



Epidemiologic Notes and Reports Update on Kaposi's Sarcoma and Opportunistic Infections in Previously Healthy Persons -- United States

Between June 1, 1981, and May 28, 1982, CDC received reports of 355 cases* of Kaposi's sarcoma (KS) and/or serious opportunistic infections (OI), especially *Pneumocystis carinii* pneumonia (PCP), occurring in previously healthy persons between 15 and 60 years of age. Of the 355, 281 (79%) were homosexual (or bisexual) men, 41 (12%) were heterosexual men, 20 (6%) were men of unknown sexual orientation, and 13 (4%) were heterosexual women. This proportion of heterosexuals (16%) is higher than previously described (1).

Five states--California, Florida, New Jersey, New York, and Texas--accounted for 86% of the reported cases. The rest were reported by 15 other states. New York was reported as the state of residence for 51% of homosexual male patients, 49% of the heterosexual males, and 46% of the females. The median age at onset of symptoms was 36.0 years for homosexual men, 31.5 years for heterosexual men, and 29.0 years for women. The distribution of homosexual and heterosexual KSOI cases by date of onset is shown in Figure 2. Overall, 69% of all reported cases have had onset after January 1, 1981.

PCP accounted for a significantly higher proportion of the diagnoses for both male (63%) and female (73%) heterosexual patients than for homosexual patients (42%) ($p < 0.05$). The ratio of homosexual to heterosexual males with PCP only, by year of onset of symptoms, was 5:1 in 1980, 3:1 in 1981 and 4:1 thus far in 1982. Reported case-fatality ratios for PCP cases with onset in 1980 and 1981 were 85% and 47%, respectively, for homosexual men and 67% and 41% for heterosexual men. The distribution of PCP cases by diagnosis, sexual orientation, race, and overall case-fatality ratio is shown in Table 1.

Both male and female heterosexual PCP patients were more likely than homosexual patients to be black or Hispanic ($p = 0.0001$). Of patients with PCP for whom drug-use information was known, 14% of homosexual men had used intravenous drugs at some time compared with 63% of heterosexual men ($p = 0.001$) and 57% of heterosexual women ($p = 0.001$) (Table 1). Reported by Task Force on Kaposi's Sarcoma and Opportunistic Infections, Field Svcs Div, Epidemiology Program Office, CDC.

Editorial Note

Editorial Note: Sexual orientation information was obtained from patients by their physicians, and the accuracy of reporting cannot be determined; therefore, comparisons between KSOI cases made on the basis of sexual orientation must be interpreted cautiously.

Similarities between homosexual and heterosexual cases in diagnoses and geographic and temporal distribution suggest that all are part of the same epidemic. Masur et al (2) also reported that lymphocyte dysfunction and lymphopenia were similar in heterosexual and homosexual cases of PCP. However, differences in race, proportion of PCP cases, and intravenous drug use suggest that risk factors may be different for these groups. A laboratory and interview study of heterosexual patients with diagnosed KS, PCP, or other OI is in progress to determine whether their cellular immune function, results of virologic studies, medical history, sexual practices, drug use, and life-style are similar to those of homosexual patients.

References

1. CDC. Follow-up on Kaposi's sarcoma and Pneumocystis pneumonia. *MMWR* 1981;30:409-10.
2. Masur H, Michelis M, Greene JB, et al. An outbreak of community-acquired *Pneumocystis carinii* pneumonia: initial manifestations of cellular immune dysfunction. *N Engl J Med* 1981;305:1431-8. *A case is defined as illness in a person who 1) has either biopsy-proven KS or biopsy- or culture-proven, life-threatening opportunistic infection, 2) is under age 60, and 3) has no history of either immunosuppressive underlying illness or immunosuppressive therapy.

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