

West Virginia EPI-LOG



Division of Surveillance & Disease Control

AIDS Surveillance	(304) 558-2987
AIDS Prevention	(304) 558-2195
Cancer Registry	(304) 558-6421
Epidemiology	(304) 558-5358
Immunization	(304) 558-2188
STD Program	(304) 558-2950
TB Control	(304) 558-3669

Statewide Disease Facts & Comparisons

20 years of AIDS in the United States

The 20th anniversary of the first published reports of patients with AIDS last month was no cause for celebration, but it prompted many to reflect on the extraordinary and brief history of the most devastating epidemic in human history. On June 5, 1981, when the CDC's Morbidity and Mortality Weekly Report published case reports on five gay men from Los Angeles with *Pneumocystis carinii* pneumonia, no one imagined that from such obscure beginnings a pandemic would arise that in two decades would kill more than 20 million people and leave another 35 million living in the shadow of death. Despite 20 years of astonishingly dreadful news about the relentless progress of HIV across the globe, AIDS is still shocking. In the very early days of the epidemic, clinicians were bewildered by the unprecedented array of opportunistic diseases with which patients presented, and communities were numbed by the inexplicable loss of so many young and vibrant men and women. As the toll of the epidemic passed 100, then 1000, then 10,000, and 100,000, it seemed impossible that the March of Death could be sustained. Today we count AIDS deaths in millions and tens of millions, and HIV infections occur with unabated regularity in almost all corners of the earth. The HIV epidemic has in some ways inured us to the gruesome statistics, but

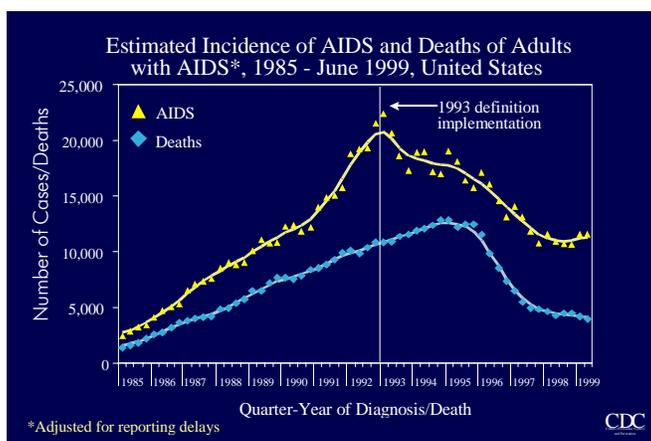
the magnitude of suffering inflicted by this virus is still inconceivable.

There is nothing good that can be said about

HIV or AIDS and the incredible burden of misery and loss it has inflicted on the world. Pain and bereavement, stigma and isolation, and the decimation of families, relationships and communities are not ennobling. AIDS has brought no blessings, and its thunderous storm clouds have no silver lining. What then, after 20 years, is there to be optimistic or hopeful about?

The good news at this somber anniversary is that the human response to the AIDS epidemic - scientific, social and political - has been truly extraordinary and is becoming stronger by the day.

(See *AIDS*, page 2)



Reprinted from <http://www.cdc.gov/hiv/graphics/surveill.htm>
"HIV/AIDS Surveillance - General Epidemiology"

IN THIS ISSUE

- 20 Years of HIV/AIDS in the US
- New Rabies Director for DSDC
- Food Safety for the Elderly
- Epi-Log Moving to New Format
- Mid-Year HIV/AIDS Update

(AIDS, continued from page 1)

AIDS has brought out the best and the worst in human nature. The sacrifice and bravery of those who fought the disease at the outset was opposed by the forces of bigotry and discrimination. The vision of leaders such as Jonathan Mann, who argued for global solidarity in confronting the epidemic, was countered by indifference and lack of commitment by politicians and society. The creativity and discovery of scientists searching for vaccines and treatment was undermined by nihilism and lack of concern. But as AIDS enters its third decade, there is a remarkable groundswell of commitment to stopping the epidemic by whatever means necessary and assuring that the fruits of biomedical progress are more equitably shared throughout the world.

Five years ago, when The Hopkins HIV Report was launched, the hope for effective treatment and perhaps a cure for AIDS was an audacious proposition. In the past five years, however, tremendous progress in treatment of HIV infection has been achieved, surpassing the expectations of almost everyone. HIV is not curable, but the reductions in illness and death that Highly-Active Antiretroviral Therapy (HAART) has produced are truly phenomenal. Never in the history of medicine has such a concentrated effort of research paid such enormous dividends so quickly. For people living with HIV, and the clinicians who treat them, every day is a journey further into uncertainty, but despite the lack of a cure, the emergence of resistance, drug toxicity and comorbidities, survival of patients with AIDS is now the rule, not the exception. The durability of HAART is unknown, but the benefits of treatment are still evident some four to five years later for many patients.

The success of HIV treatment in the West is mobilizing global public opinion against a two-tiered system of health care, which is increasingly viewed as immoral and unacceptable. Since the Durban AIDS Conference one year ago, the previously unimaginable concept of providing HAART to the millions of Africans, Asians and other poor peoples living with HIV has not only become widely accepted but is being demanded by social and political leaders. Although progress in delivering HAART to developing countries has been agonizingly slow, it now appears that it is a matter of when, and not if, treatment will be made available.

The incredible scope of the AIDS epidemic, however, makes clear that treatment alone is not sufficient, and that prevention, especially with an effective vaccine, is the

only hope for relief from this viral cataclysm. The pessimism of some regarding vaccine development today is reminiscent of the gloom about anti-HIV therapy in 1993 and 1994. While it may sound Pollyanna-ish to say that science will find an answer, the past five years of progress in understanding HIV pathogenesis and developing potent therapies provide considerable reason for optimism about vaccine development. The quantity of resources devoted to vaccine research, both public and private, is impressive, and it is possible that advances in immunization against HIV in the next few years will be as breathtaking as therapeutic progress in the recent past.

On the 20th anniversary of the discovery of AIDS, though rates of infection and death are still climbing, important progress has been made in controlling the disease. Much remains to be done, but the battle against HIV at the 20th anniversary has a potent weapon that was lacking on the 5th, 10th and 15th anniversaries: a global mobilization against the epidemic.

(By Richard E. Chaisson M.D., ©2001 The Johns Hopkins University AIDS Service) ●

Former vaccine researcher to head West Virginia raccoon rabies project

The West Virginia Division of Surveillance & Disease Control is pleased to announce the appointment of Jane Rooney, DVM, as the State Public Health Veterinarian for West Virginia. Dr. Rooney comes to us from a two-year EIS assignment where she worked with Suzanne Jenkins, DVM, the State Public Health Veterinarian for Virginia. Dr. Rooney has also worked for five years at the Centers for Disease Control and Prevention doing vaccine research. In addition, she has experience working as a laboratory director at a regional Department of Agriculture laboratory in Virginia. She has her DVM degree from Virginia Tech and is an avid whitewater kayaker.

Dr. Rooney will take the lead on zoonotic disease surveillance and control for our state. She will take the lead for WVDHHR on the raccoon rabies project. Please extend a warm West Virginia welcome to Dr. Jane Rooney!

Dr. Rooney can be reached at 304-558-5358 or 1-800-423-1271. Her e-mail address is janerooney@wvdhhr.org. ●

Senior citizens urged to handle, cook, and consume foods safely

The Center for Food Safety and Applied Nutrition (CFSAN) has issued guidelines to remind seniors and their families of the critical need to handle food safely. According to CFSAN Director Joseph A. Levitt, "Seniors are especially vulnerable to serious complications from foodborne illness. As we age, the immune system weakens. In addition, other existing medical conditions may increase susceptibility to food poisoning."

Levitt said changes in the way food is produced and distributed

now is different from 50 years ago. It used to be that food was produced close to where people lived. Many people shopped daily, and prepared and ate their food at home. Eating in restaurants was saved for special occasions. Today, food in local grocery stores comes from all over the world, all year long. And nearly 50 percent of the money spent on food goes to buy food that others prepare. Because of these factors, many more bacteria are in the food supply today than existed a generation ago.

When preparing food at home it is important to follow these four basic

steps, said Levitt:

1: Clean/wash hands and surfaces often. Also, wash all fruits and vegetables in running water before eating.

2: Separate, don't cross contaminate. Be sure to separate raw meat, poultry and seafood from other food items that won't be cooked-like salad, for example. Always wash hands, cutting boards, dishes and utensils with hot soapy water after they come in contact with raw meat, poultry, seafood, eggs and unwashed fresh produce. Place cooked food on a clean plate, and not on the plate that held raw food

(See *Food Safety*, page 6)

WV EPI-LOG goes online

For the past 20 years, the *West Virginia EPI-LOG* has provided disease-related information and statistics to public health and healthcare professionals throughout the state of West Virginia. In an effort to make this important information easier to access and available to a wider group of individuals, the *EPI-LOG* is now available on the internet. You can access the *EPI-LOG* online at www.wvdhhr.org/bph/oehp/sdc/epilog.htm. The publication is available in both PDF and text-only formats. The Adobe Acrobat Reader needed to read PDF files can be downloaded for free at the same website.

However, if you would still like to receive a printed copy of the *EPI-LOG* in the mail, you must contact the Division of Surveillance & Disease Control at 1-800-423-1271, or complete and return the form below. You must respond if you wish to receive printed copies after January 1, 2002.

We hope the *West Virginia EPI-LOG* continues to be a useful source of disease related information and statistics for you well into the 21st century. ●

YES! I would like to continue to receive the *West Virginia EPI-LOG* in the mail.

Please continue to send the *EPI-LOG* to:

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Please return this form to: West Virginia EPI-LOG, Division of Surveillance & Disease Control, 350 Capitol Street, Room 125, Charleston, WV 25301-3715 or call 1-800-423-1271

**West Virginia Bureau for Public Health
Division of Surveillance and Disease Control**

West Virginia AIDS and HIV Infection Cases by Age Group, Gender, Race and Risk Behavior Cumulative through June 30, 2001*						
Characteristic	AIDS		HIV		Total	
	#	%	#	%	#	%
Age Group						
Under 5	8	1	5	1	13	1
5-12	2	0	1	0	3	0
13-19	9	1	28	5	37	2
20-29	197	18	235	39	432	25
30-39	504	45	224	37	728	42
40-49	287	26	89	15	376	22
50 and Over	106	10	28	5	134	8
Gender						
Male	963	87	442	72	1405	82
Female	150	13	168	28	318	18
Race						
White	895	81	367	59	1262	73
Black	204	18	214	37	418	24
Other/Unknown	14	1	29	4	43	2
Risk Behavior						
Adult						
MSM	622	56	255	42	877	51
IDU	178	16	114	19	292	17
MSM/IDU	65	6	21	3	86	5
Coagulation Disorder	37	3	7	1	44	3
Heterosexual Contact	100	9	99	16	199	12
Transfusion/Transplant	34	3	6	1	40	2
No Identified Risk	6	1	5	1	11	1
Other^	61	6	97	16	158	9
Subtotal	1103	100	604	100	1707	100
Pediatric						
Coagulation Disorder	1	11	0	0	1	6
Mother HIV Positive	9	89	6	100	15	94
Subtotal	10	100	6	100	16	100
TOTAL CASES	1113	100	610	100	1723	100

MSM = Men having Sex With Men; IDU = Injecting Drug User

* AIDS data includes April 1984 through June 30, 2001, and HIV data includes January 1989 through June 30, 2001.

^ Other risk behavior includes cases reported with no risk identified that have been closed to follow-up.

(Food Safety, continued from page 3)

(like meat, poultry or seafood) because bacteria from the raw food could contaminate your cooked food.

3: Cook to proper temperature. Foods are properly cooked when they are heated for a long enough time at a high enough temperature to kill the harmful bacteria. Use a food thermometer to ensure that foods are properly cooked all the way through.

4: Chill-refrigerate foods quickly. To keep harmful bacteria from multiplying, refrigerate or freeze all perishable foods. Keep your refrigerator set a 40 degrees F. and your freezer at 0 degrees F. Thaw frozen foods in the refrigerator or microwave oven, never on the counter.

In addition to following the four basic food safety steps, seniors are advised not to eat the following foods to reduce their risk of foodborne illness:

- ◆ Raw fin fish and shellfish, particularly oysters, clams, mussels, and scallops.
- ◆ Raw or unpasteurized milk or cheese.
- ◆ Raw meat or poultry.
- ◆ Raw or lightly cooked egg or egg products including salad dressings, cookie or cake batter, sauces, and beverages such as egg nog. (Foods made from commercially pasteurized eggs are safe to eat.)

- ◆ Raw sprouts (alfalfa, clover and radish).
 - ◆ Soft cheese such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese such as “queso blanco fresco.” (Hard cheeses, processed cheeses, cream cheese, cottage cheese, or yogurt may be eaten.)
 - ◆ Refrigerated pates or meat spreads. (Canned or “shelf-stable” pates and meat spreads may be eaten.)
 - ◆ Hot dogs or luncheon meats, unless they are reheated until steaming hot.
 - ◆ Refrigerated smoked seafood, unless it is contained in a cooked dish such as a casserole. Refrigerated smoked seafood, such as salmon, trout, whitefish, cod tuna or mackerel, is most often labeled as “nova-style,” lox,” “kippered,” “smoked,” or “jerky” and is found in the refrigerator section or at deli counters of grocery stores and delicatessens. (Canned or shelf stable seafood may be eaten safely.)
 - ◆ Unpasteurized or untreated fruit or vegetable juice. (These juices will carry a warning label.)
- For general food safety information, call FDA’s toll-free 24-hour information line at 1-888-SAFEFOOD. Or visit FDA’s food safety web site at <http://www.cfsan.fda.gov>.
- For meat and poultry food safety information, call the USDA Meat and Poultry Hotline at 1-800-535-4555.
- (CFSAN is a division of the U.S. Food and Drug Administration.) ●

The **West Virginia EPI-LOG** is published quarterly by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology & Health Promotion, Division of Surveillance and Disease Control. Graphic layout by Chuck Anziulewicz. Please call the Division of Surveillance & Disease Control at (304) 558-5358 if you need additional information regarding any article or information in this issue, or if you have suggested ideas you would like to contribute for a future issue.

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West Virginia EPI-LOG
 WV Bureau for Public Health
 Division of Surveillance & Disease Control
 350 Capitol Street, Room 125
 Charleston, WV 25301-3715

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