CENTERS FOR DISEASE CONTROL

Current Trends

Update on Acquired Immune Deficiency Syndrome (AIDS) — United States

Between June 1, 1981, and September 15, 1982, CDC received reports of 593 cases of acquired immune deficiency syndrome (AIDS).* Death occurred in 243 cases (41%).

Analysis of reported AIDS cases shows that 51% had *Pneumocystis carinii* pneumonia (PCP) without Kaposi's sarcoma (KS) (with or without other "opportunistic" infections [OOI] predictive of cellular immunodeficiency); 30% had KS without PCP (with or without OOI); 7% had both PCP and KS (with or without OOI); and 12% had OOI with neither PCP nor KS. The overall mortality rate for cases of PCP without KS (47%) was more than twice that for cases of KS without PCP (21%), while the rate for cases of both PCP and KS (68%) was more than three times as great. The mortality rate for OOI with neither KS nor PCP was 48%.

The incidence of AIDS by date of diagnosis (assuming an almost constant population at risk) has roughly doubled every half-year since the second half of 1979 (Table 1). An average of one to two cases are now diagnosed every day. Although the overall case-mortality rate for the current total of 593 is 41%, the rate exceeds 60% for cases diagnosed over a year ago.

Almost 80% of reported AIDS cases in the United States were concentrated in six metropolitan areas, predominantly on the east and west coasts of the country (Table 2). This distribution was not simply a reflection of population size in those areas; for example, the number of cases per million population reported from June 1, 1981, to September 15, 1982, in New York City and San Francisco was roughly 10 times greater than that of the entire country. The 593 cases were reported among residents of 27 states and the District of Columbia, and CDC has received additional reports of 41 cases from 10 foreign countries.

Approximately 75% of AIDS cases occured among homosexual or bisexual males (Table 3), among whom the reported prevalence of intravenous drug abuse was 12%. Among the 20% of known heterosexual cases (males and females), the prevalence of intravenous drug abuse was about 60%. Haitians residing in the United States constituted 6.1% of all cases (*2*), and 50% of the cases in which both homosexual activity and intravenous drug abuse were denied. Among the 14 AIDS cases involving males under 60 years old who were not homosexuals, intravenous drug abusers, or Haitians, two (14%) had hemophilia A.† (*3*)

*Formerly referred to as Kaposi's sarcoma and opportunistic infections in previously healthy persons. (*1*)

†A third hemophiliac with pneumocystosis exceeded the 60-year age limit of the AIDS case definition.

TABLE 1. Reported cases and case-mortality rates of AIDS, by half-year of diagnosis,* 1979-1982, (as of September 15, 1982) — United States

Half-year of diagnosis		Cases	Deaths	Case-mortality rate (%)
1979	1st half	1	1	100
	2nd half	6	5	83
1980	1st half	17	13	76
	2nd half	26	22	85
1981	1st half	66	46	70
	2nd half	141	79	56
1982	1st half	249	67	27

*Excluding 4 cases with unknown dates of diagnosis

Immune Deficiency Syndrome — Continued

Reported AIDS cases may be separated into groups based on these risk factors: homosexual or bisexual males—75%, intravenous drug abusers with no history of male homosexual activity—13%, Haitians with neither a history of homosexuality nor a history of intravenous drug abuse—6%, persons with hemophilia A who were not Haitians, homosexuals, or intravenous drug abusers—0.3%, and persons in none of the other groups—5%.

Reported by the Task Force on Acquired Immune Deficiency Syndrome, CDC

Editorial Note: CDC defines a case of AIDS as a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease. Such diseases include KS, PCP, and serious OOI.[§] Diagnoses are considered to fit the case definition only if based on sufficiently reliable methods (generally histology or culture). However, this case definition may not include the full spectrum of AIDS manifestations, which may range from absence of symptoms (despite laboratory evidence of immune deficiency) to non-specific symptoms (e.g., fever, weight loss, generalized, persistent

[§]These infections include pneumonia, meningitis, or encephalitis due to one or more of the following: aspergillosis, candidiasis, cryptococcosis, cytomegalovirus, nocardiosis, strongyloidosis, toxoplasmosis, zygomycosis, or atypical mycobacteriosis (species other than tuberculosis or lepra); esophagitis due to candidiasis, cytomegalovirus, or herpes simplex virus; progressive multifocal leukoencephalopathy; chronic enterocolitis (more than 4 weeks) due to cryptosporidiosis; or unusually extensive mucocutaneous herpes simplex of more than 5 weeks duration.

(Continued on page 513)

TABLE I. Summary—cases of specified notifiable diseases, United States

Disease	37th Week Ending			Cumulative, First 37 Weeks		
	September 18, 1982	September 19, 1981	Median 1977-1981	September 18, 1982	September 19, 1981	Median 1977-1981
Aseptic meningitis	367	438	293	5,245	6,042	4,537
Brucellosis	4	6	6	115	113	126
Encephalitis: Primary (arthropod-borne & unspec.)	68	68	57	837	914	714
Post-infectious	2	1	3	48	69	158
Gonorrhea: Civilian	18,119	21,040	21,040	665,540	709,948	700,978
Military	543	478	495	17,887	20,555	19,590
Hepatitis: Type A	494	442	561	15,561	17,855	20,311
Type B	416	384	353	14,795	14,445	11,740
Non A, Non B	43	N	N	1,533	N	N
Unspecified	189	207	187	6,320	7,756	7,139
Legionellosis	18	N	N	355	N	N
Leprosy	4	1	2	139	178	115
Malaria	35	18	18	739	1,022	530
Measles (rubeola)	10	16	43	1,230	2,597	12,864
Meningococcal infections: Total	41	44	30	2,179	2,621	1,982
Civilian	41	44	30	2,167	2,611	1,964
Military	-	-	-	12	10	14
Mumps	53	40	58	4,181	3,250	11,167
Pertussis	35	32	42	1,009	869	1,098
Rubella (German measles)	21	12	37	1,996	1,761	10,687
Syphilis (Primary & Secondary): Civilian	729	618	498	23,068	21,518	17,203
Military	16	9	9	311	266	226
Tuberculosis	509	558	537	18,077	19,016	19,645
Tularemia	6	7	5	174	188	152
Typhoid fever	10	7	11	281	358	348
Typhus fever, tick-borne (RMSF)	29	14	23	846	1,035	966
Rabies, animal	124	131	97	4,494	5,486	3,606

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1982		Cum 1982
Anthrax	-	Poliomyelitis: Total	3
Botulism	55	Paralytic	3
Cholera	-	Psittacosis	85
Congenital rubella syndrome	5	Rabies, human	-
Diphtheria	2	Tetanus (Upst NY 1)	58
Leptospirosis (Ohio 1; Fla 1; Hawaii 1)	43	Trichinosis (Conn 1; La 1)	72
Plague	16	Typhus fever, flea-borne (endemic, murine)	24

Immune Deficiency Syndrome – Continued

lymphadenopathy) (*4*) to specific diseases that are insufficiently predictive of cellular immunodeficiency to be included in incidence monitoring (e.g., tuberculosis, oral candidiasis, herpes zoster) to malignant neoplasms that cause, as well as result from, immunodeficiency¶ (*5*). Conversely, some patients who are considered AIDS cases on the basis of diseases only moderately predictive of cellular immunodeficiency may not actually be immunodeficient and may not be part of the current epidemic. Absence of a reliable, inexpensive, widely available test for AIDS, however, may make the working case definition the best currently available for incidence monitoring.

Two points in this update deserve emphasis. First, the eventual case-mortality rate of AIDS, a few years after diagnosis, may be far greater than the 41% overall case-mortality rate noted

¶CDC encourages reports of any cancer among persons with AIDS and of selected rare lymphomas (Burkitt's or diffuse, undifferentiated non-Hodgkins lymphoma) among persons with a risk factor for AIDS. This differs from the request for reports of AIDS cases regardless of the absence of risk factors.

TABLE 2. AIDS cases per million population,* by standard metropolitan statistical area (SMSA) of residence, reported from June 1, 1981 to September 15, 1982 – United States

SMSA of residence	Cases	Percentage of total	Cases per million population
New York, N.Y.	288	48.6	31.6
San Francisco, Calif.	78	13.2	24.0
Miami, Fla.	31	5.2	19.1
Newark, N.J.	15	2.5	7.6
Houston, Texas	15	2.5	5.2
Los Angeles, Calif.	37	6.2	4.9
Elsewhere (irrespective of SMSA)	129	21.8	0.6
Total	593	100.0	2.6

*From the 1980 Census

TABLE 3. Cases of AIDS, by sexual orientation and intravenous drug abuse, reported from June 1, 1981, to September 15, 1982 – United States

Sex	Sexual orientation	Cases	Percentage distribution by sexual orientation	Intravenous drug abuse*			Percentage using IV drugs†
				Yes	No	Unknown	
Male	Homosexual or bisexual	445	75.0	42	300	103	12.3
	Heterosexual	84	14.2	49	33	2	59.8
	Unknown	30	5.1	11	11	8	50.0
Female	Heterosexual	34	5.7	20	12	2	62.5
Total		593	100.0	122	356	115	25.5

*Regardless of when the last such activity occurred.

†Excluding cases with unknown history of IV drug abuse.

Immune Deficiency Syndrome — Continued

above. Second, the reported incidence of AIDS has continued to increase rapidly. Only a small percentage of cases have none of the identified risk factors (male homosexuality, intravenous drug abuse, Haitian origin, and perhaps hemophilia A). To avoid a reporting bias, physicians should report cases regardless of the absence of these factors.

Physicians aware of patients fitting the case definition for AIDS are requested to report such cases to CDC through their local or state health departments.

References

1. CDC. Update on Kaposi's sarcoma and opportunistic infections in previously healthy persons - United States. MMWR 1982;31:294, 300-1.
2. CDC. Opportunistic infections and Kaposi's sarcoma among Haitians in the United States. MMWR 1982;31:353-4, 360-1.
3. CDC. *Pneumocystis carinii* pneumonia among persons with hemophilia A. MMWR 1982;31:365-7.
4. CDC. Persistent, generalized lymphadenopathy among homosexual males. MMWR 1982;31:249-51.
5. CDC. Diffuse, undifferentiated non-Hodgkins lymphoma among homosexual males—United States. MMWR 1982;31:277-9.

Clarification, Vol. 31, No. 35

p. 477. In the article, "Rubella Vaccination During Pregnancy—United States, 1971-1981," the second-to-last paragraph on page 480 should read, "Nevertheless, rubella vaccine should not be administered to pregnant females. Reasonable precautions before administering rubella vaccine to women of child-bearing age include asking whether they are pregnant and excluding those who say they are. Those who say they are not pregnant are advised not to become pregnant for 3 months after vaccination."

Erratum, Vol. 31, No. 36

p. 494 In the article "Influenza—Worldwide," incorrect dates were given in the editorial note on page 495 for the first circulation of H1N1 viruses in the United States (early 1978, not early 1977); and for the last major epidemics of influenza A(H3N2) virus in the United States (1980-1981, not 1979-1980).

The Morbidity and Mortality Weekly Report, circulation 111,104, is published by the Centers for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts on interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Attn: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.