DECREASING CRYPTOSPORIDIOSIS AMONG HIV-INFECTED PERSONS IN NEW YORK CITY, 1995-1997

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The total number of diagnosed cases of cryptosporidiosis in New York City declined from 1995 ($n = 474$), to 1996 ($n = 332$), and to 1997 ($n = 173$). This decline is due entirely to a marked decrease in the number of cases of cryptosporidiosis among HIV-infected persons (Fig. 1). Cases of cryptosporidiosis among immunocompetent persons did not decline (Fig. 2).

The estimated rate of cryptosporidiosis among HIV-infected persons declined from 1,305/100,000 in 1995, to 703/100,000 in 1996, and to 215/100,000 in 1997. The annual rate of cryptosporidiosis among persons not infected with HIV remained at 1/100,000 during the same three-year period. In 1995, cases of cryptosporidiosis among HIV-infected persons accounted for 85% (397/474) of total cases, while in 1997, the number of cases among HIV-infected persons ($n = 81$) was nearly identical to cases among immunocompetent persons ($n = 82$). Among immunocompetent persons, the incidence of cryptosporidiosis peaks in late summer. No similar seasonality of cryptosporidiosis is apparent among HIV-infected persons. The decline of cryptosporidiosis among HIV-infected persons in New York City coincides with the increased use nationally of improved antiretroviral medication and with similar declines in three other opportunistic infections: *Pneumocystis carinii* pneumonia, *Mycobacterium avium* complex disease, and cytomegalovirus retinitis.¹

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FIG. 1 Cases of cryptosporidiosis among HIV-infected persons by month of diagnosis, New York City, January 1995–December 1997.

FIG. 2 Cases of cryptosporidiosis among immunocompetent persons by month of diagnosis, New York City, January 1995–December 1997.

REFERENCE

1. Palella FJ, Jr, Delaney KM, Moorman AC, *et al.* Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. *N Engl J Med.* 1998; 338:853–860.