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AIDS Surveillance-Alaska

During the past six months the Epidemiology Office has been looking for and hearing about individuals suspected of having the Acquired Immune Deficiency Syndrome (AIDS) or similar diseases. Our surveillance efforts have included calls to infectious disease specialists, hospital infection control nurses, and physicians thought likely to be treating patients at highest risk for AIDS (homosexual males, intravenous drug users, Haitians, and hemophiliacs). We have met with groups of physicians and have been interviewed several times by the media in order to increase the general awareness of AIDS. To date we are aware of no individuals resident in Alaska who meet a case definition which fits the pattern of illness as described in over 1900 AIDS patients reported to the Centers for Disease Control (CDC).

The CDC case definition defines AIDS as Kaposi's Sarcoma or infection predictive of a cell-mediated immune deficiency occurring in a person with no known cause (such as immunosuppressive therapy, neoplastic disease, etc.) for immune dysfunction. Infections seen in AIDS cases include *Pneumocystis carinii* pneumonia; pneumonia, meningitis or encephalitis due to aspergillosis, candidiasis, cryptococcosis, cytomegalovirus (CMV), nocardiosis, strongyloidiasis, toxoplasmosis, or atypical mycobacteriosis; esophagitis due to candidiasis, CMV or herpes simplex; progressive multifocal leukoencephalopathy (thought due to parvovirus); chronic enterocolitis due to cryptosporidiosis or unusually extensive mucocutaneous herpes simplex.

Illness in three individuals is being investigated. All have lifestyles associated with increased risk for AIDS. One is a young man suffering generalized lymphadenopathy, another a young man with a non-Kaposi's fibro sarcoma, and a third a man with recurrent *Salmonella* bacteremia with illness of over three years duration. While illness in all three is suggestive of immune dysfunction, and while all three are among those groups who are most at risk for AIDS, their illness does not fit the pattern which the CDC defines as AIDS.

Disease reporting regulations are being revised to require the notification of confirmed and suspect cases of AIDS to the Division of Public Health. Currently we ask that physicians and other health care providers, hospitals, and laboratories voluntarily report any patients suffering diseases that might suggest immune dysfunction. Patients will be followed with the primary physician and CDC, Atlanta will be notified by the Division of Public Health.

In a cooperative effort at disease surveillance, we are working with the Alaska Investigations Laboratory, Centers for Disease Control in Anchorage. The Alaska Investigations Laboratory is developing the capacity to characterize lymphocytes, to test their function, and to perform certain antibody determinations to assist in the diagnosis of the Acquired Immune Deficiency Syndrome.

Health professionals wishing to consult on AIDS or any of the diseases associated with it are asked to contact Dr. John Middaugh, and Dr. Tom Kosatsky at the Epidemiology Office (561-4406), or William Heyward, M.D. and Diana Silimperi, M.D. at the Alaska Investigations Laboratory, CDC (271-4011). Both the Epidemiology Office and the Alaska Investigations Laboratory will be pleased to provide information to health care providers interested in current research related to AIDS.