

The Blumenfeld Education Letter

"My People Are Destroyed For Lack Of Knowledge" HOSEA 4:6

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The purpose of this newsletter is to provide knowledge for parents and educators who want to save the children of America from the destructive forces that endanger them. Our children in the public schools are at grave risk in 4 ways: academically, spiritually, morally, and physically — and only a well-informed public will be able to reduce those risks.

"Without vision, the people perish."

AIDS Spreading Among Teenagers

New federal statistics indicate that the AIDS virus is now spreading rapidly among teenagers. Between July 1988 and August 1989, the number of teenagers with AIDS jumped by 43 percent, according to the Centers for Disease Control.

As of October 1989, 421 cases of AIDS among 13- to 19-year-olds had been reported to the CDC. That number includes only teenagers who have actually developed the disease, not those who have been infected by the virus but as yet show no symptoms.

What is especially disturbing, experts agree, is the evidence that many adolescents of both sexes are engaging in behavior that puts them at potentially high risk.

Experts say that although teenagers account for less than 1 percent of all reported AIDS cases, their sexual behavior, including intercourse with multiple partners and infrequent use of condoms, may make them more vulnerable than many adults to the deadly virus.

Teen Girls at Risk

The CDC estimates that between 1 million and 1.5 million people in the United States have been infected by HIV, the virus that causes AIDS, for an

infection rate of from 4.3 to 6.5 per 1,000. According to the data, female teenagers are more likely than adult females to contract AIDS. The male-to-female ratio of teenage AIDS cases is 5 to 1; among adults, it is 12 to 1.

Heterosexual contact is the biggest single source of exposure to the virus by female teenage patients. Some 72 percent of the female teenagers with AIDS are black or Hispanic. This is probably the result of the higher intravenous-drug-use rates among minority males.

At a 1987 Congressional hearing, former U.S. Surgeon General C. Everett Koop warned of a future "explosion" in the number of teenagers infected with the AIDS virus. The data indicate that Dr. Koop's prediction is coming to pass:

About one-fifth of the nearly 110,000 AIDS cases diagnosed to date in the U.S. have been found in people in their 20's. Many of these people were obviously infected as teenagers, as the incubation period can be as long as 10 years.

Of teenagers applying for the military between October 1985 and June 1988, 0.04 percent tested HIV positive. Among teenage Job Corps applicants, 0.33 percent have tested positive since 1987.

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Infected Runaways

Of more than 1,100 homeless and runaway youths anonymously tested for HIV infection by Covenant House, a shelter for young people in New York City, 7 percent tested positive.

In a survey of college campuses in which 16,861 blood samples were tested, 0.2 percent indicated infection with HIV. Ten of the 19 schools participating in the survey had infection rates of zero, while five had rates of 0.4 percent or higher.

A CDC study of blood samples from hospitals found that 1 percent of the 15- and 16-year-olds in high-risk cities, such as New York, were infected. It also found that between two and three times as many 21-year-olds were infected as well. In lower-risk areas, 0.3 percent of 15- and 16-year-olds were infected.

Rampant VD

Other venereal diseases among teenagers are also on the rise. Syphilis cases among teenagers between 15 and 19 rose from 15 per 100,000 in 1984 to 21.9 per 100,000 in 1988. In 1987, more than 1 percent of young people aged 15 to 19 were infected with gonorrhea. According to the CDC adolescents of 15 to 19 have the highest rates of gonorrhea for any age group. In Seattle, according to health authorities, the gonorrhea rates among black, inner-city teenage girls is particularly high.

The Center for Population Options, a Washington-based group that has strongly promoted the movement for school-based health clinics, is urging schools, parents, communities, and health-care providers to play a more active role in AIDS prevention. (Educ. Wk. 10/25/89)

Teenage Boys More Sexually Active

Teenage boys in the United States have become more sexually active in the

past nine years, but a lot more of them are using condoms because of the AIDS threat, a study reported.

The first comprehensive national survey of sexual behavior among U.S. male teenagers in the 1980s found 76 percent of those ages 17 to 19 reported having sexual intercourse in 1988 -- up from 65 percent in 1979. The increase coincided with a sharp jump in condom use, the survey found.

"The apparent increase in condom use in teenage males between 1979 and 1988 is probably a result of increased awareness of the risks of AIDS and increased knowledge about the capacity of condoms to prevent the transmission of this virus," said Freya Sonenstein, a sociologist at Brandeis University.

They Start Younger

The survey also found that American males are starting their sexual careers younger than ever. The proportion of 17- to 19-year-olds who had engaged in sexual intercourse rose from two out of three in 1979 to three out of four in 1988. Most of the difference occurred among 17-year-olds.

Those at the highest risk of AIDS -- who have used intravenous drugs, frequented prostitutes or had another venereal disease -- had the lowest condom use rate. This group represented 9 percent of sexually active male teenagers. Only one in five of the drug users said they had used condoms the last time they had sex. Only 17 percent of those who visited prostitutes used a condom.

Teenagers' knowledge and concern about AIDS, as revealed by the survey, runs counter to skeptics who doubt that adolescents can be motivated to practice safer sex. On 19 questions used to assess AIDS knowledge, the teenagers scored 87 percent. Black and Hispanic teenagers scored significantly lower than whites on knowledge questions. However, minority teenagers were more concerned about getting AIDS than whites.

The survey consisted of hourlong personal interviews and confidential self-administered questionnaires among 1,880 representative teenagers across the country. (Boston Globe, Boston Herald, 3/31/89)

Comment:

Apparently the teenagers are learning what the educators are telling them: that it's okay to be sexually active so long as you're using a condom. The message about abstinence hasn't gotten through at all. Otherwise the rate of sexual activity would have declined, not increased.

But we have our former Surgeon General, Dr. C. Everett Koop, to thank for that development. His pamphlet, "Understanding AIDS," which was sent to every postal customer in the nation and purported to provide "the best information now available for fighting the AIDS problem," has done infinitely more harm than good. What is even more unfortunate is that the pamphlet is being used in virtually every school in America as the basis of their AIDS education curriculum.

The word "abstinence" doesn't even appear in the pamphlet, while the word "condom" (singular and plural) appears about 19 times with detailed explanation about the condom's use.

Risky Behavior

The main message of the pamphlet is that AIDS can be gotten only by engaging in "risky behavior." Much of the advice is aimed at reducing the risks of risky behavior: by using condoms and clean needles for intravenous drug users. Premarital sex is considered not immoral but "risky." The issue of morality is never even raised -- for one obvious reason: the separation of church and state.

And so, Dr. Koop can wage a crusade against smoking as an unmitigated evil because of its health hazards. But he can't wage a similar crusade against

premarital sex. Smoking may cause lung cancer, emphysema, and other bronchial problems. But premarital sex has already caused widespread venereal disease, AIDS, unwanted pregnancies, the killing of the unborn, unwed teenage motherhood, infants born with the diseases of their mothers, emotional and psychological traumas, the widespread use of birth control pills that are causing breast and cervical cancers in many women.

Dr. Koop's Choice

In other words, the health hazards of premarital sex are far more devastating than those associated with smoking. Yet, Dr. Koop will take a stand on the latter but not the former. To Dr. Koop, premarital sex is "risky" to the individual, not devastating to society. He could have condemned premarital sex as destructive to the nation's social fabric, but he chose not to.

What is even more disturbing about the AIDS pamphlet are the unqualified statements that are bound to reduce public caution. The pamphlet states:

"You won't get AIDS from saliva, sweat, tears, urine or a bowel movement.

"You won't get AIDS from a kiss."

That statement is simply not true. As we know, there are all sorts of kisses, but the teenager will take that statement to mean that all kissing is safe. Yet, it is known that deep kissing with an infected individual, in which saliva is exchanged, can lead to spread of the disease, for saliva often carries blood from bleeding gums, chapped lips, or tiny mouth injuries, thereby passing the virus from one mouth to the other.

Disarming Children

The pamphlet also states:

"Children need to be told they can't get AIDS from everyday contact in

the classroom, cafeteria or bathrooms. They don't have to worry about getting AIDS even if one of their schoolmates is infected."

In other words, your child can share a candy bar or a drinking cup or eating utensils with an infected child and not worry. And of course, accidents never happen.

Condom Failure

Even the much-heralded condom is subject to failure. The pamphlet states:

"Condom use is safer with a lubricant. Check the list of ingredients on the back of the lubricant package to make sure the lubricant is water-based. Do not use petroleum-based jelly, cold cream, baby oil or cooking shortening. These can weaken the condom and cause it to break."

Can you imagine a functionally illiterate teenager, high on alcohol or marijuana, checking the list of ingredients on the lubricant package in the dark without a magnifying glass!

Dr. Koop and the educators are deluding millions of teenagers into the false security of the condom. What they are actually doing is encouraging the students to play Russian roulette with condoms instead of bullets.

We shall probably have to wait until 100,000 teenagers are dying of AIDS before a new pamphlet emphasizing abstinence is published.

The AIDS Crisis Grows

Back in November 1986, when we published our first report on the AIDS plague, the number of U.S. AIDS cases as of June 30, 1986, totaled 22,173. As of September 30, 1989, the number was up to 109,167.

In June 1986, homosexuals and bisexuals made up 73% of the cases; IV

drug users, 17%; hemophiliacs, 1%; heterosexuals, 2%; individuals with no known risk factor, 5%. In September 1989, male homosexuals and bisexuals made up 61% of the cases; IV drug users, 28%; hemophiliacs, 1%; heterosexuals, 5%; recipients of contaminated transfusions, 2%; undetermined backgrounds, 3%.

In June 1986 there were 310 pediatric cases; in September 1989 there were 1,859.

What do the statistics tell us? In three years the number of cases has increased five fold. The percentage of IV drug users infected has increased from 17% to 28%, and the percentage of heterosexuals infected has jumped from 2% to 5%. The trend is unmistakable. In June 1986, 359 heterosexuals had AIDS; in September 1989, 5,048 had the disease -- a 14-fold increase.

There are now 34 cities in the U.S. with over 500 cases of AIDS. Twenty-one cities have over 1,000 cases. New York City alone now has 21,616 cases, San Francisco 6,927, Los Angeles 7,777, Houston 3,116, Washington, D.C. 3,059.

There is no cure on the horizon, and the best advice to come from the Surgeon General in the face of this galloping menace is a rubber bag!

There is no question that America needs to return to moral, if not Puritan sexual behavior. This, of course, goes completely against the hedonist spirit of our humanist culture. But slowly and surely Americans will realize, one by one, that their physical survival depends on a drastic change in their sexual behavior. Several million may have to die before that happens. But it will happen.

The following tables are from the October 1989 HIV/AIDS Surveillance Report. Copies are available free from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850.

Table 1. AIDS cases and annual incidence rates per 100,000 population, by state, reported October 1987 through September 1988 and October 1988 through September 1989; and cumulative totals, by state and age group, through September 1989

State of residence	Oct. 1987- Sept. 1988		Oct. 1988- Sept. 1989		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Alabama	220	5.4	220	5.3	585	15	600
Alaska	17	2.9	15	2.5	67	2	69
Arizona	319	9.1	266	7.4	859	4	863
Arkansas	90	3.8	71	2.9	226	3	229
California	5,889	21.0	6,211	21.7	21,595	149	21,744
Colorado	327	9.6	391	11.3	1,152	7	1,159
Connecticut	445	13.8	438	13.6	1,309	47	1,356
Delaware	76	11.8	74	11.4	205	4	209
District of Columbia	569	91.4	522	84.2	1,855	26	1,881
Florida	2,435	19.9	3,360	26.8	8,836	240	9,076
Georgia	708	11.2	1,134	17.7	2,743	34	2,777
Hawaii	92	8.2	159	13.9	419	2	421
Idaho	14	1.4	22	2.1	46	2	48
Illinois	931	8.0	1,118	9.6	3,150	46	3,196
Indiana	128	2.3	268	4.9	601	6	607
Iowa	37	1.3	57	2.0	149	3	152
Kansas	86	3.4	101	4.0	276	3	279
Kentucky	92	2.4	109	2.9	284	5	289
Louisiana	458	10.0	479	10.3	1,426	23	1,449
Maine	33	2.8	47	3.9	128	2	130
Maryland	611	13.6	606	13.3	1,855	43	1,898
Massachusetts	656	11.2	764	13.0	2,290	40	2,330
Michigan	415	4.6	480	5.3	1,285	20	1,305
Minnesota	166	3.9	186	4.3	586	6	592
Mississippi	120	4.5	150	5.6	327	6	333
Missouri	386	7.6	435	8.5	1,124	10	1,134
Montana	16	1.9	13	1.5	34	—	34
Nebraska	41	2.5	44	2.7	121	1	122
Nevada	148	14.7	172	16.7	409	3	412
New Hampshire	47	4.5	43	4.0	120	4	124
New Jersey	2,784	36.2	2,217	28.7	7,223	207	7,430
New Mexico	57	3.7	97	6.2	219	1	220
New York	6,363	35.5	6,400	35.6	24,234	566	24,800
North Carolina	301	4.6	369	5.6	948	21	969
North Dakota	3	0.4	6	0.9	16	—	16
Ohio	534	5.0	483	4.5	1,503	23	1,526
Oklahoma	134	4.0	153	4.5	435	9	444
Oregon	194	7.1	216	7.9	633	3	636
Pennsylvania	858	7.3	1,099	9.3	2,984	52	3,036
Rhode Island	85	8.6	83	8.4	260	6	266
South Carolina	156	4.5	279	7.9	594	16	610
South Dakota	5	0.7	6	0.8	16	—	16
Tennessee	319	6.6	251	5.1	689	10	699
Texas	2,386	13.7	2,169	12.2	7,234	61	7,295
Utah	67	3.9	85	4.8	217	5	222
Vermont	19	3.5	12	2.2	46	1	47
Virginia	364	6.1	418	7.0	1,260	23	1,283
Washington	458	10.0	475	10.2	1,425	10	1,435
West Virginia	19	1.0	39	2.0	94	2	96
Wisconsin	107	2.2	127	2.6	379	1	380
Wyoming	6	1.2	14	2.7	26	—	26
U.S. total	30,791	12.5	32,953	13.3	104,497	1,773	106,270
Guam	4	3.0	2	1.5	7	—	7
Pacific Islands, U.S.	—	—	1	0.7	1	—	1
Puerto Rico	952	28.9	1,472	44.5	2,738	83	2,821
Virgin Islands, U.S.	33	29.2	28	24.3	65	3	68
Total	31,780	12.7	34,456	13.7	107,308	1,859	109,167

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HIV/AIDS Surveillance Report

Table 2. AIDS cases and annual incidence rates per 100,000 population, by metropolitan area with 500,000 or more population, reported October 1987 through September 1988 and October 1988 through September 1989; and cumulative totals, by area and age group, through September 1989

Metropolitan area of residence	Oct. 1987- Sept. 1988		Oct. 1988- Sept. 1989		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children <13 years old	Total
Akron, Ohio	26	4.1	26	4.1	74	—	74
Albany-Schenectady, N.Y.	68	8.0	68	8.0	224	1	225
Allentown, Pa.	29	4.4	30	4.5	92	3	95
Anaheim, Calif.	225	10.1	296	13.0	868	8	876
Atlanta, Ga.	494	18.3	896	32.4	2,084	19	2,103
Austin, Tex.	109	13.5	174	20.8	423	4	427
Bakersfield, Calif.	18	3.4	28	5.2	65	—	65
Baltimore, Md.	329	14.4	383	16.7	1,010	30	1,040
Baton Rouge, La.	32	5.6	49	8.5	121	—	121
Bergen-Passaic, N.J.	362	27.8	203	15.6	924	24	948
Birmingham, Ala.	64	7.0	89	9.6	193	6	199
Boston, Mass.	520	13.9	601	16.0	1,823	32	1,855
Bridgeport, Conn.	126	15.1	137	16.4	382	13	395
Buffalo, N.Y.	46	4.8	51	5.4	148	—	148
Charleston, S.C.	38	7.4	57	10.9	139	—	139
Charlotte, N.C.	83	7.6	79	7.1	205	4	209
Chicago, Ill.	808	12.9	914	14.6	2,668	32	2,700
Cincinnati, Ohio	72	5.1	59	4.1	201	3	204
Cleveland, Ohio	140	7.6	125	6.8	410	5	415
Columbus, Ohio	129	9.8	106	8.0	331	3	334
Dallas, Tex.	611	24.1	518	19.9	1,787	7	1,794
Dayton, Ohio	41	4.4	65	7.0	156	3	159
Denver, Colo.	263	15.4	320	18.4	939	4	943
Detroit, Mich.	296	6.9	336	7.9	902	15	917
El Paso, Tex.	17	3.0	23	3.9	61	—	61
Fort Lauderdale, Fla.	346	29.1	563	46.6	1,453	22	1,475
Fort Worth, Tex.	126	9.4	148	10.7	393	3	396
Fresno, Calif.	38	6.1	46	7.3	119	1	120
Gary, Ind.	12	2.0	21	3.5	51	—	51
Grand Rapids, Mich.	17	2.6	28	4.2	64	1	65
Greensboro, N.C.	35	3.8	66	7.1	143	3	146
Greenville, S.C.	16	2.6	35	5.6	76	—	76
Harrisburg, Pa.	32	5.5	52	8.9	114	3	117
Hartford, Conn.	113	10.4	150	13.7	360	9	369
Honolulu, Hawaii	73	8.5	117	13.4	329	2	331
Houston, Tex.	1,010	29.6	784	22.4	3,091	25	3,116
Indianapolis, Ind.	54	4.4	126	10.2	262	2	264
Jacksonville, Fla.	160	18.0	151	16.6	395	10	405
Jersey City, N.J.	500	89.9	339	61.0	1,282	31	1,313
Kansas City, Mo.	211	13.7	247	16.0	624	3	627
Knoxville, Tenn.	27	4.5	23	3.8	77	—	77
Las Vegas, Nev.	114	18.8	125	20.1	294	3	297
Little Rock, Ark.	36	7.0	28	5.4	96	1	97
Los Angeles, Calif.	2,068	24.4	2,169	25.2	7,711	66	7,777
Louisville, Ky.	49	5.1	45	4.6	123	1	124
Memphis, Tenn.	108	11.2	80	8.2	221	4	225
Miami, Fla.	586	32.5	906	49.9	2,668	107	2,775
Middlesex, N.J.	217	22.6	198	20.4	588	19	607
Milwaukee, Wis.	63	4.6	72	5.2	222	—	222
Minneapolis-Saint Paul, Minn.	149	6.3	162	6.8	507	5	512
Monmouth-Ocean City, N.J.	162	16.7	171	17.3	416	16	432
Nashville, Tenn.	115	12.1	78	8.1	230	4	234
Nassau-Suffolk, N.Y.	320	12.0	345	12.9	1,149	35	1,184
New Haven, Conn.	160	20.3	103	13.0	399	25	424
New Orleans, La.	291	21.5	285	20.9	929	14	943
New York, N.Y.	5,419	63.3	5,422	63.1	21,104	512	21,616
Newark, N.J.	1,256	66.8	891	47.4	3,033	92	3,125
Norfolk, Va.	102	7.4	76	5.4	253	6	259

Table 2. AIDS cases and annual incidence rates per 100,000 population, by metropolitan area with 500,000 or more population, reported October 1987 through September 1988 and October 1988 through September 1989; and cumulative totals, by area and age group, through September 1989 — Continued

Metropolitan area of residence	Oct. 1987-Sept. 1988		Oct. 1988-Sept. 1989		Cumulative totals		
	No.	Rate	No.	Rate	Adults/adolescents	Children <13 years old	Total
Oakland, Calif.	360	18.0	349	17.2	1,279	5	1,284
Oklahoma City, Okla.	33	3.2	18	1.7	138	—	138
Omaha, Neb.	29	4.6	33	5.2	86	—	86
Orlando, Fla.	161	16.6	163	16.3	432	4	436
Oxnard-Ventura, Calif.	33	5.2	40	6.1	98	—	98
Philadelphia, Pa.	667	13.8	805	16.6	2,286	36	2,322
Phoenix, Ariz.	249	12.0	183	8.5	620	2	622
Pittsburgh, Pa.	102	4.9	155	7.5	385	1	386
Portland, Oreg.	155	13.2	166	14.0	497	1	498
Providence, R.I.	78	8.7	72	8.0	225	5	230
Raleigh-Durham, N.C.	66	9.7	78	11.2	208	6	214
Richmond, Va.	56	6.8	97	11.6	245	1	246
Riverside-San Bernardino, Calif.	197	9.2	252	11.4	676	13	689
Rochester, N.Y.	91	9.2	64	6.5	246	1	247
Sacramento, Calif.	144	10.6	180	13.0	463	5	468
Saint Louis, Mo.	171	7.0	181	7.4	482	6	488
Salt Lake City, Utah	55	5.1	70	6.4	187	4	191
San Antonio, Tex.	192	14.5	198	14.6	516	8	524
San Diego, Calif.	448	19.5	468	19.9	1,460	12	1,472
San Francisco, Calif.	1,781	108.2	1,714	102.9	6,916	11	6,927
San Jose, Calif.	152	10.4	149	10.0	503	5	508
San Juan, P.R.	531	47.4	924	82.2	1,680	61	1,741
Scranton, Pa.	21	2.9	22	3.1	71	2	73
Seattle, Wash.	327	18.1	363	19.9	1,082	9	1,091
Springfield, Mass.	23	3.9	45	7.7	106	1	107
Syracuse, N.Y.	32	4.9	31	4.7	107	4	111
Tacoma, Wash.	32	5.9	36	6.5	93	1	94
Tampa, Fla.	363	18.1	394	19.1	1,037	18	1,055
Toledo, Ohio	22	3.6	26	4.3	72	1	73
Tucson, Ariz.	47	7.6	51	8.1	167	2	169
Tulsa, Okla.	42	5.5	47	6.1	123	2	125
Washington, D.C.	927	25.5	848	23.0	3,013	46	3,059
West Palm Beach, Fla.	285	35.4	357	42.9	955	40	995
Wilmington, Del.	62	11.1	63	11.2	168	3	171
Worcester, Mass.	41	6.2	36	5.4	112	3	115
Metropolitan area subtotal¹	26,906	18.9	28,363	19.7	91,740	1,560	93,300
Non-metropolitan areas	4,874	4.6	6,093	5.6	15,568	299	15,867
Total	31,780	12.7	34,456	13.7	107,308	1,859	109,167

¹ Includes data from all metropolitan areas with 50,000 or more population.

Table 4. AIDS cases by age group, exposure category, and race/ethnicity, reported through September 1989, United States

Adult/adolescent exposure category	White, not Hispanic	Black, not Hispanic	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Total ⁴
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Male homosexual/bisexual contact	47,090 (77)	10,644 (37)	6,848 (42)	488 (75)	71 (51)	65,273 (61)
Intravenous (IV) drug use (female and heterosexual male)	4,478 (7)	11,118 (39)	6,482 (40)	25 (4)	24 (17)	22,188 (21)
Male homosexual/bisexual contact and IV drug use	4,484 (7)	1,947 (7)	1,083 (7)	12 (2)	20 (14)	7,555 (7)
Hemophilia/coagulation disorder	848 (1)	65 (0)	76 (0)	15 (2)	6 (4)	1,014 (1)
Heterosexual contact:	1,010 (2)	3,187 (11)	814 (5)	22 (3)	8 (6)	5,048 (5)
<i>Sex with IV drug user</i>	560	1,291	663	8	3	2,527
<i>Sex with bisexual male</i>	165	105	39	5	1	316
<i>Sex with person with hemophilia</i>	39	2	1	1	—	43
<i>Born in Pattern-II¹ country</i>	3	1,510	10	4	—	1,530
<i>Sex with person born in Pattern-II country</i>	22	48	3	—	—	73
<i>Sex with transfusion recipient with AIDS/HIV infection</i>	54	10	7	1	—	73
<i>Sex with person with HIV infection, risk not specified</i>	167	221	91	3	4	486
Receipt of transfusion of blood, blood components, or tissue ²	1,918 (3)	411 (1)	250 (2)	53 (8)	3 (2)	2,640 (2)
Other/undetermined ³	1,337 (2)	1,359 (5)	808 (5)	39 (6)	7 (5)	3,590 (3)
Adult/adolescent subtotal	61,165(100)	28,731 (100)	16,361(100)	654(100)	139(100)	107,308(100)
Pediatric (<13 years old) exposure category						
Hemophilia/coagulation disorder	72 (18)	13 (1)	14 (3)	3 (33)	—	102 (5)
Mother with/at risk for AIDS/HIV infection:	216 (53)	890 (91)	384 (85)	3 (33)	4(100)	1,501 (81)
<i>IV drug use</i>	104	453	211	1	2	772
<i>Sex with IV drug user</i>	44	143	117	—	—	305
<i>Sex with bisexual male</i>	12	16	5	—	—	33
<i>Sex with person with hemophilia</i>	5	1	1	—	—	7
<i>Born in Pattern-II country</i>	2	158	1	—	—	161
<i>Sex with person born in Pattern-II country</i>	—	5	—	—	—	6
<i>Sex with transfusion recipient with HIV infection</i>	5	3	2	—	—	10
<i>Sex with person with HIV infection, risk not specified</i>	9	26	20	1	1	58
<i>Receipt of transfusion of blood, blood components, or tissue</i>	11	12	10	—	—	33
<i>Has HIV infection, risk not specified</i>	24	73	17	1	1	116
Receipt of transfusion of blood, blood components, or tissue	111 (27)	46 (5)	41 (9)	3 (33)	—	201 (11)
Undetermined	12 (3)	30 (3)	13 (3)	—	—	55 (3)
Pediatric subtotal	411(100)	979 (100)	452(100)	9(100)	4(100)	1,859(100)
Total	61,576	29,710	16,813	663	143	109,167

¹ See technical notes.² Includes 1 tissue recipient and 7 transfusion recipients who received blood screened for HIV antibody.³ "Other" is 1 health-care worker who seroconverted to HIV and developed AIDS after needlestick exposure to HIV-infected blood. "Undetermined" includes patients under investigation; patients who died, were lost to follow-up, or refused interview; and patients whose mode of exposure to HIV remains undetermined after investigation. See Figure 4.⁴ Includes 262 persons whose race/ethnicity is unknown.