

# AIDS phase-shift heralds general breakdown in resistance to disease

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AIDS (Acquired Immune Deficiency Syndrome) is now beginning to break out of its initially restricted distribution in certain "high-risk" population groups to become a generalized threat throughout the world. The significance of this extends far beyond a simple increase in the number of AIDS cases. It is now evident that AIDS is a sensitive indicator of the general level of disease resistance of a population, and is capable of non-linear expansion under conditions of collapsing nutrition and sanitation.

Over 2,000 scientists from around the world presented papers at an International Conference on AIDS, sponsored by the U.S. Dept. of Health and Human Services and the World Health Organization, held in Atlanta, Georgia from April 14-17, 1985. One of the most striking conclusions was that AIDS is spreading beyond the homosexual community.

Approximately 30% of new AIDS cases are occurring among non-homosexuals. This is the conclusion of a study of military personnel by Dr. Robert Redfield of the Walter Reed Army Institute of Research. Over 30% of cases of disease associated with HTLV-III (AIDS virus) occurred among non-homosexual, non-intravenous-drug-using, heterosexual males who engaged in promiscuous heterosexual sex, with frequent utilization of prostitutes. Another study of 36 male AIDS patients, without known risk factors, in New York City indicated that 2 of them had sexual contact with female IV drug-users, who would be high risk AIDS carriers, that 11 of them had contact with prostitutes, and that 3 of them reported having more than 175 sexual partners. The last 14 cases indicate heterosexual transmission of AIDS to males by females not presently considered to be AIDS risk-groups.

Another study from the University of Miami reported on 17 families with adult AIDS patients. Of 39 children in these families, 12 had AIDS or AIDS-like conditions and were born to mothers with AIDS. There was no evidence of transmission to older children. However, of the 17 AIDS-free spouses, four of eight men and two of nine women, developed AIDS symptoms within a year. This indicates spread of AIDS from the infected to the non-infected spouse.

A more ominous situation was reported from a study in Belle Glade, Florida, an isolated, and economically depressed, agricultural area in western Palm Beach county. Thirty cases of AIDS were confirmed in the resident population of 25,000, a rate greater than 1 per 1,000 population. Most significantly, six of these cases, four males and two females, had no identifiable risk factors. Five of the six worked out of doors in this area, characterized by "substandard housing, crowded living conditions, open waste, rat signs, and active mosquito breeding (*Aedes aegypti* and *Culex* spp.)."

AIDS is spreading in epidemic fashion in sub-Saharan Africa, especially Zaire, entirely outside of homosexual transmission. In many cases, the only identifiable factor is medical injections. The HTLV virus, identified as the cause of AIDS, is endemic to Africa and thought to have originated there. However, the present epidemic represents a new phenomenon in Africa. This is the consequence of the accelerating famine and collapse of sanitation in these areas. AIDS in Africa is associated with chronic infectious diseases, such as malaria, sleeping sickness and other parasitic diseases, along with malnutrition.

In the United States also, AIDS is associated with other diseases, such as chronic Cytomegalovirus and Epstein-Barr virus infections, which are also common in Africa. In addition, an increasing incidence of both regular and atypical tuberculosis is showing up in AIDS patients.

A blood-test to detect antibodies to HTLV-III virus is now being used for screening studies. These studies indicate that 500,000 to 1 million Americans have been exposed to the AIDS virus and current estimates are that 10 to 30% of them will come down with active disease.

The present evidence is that healthy people can fight off exposure to small amounts of virus. However, large exposures, such as contaminated-blood transfusions, can infect otherwise healthy people, who are also weakened by the condition requiring transfusion.

Those people whose immune systems are depressed by malnutrition, antigen overload from anal sex, or fecal-oral

contamination from poor sanitation or certain sexual practices, are highly susceptible to even small amounts of virus.

One particularly glaring example of this is the asymptomatic mother, who shows no evidence of disease, but passes the virus on to her children in the uterus, who subsequently die of AIDS while she remains clinically well.

### Non-sexual transmission

Reports of non-sexual transmission between family members are just beginning to appear, mostly in Africa, where immunological collapse in the population is most marked. As nutrition, medical care, and sanitation continues to decline in other areas, this can be expected to become more common.

The association of AIDS with these conditions makes the disease a useful barometer of the general health of a society, and one would expect a sudden increase in the disease, or its extension to previously uninvolved population groups, to indicate a non-linear breakdown in general health conditions. This is exactly what is now occurring in economically depressed areas in the United States.

An interesting negative proof of the relationship of unsanitary living conditions and poor nutrition to AIDS is the case of the Haitian refugees. Originally one of the four risk-groups, along with homosexuals, intravenous-drug-users, and hemophiliacs, they have come to represent a smaller percentage of the total cases since no longer being confined to concentration camps.

### More deaths than Vietnam

Present projections are that over 47,000 persons in the United States will have died of AIDS by 1987-88, more than died in the Vietnam War. This is based on extrapolation of present trends, and does not adequately consider the effect of major dissemination under conditions of accelerating nutritional and hygienic collapse. It is estimated by researchers studying the African cases that the incidence of AIDS is 20 to 30 times higher in Zaire than in the United States, where already over 10,000 cases have been diagnosed, half of whom have already died. Along with the screening studies cited above, this indicates a large reservoir of virus capable of rapidly disseminating under favorable conditions.

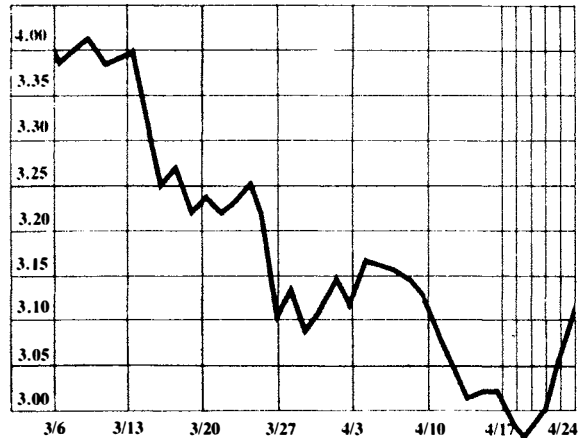
The Center for Disease Control estimates that the first 9,000 cases of AIDS resulted in total costs of nearly \$10 billion, consisting of \$4.2 billion in lost earnings and \$5.6 billion in medical costs.

This problem is not confined to the United States and Africa. Active cases, and presence of the virus, have been documented in Europe, Japan, South America, and even the Soviet Union. As more active surveillance takes place, the incidence in these areas can be expected to increase. This illustrates again the propensity for infectious diseases to find their way to susceptible hosts around the world, and the extreme difficulty of containing such pestilences.

## Currency Rates

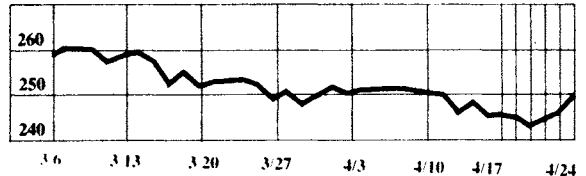
### The dollar in deutschmarks

New York late afternoon fixing



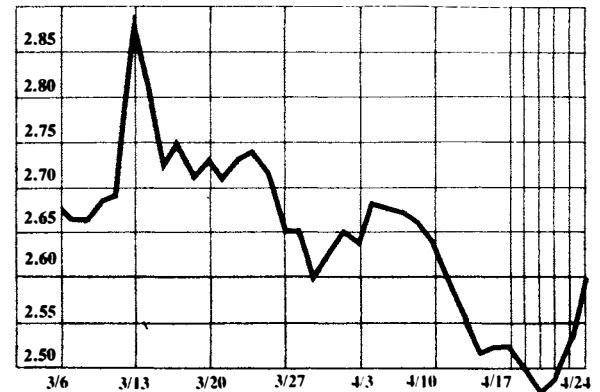
### The dollar in yen

New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing

