High AIDS rate makes education urgent

By PETER SHINKLE
Advocate staff writer

As the number of AIDS cases continues to rise, the state now faces the challenge of educating the groups most susceptible to the disease, who are among the hardest to reach, state officials say.

Intravenous drug addicts and sexually active teen-agers, who account for a growing share of the new AIDS cases reported to the state, according to state epidemiologist Dr. Louise McFarland, are among those hardest to reach who are at risk of contracting the AIDS virus and spreading it.

"Our most pressing need is education," she said. "We've got to find a way to get those persons who are in the high-risk groups to listen."

A quarter of Louisiana's AIDS cases are people ages 20 to 29 who were infected while in their teens, McFarland said. "Just think how many teens will be infected in 10 years. Teens think they're too young to get an infectious disease; they're too young to die.

"Women probably are getting infected because they use drugs or by their heterosexual partners who are IV drug users or have had numerous sexual partners and picked up the virus from one of them," she said.

"Gay men really started looking at the transmission of the virus and stopped doing things they shouldn't be doing, but heterosexuals can't believe they'll get the disease. They believe if they aren't gay they can't get the disease, and that's just not true. That's where we're going to see an increase infection."

And McFarland spoke of a New Orleans businessman in his late 30s who came to see her not long ago. "He's straight at home, but the minute he leaves the city he looks for a man to have sex with. He asked me what the chances are of his having AIDS, and I told him he probably does. It's a shame; people are so irresponsible to do things like that to people they say they love. He said he couldn't tell his wife; he wanted to live with her the rest of his life, and she'd divorce him if she knew. It made me so mad, and so sad.

"There is just no safe sex; there's no foolproof way of having sex where there is no exchange of body fluids," she said. "There is safer sex, but no foolproof sex."

Dr. Ted Wisniewski, director of a state health department office that organizes care for people with AIDS, agrees that education is a top priority, but added the state also must follow through on its current efforts to help those with the

AIDS cases in Louisiana

Listed below are the numbers of adult and adolescent men and women in selected transmission groups who have contracted AIDS.

First in a series

July 3, 1990

- Homosexual or bisexual men: 1363
- IV drug users: 131
- Hemophiliacs: 195
- Heterosexual contact: 15
- Transfusion with blood products: 64

February 4, 1992

- Homosexual or bisexual men: 2037
- IV drug users: 69
- Hemophiliacs: 305
- Heterosexual contact: 293
- Transfusion with blood products: 28


Advocate graphic by Alice M. Verberne
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AIDS virus obtain early treatment so they can live longer.

For years, people with AIDS have struggled to travel from around the state to an AIDS clinic in New Orleans, but the Louisiana Health Care Authority is now preparing to open new outpatient clinics for people with AIDS in Baton Rouge, Lafayette and Shreveport.

The disease, viewed by the public as transmitted mostly by homosexual sex, has increasingly become a concern for heterosexuals and drug users, McFarland said.

The percentage of AIDS cases reported by homosexual sex has declined in recent years, she said.

Intravenous drug users accounted for less than 5 percent of AIDS cases in 1985, but in 1991, they accounted for 25 percent, she said.

Women accounting for 5.6 percent of the cases reported in the state in 1986, but accounted for 8.6 percent of those reported in 1991, McFarland said.

And heterosexuals accounted for 21 percent of the new AIDS cases reported in 1991, according to the state Office of Public Health. McFarland said she believes heterosexual cases accounted for a smaller percentage of new AIDS cases in the mid-80s, but reliable data are not available.

"Some of them were infected in their early teens," she said.

A state AIDS commission has estimated that more than 22,000 Louisiana residents are infected with the AIDS virus, according to Winniewski.

That number is far more than the 3,016 cases of AIDS that have been reported to date in Louisiana.

As people begin to develop the symptoms of the disease, close and early attention to their medical condition can make a big difference in their lives, he said.

"We know we can keep people living longer and give them an improved quality of life," he said.

"Our greatest need at this time is to provide easy accessible early care for people who are infected with HIV but may not be showing symptoms," he said.

Last fall, new AIDS patients were waiting nine months to get an appointment at the C-100 clinic at LSU Medical Center in New Orleans, but the clinics have now been able to help to some of those people from other areas of the state.

The C-100 clinic, which opened in 1987, now treats about 1,350 adults and 150 children with AIDS, but Winniewski said the clinic is straining under the patient load.

"Now, as a primary care provider on the front lines of this disease, we sometimes have to say, 'You have to wait,' " he added. "We need to take care of this person now.'"

A first step in addressing the problem came in January, when the Louisiana Department of Health announced it would be selling eight drugs that fight the spread of the virus that causes AIDS to people whose immune systems are weakened by the virus.

The drugs are to be sold on a sliding scale that the authority's facilities across the state.

But with the nine-month waiting period, "If the patient is severely ill, he's directed to the (Charity Hospital) emergency room. We have a system that separates people who are seriously sick from those who aren't quite as sick, and every week a committee sits to decide who gets the 10 new appointments set aside for those who have to have them.

"With our limited resources, a quarter of our patients really should be seen elsewhere, by doctors in public health clinics. They could be part of routine medical care," he said.

"People call or drop in; they know they have AIDS and they need help. They're confused and scared, and they know we have something to offer them. But we can't help them for many months, and that's frustrating for us, the staff," Winniewski said.

"Early treatment and follow-up make a big difference in the patients' lives," he said. "Thirty-eight percent have T-cell counts of less than 200; 36 percent have 200-400 T-cells; and 26 percent have T-cell counts greater than 500."

T-cells are the cells in the body that fight diseases, McFarland said.

"Normally a person has T-cell counts from 1,000 to 1,200."

Dr. Bill Brandom, a general practitioner on staff at the clinic, said many women and children are contracting the disease. "Of the 80,000 HIV-positive women of childbearing age diagnosed nationwide, 3,000 to 5,800 will have HIV-positive babies in the next year," he said.

HIV or Human Immunodeficiency Virus, is determined by a blood test, McFarland said. "A person who tests HIV-positive can spread AIDS to others — they may not, but they can — but does not necessarily have any symptoms of the disease," she said.

"A screening program is done at the (Charity Hospital) obstetrics clinic when the women come in for their prenatal check-up, and three to five women a month are finding out they're HIV-positive," Brandon said. "And there's a one-in-three chance that their babies will be HIV-positive. The sicker she is when she's pregnant, the more chance the baby will be positive."

But the mothers won't know their babies' fate for from 12 to 15 months. "All babies of HIV-positive mothers show HIV-positive at first because they have their mothers' antibodies," Brandon said. Most children who are HIV-positive after the 15-month deadline will go on to develop AIDS, which has a shorter incubation period in children than in adults.

"We're working on the development of a maternal/child clinic where women and children can be seen together. A lot of women get screened and then fall through the cracks; they never come back because the system's not there to make sure they go through with treatment," he said.

Kimberly Duvall contributed to this report.