Going Viral: LSU ID NOLA Newsletter

LSU Infectious Diseases
New Orleans, Louisiana
Fall 2019

LSU Infectious Diseases Interest Group (IDIG)

The first meeting of the LSU student ID interest group for 2019 was held on 8/15/19. The officers are pictured from left—Carter Pesson, Vice President, Khizir Qureshi, Secretary, Victoria Lulich, President, along with their Faculty Advisor, Julio Figueroa. They have various meetings and events planned throughout the year. What a nice group of future ID Fellows!!!

Reflections on the HIV Epidemic: Then and Now — Lynn Besch '86

Before HIV was known but was arriving in our area, I remember seeing young patients on the ID consult service with neurosyphilis (2 or 3 at a time), one who was 17 years old and had bilateral sequential Bell's palsy before the syphilis diagnosis. There were also young patients with bacteremic pneumococcal pneumonia that drove Dr, Sanders into a tizzy – this was just not seen unless there was an underlying cancer. There was no internet so we Fellows spent time in the library looking up whatever risk factors patients told us they had, like sniffing gasoline, in the Index Medicus (pre-internet Ovid-like service) to try and find an association with pneumococcal pneumonia.

I remember when GRID (Gay-Related Immune Deficiency) was first discussed and when Dr. Sanders returned from a conference about 1986 to tell us " if this ever gets into the mosquitoes we are all finished".

I remember when HOP first opened in 1987 with Ted Wisniewski and Bill Brandon organizing and seeing patients – several of us volunteered a day or two a week (I was faculty at Tulane then). Most of the patients were not yet sick – they were classified as "worried well" and often had petechiae and mild gum bleeding from ITP. The clinic was on the first floor of a building behind Charity called the "C" building – which stood for "Contagion" when I was in medical school, but had changed to "Clinic" Building by the 1980's. Before HIV, the ID group had clinic about twice a month. At HOP, the clinical area had no rooms, just curtained-off areas with an exam table and a small old metal cabinet *(See Besch Reflects, P. 2)*

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Besch Reflects *(continued from P. 1)*

for gowns, swabs, etc. As in the rest of Charity lighting was poor and true privacy was really non-existent.

I remember vividly being honest with patients about how much we did not know – and how incredibly brave they were and how they watched out for us as much as we did for them. Once I forgot my wedding ring at home, and one of my patients got worried and asked my nurse whether I was having marital problems. Several times I was scrutinized by a patient only to be asked whether I was taking enough vacation time (they wanted a rested MD).

Everyone was scared, including MDs and nurses – residents used to double glove to examine a patient known to have HIV. And some were in denial - I was told after giving Grand Rounds at West Jefferson Hospital in about 1990 that "HIV did not cross the Mississippi River". Stigma was a huge concern with people losing their jobs, and many losing support from their families. Sometimes when we described a treatment to a distraught family member (usually a parent), we were accused of experimenting on our patients (even Tulane). This happened to me and David Mushatt after explaining we wanted to do daily spinal taps on a patient with cryptococcal meningitis that was not doing well (at the time, not validated) – and after getting yelled at (loudly), the neurosurgeon who was with us looked at us and said –"you guys have a tough job".

Research findings and knowledge changed so rapidly that if you could not go to national meetings, you were behind. What saved many clinicians was that Project Inform (started by Martin Delaney in San Francisco) and the Gay Men's Health Crisis in New York would send people to all the meetings, then write up the research findings and mail them out (and later put everything online). So, with some due diligence it was it was possible to keep up – and it was necessary as patients were also reading this information and asking questions. I remember the look on medical students' faces who rotated in my clinic when patients brought up and discussed research findings with me as an equal.

I remember applying for IND numbers from the FDA by myself (and sometimes with Rebecca Clark) to be able to give patients unapproved HIV medicines for salvage therapy, and filling out all the necessary IRB and FDA forms – if the FDA did not receive forms on time, the next month's medicine shipment would be delayed. I finally threw away those records when we moved here to UMCNO.

I remember when we had inpatients at C-600 (previously an infirmary for house staff and their families, or for patients with varicella or exfoliating reactions) with no private rooms, sometimes as many as 13 in the big room in the back – and when there had to be a positive AFB sputum stain to get a patient into isolation. I am not sure we did anybody favors by making patients with abnormal CXRs cough up sputum in the emergency room (again, no individual rooms) to be able to get a positive smear. I also remember getting pentamidine from the CDC in the late 1980's – we had to call a 24-hour number, describe the case (had to have documentation) and get approval. Then an intern would drive out to the airport to pick it up and bring it to Charity. It was given by IM injection at first, in a Z-pattern, which hurt a lot. I remember when fluconazole came out, and was so expensive ($10-11 a tablet) that we told patients who had advanced immunodeficiency, that if they dropped a tablet, to pick it up, brush it off and take it anyway – because it was so much better than being on chronic amphotericin therapy

I remember when an inpatient service of 10-15 was usual (at Tulane Medical Center as well as Charity) as was having patients on home antibiotics (severe recurrent bacterial sinusitis) or amphotericin. Since we could not really stabilize anyone for very long, we would help patients as much as possible realize any last adventure or dream. One of my patients wanted to spend time in Italy – then developed cryptococcal meningitis. His symptoms were mild so we admitted him, shoved 500-600 mg of amphotericin into him in less than 24 hours, and discharged him at 4AM so he could catch his morning flight to Europe (thankfully he did well). I also remember persons with advanced HIV making it to New Orleans for their dream trip only to become very ill – more than once we had people in the ICU on vents while waiting for their families to fly in and say goodbye.

I remember that the NO-AIDS Task Force had weekly hour-long call-in shows in the evenings for law and medicine – and I was on the day that the news broke about Magic Johnson having HIV. It was a long hour.

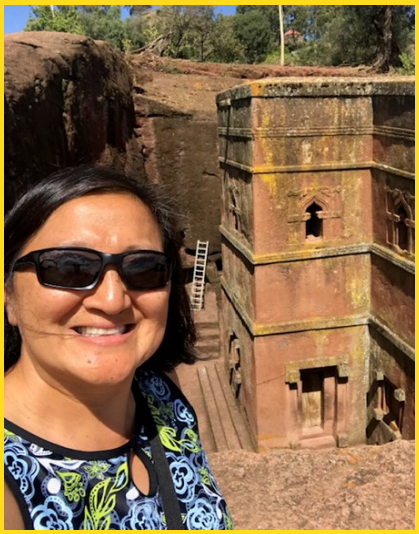
Then HIV medicines got better, and better – actually we finally figured out how to use them. Now, we had to start paying attention to things like hypertension and diabetes which we had basically ignored if they were mild as treating them added to the already huge pill burden and did not matter. We used to give away pain and psych medicines at the drop of a hat - and with the help of psychiatrists, realized that those practices had to change. One of my female patients told me, "Whatever you are before you get HIV – you are just MUCH more with HIV", so if you were anxious, now you are really anxious. If you tended to be depressed – you would definitely be depressed, etc. It is much the same with major health issues in the community. Whatever issues your community has – drugs, homelessness, crime, lack of access to care – they are magnified for the those with HIV.

Overall, this era of combination therapy resulted in newly diagnosed patients doing much better and even those who had presented with an AIDS OI could be stabilized. This was especially dramatic to me for cerebral toxoplasmosis – the disease is devastating and the treatment only tolerated by about half the patients. Now that immune recovery is possible, these patients finally had a chance. And the same with lymphoma – before effective therapy, life expectancy was in weeks. ***(See Besch Reflects P. 4)***

In and Around New Orleans

HOP Clinic Outing at Rock 'n' Bowl Saturday 8/24/2019

HOP Clinic had a get together at Rock 'n' Bowl that was a fun event and well attended. Pictured from left: Leatrice Wilson, DeMaurian Mitchner, Mitch Handrich, Lauren Richey, Laura Finnegan, Kirsten Darbyshire, Joanne Maffei.



Top: Marloth Park South Africa January 2019; Bottom: Lailabella, Ethiopia churches cut down into the rock.

Shu-Hua Wang '04, Professor of Medicine at the Ohio State University traveled to Africa while working on 2 projects: CDC Foundation Rapid Assessment of Adverse Reaction Following Immunization, and development of a rapid inexpensive test for Tuberculosis in conjunction with Texas Biomedical Research Institute.

In and Around New Orleans Part Deaux

LSU ID Faculty Victoria Burke and John Nanfro—Celebrating the Saint's first win of the season!!!

I am guessing they had the exact same reaction the next week after the Drew Brees injury….and following the loss to the Falcons a few weeks later. What a roller coaster.

Go Saints!!!

HOP representation at the Chevron Walk to End HIV on September 28, 2019

Besch Reflects *(continued from P. 2)*

During this time, the medical community's fears also calmed down. I remember the first time I ever heard a medical student say about an upset patient - " I don't get it – it's only HIV". I could have kissed him! Of course that was not the patient's view, but to the student, it was just another medical condition.

The current era is one where the single tablet regimens of combination therapy are so effective, that PJP prophylaxis can be stopped early (before CD4's recover to 200 or more), and the recommendation for MAC prophylaxis has been dropped if one can get on ART and be suppressed efficiently! Now geriatric HIV medicine and the best management to prevent and/or treat cardiovascular disease, diabetes, cognitive disorders and other ailments of old age are currently top priorities as is research to try and purge the intracellular reservoir for a possible cure. Twenty to thirty years ago – it would never have crossed our minds that we would be facing these issues. — *Lynn Besch '86*

Thanks to Dr. Besch for sharing her thoughts with us on the HIV Epidemic. Nice retrospective. Please send us your thoughts on this topic highlighting challenges faced, lessons learned, and improvements over the years.

KUDOS to members of the LSU Infectious Diseases Section:

Two members of LSU Infectious Diseases Faculty have made it on the New Orleans Magazine's 2019 "Best Doctors List" The magazine partners with Best Doctors, Inc., which undertakes the largest, continuous, peer-to-peer survey of the medical profession to develop the Best Doctors in America List.. Best Doctors contacts each doctor on the previous list and asks the same question: "If you or a loved one needed a doctor in your specialty, to whom would you refer them?" Congratulations:

- Julio Figueroa
- Michael Hagensee

Congratulations to Rebecca Lillis, David Martin and Jacques Nsuami for having the article "*Mycoplasma genitalium* Infections in Women Attending a Sexually Transmitted Disease Clinic in New Orleans" published in Clinical Infectious Diseases in August 2019.

Send us your pics from IDWeek 2019 in Washington, DC. Send your thoughts on the changing face of the HIV Epidemic. Let us know how you, your family and your practice are doing. Whatever you want to share. Next issue of Going Viral is the Winter issue—please send in articles by December 15, 2019 to be included.