DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

Chief of Staff
Washington, D.C. 20201

December 2, 1986

TO RICK DAVIS

For your information.

Tom Burke

December 2, 1986

NOTE TO TOM BURKE

While there may be an AP story on the main national wire, which the White House receives, we do not have any story at this time on the Washington wire.

Attached are the Koop materials, which only say "earliest grades possible."

In the course of his press conference, Dr. Koop did say that third grade was when children began asking questions that might be answered with information including mention of AIDS. He did not recommend third grade per se as the right time to begin such education, however.

Stephanie Lee-Miller

STATEMENT

BY

C. EVERETT KOOP, M.D.
SURGEON GENERAL
U.S. PUBLIC HEALTH SERVICE

Wednesday, October 22, 1986
Washington, D.C.

Ladies and Gentlemen:

Last February, President Reagan asked me to prepare a report to the American people on AIDS. The report is now completed.

In preparing this document, I consulted with the best medical and scientific experts this country can offer inside and outside the Public Health Service. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. A list of those organizations is in your press kit. The resulting report contains information that I consider vital to the future health of this nation.

Controversial and sensitive issues are inherent in the subject of AIDS, and these issues are addressed in my report. Value judgments are absent. This is an objective health and medical report, which I would like every adult and adolescent to read. The impact of AIDS on our society is and will continue to be devastating This epidemic has already claimed the lives of almost 15,000 Americans, and that figure is expected to increase 12-fold by the end of 1991--only five years from now.

Our best scientists are conducting intensive research into drug therapy and vaccine development for AIDS, but as yet we have no cure. Clearly this disease, which strikes men and women, children and adults, people of all races, must be stopped. It is

estimated that one and a half million people are now infected with the AIDS virus. These people--the majority of whom are well and have no symptoms of disease--can spread the virus to others.

But new infections can be prevented if we, as individuals, take the responsibility of protecting ourselves and others from exposure to the AIDS virus. AIDS is not spread by casual, non-sexual contact. It is spread by high risk sexual and drug-related behaviors--behaviors that we can choose to avoid. Every person can reduce the risk of exposure to the AIDS virus through preventive measures that are simple, straightforward, and effective. However, if people are to follow these recommended measures--to act responsibly to protect themselves and others--they must be informed about them. That is an obvious statement, but not a simple one. Educating people about AIDS has never been easy.

From the start, this disease has evoked highly emotional and often irrational responses. Much of the reaction could be attributed to fear of the many unknowns surrounding a new and very deadly disease. This was compounded by personal feelings regarding the groups of people primarily affected--homosexual men and intravenous drug abusers. Rumors and misinformation spread rampantly and became as difficult to combat as the disease itself. It is time to put self-defeating attitudes aside and recognize that we are fighting a disease--not people. We must control the spread of AIDS, and at the same time offer the best we can to care for those who are sick.

We have made some strides in dispelling rumors and educating the public, but until every adult and adolescent is informed and knowledgeable about this disease, our job of educating will not be done. Unfortunately, some people are difficult to reach through traditional education methods, so our efforts must be redoubled. Others erroneously dismiss AIDS as a topic they need not be concerned about. They must be convinced otherwise.

Concerted education efforts must be directed to blacks and Hispanics. While blacks represent only 12 percent of the U.S. population, 25 percent of all people with AIDS are black. Another 12 percent of AIDS patients are Hispanic, while this group comprises only six percent of the population. Eighty percent of children with AIDS--8 out of 10--are black or Hispanic. For optimum effectiveness in reaching minority populations, educational programs must be designed specifically for these target groups.

Many people--especially our youth--are not receiving information that is vital to their future health and well-being because of our reticence in dealing with the subjects of sex, sexual practices, and homosexuality. This silence must end. We can no longer afford to sidestep frank, open discussions about sexual practices--homosexual and heterosexual. [redacted] knowing the behaviors to avoid to protect themselves from exposure to the AIDS virus.

One place to begin this education is in our schools. Every school day, more than 47 million students attend 90,000 elementary and secondary schools in this nation. Our schools could provide AIDS education to 90-95 percent of our young people. As parents, educators, and community leaders we must assume our responsibility to educate our young. The need is critical and the price of neglect is high. AIDS education must [redacted] hygiene programs. There is now no doubt that we need sex education in schools and that it include information on sexual practices that may put our children at risk for AIDS. Teenagers often think themselves immortal, and these young people may be putting themselves at great risk as they begin to explore their own sexuality and perhaps experiment with drugs. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

School education on AIDS must be reinforced at home. The role of parents as teachers--both in word and in deed--cannot be overestimated. Parents exert perhaps the strongest influence on their youngsters' developing minds, attitudes, and behaviors. We warn our children early about the dangerous consequences of playing with matches or crossing the street before checking for traffic. We have no less a responsibility to guide them in avoiding behaviors that may expose them to AIDS. The sources of

danger differ, but the possible consequences are much more deadly.

Before we can educate our children about AIDS, we must educate ourselves. The first thing we have to understand and acknowledge is that AIDS is no longer the concern of any one segment of society; it is the concern of us all. People who engage in high risk sexual behavior or who inject illicit drugs are risking infection with the AIDS virus and are endangering their lives and the lives of others, including their unborn children.

The Surgeon General's report describes high risk sexual practices between men and between men and women. I want to emphasize two points: First, the risk of infection increases with increased numbers of sexual partners--male or female. Couples who engage in freewheeling casual sex these days are playing a dangerous game. What it boils down to is--unless you know with <u>absolute certainty</u> that your sex partner is not infected with the AIDS virus--through sex or through drug use--you're taking a chance on becoming infected. Conversely, unless you are <u>absolutely certain</u> that you are not carrying the AIDS virus, you must consider the possibility that you can infect others.

Second, the best protection against infection right now--barring abstinence--is use of a condom. A condom should be used

during sexual relations, from start to finish, with anyone whom you know or suspect is infected.

I'd like to comment briefly on the issues of mandatory blood testing and of quarantine of infected individuals. Ideas and opinions on how best to control the spread of AIDS vary, and these two issues have generated heated controversy and continuing debate. No one will argue that the AIDS epidemic must be contained, and any public health measure that will effectively help to accomplish this goal should be adopted. Neither quarantine nor mandatory testing for the AIDS antibody will serve that purpose.

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. Quarantine should be considered only as a last resort by local authorities, and on a case-by-case basis, in special situations in which someone infected with the AIDS virus knowingly and willingly continues to expose others to infection through sexual contact or sharing drug equipment.

Compulsory blood testing is unnecessary, unfeasible, and cost prohibitive. Futhermore, rather than aiding in prevention, testing could, in some instances, cause irreparable harm. A negative test result in someone who has been recently infected but not yet developed antibodies might give that person a false sense of security not only for him- or herself, but for that

person's sexual partners as well. This could lessen the motivation to adhere to safe sex practices. Voluntary testing is available and useful for people who have engaged in high risk behaviors and want to learn if they are infected so that they can seek appropriate medical attention and act to protect others from infection.

You'll note that my report supports and reinforces recommendations by the Public Health Service on AIDS prevention and risk reduction. Although my involvement with AIDS is fairly recent, the Public Health Service has been deeply involved in the AIDS crisis from the start. In the past five years the PHS has made excellent progress in characterizing the disease, delineating the modes of transmission, and protecting our blood supply from contamination with the AIDS virus. Vigorous research into drug therapy and vaccine development continues, and, as you know, the drug azidothymidine--AZT--is being made available to thousands of people with AIDS who may benefit from this treatment.

Much remains to be done to stop this epidemic, and the Public Health Service will continue to work together with all elements of public and private sectors and use all our joint resources to the fullest to eradicate AIDS.

In closing, let me say that my report on AIDS is a document that people should read. It provides--in layman's terms--

detailed information about AIDS, how the disease is transmitted, the relative risks of infection, and how to prevent infection. I'd like your help in letting the public know that this document is available and how they can get a copy of it. The address for requests is in your press packet. It also appears on this television public service announcement we are releasing today. I'd like to show it to you.

Thank you, and I'll take your questions now.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
WEEKLY SURVEILLANCE REPORT[1] - UNITED STATES
AIDS PROGRAM
CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
OCTOBER 20, 1986

UNITED STATES CASES REPORTED TO CDC

1. TRANSMISSION CATEGORIES[2]

	MALES				FEMALES				TOTAL			
	Since Jan 1		Cumulative		Since Jan 1		Cumulative		Since Jan 1		Cumulative	
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Homosexual/Bisexual Male	6890	(71)	17197	(70)					6890	(66)	17197	(66)
Intravenous (IV) Drug Abuser	1371	(14)	3530	(14)	368	(49)	922	(52)	1739	(17)	4452	(17)
Homosexual Male and IV Drug Abuser	772	(8)	2063	(8)					772	(7)	2063	(8)
Hemophilia/Coagulation Disorder	99	(1)	221	(1)	3	(0)	7	(0)	102	(1)	228	(1)
Heterosexual Cases[3]	161	(2)	520	(2)	228	(30)	479	(27)	389	(4)	999	(4)
Transfusion, Blood/Components	144	(1)	289	(1)	76	(10)	169	(10)	220	(2)	458	(2)
None of the Above	275	(3)	604	(2)	80	(11)	198	(11)	355	(3)	802	(3)
Subtotal: Adults/Adolescents	9712	(100)	24424	(100)	755	(100)	1775	(100)	10467	(100)	26199	(100)
CHILDREN[4]												
Hemophilia/Coagulation Disorder	6	(8)	17	(9)					6	(4)	17	(5)
Parent with/at risk of AIDS[5]	55	(76)	146	(73)	59	(86)	147	(88)	114	(81)	293	(80)
Transfusion, Blood/Components	9	(13)	30	(15)	8	(12)	18	(11)	17	(12)	48	(13)
None of the Above	2	(3)	6	(3)	2	(3)	3	(2)	4	(3)	9	(2)
Subtotal: Children	72	(100)	199	(100)	69	(100)	168	(100)	141	(100)	367	(100)
TOTAL	9784		24623		824		1943		10608		26566	

2. AGE AT DIAGNOSIS

Age Group	Cumulative Number	(%)
Under 5	325	(1)
5 - 12	42	(0)
13 - 19	111	(0)
20 - 29	5554	(21)
30 - 39	12466	(47)
40 - 49	5472	(21)
Over 49	2596	(10)

3. RACIAL/ETHNIC GROUP

	ADULTS/ADOLESCENTS				CHILDREN			
	Since Jan 1		Cumulative		Since Jan 1		Cumulative	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
White, not Hispanic	6405	(61)	15855	(61)	26	(18)	70	(19)
Black, not Hispanic	2517	(24)	6384	(24)	78	(55)	215	(59)
Hispanic	1440	(14)	3675	(14)	36	(26)	79	(22)
Other	84	(1)	167	(1)	1	(1)	1	(0)
Unknown	21	(0)	118	(0)			2	(1)
TOTAL	10467	(100)	26199	(100)	141	(100)	367	(100)

4. REPORTED CASES AND DEATHS BY OPPORTUNISTIC DISEASE GROUP

	CASES REPORTED SINCE JANUARY 1/DEATHS				CUMULATIVE CASES/DEATHS			
	Reported Cases		Known Deaths[7]		Reported Cases		Known Deaths	
PRIMARY DISEASE REPORTED[6]	Number	(% Total)	Number	(% Cases)	Number	(% Total)	Number	(% Cases)
Pneumocystis carinii Pneumonia	6768	(64)	2336	(35)	16960	(64)	9833	(58)
Other Opportunistic Diseases	2517	(24)	1106	(44)	5840	(22)	3543	(61)
Kaposi's Sarcoma	1323	(12)	300	(23)	3766	(14)	1601	(43)
TOTAL	10608	(100)	3742	(35)	26566	(100)	14977	(56)

[1] These data are provisional.
[2] Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.
[3] Includes 446 persons (74 men, 372 women) who have had heterosexual contact with a person with AIDS or at risk for AIDS and 553 persons (446 men, 107 women) without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.
[4] Includes all patients under 13 years of age at time of diagnosis.
[5] Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.
[6] Primary diagnoses are ordered hierarchically. Kaposi's sarcoma has been reported in 1864 cases since January 1 and in 5787 cases cumulatively.
[7] Deaths are only in cases reported to CDC since January 1 of current year.

STATE OF RESIDENCE	Year Ending OCT 20, 1985		Year Ending OCT 20, 1986		CUMULATIVE TOTAL SINCE JUNE 1981					
					Adult/Adolescent		Children		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
New York	2486	(31.9)	3486	(28.2)	8350	(31.9)	138	(37.6)	8488	(32.0)
California	1832	(23.5)	2764	(22.4)	5989	(22.9)	22	(6.0)	6011	(22.6)
Florida	481	(6.2)	812	(6.6)	1721	(6.6)	50	(13.6)	1771	(6.7)
Texas	431	(5.5)	845	(6.8)	1574	(6.0)	9	(2.5)	1583	(6.0)
New Jersey	482	(6.2)	680	(5.5)	1505	(5.7)	55	(15.0)	1560	(5.9)
Illinois	169	(2.2)	347	(2.8)	649	(2.5)	4	(1.1)	653	(2.5)
Pennsylvania	162	(2.1)	298	(2.4)	587	(2.2)	8	(2.2)	595	(2.2)
Massachusetts	165	(2.1)	274	(2.2)	533	(2.0)	10	(2.7)	543	(2.0)
Georgia	143	(1.8)	263	(2.1)	482	(1.8)	7	(1.9)	489	(1.8)
District of Columbia	165	(2.1)	204	(1.7)	448	(1.7)	7	(1.9)	455	(1.7)
Maryland	137	(1.8)	151	(1.2)	354	(1.4)	3	(0.8)	357	(1.3)
Washington	109	(1.4)	163	(1.3)	325	(1.2)			325	(1.2)
Connecticut	80	(1.0)	167	(1.4)	306	(1.2)	12	(3.3)	318	(1.2)
Louisiana	91	(1.2)	157	(1.3)	298	(1.1)	4	(1.1)	302	(1.1)
Virginia	95	(1.2)	150	(1.2)	296	(1.1)	6	(1.6)	302	(1.1)
Puerto Rico	95	(1.2)	111	(0.9)	262	(1.0)	11	(3.0)	273	(1.0)
Colorado	55	(0.7)	149	(1.2)	258	(1.0)	1	(0.3)	259	(1.0)
Ohio	56	(0.7)	137	(1.1)	223	(0.9)	1	(0.3)	224	(0.8)
Michigan	55	(0.7)	132	(1.1)	220	(0.8)	3	(0.8)	223	(0.8)
Missouri	43	(0.6)	84	(0.7)	153	(0.6)	1	(0.3)	154	(0.6)
North Carolina	55	(0.7)	80	(0.6)	153	(0.6)	1	(0.3)	154	(0.6)
Arizona	50	(0.6)	79	(0.6)	148	(0.6)			148	(0.6)
Minnesota	31	(0.4)	86	(0.7)	130	(0.5)			130	(0.5)
Indiana	28	(0.4)	61	(0.5)	113	(0.4)	1	(0.3)	114	(0.4)
Oregon	35	(0.4)	55	(0.4)	102	(0.4)			102	(0.4)
South Carolina	28	(0.4)	47	(0.4)	87	(0.3)	4	(1.1)	91	(0.3)
Hawaii	18	(0.2)	51	(0.4)	87	(0.3)	1	(0.3)	88	(0.3)
Tennessee	15	(0.2)	63	(0.5)	85	(0.3)	1	(0.3)	86	(0.3)
Oklahoma	18	(0.2)	43	(0.3)	72	(0.3)			72	(0.3)
Wisconsin	18	(0.2)	38	(0.3)	68	(0.3)			68	(0.3)
Alabama	25	(0.3)	29	(0.2)	62	(0.2)			62	(0.2)
Kentucky	15	(0.2)	28	(0.2)	56	(0.2)			56	(0.2)
Nevada	12	(0.2)	33	(0.3)	55	(0.2)			55	(0.2)
Kansas	8	(0.1)	33	(0.3)	46	(0.2)			46	(0.2)
Rhode Island	10	(0.1)	28	(0.2)	45	(0.2)			45	(0.2)
Utah	13	(0.2)	22	(0.2)	43	(0.2)	2	(0.5)	45	(0.2)
New Mexico	14	(0.2)	23	(0.2)	39	(0.1)			39	(0.1)
Arkansas	6	(0.1)	31	(0.3)	38	(0.1)			38	(0.1)
Delaware	10	(0.1)	21	(0.2)	37	(0.1)			37	(0.1)
Iowa	9	(0.1)	18	(0.1)	30	(0.1)	1	(0.3)	31	(0.1)
Maine	10	(0.1)	19	(0.2)	28	(0.1)	1	(0.3)	29	(0.1)
Mississippi	4	(0.1)	20	(0.2)	27	(0.1)			27	(0.1)
Alaska	4	(0.1)	14	(0.1)	20	(0.1)			20	(0.1)
Nebraska	4	(0.1)	13	(0.1)	20	(0.1)			20	(0.1)
New Hampshire	3	(0.0)	14	(0.1)	18	(0.1)	2	(0.5)	20	(0.1)
West Virginia	7	(0.1)	8	(0.1)	18	(0.1)	1	(0.3)	19	(0.1)
Other States/ Territories (09)	7	(0.1)	28	(0.2)	39	(0.1)			39	(0.1)
TOTAL	7789	(100.0)	12359	(100.0)	26199	(100.0)	367	(100.0)	26566	(100.0)

TRANSMISSION CATEGORIES[1]	Year Ending OCT 20, 1985		Year Ending OCT 20, 1986		CUMULATIVE SINCE JUNE 1981	
ADULTS/ADOLESCENTS	Number	Percent	Number	Percent	Number	Percent
Homosexual/Bisexual Male	5058	66.0	8073	66.2	17197	65.6
Intravenous (IV) Drug Abuser	1334	17.4	2019	16.6	4452	17.0
Homosexual Male and IV Drug Abuser	598	7.8	872	7.2	2063	7.9
Hemophilia/Coagulation Disorder	58	0.8	124	1.0	228	0.9
Heterosexual Cases[2]	259	3.4	446	3.7	999	3.8
Transfusion, Blood/Components	144	1.9	245	2.0	458	1.7
None of the Above	214	2.8	409	3.4	802	3.1
Subtotal: Adults/Adolescents	7665	100.0	12188	100.0	26199	100.0
CHILDREN[3]						
Hemophilia/Coagulation Disorder	6	4.8	7	4.1	17	4.6
Parent with/at risk of AIDS[4]	104	83.9	138	80.7	293	79.8
Transfusion, Blood/Components	14	11.3	22	12.9	48	13.1
None of the Above			4	2.3	9	2.5
Subtotal: Children	124	100.0	171	100.0	367	100.0
TOTAL	7789	100.0	12359	100.0	26566	100.0

[1] Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.

[2] Includes 446 persons who have had heterosexual contact with a person with AIDS or at risk for AIDS and 553 persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

[3] Includes all patients under 13 years of age at time of diagnosis.

[4] Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

7. AIDS CASES BY DATE OF DIAGNOSIS AND STANDARD METROPOLITAN STATISTICAL AREA (SMSA) OF RESIDENCE[5]

SMSA OF RESIDENCE	POPULATION[6]	BEFORE 1983	1983	1984	1985	1986[7]	CUMULATIVE TOTAL
New York, NY	9.12	583	993	1702	2504	2023	7805
San Francisco, CA	3.25	141	307	592	901	780	2721
Los Angeles, CA	7.48	95	249	437	805	615	2201
Houston, TX	2.91	28	78	175	315	215	811
Miami, FL	1.63	56	119	184	262	172	793
Washington, DC	3.06	17	63	161	318	189	748
Newark, NJ	1.97	39	80	128	225	176	648
Chicago, IL	7.10	20	47	121	217	184	589
Philadelphia, PA	4.72	18	39	106	184	144	491
Dallas, TX	2.97	8	26	86	173	168	461
Boston, MA	2.76	21	40	75	141	128	405
Atlanta, GA	2.03	14	24	69	156	122	385
Jersey City, NJ	0.56	25	28	53	118	80	304
Ft Lauderdale	1.02	9	23	59	117	94	302
REST OF U.S. (REGARDLESS OF SMSA)	177.06	257	646	1574	2949	2476	7902
TOTAL	227.63	1331	2762	5522	9385	7566	26566

[5] This table cumulates cases by DATE OF DIAGNOSIS rather than DATE OF REPORT. Because of this difference, totals may differ from those in other tables and will change with late reports and new data or information. These data are provisional. Data are reported only for SMSA's with greater than 300 reported cases of AIDS.

[6] Population of SMSA's in millions as reported in the 1980 CENSUS.

[7] Cases diagnosed in this calendar year and reported to CDC as of date of this summary.

8. AIDS CASES BY RISK FACTOR COMBINATIONS (ADULTS/ADOLESCENTS)[1]

	Number	Percent
AIDS CASES REPORTED TO HAVE A SINGLE RISK FACTOR		
Homosexual/Bisexual Male	16721	(63.8)
Intravenous (IV) Drug Abuse	4029	(15.4)
Hemophilia/Coagulation Disorder	134	(0.5)
Heterosexual Contact[2]	953	(3.6)
Transfusion, Blood/Components	458	(1.7)
None of the Above	802	(3.1)
SUBTOTAL	23097	(88.2)
AIDS CASES REPORTED TO HAVE MULTIPLE RISK FACTORS		
Homosexual-Bi Male/Blood Transfusion	327	(1.2)
Homosexual-Bi Male/Heterosexual Contact	140	(0.5)
Homosexual-Bi Male/Heterosexual Contact/Blood Transfusion	3	(0.0)
Homosexual-Bi Male/Hemophilia	4	(0.0)
Homosexual-Bi Male/Hemophilia/Blood Transfusion	2	(0.0)
Homosexual-Bi Male/IV Drug Abuse	1940	(7.4)
Homosexual-Bi Male/IV Drug Abuse/Blood Transfusion	75	(0.3)
Homosexual-Bi Male/IV Drug Abuse/Heterosexual Contact	42	(0.2)
Homosexual-Bi Male/IV Drug Abuse/Heterosexual Contact/Blood Transfusion	3	(0.0)
Homosexual-Bi Male/IV Drug Abuse/Hemophilia	2	(0.0)
Homosexual-Bi Male/IV Drug Abuse/Hemophilia/Blood Transfusion	1	(0.0)
IV Drug Abuse/Blood Transfusion	144	(0.5)
IV Drug Abuse/Heterosexual Contact	268	(1.0)
IV Drug Abuse/Heterosexual Contact/Blood Transfusion	9	(0.0)
IV Drug Abuse/Hemophilia	1	(0.0)
IV Drug Abuse/Hemophilia/Blood Transfusion	1	(0.0)
Hemophilia/Blood Transfusion	92	(0.4)
Hemophilia/Heterosexual Contact	1	(0.0)
Hemophilia/Heterosexual Contact/Blood Transfusion	1	(0.0)
Heterosexual Contact/Blood Transfusion	46	(0.2)
SUBTOTAL	3102	(11.8)
TOTAL	26199	(100.0)

[1] These data are provisional. Not all risk factors may have been determined or reported for all cases.

[2] Includes persons who have had heterosexual contact with a person with AIDS or at risk for AIDS and persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

9. CASES OF AIDS AND CASE-FATALITY RATES BY HALF-YEAR OF DIAGNOSIS, UNITED STATES

	NUMBER OF CASES	NUMBER OF KNOWN DEATHS[1]	CASE-FATALITY RATE
1981 Jan-June	84	76	90%
July-Dec	175	157	90%
1982 Jan-June	363	310	85%
July-Dec	633	530	84%
1983 Jan-June	1197	1001	84%
July-Dec	1565	1278	82%
1984 Jan-June	2389	1852	78%
July-Dec	3133	2318	74%
1985 Jan-June	4218	2687	64%
July-Dec	5167	2542	49%
1986 Jan-June	5659	1812	32%
July-Oct 20	1907	351	18%
TOTAL[2]	26566	14977	56%

[1] Reporting of deaths is incomplete.

[2] Table totals include 76 cases diagnosed prior to 1981. Of these 76 cases, 63 are known to have died.

THE SURGEON GENERAL'S REPORT ON AIDS

In February 1986 President Reagan, during a visit to HHS, charged the Surgeon General with the responsibility to develop a report on AIDS. This report was to be directed to the American people and to provide them with the facts on AIDS and its transmissibility.

The project approach was to seek consultation with as many concerned groups as possible. The Surgeon General personally met with:

AIDS ADVOCACY GROUPS

AIDS Action Council
National Coalition of Black Lesbians and Gays
National Minority AIDS Council

BUSINESS

American Council of Life Insurance
Health Insurance Institute
Washington Business Group on Health

EDUCATION

National Association of Elementary School Principals
National Association of Secondary School Principals
National Association of State Boards of Education
National Parents and Teachers Association

HEALTH

American Dental Association
American Hospital Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Red Cross
National Hemophilia Foundation

LABOR

American Federation of Teachers
Service Employees International Union

PUBLIC OFFICIALS

Association of State and Territorial Health Officers
National Association of County Health Officials
U.S. Conference of Local Health Officers

RELIGION

Christian Life Council (Southern Baptist Convention)
National Council of Churches of Christ
Synagogue Council of America
U.S. Catholic Conference

This series of meetings with a broad spectrum of organizations provided invaluable insights into all issues and concerns regarding AIDS. All these groups have pledged their support to PHS and the Surgeon General in disseminating information on AIDS, including this report, to their members and constituencies.

Individuals may request single copies of the Surgeon General's Report on Acquired Immune Deficiency Syndrome by writing:

AIDS
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