

(This article is based on "Acquired Immune Deficiency Syndrome: Current Epidemic May be New Threat from Old Foe: Herpes Virus" in the Harvard Medical Area Focus, Jan. 27, 1983. The editorial help of a local gay physician is gratefully acknowledged.)

The search for the cause of acquired immune deficiency syndrome (AIDS) began less than two years ago at a medical meeting in Los Angeles. AIDS is the name given an apparently new immune disorder with a long incubation period, protracted and debilitating course, and poor prognosis. Cases of AIDS have doubled every 6 months since the first was reported in June 1981 and the principal targets (75 percent) are very sexually active gay men. AIDS has claimed the lives of about half its victims, and it is expected that the fatality rate will rise further when more data accrue.

Dr. Robert Schooley of the Harvard Medical School says the epidemiology of AIDS strongly suggests that a transmissible agent is responsible, "This putative agent is probably a virus. No definitive agent has yet been recovered from AIDS patients, however."

Whatever the cause, AIDS results in a profound depression of the cell-mediated arm of the body's immune system, and leaves the gradually failing patient susceptible to at least one form of cancer, Kaposi's sarcoma, as well as a plethora of opportunistic infections.

Pre-AID Syndrome?

AIDS often begins with enlarged lymph nodes, weight loss, malaise, and laboratory findings of cell-mediated immune dysfunction. The incubation period is 8 to 20 months.

The weight loss and general decline is followed by any number and kind of recurring infections, commonly Pneumocystis pneumonia, intractable widespread herpes simplex, disseminated candidiasis (thrush), and severe diarrhea. AIDS is also marked by blood tests that show an inverted ratio of helper to suppressor T cells that tilts the balance toward suppressor cells. Normally, helper cells that "turn on" the immune system are more numerous than the suppressor cells that "turn it off."

The fatality rate is close to 80%, and no one has yet been cured of this disease.

More than 1,300 cases have been reported in the U.S., and the Communicable Diseases Center (CDC) in Atlanta has been receiving reports of two to three new cases daily. AIDS is thought not to be highly communicable through the usual social encounters, and about 35% of AIDS cases have occurred in people outside the known high

risk groups. In addition to gay men, these include recent Haitian immigrants, intravenous drug abusers, female sex partners of bisexual males, and hemophiliacs.

Intimate Contact, Blood Products

The predominance of these groups among AIDS cases points to sexual or other intimate contact with an infected person, and/or the receiving of blood or blood products from an infected person as the means of transmission. People with hemophilia require injections of clotting factors, derived for the most part from large pools of donor plasma. AIDS became the second leading cause of death among hemophiliacs in 1982, the first year of AIDS' appearance in this group. In at least one case of AIDS in a transfused patient with no other risk factors, donor blood was traced to a homosexual man who felt well at the time of donation but later died of AIDS.

A more mystifying primary risk group are Haitian immigrants to the U.S., who account for about 6% of reported cases. More than 20 cases of AIDS have been identified in Haiti itself, but the meaning of the Haitian association is unclear, Dr. Schooley said.

Only a few AIDS cases have not been linked to one of the above risk factors. A U.S. Department of Health and Human Services advisory committee is examining the blood banking system to consider safety guidelines. However, since no causative organism has been identified, no screening test exists for AIDS, and screening for homosexual activity, Haitian nationality and other risk categories is largely dependent on the donor's cooperation. Members of high risk groups are being asked to voluntarily limit their blood donations, however, "just as people who have recently returned from Africa, where malaria is endemic, and people who have had hepatitis, are asked not to donate," Dr. Schooley explained.

"As alarming as this is," he continued, "you have to realize these suspected cases of AIDS infection through transfusion number only 3 or 4, and millions of units of blood are given every year." Though the implications of getting AIDS are more serious than those of getting hepatitis, Dr. Schooley said the concensus is that people should not cancel surgery or other therapy requiring blood transfusions out of concern of getting AIDS.

Haiti and Homosexuals

Dr. Schooley said there is a great deal of speculation as to why AIDS is seen in Haitians and homosexuals. He said that an illness with AIDS symptoms has been occurring persistently in Haiti since 1979, but because of minimal health care facilities in the country it is difficult to do retrospective epi- (continued on p. 8)