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What If a Cure Is Far Off?

AIDS experts see their best hope in prevention

In 1984, everything seemed possible. Just three years into the AIDS epidemic, scientists had already identified the responsible virus and developed a blood test to screen for it. Margaret Heckler, then secretary of health and human services, boldly predicted that a vaccine would follow within a few years. If only it had been so easy. Last week, as 13,000 experts and activists gathered in Berlin for the Ninth International Conference on AIDS, no one could claim that a vaccine or a cure was at hand. The plague was still spreading, and scientists were still amassing incremental insights. That, of course, is the way science works. But after 12 years, it may be time to ask whether science is the ultimate solution to this problem.

According to the World Health Organization's latest estimates, 14 million people have contracted HIV since the epidemic began, and more than 2 million have developed AIDS. If current trends continue, both numbers will triple by the end of the '90s. The billions of dollars that developed countries are now shoveling into AIDS research won't affect those trends any time soon. Yet there are cheap, proven strategies for slowing the spread of the virus. Dr. Michael Merson, head of the World Health Organization's Global Program on AIDS, told the Berlin gathering that by tailoring educational campaigns to local communities, distributing condoms and clean needles, and treating the sexually transmitted diseases that foster the spread of HIV, health agencies could quickly cut the rate of new infections by half throughout the developing world.

The lesson may hold just as true at home. In the United States, AIDS now ranks as the second leading cause of death among 25- to 44-year-old men and the sixth leading cause among young women. The number of infected Americans has held steady in recent years, but according to a 22-state survey released by the Centers for Disease Control and Prevention (CDC) last week, the shape



The epidemic marches on: Memorial in Berlin

of the epidemic is changing. Though safe sex has slowed the rate of new infections among gay men, the virus is growing ever more entrenched in poor urban communities, particularly among teens, women and blacks (chart).

How should AIDS be fought in these circumstances? The people at greatest risk are IV drug users, their sex partners and their children. Numerous studies, including several presented last week, have shown that when addicts can exchange used needles for clean ones, their infection rates decline dramatically. Dr. Don Des Jarlais of New York's Beth Israel Medical Center has documented local reductions of up to 50 percent—reductions that could, over time, help free entire communities

from the virus. Yet more than 40 states effectively encourage the sharing of needles, by treating them as contraband.

Sex acts: By the same token, it's well known that common sexually transmitted diseases (STDs) make people far more susceptible to HIV infection, by causing breaks in genital tissue. People are up to 100 times more likely to contract HIV during a single sex act if they have lesions from a disease such as syphilis or herpes. Yet those diseases have recently been allowed to fester in this country. Syphilis incidence has doubled since 1984 alone. The disease is cheaply and easily treated with antibiotics, but since the emergence of AIDS, conventional STDs have garnered less attention and funding. In constant dollars, the government now spends just half what it did in 1943 to control syphilis.

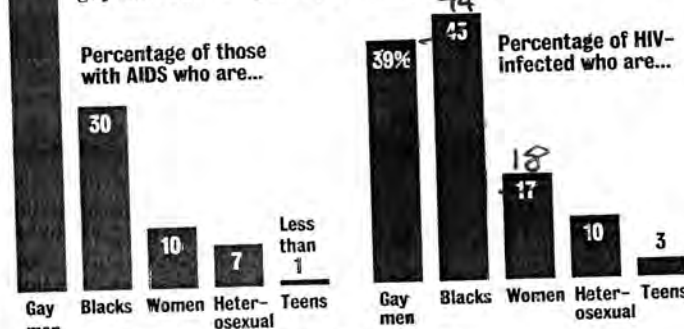
During the election campaign, Bill Clinton made much of his commitment to fighting AIDS, but his administration has yet to launch any bold initiatives. The president has not yet appointed the "AIDS czar" he promised, let alone restructured the Office of AIDS Research along the lines of the Truman-era Manhattan Project. (Many researchers believe that is just as well.) Faced with congressional opposition, Clinton has abandoned his pledge to stop barring people with HIV from entering the United States. And though his proposed federal budget includes a tiny funding increase for STD control (\$103 million, up from \$90 million last year), it falls far short of the \$200 million that public-health officials deem essential.

Two hundred million dollars may sound like a lot of money, but the government spent \$1.3 billion on AIDS-related medical research last year—and the Clinton administration proposes spending \$1.5 billion next year. That huge commitment reflects both the political savvy of the gay community and our enduring faith in technological fixes. State-of-the-art laboratories, full of brilliant scientists racing to understand a deadly medical mystery, have a lot more popular appeal than storefront clinics in bombed-out neighborhoods. Both have their place. But storefront clinics have the advantage of being able to combat AIDS today.

Geoffrey Cowley with Mary Hager in Berlin

A Plague's Changing Complexion

Researchers glimpsed the future of the epidemic by comparing people with HIV to those with full-blown AIDS. The 22-state study shows infections declining among gay men but rising sharply among blacks, teens and women.



Many gay men don't get tested or do it infrequently
Blacks are disproportionately represented at STD clinics where data is collected

CDC

CENTERS FOR DISEASE CONTROL

**HIV / AIDS
PREVENTION**

Centers for Disease Control
Office of HIV/AIDS
1600 Clifton Road, N.E., MS D-21
Building 26, Executive Park
Atlanta, Georgia 30333

FACSIMILE TRANSMISSIONTO: Rayford Kytte

Address: _____

Telephone: _____

Fax: 9-1-202-690-6608

From:

Wanda K. Jones, Dr.P.H.
Assistant Director for
Science

Address: 26 Exec Pk, MS D-21

Telephone: (404) 639-0904

Fax No.: (404) 639-0910

Date: 6/25/93

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Subject: _____

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HIV REPORTING IN THE UNITED STATES: CHARACTERISTICS OF ADULTS
REPORTED WITH HIV (NOT AIDS) COMPARED TO AIDS

PATRICIA L. FLEMING, et al.

BERLIN - INTERNATIONAL AIDS MEETING

ORAL PRESENTATION - JUNE 7, 1993

1. Title slide

This talk will present U. S. data from selected states that have implemented reporting of HIV infection as a supplement to AIDS case reporting. I acknowledge some of my CDC collaborators who have worked to develop the HIV surveillance system in conjunction with state and local health departments.

2. Background

AIDS is a reportable disease in all states in the U.S. Since antibody testing for HIV first became widely available in 1985, 25 states have also made HIV infection a notifiable condition, by patient name. States then forward individual case reports, without names, to CDC.

In 1992, CDC began supporting active surveillance for HIV infection through technical assistance and funding to the 25 HIV-reporting

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states. Prior to 1992, HIV reports were collected passively and follow-up to obtain missing demographic or HIV-exposure information was frequently incomplete.

Information that is collected by CDC on individuals with HIV and those with AIDS is protected under a federal assurance of confidentiality which prohibits involuntary disclosure of that information.

3. Map

This map illustrates the 25 states that have implemented named reporting of HIV infection, as of June 1993. These states represent 40% of the U.S. population and 22% of reported AIDS cases. Thus, they are mostly low to moderate morbidity states. The states highlighted in bright yellow represent the 22 states that are included in this analysis.

4. Objective

The objective of this analysis was to compare characteristics of persons reported with HIV (but not AIDS) to persons reported with AIDS.

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5. Definitions

HIV was defined as Western Blot or IFA confirmation of HIV antibody in persons who did not have an AIDS defining condition. AIDS was defined using CDC's 1987 surveillance case definition.

6. Methods

For the 22 states, we compared HIV to AIDS reports, from the date when a state implemented HIV reporting, through the end of 1992. Thus, reports included varying time periods, ranging from October 1985 to March 1992, through December 1992.

We matched HIV and AIDS case reports to obtain unduplicated, mutually exclusive counts of HIV and AIDS.

We compared demographic characteristics, laboratory and clinical criteria, and mode of HIV transmission, for adolescents and adults greater than or equal to 13 years of age.

We analyzed cases by year of diagnosis. The HIV diagnosis was the date of the first positive WB/IFA antibody test. The AIDS diagnosis was the date of the first clinical condition under the 1987 case definition.

7. Results - Characteristics - sex and race/ethnicity

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We compared reports of 44,401 persons with HIV (not AIDS) to 24,180 persons with AIDS. For the 22 states, the mean ratio of HIV to AIDS cases was approximately 2:1, with a range between 1:1 and 4:1. A higher proportion of persons reported with HIV were women, 18%, compared to AIDS, 10%. A higher proportion of HIV reports were among blacks, 44%, compared to AIDS, 31%. Other racial/ethnic minorities comprised a small proportion of HIV and AIDS case reports in these states.

8. Characteristics - age and transmission mode

Persons reported with HIV were younger than persons reported with AIDS. The percentages of persons with HIV who were in the age groups 13-19, 20-24, and 25-29, respectively, were 3%, 15% and 25%. Combining these 3 age-groups give a total of 43% of HIV reports in persons younger than 30 years of age. In contrast, among persons with AIDS, those younger than 30 accounted for 22% of cases, with <1% 13-19, 5% 20-24, and 17% 25-29.

The lower section of the slide shows the distribution by mode of HIV transmission for persons with HIV compared to AIDS. 39% of HIV reports indicated male-to-male sexual contact, whereas men who have sex with men accounted for 62% of AIDS cases. In contrast, the proportions of injection drug users, and of men who both have sex with other men and inject drugs, were comparable between HIV and AIDS reports. A higher proportion of heterosexual contact cases was seen among HIV reports than among AIDS reports, 10% versus 7%.

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However, a high proportion of HIV reports, 28% compared to 5% for AIDS, did not include information on the mode of HIV transmission. Because of this high proportion of cases with unreported HIV-exposure information, it is difficult to interpret the observed differences in transmission categories between HIV and AIDS case reports.

9. Adolescents

This slide focuses on adolescents 13-19 years old.

1,335 HIV reports were among 13-19 year olds compared to 132 AIDS reports, or 10 times as many HIV as AIDS. Among adolescent females, nearly 22 times as many HIV as AIDS cases were reported. The male:female ratio was 1.5:1 for HIV compared to 4.5:1 for AIDS.

10. Characteristics - CD4

Collection of information on CD4 counts on surveillance report forms was implemented in 1992, and thus, was available for only about 25% of persons reported with HIV and AIDS. Among the 10,941 persons with HIV that had reports containing a CD4 count, 21% of counts were less than 200 cells per microliter, 42% were 200-499, and 37% were greater than 500 CD4 cells per microliter of blood. The median CD4 count was 404. In contrast, among the 5,564 AIDS reports that included a CD4 count, 85% of persons had CD4

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counts <200, and the median CD4 count was 49.

11. Source

90% of HIV reports included a description of the source of report. Among these, 43% of persons were reported from medical care settings, which included physician's offices, hospitals, and health clinics. 20% of reports came from persons who sought voluntary HIV testing at free-standing counseling and testing sites. The remaining reports come from STD clinics, blood banks, laboratories, and other courses including, for example, plasma centers, and medical examiner reports.

12. Limitations of HIV data

These data have several potential biases which limit their generalizability:

First: Persons who seek confidential HIV testing may differ in important ways from persons who defer from testing or who seek anonymous testing, which was available in 16 of the 22 states included in our analysis. Persons who were tested anonymously would not be reportable to CDC's surveillance system.

Second: Some populations may have limited access to medical facilities or to HIV testing sites.

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Third: HIV reports may overrepresent persons who are targeted for voluntary HIV testing programs, such as those who present at STD clinics, or pregnant women in high HIV prevalence areas.

In addition, HIV reports were collected passively prior to 1992, and reports from some sources may be underrepresented in comparison to HIV reporting is likely to be more incomplete.

Finally, states independently implemented surveillance for HIV in a variety of ways, at different time points, and practices are not yet standardized.

13. Conclusions

In conclusion, these data show important differences between persons reported with HIV and AIDS. Persons reported with HIV are younger, and more likely to be female, black, and less severely immunosuppressed than are persons reported with AIDS. Despite the potential biases in HIV data, these differences are consistent with data from other sources, such as seroprevalence surveys, that project an increasing impact of the epidemic among persons of minority race/ethnicity and among women.

Many persons were first reported with HIV from hospitals or other medical care settings suggesting they may have already manifested HIV-related illnesses when HIV infection was diagnosed.

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Documentation of large numbers of adolescents and young adults with HIV infection is suggestive of recent HIV transmission.

Finally, reporting of persons with HIV complements AIDS reporting and together, they provide a more complete description of the impact of the HIV epidemic, and a minimum estimate of the need for resources and services for prevention and treatment.

Thank you.

**HIV REPORTING IN THE UNITED STATES:
CHARACTERISTICS OF ADULTS REPORTED WITH HIV (NOT AIDS)
COMPARED TO AIDS**

**Patricia L. Fleming, PhD,
John W. Ward, MD, W. Meade Morgan, PhD,
James W. Buehler, MD, Dale J. Hu, MD,
Kenneth A. Bell, Carolyn D. Sanchez,
Mitzi A. Mays, Hazel D. Dean, MPH,
Ruth L. Berkelman, MD**

**Centers for Disease Control and Prevention
Atlanta, GA, USA**

NCID/DHA



b:patber16, Fleming, P,6/93

Background

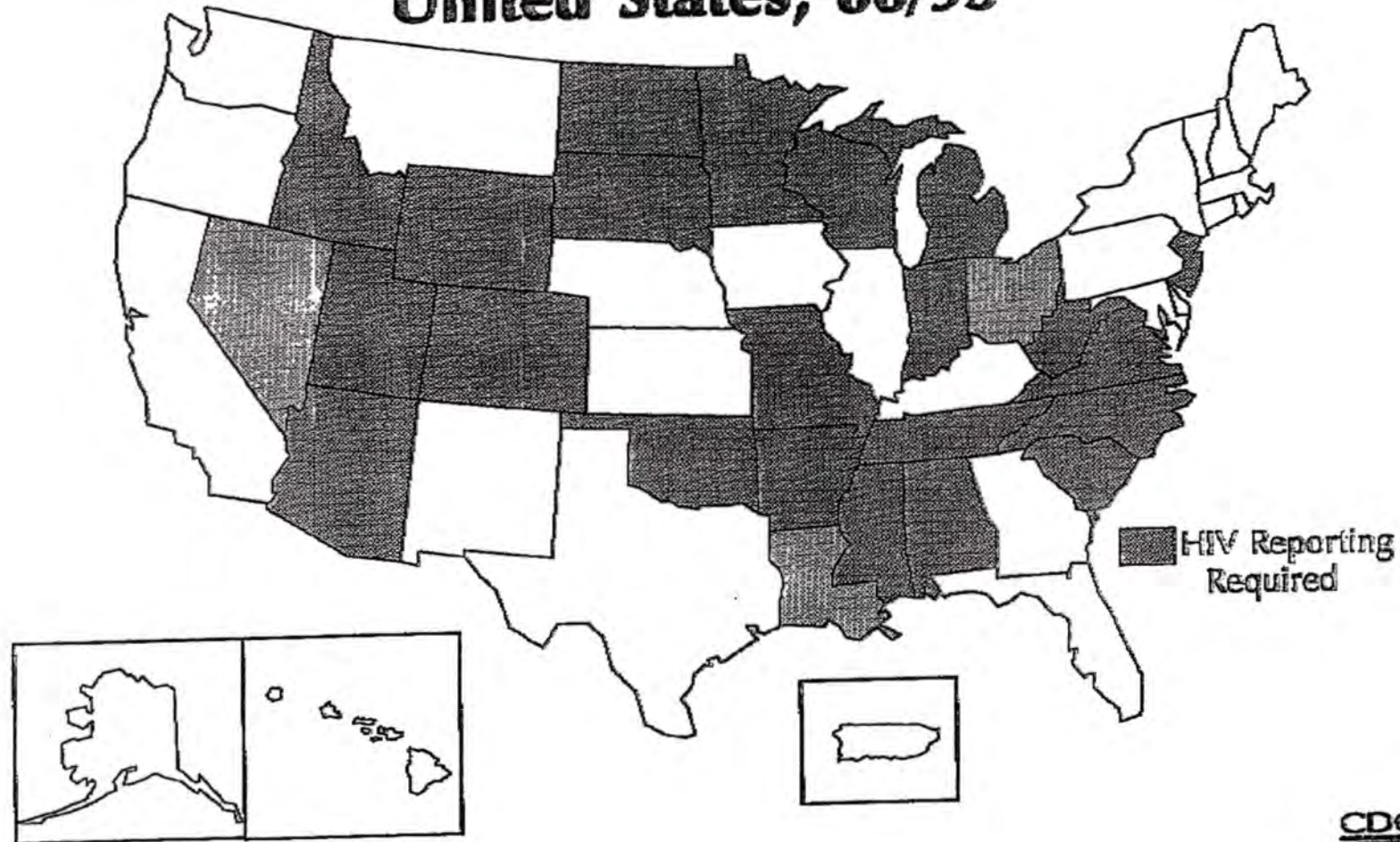
- Since 1985, 25 states have implemented HIV infection reporting by patient name to state health departments
- CDC began supporting active HIV surveillance in 1992
- Data are collected under a federal assurance of confidentiality

NCID/DHA

 CDC

b:patber5, Fleming, R,6/93

States with HIV Infection Reporting United States, 06/93



CDC/NCID/DHA



B:PAC3B, FLEMINGS, P., CHANGED 6/93

Objective

To compare characteristics of persons reported with HIV (not AIDS) to persons reported with AIDS

The logo for the Centers for Disease Control and Prevention (CDC), consisting of the letters "CDC" in a bold, sans-serif font with a horizontal line underneath.

NCID/DHA

b:patber11, Fleming, P,6/93

Definitions

- HIV - WB/IFA antibody confirmation
- AIDS - 1987 surveillance case definition

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CDC

b:patber8, Fleming, P,6/93

Methods

- For 22 states, we included HIV (not AIDS) and AIDS reports from date HIV case reporting was effective (10/85 to 3/92) through 12/92
- Unduplicated, mutually exclusive case counts
- Demographic, transmission, clinical, laboratory characteristics of adolescents and adults (≥ 13 years): HIV compared to AIDS
- Dates of diagnosis:
 - HIV - first WB/IFA positive test*
 - AIDS - first 1987 AIDS-defining condition*

NCID/DHA

The logo of the Centers for Disease Control and Prevention (CDC), consisting of the letters "CDC" in a bold, sans-serif font.

b:patber10, Fleming, P,6/93

Results

Characteristics of Adults/Adolescents with HIV and AIDS

	HIV (not AIDS) N=44,401	AIDS N=24,180
SEX	%	%
Men	82	90
Women	18	10
RACE/ETHNICITY		
White	48	63
Black	44	31
Hispanic	5	5
Asian	<1	<1
Am.Indian	<1	<1
Unknown	3	<1



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b:patber14, Fleming, P,6/93

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Characteristics of Adolescents (13-19 years) with HIV and AIDS

	HIV (not AIDS)	AIDS	
	N	N	HIV: AIDS ratio
<i>Male</i>	811	108	8:1
<i>Female</i>	524	21	22:1
<i>Total</i>	1335	132	10:1
<i>M:F ratio</i>	1.5:1	4.5:1	

NCID/DHA



b:patber3, Fleming, P,6/93

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Source of HIV Surveillance Reports

HIV (Not AIDS)
N=39,979 (90%)

Source	
M.D./Hospital/Clinics	43%
Counseling/Testing	20%
STD Clinics	14%
Blood bank/Laboratory	9%
Other	14%

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b:patber15, Fleming, P,6/93

Limitations of HIV Data

- Potential biases:
 - *self-selection for HIV testing*
 - *access to medical care/testing*
 - *targeted testing programs*
- Passive HIV surveillance prior to 1992 in contrast to active AIDS surveillance
- Incomplete reporting of those testing HIV-positive
- Surveillance practices not standardized

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CDC

b:patber9, Fleming, P, 6/93

Conclusions

- Compared to persons reported with AIDS, higher proportions of persons reported with HIV (not AIDS) are:
 - *young*
 - *female*
 - *black*
 - *less severely immunosuppressed*
- A high proportion of HIV-infected persons are first reported from medical care settings
- Evidence of recent incident HIV infection in adolescents and young adults
- HIV and AIDS surveillance together more completely describe the impact of the epidemic in the community
- Minimum estimate for planning for needed services and resources

NCID/DHA



b:patber7, Fleming, P.,6/93