In the Baton Rouge area, problem increasing among women and children

BY LAURIE SMITH ANDERSON
Advocate staff writer

The face of AIDS in Baton Rouge has changed dramatically in the past decade. In 1986, the vast majority of AIDS patients here were white males who contracted the disease through having sex with other men, according to statistics from the Louisiana Office of Public Health. Ten years later, black males made up most of the cases, with IV drug use increasing markedly as a risk factor.

The number of women with AIDS has increased rapidly as well; heterosexual contact as a risk behavior has risen accordingly. (See pie charts.) Worldwide, heterosexual contact is the risk behavior associated with the majority of AIDS cases.

"People here need to realize that HIV and AIDS have moved outside of the gay population, and we are all potentially at risk," said Ann Burgin, coordinator for the HIV ambulatory clinic at Earl R. Long Memorial Medical Center. HIV is the No. 1 medical admission to EKL now, and the ambulatory clinic averages 15 new patients a month, she said.

The HIV epidemic in Baton Rouge now is approaching numbers that New Orleans experienced several years ago, and services need to be expanded accordingly, she said.

The Baton Rouge metropolitan area ranked 10th in the nation — just ahead of New Orleans — in AIDS case rates last year, participants learned at a recent AIDS conference here. Baton Rouge and the surrounding area, reporting a total of 1,850 AIDS cases now, is particularly high in case rates among women and children.

As a state, Louisiana now ranks eighth in AIDS case rates, having just recently gone over the 10,000 mark in AIDS cases reported.

Sponsored by Friends for Life: Capital Area HIV/AIDS Services Inc., the conference was titled, "It's Not Over! HIV/AIDS Continues to Escalate in South Louisiana."

Commenting on local AIDS trends, Friends director Richard Matens said, "South Louisiana has been hit by what I call the 'second wave' of AIDS. Minorities and women are among the populations who are becoming infected at the most rapidly alarming rates, but these are populations that have very little political or financial clout."

"We need to recognize that certain behaviors (that put people at risk for AIDS) will continue. Preaching abstinence, for example, is fine, but it's not enough. We need to talk about safe sex in comprehensive sex education programs. We need to establish needle exchange programs. As a community, we need to talk openly about HIV and AIDS and recognize it as a public health — not a moral — problem.

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Trends in AIDS cases in the Baton Rouge area*

<table>
<thead>
<tr>
<th>1986</th>
<th>1996</th>
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<tbody>
<tr>
<td><strong>Comparison by ethnicity</strong></td>
<td><strong>Comparison by gender</strong></td>
</tr>
<tr>
<td>6% African-American</td>
<td>6% Males</td>
</tr>
<tr>
<td>31% Hispanic</td>
<td>21% Females</td>
</tr>
<tr>
<td>63% White</td>
<td>79%</td>
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<tr>
<td><strong>Comparison by risk behavior</strong></td>
<td><strong>Comparison by gender</strong></td>
</tr>
<tr>
<td>12% Men who have sex with men</td>
<td>42%</td>
</tr>
<tr>
<td>88% Heterosexual contact</td>
<td>33%</td>
</tr>
<tr>
<td>10% IV drug use</td>
<td>15% Other/Undetermined</td>
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*Baton Rouge area includes East and West Baton Rouge, East and West Feliciana, Ascension, Iberville and Pointe Coupee parishes.


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issue that concerns us all," he said. Because of risky behaviors and feelings of invulnerability, adolescents are at particular risk, he said.

And because the lag time between HIV infection and AIDS diagnosis can be as long as 10 years, teenagers (and others) may be unknowingly infected and spreading the virus for years before they get sick.

Christine Brennan, a nurse practitioner with the HIV Outpatient Clinic at the Medical Center of Louisiana in New Orleans, gave conference participants an update on HIV and AIDS.

With new treatments available, AIDS is now considered more of a chronic illness than a terminal disease, Brennan said. "I tell young mothers that, if they take care of themselves, they will likely live to see their children grow up and give them grandchildren."

Treatment philosophies now are to "hit 'em hard and hit 'em early," she said. Anyone who has reason to believe they are at risk of contracting the AIDS virus should be tested because early intervention has proven to be very effective in staving off the opportunistic infections that accompany AIDS.

Treatment of pregnant women can also be effective in reducing the risk of transmitting the virus to newborns.

The bad news is that vaccine development is progressing very slowly and doesn't look extremely promising because the virus continues to mutate so quickly, she said.

That means education and prevention are still critical, she said.

The "safe sex" message about the need to use condoms is more relevant than ever. Needle exchanges, though controversial, have also proven effective when implemented.

Unfortunately, there is still a common misconception that AIDS is "a gay male disease," and people who don't fall into that category don't consider themselves at risk; that simply isn't true, said DeAnn Gruber, program director of the Pediatric AIDS Program at Children's Hospital in New Orleans.