

COMMUNICABLE DISEASES (SCOTLAND) UNIT


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RUCHILL HOSPITAL,
GLASGOW G20 9NB

With Compliments


Consultant Epidemiologist

CURRENT NOTES

Acquired Immune Deficiency Syndrome (AIDS)

In view of the increasing interest in, and concern about problems associated with AIDS and with Human Immunodeficiency Virus (HIV) infection, the CD(S) Unit has received a grant from the U.K. Medical Research Council to augment surveillance work in Scotland as a matter of urgency.

To complement this new initiative, and to widen the scope of involvement in surveillance, the CD(S) Unit will begin publication next week of a supplement to the *CDS Weekly Report*, under the acronym of ANSWER - AIDS News Supplement, *CDS Weekly Report*. Many of the items on AIDS and HIV infection which have appeared in the past as either Current Notes or Articles in the main Report will now appear in the Supplement.

ANSWER will be made available not only as part of the *CDS Weekly Report* (thus existing recipients of CDSWR will not lose anything) but also as an independently circulated document with a wider readership than *Weekly Report*. Initially, one sheet (two pages) of A4 size paper is contemplated and interested persons are invited to consider contributing brief items of relevant and professionally useful information for inclusion in the Supplement. Frequency of publication might be weekly, along with *CDS Weekly Report*, or fortnightly/monthly/quarterly, depending on the availability of worthwhile contents. Clearly, papers which have appeared already in "mainstream" professional journals would not be reproduced but preliminary communications, texts (or abstracts) of papers from "limited circulation" journals (e.g. *WHO Weekly Epidemiological Record*, *USPHS/CDC Morbidity and Mortality Weekly Reports*), or progress reports of surveillance activities in Scotland, the UK and elsewhere, would appear.

The editor of *CDS Weekly Report* would be pleased to receive contributions for ANSWER. Also, any person not already receiving *Weekly Report* but who would wish to receive ANSWER is invited to send his/her name and address (with full Postcode) to the Information Officer at the CD(S) Unit. Please indicate clearly that your communication does relate specifically to ANSWER.

(AIDS News Supplement, CDS Weekly Report)

Prepared and presented as a professional service by the Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB, Scotland

WHO Consultation on International Travel and Human Immunodeficiency Virus (HIV) Infection

(Reproduced, with acknowledgement, from the *Weekly Epidemiological Record* of the World Health Organization, Geneva (1987) 62, No. 12, 77-78)

A consultation on international travel and human immunodeficiency virus (HIV) was convened by the WHO Special Programme on AIDS on 2-3 March in Geneva.

The consultation addressed three related issues :

1. HIV screening of international travellers.
2. Travel of HIV-infected persons by public conveyance.
3. Recommendations for international travellers on prevention of HIV infection.

1. The consultation concluded that, at best and at *great cost* HIV screening of international travellers would *retard only briefly* the spread of HIV, both globally and with respect to any particular country.

The AIDS epidemic is now global; 91 countries from all regions of the world have reported AIDS cases to WHO and virtually all nations are already involved, at least to some extent, in the HIV pandemic.

Therefore, the only possible rationale for HIV screening of international travellers would be an effort to slow, rather than to prevent, the spread of HIV.

Serious logistic, epidemiological, economic, legal, political and ethical problems are inherent in any proposal for HIV screening of international travellers. For example, no screening system can prevent the introduction and spread of HIV infection; a programme for screening of international travellers would have to involve nationals returning from travel abroad as well as foreign entrants.

The diversion of resources to screening of international travellers for HIV and away from educational programmes and measures to protect the blood supply is not justified. Rather than screening, the consultation would recommend educational programmes directed to both national and international travellers.

2. The consultation concluded that use of any public conveyance (for example, train, bus, airplane, car, ship) by persons infected with HIV *does not* create a risk of infection for others sharing the same conveyance. Therefore, there is no reason to limit use of public conveyances by HIV-infected persons.

3. Recommendations for international travellers on prevention of HIV infection :

The routes of HIV transmission have been documented to be the same throughout the world. Therefore, the behaviours that put individuals at risk of acquiring HIV are similar worldwide.

Preventive measures against HIV are also the same worldwide, regardless of whether the individual is a traveller or a resident of a given country.

Educational materials should be made available for international travellers to increase awareness of how HIV is transmitted and how it can be prevented. This educational material should indicate specific preventive measures, in clear, easily understood language. This involves a difficult balance since transmission of HIV is primarily sexual and therefore involves many social and cultural sensitivities. However, it is essential to discuss these sensitive issues openly to protect the international traveller.

The final report from this consultation should be available by May 1987.

Global Data : Acquired Immunodeficiency Syndrome (AIDS) as reported to WHO to 11 March 1987

(from *Weekly Epidemiological Record* of the World Health Organization, Geneva (1987) 62, No. 11, 74)

Africa : 18 countries, 2,627 cases

including Uganda	766 cases
Tanzania	699
Congo	250
Zambia	250
Central African Republic	202
Côte d'Ivoire (Ivory Coast)	118
Kenya	109

Americas : 33 countries, 34,599 cases

including USA	31,036 cases
Brazil	1,012
Canada	873
Haiti	785
Mexico	249
Dominican Republic	127
Trinidad and Tobago	108

Asia : 12 countries, 103 cases

Europe : 26 countries, 4,646 cases

including France	1,221 cases
Germany, Federal Republic of	959
United Kingdom	686
Italy	460
Spain	242
Netherlands	218
Belgium	207
Switzerland	192
Denmark	131

Oceania : 2 countries, 429 cases

including Australia	407 cases
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(AIDS News Supplement, CDS Weekly Report)

Prepared and presented as a professional service by the Communicable Diseases (Scotland) Unit,
Ruchill Hospital, Glasgow G20 9NB, Scotland

Acquired Immune Deficiency Syndrome (AIDS) - Worldwide

The World Health Organization, Geneva advises that as of 1 April 1987, a total of 45,608 cases of AIDS had been reported to WHO by 102 countries worldwide. Additionally, 29 countries provided a "zero return". The distribution by reporting regions is as follows:-

Africa	3,538 cases;	22 countries
Americas	36,690 cases;	38 countries (see below for USA data)
Asia	126 cases;	13 countries
Europe	4,814 cases;	26 countries
Oceania	440 cases;	2 countries

The Center for Disease Control, US Public Health Service advises that as of 30 March 1987, a total of 33,482 cases of AIDS had been reported. This comprises 30,760 adult males and 2,251 adult female, along with 258 male and 213 female children (<13 years of age). Amongst adults, homosexual/bisexual males continue to form the largest single group (21,707 cases) but amongst adult females, intravenous drug abusers constitute the principal group (1,148 cases). Cases among children of both sexes are greatest (191 males and 186 females) where there is a parent with, or at risk of, AIDS. Of adults, 19,097 are known to have died, of whom 12,259 were homosexual/bisexual males. Of children, 297 are known to have died. New York (9,370 cases), San Francisco (3,310 cases) and Los Angeles (2,809 cases) continue to account for the largest numbers of cases in Standard Metropolitan Statistical Areas of residence.

Acquired Immune Deficiency Syndrome (AIDS) - United Kingdom

The PHLS Communicable Disease Surveillance Centre, London reports that 734 cases of AIDS had been registered formally for the United Kingdom to the end of March 1987 and with them are associated 405 known deaths. Within the United Kingdom, 701 cases were registered from England, 18 from Scotland, 12 from Wales and 3 from Northern Ireland. The corresponding distribution of deaths was 382, 11, 10 and 2 respectively. Within England, the four Thames NHS Regions accounted for 566 cases and 290 deaths.

The distributions of UK cases by transmission categories are summarised in Table 1.

TABLE 1

Transmission Categories	Cases		Total	Deaths
	Male	Female		
Homosexual/bisexual	640	-	640	342
Intravenous drug abuser	8	2	10	6
Homosexual and IV drug abuser	7	-	7	4
Haemophilia	31	-	31	23
Recipient of blood : abroad	4	4	8	5
UK	3	2	5	5
Heterosexual - presumed infected : abroad	13	7	20	11
UK	1	4	5	4
Child of HIV-antibody 'positive' parent	3	4	7	4
Other	-	1	1	1
Total	710	24	734	405

The distributions of the Scottish-registered cases and deaths, by transmission categories, are summarised in Table 2 (these figures are included in the UK figures of Table 1).

TABLE 2

Transmission Categories	Cases		Total	Deaths
	Male	Female		
Homosexual/bisexual	13(a)	-	13(a)	7(a)
Intravenous drug abuser	-	1	1	1
Homosexual and IV drug abuser	-	-	-	-
Haemophilia	2	-	2	1
Recipient of blood : abroad	1(b)	-	1(b)	1(b)
UK	1	-	1	1
Heterosexual - presumed infected : abroad	-	-	-	-
UK	-	-	-	-
Child of HIV antibody 'positive' parent	-	-	-	-
Other	-	-	-	-
Total	17	1	18	11

(a) includes two visitors from outside UK

(b) not blood transfusion