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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 occurred 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)

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

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.((S)) 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 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((P)) (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 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. *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. ((S))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. ((P))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.

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