



DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service

Centers for Disease Control  
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*Arthur*  
Dear Dr. Bloom:

Thank you for your recent inquiry concerning the AIDS Syndrome. I will be happy to present an update on the current status of AIDS in North America during the Stockholm meeting. As you can imagine, AIDS is having a major impact on the treatment of hemophiliacs here presently.

The evolution of the epidemic is occurring with a frightening pace. We now know of over 1150 total cases in the United States. To give you an example of rapidity of development, approximately 80 patients with AIDS reported to us during the month of December; in January - 120; and in February the number is approaching 20% above that level. In fact, about 40% of the cases have been reported to us in the last 3-4 months.

We presently have 13 confirmed hemophiliac patients with AIDS in the United States. One of the patients has Factor IX deficiency and one is bisexual. In addition 5 more highly suspect cases are under investigation. The incidence rate has been increasing in hemophiliacs and the epidemic curve paralyzes that of the total epidemic curve. The first case appeared in a hemophiliac in January 1982; a total of 9 were reported by December. Of those, 8 died in 1982. From preliminary data obtained from a nationwide surveillance, the AIDS syndrome was the second cause of death among hemophiliacs in 1982 in the U.S. (hemorrhage was the largest cause of death.) AIDS has developed in both mild and severe hemophiliacs. Ages have been 7 to 62 years. The clinical course has been rapid after the onset of an opportunistic infection. Most have had Pneumocystis pneumonia and none have had Kaposi sarcoma. All have received Factor VIII concentrates, and all but one have received other blood products such as plasma or blood transfusions. Common lots among the concentrates have been rare. We have accumulated a large amount of clinical data on these patients, and it is very similar to that seen in other cases of AIDS. We are performing a longitudinal study of the immune status on hemophiliacs in Georgia and have performed immune studies on approximately 50 randomly selected hemophiliacs and compared them with patients who have chronic active hepatitis, or with patients undergoing chronic renal dialysis (to represent another group which receives chronic transfusions). Preliminary data suggest that one half of the hemophiliac population has T cell abnormalities and, in fact, 13% are markedly abnormal (in the range that we see with the AIDS patients). Patients with chronic active hepatitis, or patients undergoing chronic renal dialysis are not significantly different than normal. These patients will be followed and by the summer we should be able to give a status report on this study. Other additional groups are being added.

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Transfusions as a source of AIDS infection is another cause for concern here. Approximately 12 patients have developed AIDS following blood transfusions. These cases are under intensive investigation by us. Of these patients, half are male and half are female. They appear to be located in the high incidence area of AIDS, i.e., New York, San Francisco, and Los Angeles, locations where we would expect the majority of donors with AIDS to be.

I hope this information is useful to you. I suspect it is a matter of time before you begin to see cases in the United Kingdom.

We have been aggressively trying to isolate a virus in the laboratory. So far, results have been negative. CMV is frequently isolated, however, DNA probes suggest that they are all different strains.

Look forward to seeing you this summer. If you have any further questions, please do not hesitate to ask.

GRO-C

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cc:  
Craig Jackson