

AIDS: Current achievement, future problems

*Or in the night, imagining some fear,
How easy is a bush suppos'd a bear?*

Shakespeare

A Midsummer-Night's Dream

During 1981, the first year that the acquired immune deficiency syndrome (AIDS) was described, an average of less than five cases per week were reported to the Center for Disease Control. Currently, an average of more than 100 cases per week are reported, including approximately 10 deaths. The disease has now claimed over 10,000 victims with a two-year mortality exceeding 80% and with projections that it will afflict 40,000 more individuals over the next two years.¹ It is not surprising then that AIDS has taken its place as one of the most devastating epidemics of our time.

In 1983, the Secretary of Health and Human Services, Margaret Heckler, proclaimed that she had made the conquest of AIDS the federal government's number one health priority. Faced with this challenge, the health profession, armed with nearly 70 million dollars of federal funding, mounted an academic assault on the disease that resulted in impressive breakthroughs in our understanding of the illness. In an April 23, 1984, news conference, Ms. Heckler announced that not only had the "probable cause" of AIDS been identified in the form of the human lymphotropic virus (HTLV-III),² but a newly developed blood test would allow identification of victims of AIDS and infected blood with deadly accuracy and that a vaccine should be ready for testing in approximately two years. With such momentous news, the medical crusade appeared to be over.

Unfortunately, as of today not a single patient with AIDS has been cured, and the death toll continues to mount. In addition, the early jubilation over the identification and later molecular

sequencing of the putative virus was tempered by the realization that the newly developed screening test had severe limitations. As more studies were performed on increasing numbers of high-risk persons, the antibody was found in impressive numbers of apparently healthy individuals.

Relatively little has been done to address the financial burdens of the victims of this illness. The average lifetime hospital cost alone is estimated at \$42,000 per victim. This does not include the social costs, shortened life, and loss of employment, which are substantial considering that most of the victims are young men.

Although the fear and misunderstanding that initially surrounded the disease has diminished, it still remains a formidable problem. Clearly, a large segment of the general population still fears contracting the disease by casual contact. Such fears have resulted in cruelty, such as evicting victims from their homes, firing them from their jobs, and banishing them from social circles and even families. Such behavior will only be modified by more conscientious and less sensational treatment of this subject by the media. Fear and misunderstanding among high-risk groups, particularly homosexual men, have resulted in delay in seeking treatment and avoidance of the principles of safe sexual behavior, which appear capable of decreasing transmission. Education of this segment of society may require a more radical approach, such as that of the bartender training program developed by the Ohio Department of Health. This novel program has attempted to train bartenders who work in gay bars as informal

counselors capable of dispensing useful information regarding AIDS and other sexually transmitted diseases. Within the health profession itself, the fears of doctors, nurses, and other allied health personnel of contracting the disease from their patients must be continually addressed. While such fears must be respected, they may be allayed with knowledge of recent studies such as the prospective evaluation of health care workers exposed to patients with AIDS.³ This study has revealed that no cases of AIDS have developed in 361 health care workers exposed to AIDS patients by blood or mucous membrane routes.

With the realization that AIDS will be with us for the rest of our professional lives, we as health professionals are obligated to keep abreast of the progress and problems of AIDS. Only with continued education will fear and misunderstanding

be eliminated and the task of combating this deadly disease be successful.

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