

Texas Preventable Disease

NEWS

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SURVIVAL WITH AIDS IN THE HOUSTON SMSA

A retrospective computer analysis of survival patterns was performed on 2,187 adult AIDS cases diagnosed in the Houston Standard Metropolitan Statistical Area (SMSA) between January 1980 and June 28, 1988. The diagnoses were based on the case definition established by the Centers for Disease Control.¹ The survival time (in weeks) was determined using date of initial AIDS diagnosis and June 28, 1988, for living cases or the date of death for those known to have expired. The vital status of each case was obtained from reports from physicians, hospitals, and other health departments and through death certificate reviews.

The following variables were examined: gender, ethnicity, age, transmission category, and disease group (Table 1). Of the 2,187 cases analyzed, 98.1% were male. Ethnically, 77.3% were white, 12.4% were black, 9.8% were Hispanic, and 0.2% were other. The greatest number of cases was in the 30- to 39-year age category (50%). The Homosexual/Bisexual Male transmission category comprised 83.7% of the cases. *Pneumocystis carinii* pneumonia (PCP) was reported as the primary disease (48.3%) in the cases analyzed. The cumulative case-fatality rate was 61.3%.

Life table analysis was used to calculate the median length of survival, ie, the amount of time, in weeks, that 50% of the cases have survived. Overall, 50% of the 2,187 adult cases survived for 33.4 weeks. Males survived longer than females (33.7 and 28.6 weeks, respectively). Blacks had a shorter median survival time (24.1 weeks) compared to whites, Hispanics, and others (35.7, 34.6, and 33.4 weeks, respectively). With respect to age groups, the younger groups had longer median survival times. Survival times ranged from 44.8 weeks for those cases 13 to 19 years of age to 26.9 weeks for cases 50 years and over.

The median survival times were lower among those cases whose transmission categories were IV Drug Abuse or Transfusion-Associated (29.9 and 22.6 weeks, respectively). The longest median survival time, 48.1 weeks, was experienced in the Heterosexual Contact group. The median survival times of the remaining groups were 34.6 weeks for Homosexual/Bisexual Males, 37.3 weeks for Homosexual/Bisexual Males & IV Drug Abuse, and 15.9 weeks for Undetermined.

The median survival times by disease groups were consistent with the findings from other cities.² The median survival time for individuals with PCP alone was shorter than that for those with Kaposi's sarcoma (KS). The survival time for cases with PCP was 32.3 weeks, KS with PCP was 40.9 weeks, and KS without PCP was 42.2 weeks.

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REFERENCES:

1. CDC. Revision of the CDC surveillance case definition for acquired immunodeficiency syndrome. MMWR 1987; 36 (Suppl. 1): 1S-15S.
2. Rothenberg R, Woelfel M, Stoneburner R, Milberg J, Parker R, Truman B. Survival with AIDS. NEJM, 1987; 317 (21): 1297-1302.

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Table 1.
Survival with AIDS in the Houston
Standard Metropolitan Statistical Area
As of June 28, 1988

| VARIABLE | # OF SUBJECTS | MEDIAN LENGTH OF SURVIVAL (WEEKS) |
|-----------------------|---------------|-----------------------------------|
| Entire Cohort | 2,187 | 33.4 |
| Gender | | |
| Male | 2,145 | 33.7 |
| Female | 42 | 28.6 |
| Ethnicity | | |
| White | 1,691 | 35.7 |
| Black | 278 | 24.1 |
| Hispanic | 214 | 34.6 |
| Age Groups (years) | | |
| 13-19 | 10 | 44.8 |
| 20-29 | 535 | 38.4 |
| 30-39 | 1,094 | 34.9 |
| 40-49 | 402 | 28.8 |
| 50 or more | 146 | 26.9 |
| Transmission Category | | |
| Homo/Bisexual Male | 1,831 | 34.6 |
| IVDA* | 57 | 29.9 |
| Ho/Bi Male & IVDA | 177 | 37.3 |
| Heterosexual Contact | 22 | 48.1 |
| Transfusion | 41 | 22.6 |
| Undetermined | 57 | 15.9 |
| Diseases | | |
| KS no PCP** | 268 | 42.2 |
| KS with PCP | 194 | 40.9 |
| PCP | 1,056 | 32.3 |

*IVDA = Intravenous drug abuse

**KS = Kaposi's sarcoma; PCP = *Pneumocystis carinii* pneumonia

* * *

EGG - ASSOCIATED *SALMONELLA ENTERITIDIS* INFECTIONS

Since 1985, the northeastern United States has experienced a sixfold increase in human infections caused by *Salmonella enteritidis*; over 60 foodborne outbreaks due to *S. enteritidis* have been reported.¹ *S. enteritidis* represented 28% of all *Salmonella* organisms isolated from patients in the Northeast in 1986. During 1987, 50 *S. enteritidis* infections were reported in Texas, representing 1.8% of the 2,803 salmonellosis cases reported in Texas that year.

Eggs or foods that contained eggs, either raw or inadequately cooked, were identified as the vehicle of transmission in 77% of the *S. enteritidis* outbreaks in the Northeast. These eggs were not cracked or damaged, but were Grade A eggs which met state and federal requirements for shell quality and had undergone shell washing with disinfectants. Existing control measures to prevent contamination of eggs with *Salmonella* include disinfection and inspection. These external shell disinfecting measures have not prevented contamination of some eggs with *S. enteritidis*. Some hens have *S. enteritidis* infected ovaries, peritonea, and oviducts and lay contaminated eggs with intact shells.

Concerns regarding *S. enteritidis* contaminated eggs have not been confined to the northeastern United States. One *S. enteritidis* outbreak associated with eggs has been reported in Texas. This outbreak occurred among 500 attendees at a national conference in Houston in June 1987. Over 180 cases of salmonellosis were reported. Hollandaise sauce prepared with raw eggs was implicated as the source of infection.

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- OT Other

Ordinary precautions in preparing and cooking all foods, including eggs and poultry products, will reduce the chance of infection with *Salmonella* organisms. These precautions include:

1. Cook chicken and eggs until well done. Raw eggs should not be considered a "health food," and the consumption of raw eggs, especially in the diets of immunocompromised or debilitated persons, should be discouraged.
2. Substitute pasteurized egg products for raw eggs in recipes containing raw eggs, such as Caesar salad, eggnog, Hollandaise sauce, homemade ice cream, and homemade mayonnaise.
3. Do not re-use utensils, cutting boards, or blenders used to prepare raw chicken or eggs until these items have been washed thoroughly with soap and hot water.
4. Refrigerate leftovers promptly and heat thoroughly before reserving.

Prepared by: Jeffery P. Taylor, MPH, Director, Infectious Disease Program, Epidemiology Division, Texas Department of Health.

REFERENCE:

- 1 St. Louise ME, Morse DL, Potter ME, et al. The emergence of grade A eggs as a major source of *Salmonella enteritidis* infections. JAMA 1988; 259: 2103-7.

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