Timely Reporting of AIDS Cases

To the Editor: Two recent articles described advances in the clinical diagnosis and treatment of patients with human immunodeficiency virus (HIV) disease.1,2 Another important but less obvious role physicians play in combatting this epidemic is the timely reporting of confidential case information on the acquired immunodeficiency syndrome (AIDS) to local health departments.3 Substantial delays often exist from AIDS diagnosis until case information is received and processed by local and state health departments. This time lag creates an artificial plateau or decline in the epidemic curve, which may lead to false conclusions about AIDS trends.

We recently developed statistical estimates of the distribution of reporting delays in California and identified variations in this distribution by region and other case characteristics.4 Statewide, 60% of cases are reported within six months of the AIDS diagnosis, and 80% are reported within a year after diagnosis. Delays in reporting AIDS cases vary by route of HIV exposure, with the longest delays in reporting occurring among recipients of blood or blood products. Overall, reports on younger persons with AIDS have much longer delays than reports for those in older age groups.

Data on AIDS occurrence are also used in the allocation of resources for HIV prevention and for the care and treatment of persons infected with HIV. For example, federal funding to California under Title I and Title II of the Ryan White CARE Act depends in part on morbidity statistics, as does the state’s allocation of these funds to local consortia for care and treatment services for those infected with HIV. Because observed, not adjusted, AIDS morbidity statistics are used in these funding decisions, timely and complete reporting of AIDS cases is needed to ensure an equitable allocation of resources.

The need for improved timeliness of case reporting is heightened by the recent expansion in the AIDS case definition effective January 1, 1993.5 This may double the number of AIDS cases reported this year.

Physicians, nurses, and other health care professionals are encouraged to work closely with local health departments to improve the timeliness and completeness of reporting cases of AIDS.

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REFERENCES

Abnormal Mammogram After Steering Wheel Injury

To the Editor: The mammographic and clinical findings resulting from noniatrogenic trauma to the breast can be mistaken for signs of malignancy, especially because trauma often is not considered as a cause for such findings. Furthermore, patients may not initially recall the traumatic event.

We report a case of trauma to the breast resulting from a motor vehicle accident, showing a unique, diagonal mammographic pattern of calcified oil cysts resulting from a steering wheel injury.

Report of a Case

The patient, a 49-year-old woman, was seen for evaluation of a pea-sized mass felt in her left breast. A mam-