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Acquired Immunedeficiency Syndrome (AIDS)

Identified as a new disease in 1981, AIDS is an infectious disease in which acquired cell mediated immune deficiency is associated with the development of either life threatening opportunistic infections (e.g. pneumocystis carinii pneumonia) or highly aggressive malignant tumours (especially Kaposi sarcoma and lymphomas) or both. Affected individuals are seropositive for antibodies to Human T-lymphotropic virus, type III (HTLV – III), a retrovirus believed to be the causative agent. The virus is also known as lymphadenopathy associated virus (LAV).

The virus is present in several body fluids of an infected individual but proven virus transmission is through blood and blood products, sexual intercourse (especially ano-genital homosexuality and heterosexual promiscuity involving multiple partners) and shared poorly sterilised or unsterilised injection needles. In the African context prostitutes (bar girls) seem to constitute a fertile reservoir of infection.

A long but variable incubation period may be followed by a multiplicity of non-specific symptoms such as general malaise, prolonged fever, persistent lymphadenopathy, chronic diarrhoea and gross wasting before the development of malignancies or opportunistic infection prompts the true diagnosis. The prognosis is also variable since the spectrum of the disease encompasses many assymptomatic seropositive individuals and those with mild symptomatic disease – the AIDS related complex, ARC. For patients with fully blown disease the condition is universally fatal, there being no known successful treatment yet.

In the great debate, excitement and fear which surrounds the origins, mode of transmission and prognosis of AIDS no profession has remained unheard. Responding to allegations by North American and European scientists that the disease originated and is rampant in the Central African region some African politicians have reacted angrily, accusing the foreign scientists and press of post-colonial racism, backed up by pseudoscience. Indeed African medical personnel have challenged the data on

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which such conclusions are based, in the absence of any large scale epidemiological studies in any country of the region. Some members of the clergy have welcomed AIDS as God's own way of punishing sinful mankind – a twentieth century version of Sodom and Gomora.

It is difficult not to respond angrily to so called "expert estimates" of the incidence of AIDS in one's country. The correct approach, however, is to acknowledge that AIDS cases have been seen in our hospitals (five people have died of AIDS between August and December 1985) and to state our present ignorance of the magnitude of HTLV-III infections in the community. We should challenge such expert opinions on the incidence of AIDS in Malawi as have been published in Africa Health (Volume 2, Number 8, page 18) or in the sensational Zimbabwe Sunday Mail by carrying out our own epidemiological studies and publishing the data. Indeed two such studies have been approved by the Health Sciences Research Committee and are already in progress; the results should be available soon.

It is the duty of the medical profession in this country to accurately inform the lay public about what is currently known about AIDS and what preventive measures each responsible adult can take to prevent an AIDS epidemic in our community. Above all we should not lose perspective of AIDS as a dimunitive community health problem when compared to the ravages, morbidity and mortality caused by malaria, measles, acute respiratory infections, childhood diarrhoea, tuberculosis and cancer, many of which are at least preventable. AIDS pales in significance, though not in excitement, even when compared to the problems of hepatitis B virus infections, alcoholism and road traffic accidents, none of which have received any coverage in our lay press.

Editor

AIDS IN MALAWI

For more information on the subject contact members of the Sexually Transmitted Diseases (STD) Committee listed below:-

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