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CENTER FOR INFECTIOUS DISEASES

Acquired Immunodeficiency Syndrome (AIDS) Program

PROGRAM REVIEW, FY 1983

PROGRAM PLANNING, FY 1984

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Center for Infectious Diseases
AIDS Program

Overall Accomplishments for FY 1983

1. Decentralization and refinement of AIDS surveillance through: cooperation with ASTHO/CSTE to make AIDS a notifiable disease; introduction of standardized case report forms; funding to assist in the development of active surveillance in New York City; funding of six additional active surveillance cooperative agreements; the establishment of a confidential reporting system without names; and the assignment of public health advisors to high priority areas.
2. Further definition of population groups at increased risk for AIDS; publication of national case-control study to establish risk factors among homosexual men; analysis of clusters of homosexual cases; continuing evaluation of cases not belonging to known risk groups.
3. Establishment and clarification of the AIDS risk to patients with hemophilia and those receiving blood transfusions.
4. Development, publication, and distribution of recommendations to reduce the risks of AIDS transmission through person to person contact, blood and blood products and of precautions for health care workers, laboratory personnel, morticians, dental and allied health professionals.

Center for Infectious Diseases
AIDS Program

Disease Prevention Area
AIDS

Disease Activity
Epidemic Aid/
Field Study

Accomplishments for FY 1983

Epidemic Aid

1. Identified patients with possible transfusion-associated AIDS; investigated blood donors to these patients.
2. Identified and investigated AIDS patients not belonging to identifiable risk groups.
3. Investigated and defined the syndrome of AIDS in infants.

Field Study

1. Analyzed and published results of studies to define risk factors for AIDS in homosexual men and studies of clusters of homosexual AIDS patients.
2. Completed national survey for AIDS, AIDS-related illness, and deaths among patients attending Hemophilia Treatment Centers.
3. Developed protocol and interview instrument for case-control study of AIDS among Haitians in New York City and Miami.
4. Recognized a cohort of homosexual men at high risk for AIDS in San Francisco, developed a protocol and an interview instrument for a prospective study of the cohort.

Center for Infectious Diseases
AIDS Statistical Activity

Disease Prevention Area
AIDS Epidemiology

Disease Activity
Statistical Support

Accomplishments for FY 1983

1. Completed mortality follow-up study, presented results at AIDS seminar, and drafted paper.
2. Drafted paper on evaluating an AIDS screening procedure for high risk blood donors.
3. Drafted paper on a new statistical procedure for analyzing case clusters without a control group.
4. Developed statistical approach and analyzed case-control AIDS data for possibility of two step AIDS disease process.
5. Analyzed heterosexual cases.
6. Analyzed national survey data from hemophilia treatment centers.
7. Started modeling disease trends on first 2500 cases.
8. Started programming four mathematical models (chain binomial, discrete branching process, birth-death process, log) to evaluate predictability and differences in disease trends.
9. Reviewed San Francisco cohort study protocol and data collection forms.
10. Reviewed Haitian case control study form.
11. Reviewed statistical methods in original case control studies.
12. Analyzed transfusion associated cases for statistical significance.
13. Prepared analysis of laboratory data on screening AIDS cases.

Center for Infectious Diseases
AIDS Program

Disease Prevention Area
AIDS

Disease Activity
Surveillance

Accomplishments for FY 1983

1. With the New York City Department of Health, established an active surveillance system for cases of AIDS in the largest hospitals in NYC and improved the passive surveillance system in all other hospitals.

A validation study in the 12 original hospitals participating in active surveillance was initiated in August.

2. The surveillance definition of AIDS was refined and disseminated.

Participated with the NIH Working Group to develop a working definition for cases of chronic lymphadenopathy, wasting syndrome, and similar AIDS-related diagnoses that do not meet the surveillance definition.

3. A case report form for AIDS was developed, cleared, and distributed to all State health departments.

Based on knowledge gained during the use of this form, a simplified form has been developed and submitted to OMB for clearance.

4. Provided technical consultation and assistance to the Conference of State and Territorial Epidemiologists in passing a resolution recommending that States make AIDS a notifiable disease.

Worked with individual cities and States as requested to assist in implementing surveillance systems through State health departments for AIDS.

Initiated a regular mailing to the States of information about surveillance for AIDS and confirmation of reports we have received.

5. Collaborated with the Canadian Laboratory Centre for Disease Control (LCDC) in establishing their surveillance system for AIDS; discussed AIDS surveillance with public health officials from England and other countries.
6. Published surveillance updates on AIDS in the MMWR.
7. Initiated a collaborative study with the Cancer Branch, CDD, CEH and others to attempt to assess the relation of certain types of lymphomas to AIDS epidemiologically.
8. Awarded cooperative agreements to an additional 6 city and State health departments to expand active surveillance activities for AIDS.