



Memorandum

Date June 22, 1981

From James W. Curran, M.D., M.P.H.

Subject Kaposi's Sarcoma (KS) and Serious Infections among Previously Healthy Homosexual Men

To See Below

The Task Force to address CDC's response to the problem met at 1:00 p.m., June 18. Task Force members included the following:

Dr. Glyn Caldwell, CDD, CEH
Dr. James Curran, VDCD, CPS
Dr. William Darrow, VDCD, CPS
Dr. David Gordon, ID, CID
Dr. Roy Ing, CDD, CEH
Dr. Dennis Juranek, PDD, CID
Dr. John Stewart, VD, CID

Drs. Juranek and Curran summarized the available information. Following discussion of the options, the Task Force reached the following conclusions.

1. The occurrence of KS, Pneumocystis carinii (PC) pneumonia, and other serious infections among previously healthy homosexual men represents an epidemic of serious illness that is national in scope, hence, of interest to CDC.
2. Though the precise nature and duration of CDC's involvement with this problem is not now clear, we may think of it in stages which include an immediate response and followup studies. The Task Force recommends that CDC respond immediately in the following manner:
 - a. An MMWR article be written for publication June 26, 1981. The article should focus on Kaposi's sarcoma from New York City, California, and other areas but should refer to the previously reported Pneumocystis cases and list other opportunistic infections recently reported among homosexual men. The association with immunosuppression should be mentioned. For purposes of the MMWR, the possible problem of precise pathological diagnosis can be dealt with by stating that ". . .cases identified as biopsy or autopsy-proven Kaposi's sarcoma were reported, etc....." The Task Force feels that a call for cases should not accompany this MMWR article.
 - b. A team of epidemiologists should be sent to New York City to systematically obtain information on cases of KS (and PC pneumonia, if possible) by reviewing medical records and interviewing patients and doctors. It is very important that those making this trip remain involved in the investigations since many hypotheses for future studies will be developed at this time. The visit should

occur as soon as the multiple contacts can be arranged and the appropriate forms designed (probably 7-10 days).

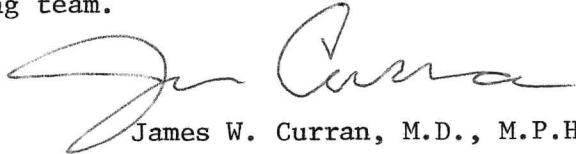
- c. A permanent team and team leader should be designated immediately. The Task Force recommends the following:

Dr. Curran, team leader
Dr. Ing*
Dr. Jaffe
Dr. Guinan
EIS Officer (perhaps Parasitic Diseases)
Statistician (perhaps EPO or CID)
Secretary (Ms. Shapiro, VDCD, CPS)

*Dr. Ing may be replaced as a full-time member of the group by Dr. Alex Kelter, Special Studies Branch, CDD, CEH

These persons should be temporarily relieved of their regular duties immediately.

- d. The Task Force should continue active involvement with participation in development of future protocols, conduct of additional studies, future direction, etc.
- e. Dr. Gordon will coordinate specimen acquisition. Ms. Bonnie Jones (Ext. 3184) from the Immunology Division will draft a memo on specimen receipt and handling with input from Drs. Stewart and Juranek.
- f. The working team should meet Friday, June 19, with Drs. Juranek, Darrow, and Carden to draft forms needed for the New York trip.
- g. The New York trip should be accomplished as an Epi-Aid, if possible. Necessary State and local officials should be notified and their cooperation and assistance solicited.
3. These recommendations should be forwarded immediately to the Steering Committee. They should be kept fully informed of activities of the Task Force and working team.


James W. Curran, M.D., M.P.H.

Addressees:

Dr. Brachman	Dr. Jaffe
Dr. Caldwell	Dr. Juranek
Dr. Choi	Dr. Kaiser
Dr. Darrow	Dr. Kelter
Dr. Dowdle	Dr. Lane
Dr. Gordon	Dr. Stewart
Dr. Guinan	Dr. Wiesner
Dr. Ing	