).

The following diseases are considered at least moderately indicative of underlying cellular immunodeficiency REGARDLESS OF THE RESULT OF A SEROLOGIC TEST FOR HTLV-III IF THE DISEASE IS CONFIRMED BY TISSUE BIOPSY AND/OR CULTURE:

A. Protozoan Infections

- Pneumocystis carinii pneumonia.
- Toxoplasma gondii encephalitis or disseminated infection.
- Cryptosporidium enteritis (chronic -more than 1 month).

B. Fungal Infections

- Candida esophagitis.
- Cryptococcal meningitis or disseminated infection (sepsis).

C. Bacterial Infections

- Disseminated Mycobacterium avium-intracellulare (other than lung or lymph node).

D. Viral Infections

- Chronic (more than 1 month) mucocutaneous Herpes simplex infection.
- Cytomegalovirus infection other than liver or lymph node.
- Progressive multifocal leuko-encephalopathy.

E. Cancers

- Kaposi's sarcoma in a patient less than 60 years old.
- Primary cerebral lymphoma (limited to brain).

The following diseases are considered at least moderately indicative of underlying cellular immunodeficiency ONLY IF THE PATIENT HAS A POSITIVE SEROLOGIC TEST FOR HTLV-III AND THE DISEASE IS CONFIRMED BY TISSUE BIOPSY AND/OR CULTURE:

- Histoplasmosis - disseminated (not just lung or lymph node).
- Isosporia enteritis, chronic (more than 1 month).
- Bronchial or pulmonary candidiasis (by microscopy or visualized on bronchoscopy - not just by culture).
- Non-Hodgkins lymphoma of high-grade pathologic type (diffuse, undifferentiated).
- B-cell or unknown immunologic phenotype lymphoma.
- Kaposi's sarcoma in a patient more than 60 years old.
- Chronic lymphoid interstitial pneumonia in a child (less than 13 years old).

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED**	HEPATITIS B	LEGIONELLOSIS	MALARIA***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1985)	
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS															
REPORTED MORBIDITY OCTOBER, 1985																				
TOTAL TO DATE 1984	8	0	0	8	1	47	323	1252	1	9	52	76	1275	1	144	15	21579	1035	51	
TOTAL TO DATE 1985	42	0	2	15	0	68	176	187	3	1	27	41	301	1	214	4	18619	943	19	
TOTAL THIS MONTH	0	0	0	3	0	12	23	21	0	0	2	11	30	1	57	1	2085	126	3	
ACADIA						1											12			
ALLEN																	15			
ASCENSION															2		8			
ASSUMPTION								1									6			
AVOYELLES							1										3		3	
BEAUREGARD																	4	1		
BIENVILLE																				
BOSSIER							1										14		1	
CADDO						2	3						5	1	18		241	9	1	
CALCASIEU																	59	6		
CALDWELL																	1			
CAMERON																		3		
CATAHOULA							1										1			
CLAIBORNE																	4	3		
CONCORDIA								1									6	1		
DESOTO							1								2			1	2	
EAST BATON ROUGE						5	2				1	2			10		153	13	4	
EAST CARROLL																	13			
EAST FELICIANA																	3	3		
EVANGELINE																	1		1	
FRANKLIN																	17	6		
GRANT																	2			
IBERIA															1		27	1		
IBERVILLE												1					7	3		
JACKSON																	4			
JEFFERSON				1			2	1			1	1	3		2		93	6		
JEFFERSON DAVIS								2									2			
LAFAYETTE							1						1		1		95	1		
LAFOURCHE												3	1		2		23	1		
LASALLE																				
LINCOLN															1		17			
LIVINGSTON															1		6	1		
MADISON							1	2									22	1		
MOREHOUSE																	38			
NATCHITOCHE								1					1				7	5		
ORLEANS						3		7				1	6		3		710	32		
OUACHITA							2						6				99	7	1	
PLAQUEMINES																	3			
POINTE COUPEE																	1			
RAPIDES							2	1							1		108	5	6	
RED RIVER															1		1			
RICHLAND							1						1				13			
SABINE															3			2		
ST. BERNARD																1	2			
ST. CHARLES													1				3	2		
ST. HELENA																	1			
ST. JAMES				1													13			
ST. JOHN							1											1		
ST. LANDRY												2			1		35	2		
ST. MARTIN																	8			
ST. MARY													1				8			
ST. TAMMANY							1	2				1			1		32			
TANGIPAHOA																	16	1		
TENSAS																	3			
TERREBONNE				1		1	2								4		46	3		
UNION								1										1		
VERMILION							1	1							2		2			
VERNON																	48	2		
WASHINGTON								1					1		1		12			
WEBSTER													1				10			
WEST BATON ROUGE																	3	1		
WEST CARROLL																	2	2		
WEST FELICIANA																				
WINN																	1			
OUT OF STATE																	1			

* Includes Rubella, Congenital Syndrome.

** Includes 25 cases of Hepatitis Non A, and Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1985 - October 31, 1985 the following cases were also reported:

2-Amebiasis; 1-Brucellosis; 1-Coccidioidomycosis; 2-Reye Syndrome; 4-Rocky Mountain Spotted Fever.

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED**	HEPATITIS B	LEGIONELLOSIS	MALARIA ***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1985)
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TOTAL TO DATE 1985	42	0	2	17	1	74	188	190	3	1	27	43	328	1	230	4	19938	1011	19
TOTAL THIS MONTH	0	0	0	2	1	6	12	3	0	0	0	2	28	0	16	0	1332	69	0
ACADIA																	4	1	
ALLEN																		7	
ASCENSION																			
ASSUMPTION																	10	1	
AVOUELLES												1					3	1	3
BEAUREGARD																	2	1	
BIENVILLE																	1		
BOSSIER							1								2		13		1
CADDO							1					1			4		181	1	1
CALCASIEU							2					1					45	2	
CALDWELL												1						3	
CAMERON																			
CATAHOULA																		2	
CLAIBORNE																	6		
CONCORDIA																	5	1	
DESOTO																	5		2
EAST BATON ROUGE																	55	5	4
EAST CARROLL																	13		
EAST FELICIANA																	1		
EVANGELINE															1			2	1
FRANKLIN																	9		
GRANT																	5		
IBERIA							1	1				1	1				22	3	
IBERVILLE																	19	1	
JACKSON												1							
JEFFERSON				2			1	1				2					88	5	
JEFFERSON DAVIS																	11		
LAFAYETTE												1		2			41		
LAFOURCHE																	17		
LASALLE																			
LINCOLN							1					1					4	1	
LIVINGSTON						1													
MADISON																	11	1	
MOREHOUSE																	20		
NATCHITOCHE																	1	3	
ORLEANS						2						14		1			446	24	
OUACHITA							1					2					34	3	1
PLAQUEMINES								1									1		
POINTE COUPEE					1												4		
RAPIDES												2					100	2	6
RED RIVER																			
RICHLAND																	13	1	
SABINE																			
ST. BERNARD						1											2		
ST. CHARLES																	7	1	
ST. HELENA																			
ST. JAMES																	10		
ST. JOHN																	6		
ST. LANDRY																	15	1	
ST. MARTIN																	1		
ST. MARY																	23		
ST. TAMMANY						1						1					5	3	
TANGIPAHOA							1												
TENSAS																			
TERREBONNE							1							1			20	4	
UNION																	14		
VERMILION								1									2		
VERNON																	6	1	
WASHINGTON						1	1								3		1		
WEBSTER															1		7		
WEST BATON ROUGE																			
WEST CARROLL																			
WEST FELICIANA																	2		
WINN															1		2		
OUT OF STATE																	7		

* Includes Rubella, Congenital Syndrome.
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