



MONTHLY MORBIDITY REPORT

Provisional Statistics

REPORTED MORBIDITY
JUNE, 1983PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL

AIDS CASES IN LOUISIANA AS OF JULY 12, 1983

Louisiana has recorded eight cases of AIDS, as defined by the Centers for Disease Control. Five cases were from New Orleans, two from Shreveport and one from New Iberia. Five cases died, three from New Orleans and the two from Shreveport. One of the Shreveport cases occurred in 1979. Of the seven remaining cases, 5 occurred in 1982 and two in 1983. Two cases, both from Shreveport, were heterosexual females, and six were homosexual males. Ages ranged from 27 to 58 years. Six cases had Pneumocystis carinii pneumonia (PCP), one had disseminated (bone Marrow) atypical mycobacteriosis, and one had disseminated cryptococcosis. Of the six PCP cases, two also had Cryptococcus neoformans infection

and one had cytomegalovirus infection.

In addition to the above recorded cases, at least six additional patients are being monitored in the New Orleans area because of suspicion of AIDS, but who have not yet met the CDC case definition, i.e. a disease strongly suggestive of acquired underlying cellular deficiency has not been confirmed.

Physicians are encouraged to report to the parish health unit or to the state health department (504-568-5005) any patient who has a disease strongly suggestive of cellular immune deficiency (as listed below), but who has no known cause of reduced resistance to that disease.

THE CASE DEFINITION OF AIDS USED BY CDC FOR
EPIDEMIOLOGIC SURVEILLANCE

For the limited purposes of epidemiologic surveillance, CDC defines a case of "the acquired immune deficiency syndrome" (AIDS) as a person who has had:

- I. a reliably diagnosed disease that is strongly suggestive of an underlying cellular immune deficiency, but who, at the same time, has had:
- II. no known underlying cause of cellular immune deficiency nor any other cause of reduced resistance reported to be

associated with that disease.

This general case definition may be made more explicit by specifying:

- I. the particular diseases considered strongly suggestive of cellular immune deficiency, and
- II. the known causes of cellular immune deficiency, or other causes of reduced resistance reported to be associated with particular diseases.

(continued on page 2)

This is done below.

I. Diseases strongly suggestive of underlying Cellular Immune Deficiency:

These are listed below in 5 etiological categories:

- A) protozoal and helminthic,
- B) fungal,
- C) bacterial,
- D) viral, and
- E) cancer.

Within each category, the diseases are listed in alphabetical order. "Disseminated infection" refers to involvement of liver, bone marrow, or multiple organs, not simply involvement of lungs and multiple lymph nodes. The required diagnostic methods with positive results are shown in parentheses.

A. Protozoal and Helminthic Infections:

1. Cryptosporidiosis, intestinal, causing diarrhea for over 1 month, (on histology or stool microscopy);
2. Pneumocystis carinii pneumonia, (on histology, or microscopy of a "touch" preparation or bronchial washings);
3. Strongyloidosis, causing pneumonia, central nervous system infection, or disseminated infection, (on histology);
4. Toxoplasmosis, causing pneumonia or central nervous system infection (on histology or

microscopy of a "touch" preparation)

B. Fungal Infections:

1. Aspergillosis, causing central nervous system or disseminated infection (on culture or histology)
2. Candidiasis, causing esophagitis (on histology, or microscopy of a "wet" preparation from the esophagus, or endoscopic findings of white plaques on an erythematous mucosal base);
3. Coccidioidomycosis, causing disseminated or central nervous system infection (on culture or histology)
4. Cryptococcosis, causing pulmonary, central nervous system, or disseminated infection (on culture, antigen detection, histology, or India ink preparation of CSF)
5. Histoplasmosis, causing disseminated or central nervous system infection (on culture or histology);

C. Bacterial Infections:

1. "Atypical" mycobacteriosis (species other than tuberculosis or lepra), causing disseminated infection (on culture)
2. Nocardiosis (on culture or histology)

D. Viral Infections:

1. Cytomegalovirus, causing pulmonary, gastrointestinal tract or central nervous system infection (on histology);

(continued on Page 3)

2. Herpes simplex virus, causing chronic mucocutaneous infection with ulcers persisting more than 1 month, or pulmonary, gastrointestinal tract, or disseminated infection (on culture, histology, or cytology)
3. Progressive multifocal leukoencephalopathy (presumed to be caused by Papovavirus) (on histology);

E. Cancer:

1. Kaposi's sarcoma (on histology);
2. Lymphoma limited to the brain (on histology)

II. Known Causes of Reduced Resistance

Known causes of reduced resistance to diseases suggestive of immune deficiency are listed in the left column, while the diseases that may be attributable to these causes (rather than to the immune deficiency of AIDS) are listed on the right:

<u>Known Causes of Reduced Resistance</u>	<u>Diseases Possibly Attributable to the Known Causes of Reduced Resistance</u>
1. Systemic corticosteroid or other immunosuppressive or cytotoxic therapy	Any infection that began during or within 1 month after such therapy, if the therapy began before signs or symptoms specific for the infected anatomic sites (e.g., dyspnea for pneumonia, headache for encephalitis, diarrhea for colitis); or cancer diagnosed during or within 1 month after <u>more than 4 months</u> of such therapy, if the therapy began before signs or symptoms specific for the anatomic sites of the cancer.
2. Widely spread cancer of lymphoid or histiocytic tissue, such as lymphoma, Hodgkin's disease, lymphocytic leukemia, or multiple myeloma; (This does not include cancer that is entirely localized to one site, such as primary lymphoma of the brain.)	Any other cancer or infection, regardless, of whether diagnosed before or after (because a lymphoma may have been present before, even if diagnosed after)
3. Age 60 years or older at diagnosis	Kaposi's sarcoma
4. Age under 28 days (neonatal) at diagnosis	Toxoplasmosis, cytomegalovirus, or herpes simplex virus infections
5. An immune deficiency atypical of AIDS, such as one involving hypogammaglobulinemia; or an immune deficiency of which the cause appears to be a genetic or developmental defect (e.g., thymic dysplasia)	Any infection or cancer diagnosed during such immune deficiency

(continued on page 4)

III. Case Reporting:

For the epidemiologic surveillance of AIDS, any patient who has a disease strongly suggestive of cellular immune deficiency (as listed above in Section I),

but who has no known cause of reduced resistance to that disease (as listed above in Section II), should be reported by clinicians to their state or local public health department.

*Acquired Immunodeficiency Syndrome (AIDS) Update — United States

As of June 20, 1983, physicians and health departments in the United States and Puerto Rico had reported a total of 1,641 cases of acquired immunodeficiency syndrome (AIDS). These cases were diagnosed in patients who had Kaposi's sarcoma (KS) or an opportunistic infection suggestive of an underlying cellular immunodeficiency. Of these patients, 644 (39%) are known to have died; the proportion of patients with KS alone who have died (22%) is less than half that of patients with opportunistic infections who have died (46%). Fifty-five (3%) cases were diagnosed before 1981; 225 (14%), in 1981; 832 (51%), in 1982; and 529 (32%), to date in 1983. *Pneumocystis carinii* pneumonia (PCP) is the most common life-threatening opportunistic infection in AIDS patients, accounting for 51% of primary diagnoses; 26% of patients have KS without PCP, and 8% have both PCP and KS. Many of these patients may also have other opportunistic infections, and 15% of AIDS patients have such infections without KS or PCP. Over 90% of AIDS patients are 20-49 years old; almost 48% are 30-39 years old. Cases have occurred in all primary racial groups in the United States. Only 109 (7%) cases have been reported in women.

Groups at highest risk of acquiring AIDS continue to be homosexual and bisexual men (71% of cases), intravenous drug users (17%), persons born in Haiti and now living in the United States (5%), and patients with hemophilia (1%)*. Six percent of the cases cannot be placed in one of the above risk groups; approximately half of these are patients for whom information regarding risk factors is either absent or incomplete. The remainder includes, in order of decreasing frequency, patients with no identifiable risk factors, heterosexual partners of AIDS patients or persons in risk groups, recipients of blood transfusions, and KS patients with normal immunologic studies. Of the 109 cases among females, 52% occurred among drug users and 9% among Haitians; for 39%, the risk group is unknown.

In addition to the 1,641 reported AIDS cases, 21 infants with opportunistic infections and unexplained cellular immunodeficiencies have been reported to CDC. Infant cases are recorded separately because of the uncertainty in distinguishing their illnesses from previously described congenital immunodeficiency syndromes.

Most cases continue to be reported among residents of large cities. New York City has reported 45% of all cases meeting the surveillance definition†; San Francisco, 10% of cases; and Los Angeles, 6% of cases. Cases have been reported from 38 states, the District of Columbia, and Puerto Rico (Figure 1).

Reported by State and Territorial Epidemiologists; AIDS Activity, Center for Infectious Diseases, CDC.

Editorial Note: During 1982 and early 1983, city and state health departments throughout the United States began assuming an increasingly active role in the surveillance and investigation of AIDS. At the annual Conference of State and Territorial Epidemiologists in May 1983, the group affirmed the urgency of AIDS as a public health problem and passed, as one part of a resolution on AIDS, the recommendation that AIDS be added to the list of notifiable diseases in all states. The method of making a disease notifiable varies markedly in different states, ranging from a change in state law to regulatory action by the Board of Health or executive decision by the health officer. Several states have already made AIDS notifiable; other states are taking similar action.

*The risk groups listed are hierarchically ordered; cases with multiple risk factors are tabulated only in the risk group listed first.

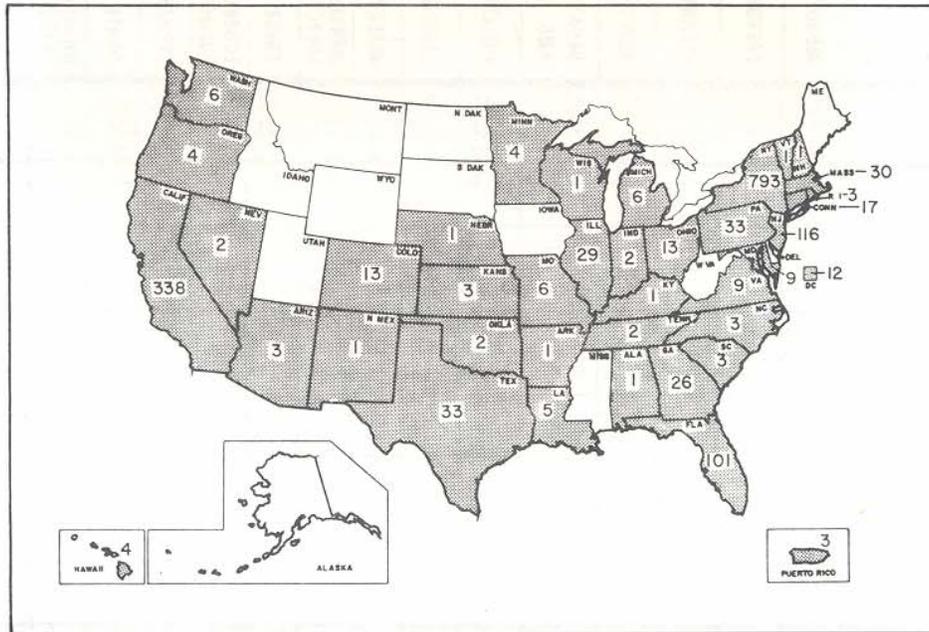
†For the limited purposes of epidemiologic surveillance, CDC defines a case of AIDS as a reliably diagnosed disease that is at least moderately indicative of an underlying cellular immunodeficiency in a person who has had no known underlying cause of cellular immunodeficiency nor any other cause of reduced resistance reported to be associated with that disease.

Reprint from MMWR 32:24, 1983 pp 309-311

(continued on page 5)

Case counts of patients with AIDS listed by cities or states may differ from those listed by CDC. The standard surveillance definition of AIDS does not apply to suspected subclinical or mild cases of AIDS—to the extent they occur—or to cases involving persistent generalized lymphadenopathy or other conditions in persons from high-risk groups. Some AIDS patients

FIGURE 1. Acquired immunodeficiency syndrome (AIDS) cases meeting the surveillance definition reported to CDC, by state – United States



may seek treatment in cities other than those in which they reside and may be reported through health departments in cities where they are treated. CDC eliminates duplicate reports and assigns each patient to the city and state of residence at the time of reported onset of illness. In addition, the processing of case reports may result in a delay between diagnosis, reporting, and entry of a case into the registry at the different health departments or CDC.

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. AIDS patients who do not belong to any of the recognized risk groups or who are recipients of blood or blood products (including anti-hemophilic factors) should be reported immediately.

The vast majority of cases continue to occur among persons in the major identified risk categories. The cause of AIDS is unknown, but it seems most likely to be caused by an agent transmitted by intimate sexual contact, through contaminated needles, or, less commonly, by percutaneous inoculation of infectious blood or blood products. No evidence suggests transmission of AIDS by airborne spread (1). The failure to identify cases among friends, relatives, and co-workers of AIDS patients provides further evidence that casual contact offers little or no risk. Most of the 21 infants with unexplained immunodeficiency have been born to mothers belonging to high-risk groups for AIDS (2). If this syndrome is, indeed, AIDS, the occurrence in young infants suggests transmission from an affected mother to a susceptible infant before, during, or shortly after birth. Previously published guidelines to prevent the transmission of AIDS and precautions for health care and laboratory workers are still applicable (1,3).

References

1. CDC. Acquired immune deficiency syndrome (AIDS): precautions for clinical and laboratory staffs. MMWR 1982;31:577-80.
2. CDC. Unexplained immunodeficiency and opportunistic infections in infants—New York, New Jersey, California. MMWR 1982;31:665-7.
3. CDC. Prevention of acquired immune deficiency syndrome (AIDS): report of inter-agency recommendations. MMWR 1983;32:101-3.

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED **	HEPATITIS B	LEGIONNAIRES DISEASE	MALARIA ***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1983)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
Reported Morbidity June, 1983																			
TOTAL TO DATE 1982	2	1	3	5	2	41	477	143	0	3	35	41	224	1	72	5	12087	895	15
TOTAL TO DATE 1983	25	9	0	2	3	24	457	192	3	4	40	31	218	3	104	12	10424	816	19
TOTAL THIS MONTH	13	0	0	0	1	5	74	42	1	2	13	5	57	0	20	7	1516	112	3
ACADIA						1	10	2					2				6	4	
ALLEN																	2		
ASCENSION																	10	1	
ASSUMPTION																	5		
AVOYELLES																			
BEAUREGARD																	5	1	2
BIENVILLE																	4	2	3
BOSSIER								1							2		26	4	
CADDO						2	4	2					2		2		145	21	
CALCASIEU							3	3									70	4	
CALDWELL													1						
CAMERON									1							1			
CATAHOULA							1										1		
CLAIBORNE													1				12		
CONCORDIA																	8		
DESOTO													1						2
EAST BATON ROUGE	12							1					2				84	9	
EAST CARROLL													5				5		
EAST FELICIANA													1				9		
EVANGELINE															1		4	3	
FRANKLIN													1				6		
GRANT																	2		
IBERIA							11								2		10	4	
IBERVILLE																	6		
JACKSON																			
JEFFERSON					1		11	4			6	2	4				96	2	
JEFFERSON DAVIS							1										5		
LAFAYETTE						1	5	4					1				32	1	
LAFOURCHE												1	2				19		
LASALLE																			
LINCOLN																	6	1	2
LIVINGSTON															1		1		
MADISON							1										6		
MOREHOUSE							1										3		
NATCHITOCHES											1				1		5		
ORLEANS							2	11					11		3		664	33	
OUACHITA							1						5				71	2	
PLAQUEMINES																	3		
POINTE COUPEE																	1		
RAPIDES								1					2		1		43	1	
RED RIVER																			1
RICHLAND													3				6		
SABINE													1						2
ST. BERNARD								1					2				1		
ST. CHARLES																1	6	1	
ST. HELENA																	3		
ST. JAMES													1				5		
ST. JOHN								1									3		
ST. LANDRY							2	2					3				20	2	
ST. MARTIN							2										6	1	
ST. MARY											1		1				8	1	
ST. TAMMANY	1						1	4					1				8	1	
TANGIPAOHA							3	1							1	6	18	4	
TENSAS								1											
TERREBONNE							3					1	3		2		21		
UNION							1						1				2		2
VERMILION						1		1		2					2		1	1	
VERNON											1						2	1	
WASHINGTON								1							1		9	1	
WEBSTER											1						18	3	7
WEST BATON ROUGE																			
WEST CARROLL							11										7		
WEST FELICIANA								1									1		
WINN																			
OUT OF STATE											1		1				4		

*Includes Rubella, Congenital Syndrome.

**Includes 21 cases of Hepatitis Non A and Non B.

***Acquired outside United States unless otherwise stated.

From January 1, 1983 - June 30, 1983, the following cases were also reported: 2 - Amebiasis, 1 - Cryptococcosis, 4 - Leptospirosis, 1 - Reye Syndrome, 2 - Trichinosis, 2 - Tularemia.



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