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Transmission of HIV in women

SIR.—In his March 4 commentary, Horton draws attention to the increase of AIDS in women from 7% to 18% of total cases in the USA since 1985.¹ But 59% of this increase in 1994 dates only from the expanded classification introduced in 1993,² making cases of cancer of the cervix, tuberculosis, recurrent pneumonias, and CD4 counts less than $0.2 \times 10^9/L$ eligible for classification as AIDS in women who are seropositive for HIV. In the last three months of 1994, this expanded classification alone raised the total for women in New York City by 169%—from 225 to 606. Cumulatively, 60% of all females with AIDS in that city were drug users. Only 28% were thought to have acquired AIDS through heterosexual transmission, but closer monitoring⁴ showed that all these women reported sex with men with AIDS (30%), drug users (61%), and bisexuals (8%). 12 157 (86% of 14 121) women were black or hispanic. In this group of women, all the other sexually transmitted diseases mentioned are very common indeed. Fortunately, only 683 (4.8%) are aged below 25 years.

Horton does not mention the most informative, and most important, measure of the female dimension of AIDS: the frequency in infants. Of about 5800 cases in the USA since 1982, 1391 (24%) were in New York City, where surveillance again provides data difficult to obtain elsewhere. Of these, 1391 infants, all but 20 still under investigation were born to mothers with AIDS (11%), at high risk by injecting drugs during pregnancy (54%), or by being the partner of a man at high risk (27%). The main clinical features were protozoal and bacterial infections. 90% of babies were black or hispanic, and 63% lived in Brooklyn, the Bronx, or Manhattan. Many more, born seropositive, did not get AIDS.

Horton and your correspondents Murphy and Mulcahy (April 15, p 988) generalise that AIDS is increasing faster in women than in men. To imply that this is so in all women denies to those few at uniquely high risk the special attention that they need, while ringing alarm bells everywhere for enormous numbers of women who are not and need never be at risk.⁵

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- 1 AIDS among women—United States 1994. *MMWR* 1995; 44: 81-83.
- 2 AIDS surveillance updates, 1982-94. New York City: Department of Health, 1995.
- 3 1993 revised classification system for HIV infection and expanded case definition for AIDS. *MMWR* 1992; 41: 1-19 (addenda Oct, 1992).
- 4 Stewart GT. Changing case-definition for AIDS. *Lancet* 1992; 340: 1414.
- 5 Stewart GT. Scientific surveillance and the control of AIDS: a call for open debate. *Health Care Anal* 1994; 2: 279-86.

* For HIV, read AIDS

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* The title which I used in my letter and in the proof was "Transmission of AIDS in women". The Lancet editorial office changed the title without consulting me.

G.T.S.