

200 CD4 Count Planned as New U.S. Definition for AIDS

For *Positively Aware* by Bob Hultz

HIV-positive Americans with a CD4 (T4) count of 200 or less will have an AIDS diagnosis under a set of new definitions announced by the Centers for Disease Control (CDC). The case-definition change is scheduled to go into effect on January 1, 1992, but may be delayed by three months or more.

CD4 cells (also known as T4 lymphocytes) are an important immune system element destroyed by HIV. A normal adult CD4 count for a cubic millimeter of blood is 800 to 1,200.

The new AIDS definition is reflected in the chart on this page, based on materials currently in development at the CDC. Column "C" of the graph indicates the AIDS-defining diseases as updated by the CDC in 1987; these will continue under the new definition. (See "AIDS Basics" in July *Positively Aware*.)

New categories are noted by the shaded areas. HIV-antibody positive people whose CD4 cell count is 200 or below will be classified as AIDS category "A3" if they have no symptoms or only persistent generalized lymphadenopathy (PGL), a swelling of lymph nodes behind the ears, in the armpit, elbow, and groin areas.

Category "B3" will apply to people whose CD4 count is under 200 and who have symptoms that are not included in the 1987 AIDS definition. These two new categories may allow many HIV-positive men and women to qualify for health and welfare benefits that they previously could not access.

75,000 New Cases

The CDC predicts that the U.S. AIDS case-count will increase by 75,000 as a result of this new definition. The June total of U.S. AIDS cases was 182,834, of whom 116,184 have died.

CDC spokesman Kent Taylor told *Positively Aware* that, of the approximately one-million Americans infected with HIV, 150,000 to 200,000 have a CD4 count less than 200 but are not currently reported as AIDS cases. Since not all these people know their CD4 count or even that they are HIV-positive, only about half those below the 200 CD4 mark will be added soon to the U.S. total number of cases.

"The new definition will include for the first time," reports Taylor, "HIV-infected individuals with severe immuno-suppression who may not have a specific AIDS indicator disease under the 1987 case definition. These individuals are most likely to become severely ill or disabled and in greatest need of medical or social services."

Late Start Date?

It is questionable whether the CDC will hit its starting date target of January 1, 1991. Federal, state and local health officials need time to iron out details prompted by the change. But, there's another factor involved. Officials will most likely delay the implementation until federal funds allocated under the Ryan White Care Act are distributed to the previously-identified

New CDC Classification System for HIV Infection in Adolescents and Adults

	Clinical Categories		
	A Asymptomatic or PGL (Persistent Generalized Lymphadenopathy) and Primary (Acute) HIV Infection	B Symptomatic, Not (A) or (C) Conditions	C AIDS-Indicator Conditions under 1987 CDC AIDS definition
CD4 Cell Categories:			
1. ^{Great} Less than 500	A1	B1	C1
2. 200-499	A2	B2	C2
3. Less than 200	A3	B3	C3

The third column (C1, C2, C3) indicates the current AIDS surveillance case definition.

The shaded areas (A3 and B3) indicate the planned expansion of AIDS case definition and will be reportable as AIDS cases to health departments in the United States and Territories.

cities hit hardest by the AIDS epidemic. Otherwise, changing the AIDS definition before the funds are distributed might require re-ranking the neediest cities and re-proportioning the money, a process that could delay funding by months and, perhaps, take funding away from some areas. Critics charge that the federal expenditures, already too low, should be increased to deal with the added cases under the new definition.

When asked whether the federal government would provide funds for free CD4-counts to those who test HIV-positive at free public clinics, the CDC spokesman deferred the issue to state and local health departments.

"We don't have many specifics at this time," admitted Taylor, "such as how many CD4 counts below 200 are required, what laboratories should be used to assure standardization, whether the counts should be repeated before a diagnosis is reported, the use of CD4 ratios instead of counts, and so on."

Womens' HIV Disorders

The CDC spokesperson was asked if the new definition will include disorders such as bacterial pneumonia or cervical cancer, commonly seen in HIV-infected women but not currently part of the CDC AIDS definition. "We feel this expansion of the case definition should accurately represent the health care needs of all infected males and females with severe immune depression," Taylor hedged, adding, "at the CDC, the National Institutes of Health, and elsewhere, studies are continuing on the natural history of HIV-infection in women." He said the new classification system will *probably* address diseases that are associated with, but not exclusively tied to, HIV infection.

Will physicians need to report to the CDC patients who are currently without symptoms but whose CD4 counts are under 200? "The CDC already requires states to report all cases of AIDS according to the case definition in effect," responded Taylor, adding, "21 states also currently require reporting of cases of HIV infection."

Unfortunately, many people most in need of the help this change is designed to offer will not receive it because they're not part of the health-care system. The CD4 test is expensive and is not likely to be a priority for the uninsured, homeless, injectable drug users, and other underserved populations.

Psychological and Social Effects

The CDC effort is intended to help improve cost calculations for the epidemic's impact on health-care budgets. It also is designed to dramatize to patients and physicians the danger potential of an immune system reduced to the 200 CD4 level.

Taylor concedes that the definition is being made separate from psycho-social considerations about what impact the new definition may have on patients. He acknowledges the re-definition may have serious negative psychological effects on individual who move from asymptomatic but productively working, to a sudden diagnosis of AIDS. No doubt, such persons

may be viewed differently by themselves and by their employers, insurers, co-workers, landlords, family, peers and significant others.

Although the re-definition is supposed to make it easier to obtain medical and social benefits, the improvement is still uncertain. Will disability payments now be available to a worker who has been able to perform his or her job successfully prior to the definition change? How will pre-existing condition clauses in insurance policies be affected? What additional travel restrictions apply to these U.S. citizens travelling abroad, or to visitors coming to this country?

Also Change the Name?

In a meeting at the CDC at the end of August, officials were asked by AIDS experts to re-consider the wording of the re-definition. "Call it advanced immune suppression, CD4-depletion, critical-HIV disease, or *anything* other than AIDS," pleaded critics. They contend that giving the AIDS label to otherwise healthy and productive individuals will have far-reaching effects on patients' self-image

and otherwise positive attitudes.

Proponents counter that the new definition may help many individuals break through their denial and take better care of themselves through prophylaxis with anti-virals, anti-pneumonia drugs and other treatments. Authors of the new policy hope it also may increase emphasis on safer-sex, consistent health monitoring, and preservation of the immune system while in the higher CD4 range, for example, from 200 to 500 CD4.

When asked why the change was planned without opportunity for comment by the public and various AIDS experts, the CDC press spokesman replied that such input was provided through representatives to the Council of State and Territorial Epidemiologists (CSTE) which drafted the original proposal.

Defenders of the change say the new definition will help lessen apathy that the AIDS epidemic is going away. Epidemiologists say a leveling of AIDS cases has been brought about by the effects of anti-viral therapies and prophylaxes, but the number of AIDS cases actually continues to grow. This re-definition can more accurately reflect the true depth of the crisis in America, helping health officials to better plan for surveillance, prevention, and early intervention activities.

According to the CDC's Dr. Ruth Berkelman, "Although such a broad expansion of the AIDS case definition will make interpretation of trends in incidence and characteristics of cases more difficult, such an expansion will provide a better estimate of the health care needs of severely ill persons with HIV infection." The CDC says they will still attempt to track incidence of specific AIDS disorders such as KS and PCP.

Once completed, the new definitions will be detailed to the public through the MMWR, the CDC's *Morbidity and Mortality Weekly Report*. Health departments across the country have already been notified about the impending change.

"The case definition should accurately represent the health care needs of all infected males and females with severe immune depression."

"Women Need New AIDS Definition"

Says HIV+ AIDS Conference Speaker in Special Women's Issues Forum

The new definition for AIDS is the CDC's attempt to address issues such as those raised by Lydia Awadallah at the International AIDS Conference session on HIV, Women and Children.

Lydia is an HIV-positive mother of three; her youngest son is also HIV-positive. In February of 1985, she learned she had become infected through sexual intercourse with her husband, who had acquired the virus from a blood transfusion during surgery in 1981; he died of AIDS in 1986.

"Women may manifest HIV-infection differently from men," says Awadallah. "To begin with, women tend to have higher CD4 counts than men; this skews the guidelines which indicate when treatments may be helpful or necessary." She also notes that, compared to men, women may start to experience HIV-related complications sooner after initial infection. Studies have yet to be conducted to determine whether the difference is gender-related or due to varying levels of health care.

"Physicians can care for a woman's basic medical needs;

but usually these practitioners are not specially trained in gynecological issues," notes Awadallah. "On the other hand, the average gynecologist can treat a yeast infection, but is usually either untrained or unknowledgeable about HIV."

Based on her work training female HIV peer-educators, she says these problems are wide-spread. "I'm typical of HIV-infected women who are not getting the level of care they should. Health care workers, especially physicians and Ob-gyns, need to educate themselves about what gynecological problems are unique to HIV-infected women."

Lydia conducts prevention training and outreach in Brooklyn, New York, at a non-profit organization called LifeForce, Inc. In the last two years, the organization has educated thousands of women about the spread of HIV, then empowered many of them to return to their communities to educate others. Her clients range from well-educated, working women, to females serving time in Manhattan's Bay View Correctional Facility or at Riker's Island Penitentiary in Queens.

"Because the CDC AIDS definition has not included illnesses specific to women, they have had difficulty accessing health benefits and other entitlements through public and private insurers." Reached by *Positively Aware* after the conference, Awadallah said "The new definition of AIDS based on CD4 count will help some women, but it still falls short of the mark. I hope they also specify ailments which are increasingly common warning signs among HIV-positive women."

Awadallah emphasized to reporters at the International AIDS Conference the demographics of past AIDS and HIV cohort studies, which used the group first affected by the epidemic: white, gay men. "No studies have been completed to show what unique side effects women may experience from drugs like AZT or ddI," she notes. "Is cervical cancer exacerbated by HIV infection or the use of anti-virals? Are cervical dysplasia and vaginal condyloma more common among HIV-infected women?" she asks, adding strongly, "We need answers!"

"In 1985 when I told that both I and my son were infected with HIV, I was told I would be dead in two years and that my son would never reach five years old. Well, I only began to manifest symptoms this January. My son, who is still asymptomatic, will be turn seven in October."

Lydia's story provided a positive example to people around the world who learned of her story through the Florence conference. "For the most part, I've been helped by keeping a positive attitude, lots of faith, and hope." ▲



HIV-positive women's advocate Lydia Awadallah at the Florence Conference

News for Women

The Positive Woman is a newsletter edited by Michelle Wilson and is by and for women with HIV.

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