

Research and experience have shown that the AIDS virus is not transmitted through casual, everyday contact. The HIV is extremely fragile and cannot reproduce outside the human body. The virus is destroyed by extreme heat and is easily washed away with soap and water or ordinary household bleach.

There have been no reports of development of AIDS in school children, household contacts, co-workers, or health care professionals who have had non-sexual contact with AIDS patients and those infected with HIV. Transmission by any means other than sexual contact or direct injection with infected blood has never been demonstrated.

Research and experience have shown that the AIDS virus is not transmitted through casual, everyday contact.

Don't let fear and confusion keep you from the facts. The most important key to preventing the transmission of AIDS is the sharing of accurate information.

For more information on AIDS, contact your physician, your local county medical society, or an AIDS resource organization in your area.



California Medical Association
44 Gough Street • P.O. Box 7690
San Francisco, CA 94120-7690
☎ (415) 863-5522

♦ The California Medical Association ♦ wants you to know
♦ the facts about ♦



Acquired
Immunodeficiency
Syndrome

A**IDS** stands for Acquired Immuno-deficiency Syndrome. AIDS is not a single disease. It is a syndrome – a collection of symptoms that occur together to make up an illness. AIDS is associated with a loss of the body's natural immunity. This loss makes the body susceptible to a variety of diseases. AIDS can be fatal and there is, as yet, no vaccine or cure. However, the spread of AIDS can be prevented through education and changes in risk activities. Many people are frightened and confused about AIDS and its transmission. By understanding how the disease is caused and transmitted, you can help to relieve fears and to stop the spread of AIDS.

AIDS was first diagnosed in 1981. Since that time, extensive research has been conducted to determine the causes, treatment, prevention and transmission of AIDS. Researchers and physicians have found that AIDS is caused by a virus not seen before the late 1970s, called Human Immunodeficiency Virus (HIV). This virus was originally called HTLV-III, ARV and LAV, but is now known as HIV. HIV is transmitted primarily through sexual contact and through blood or blood products. The virus may be found in other bodily fluids of an infected person, such as saliva, sweat and tears, but there is no evidence that these fluids transmit the virus.

The virus is not transmitted through food, water, air or casual human contact. It is not transmitted on objects or surfaces touched by persons with AIDS or by mosquitoes. No one has ever become infected with the virus by superficial kissing, shaking hands or using water fountains, telephones, swimming pools, door knobs or toilet seats.

HIV affects the immune system, the body's first line of defense against disease. The system depends on white blood cells called lymphocytes. Lymphocytes include *B-cells*, which produce important infection-fighting antibodies, *Helper T-cells*, potent white blood cells that help *B-cells* manufacture antibodies, and *Suppressor T-cells*, which stop or suppress the production of *B-cell* antibodies after infection has been repelled. In a healthy person, helper cells outnumber suppressor cells two to one. When a person has AIDS, helper cells are destroyed, leaving the immune system weak or useless in the fight against certain diseases. Two of the most common illnesses found in people with AIDS are *Pneumocystis carinii* pneumonia (PCP) and Kaposi's sarcoma (KS), a form of skin cancer. It is these diseases, not the virus itself, that can result in death.

Because our bodies respond to infection by producing antibodies, the presence of antibodies in the blood can indicate whether or not a person has been infected by a virus. An antibody test has been developed to screen blood that may have been exposed to the HIV. The HIV antibody test is not a test for AIDS. A positive test result indicates only that a person has been infected with the virus and has developed antibodies. Not everyone infected with the virus will actually develop AIDS. Most infected people will develop antibodies to the virus, remain healthy, and display none of the symptoms of AIDS, though they may be able to transmit the virus to others. A smaller group of people will develop what is called an AIDS Related Condition (ARC), characterized by mild to severe illnesses. An even smaller percentage will develop AIDS, indicated by specific life-threatening diseases.

There is no way to determine whether immunity to further infection has been acquired or whether AIDS will develop. Current estimates suggest that thirty to forty percent of persons testing HIV positive will develop AIDS symptoms. There is a possibility that cofactors such as alcohol or drug abuse, poor nutrition, stress, or other illnesses may play a role in the development of the disease.

The AIDS virus can be transmitted in three ways. The most common is the sharing of bodily fluids (such as blood or semen) through sexual intimacy. Secondly, exposure to blood or blood products, most often through the sharing of contaminated hypodermic needles, can transmit the virus. The virus can also be transmitted from mother to fetus during pregnancy and birth.

At one time there was concern about AIDS being transmitted through blood transfusions. Now all donated blood is screened to determine if HIV antibodies are present. If antibodies are present, the blood will not be used. Experts agree that this effective screening process almost eliminates the risk of transfusion-related AIDS transmission. As always, donating blood in no way puts the donor at risk for AIDS.

AIDS is transmitted only by certain activities. Anyone who engages in these activities without taking proper precautions can contract or transmit AIDS. If you are sexually active and are not sure if your sexual partner may be infected with HIV, use the same precautions as with other sexually transmitted diseases. Do not share hypodermic needles, razors, or toothbrushes that might expose you to traces of blood.

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QUESTIONS AND ANSWERS ABOUT THE HTLV-III ANTIBODY TEST

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QUESTIONS AND ANSWERS ABOUT THE HTLV-III ANTIBODY TEST

HTLV-III IS THE VIRUS THAT CAUSES AIDS.
It is also referred to as HIV, LIV and AIDS virus.

SHOULD I TAKE THE TEST?

You are probably considering taking the HTLV-III antibody test because you have questions like these:

- Question 1** - Have I been infected with HTLV-III (the "AIDS" virus)?
- Question 2** - Am I now infected with HTLV-III?
- Question 3** - Do I have AIDS (Acquired Immunodeficiency Syndrome)?
- Question 4** - Will I develop AIDS in the future?

In the past, you may have asked similar questions about another disease and gotten a simple "Yes" or "No" answer. You are hoping for the same type of answers from the HTLV-III antibody test.

But this test won't give you all the answers. It may give you the answer to question #1 ("Have I been infected with HTLV-III?"). This test will NOT answer questions #2, #3, and #4. The reasons why the test does NOT answer these three questions are as follows:

Am I now infected with HTLV-III?

This test tells whether or not you HAVE BEEN infected with HTLV-III. It does not specify whether or not the virus is still present in your body, although present evidence suggests that a person infected with HTLV-III remains infected for life.

Do I have AIDS now?

Being infected with HTLV-III, the condition which may be indicated by a positive test, is not the same thing as having AIDS. It is possible to have an HTLV-III infection and yet not have AIDS.

Will I develop AIDS in the future?

If you have a positive HTLV-III antibody test, no one can say for sure what the outcome of such an infection will be, but doctors have noted at least 3 pos-

sibilities. AIDS, a life threatening illness, is only one of these. Two other possible outcomes are no illness and mild non life-threatening illness.

Realizing that the HTLV-III antibody test will not answer all the questions you have about your risk of getting AIDS, you may be in a better position to decide whether or not you want to take the test.

WHAT WILL I GAIN OR LOSE FROM TAKING THE TEST?

You will learn your "probable antibody status" to HTLV-III: "probable"---because, this test, although very accurate in people who are at high risk for AIDS, may give occasional mistaken results; "antibody"--because this is a test for an antibody (a substance produced by your body's immune system) to HTLV-III; "status"--because you'll know where you stand with regard to previous infection with HTLV-III, the cause of AIDS. It is possible that knowing this information may help you to protect your own health and the health of others. (See guidelines below.) In this case, everyone would gain.

But possible problems could occur under this circumstance: if you take the test and have a positive result which becomes a part of your medical record, you could have trouble if this record were ever shared with employers or insurance companies. If, on the other hand, you take the test at a site where no names are asked, no one but you (and those people you may decide to tell) will know your result. After reading the information below, you should consider how knowing your test result might affect YOU, even if you have no fear of others' reactions. Only you can know if such knowledge would be a loss or a gain.

WHAT DOES A "NEGATIVE" TEST RESULT MEAN?

A "negative" test result is a probable "No" answer to the question "Have I been infected with HTLV-III?" It means that no antibody to HTLV-III was detected in your blood. However, if you belong to one of the groups considered to be at high risk for developing AIDS (homosexual and bisexual men, I.V. drug users, hemophiliacs, and male or female sexual partners of persons in these groups) your negative test result could have a different meaning. Here are two other possible meanings:

Although you may have been infected with HTLV-III, it is possible that your body has not yet made an antibody to the virus.

Although an antibody to HTLV-III may actually be present in your blood, for some reason the test failed to detect it. (This is known as a "false negative" result.)

If you are in a high-risk group and have a negative test, you should carefully read the information below and consider having a second test in 3-6 months.

IF MY TEST IS NEGATIVE, HOW CAN I AVOID FUTURE INFECTION WITH HTLV-III?

If your test result is negative, there is a good chance that you are not infected with HTLV-III (the "AIDS virus"). You can use this piece of good news as the starting point of a serious effort to avoid future infection, by following these guidelines:

If your risk factor for developing AIDS is that you are a man who has sex with other men, you should realize that HTLV-III (the "AIDS virus") is present in body fluids of infected people. Because HTLV-III may be widespread among Gay men, sex acts with other Gay men that expose you to their body fluids (including blood, semen, and saliva) ARE NOT SAFE. It is best also to avoid exposure to urine and feces. Unsafe acts include rectal intercourse, oral-genital contact, intimate kissing, and any other sex act you know of in which you contact body wastes or fluids of another. You cannot safely engage in these acts unless you are sure that your partner is not infected with HTLV-III. Because it is difficult to know this information about most other people, you should take some time to reconsider and modify your ways of getting sexual pleasure. For more guidance on this topic, refer to additional information on safe sex practices.

If your risk factor is I.V. drug use, you can probably guess what the first guideline for avoiding HTLV-III infection is: Get the help you need to stop shooting drugs. If you won't stop shooting, then you must stop sharing needles. Needle sharing causes you to inject a small amount of another person's blood into your body along with whatever disease-causers they may carry in their blood, including HTLV-III, the cause of AIDS. Because HTLV-III may be widespread among I.V. drug users, needle sharing IS NOT SAFE. Try to get a new needle in a sealed package, and never let anyone else use it.

If you are a heterosexual partner of a person in a high risk group, follow the guidelines for Gay men listed above and also avoid vaginal intercourse.

Never share needles with other people for any reason, including tatooing and injecting hormones for body-building.

WHAT DOES A "POSITIVE" TEST RESULT MEAN?

A positive test result is a probable "Yes" answer to the question "Have I been infected with HTLV-III?" It means that you are very likely to have been infected

with HTLV-III and to have developed an antibody (a substance made by your body's immune system.) It does not tell when the infection took place or if HTLV-III, the virus that caused your immune system to make the antibody, is still present. Most important, a positive test does not mean that you now have AIDS or that you will necessarily develop it in the future.

WHAT SHOULD I DO IF MY HTLV-III ANTIBODY TEST IS POSITIVE?

First of all, don't panic. Your positive test is only one part of your total health picture. You should see a doctor who can help you to evaluate your health as a whole.

Current information shows that most people with a positive antibody test do NOT have AIDS at the time of testing. At present, scientists believe that AIDS will occur in a fraction of the group of people with a positive antibody test. More will develop a non life-threatening illness, and still others may not be sick at all.

HOWEVER.....

Because HTLV-III MAY BE present in your body and body fluids, you may be able to pass this virus to other people, even if you are not now ill, even if you never develop AIDS. For this reason, you should make every attempt to follow these guidelines:

Do not donate blood or plasma for transfusion, organs for transplant, or sperm for artificial insemination. If you have designated on your driver's license for your organs to be donated, you should have this designation removed.

Avoid possible transmission to others through sexual acts that expose them to your body fluids or body wastes. These acts include sexual intercourse, oral-genital contact, and intimate kissing.

Avoid sharing personal items, such as toothbrushes and razors, which can transmit the virus to other people.

If you cut yourself and spill blood on clothes or furniture, or if you need to clean surfaces soiled with saliva, urine, feces, semen, etc, wash with water mixed with household bleach (one half cup of bleach to four and a half cups of water.)

IF MY TEST IS POSITIVE, SHOULD I TELL ANYONE?

After reading this brochure, you should realize that many people don't understand as much as you do about the meaning of a positive HTLV-III antibody test. Also, once you have given this information to someone else, you no longer have control over who will hear it. For these reasons, you may want to limit the people you tell to those who stand to gain from knowing:

Inform your sex partner or partners, and share with them the information about HTLV-III that you have received.

Tell your doctor and dentist. These people may be exposed to your body fluids and should know about your positive test. Your doctor may be able to help you to evaluate your test result in the context of your health as a whole. Discuss with your doctor or dentist whether this test result should be placed in your medical record to avoid unwanted disclosure of your result in the future.

IF MY TEST IS POSITIVE, WHAT CHANGES SHOULD I MAKE IN MY DAILY ACTIVITIES?

Even though your test for HTLV-III antibody is positive, you do not need to change your life beyond the suggestions listed above. The following additional points may be helpful:

Contact with family and friends can be normal; hugging and kissing on the cheek does not spread the virus.

Contact with other people at work or in the community should be as usual. Special precautions and restrictions are not usually necessary. It is recommended that health care workers contact their local health department or employee health center for specific recommendations.

WHAT IF MY TEST RESULT IS POSITIVE AND I AM OR WANT TO BECOME PREGNANT?

If you are now pregnant, discuss your positive result with your doctor **IMMEDIATELY**. If you intend to become pregnant, and you or your partner are a member of a high risk group, you should be tested for the HTLV-III antibody before becoming pregnant.

It is possible for a mother who has HTLV-III infection to transmit the virus to her newborn infant. Some of these infants have died. A woman who has a positive HTLV-III antibody test or who has a sexual partner with a positive test, should postpone pregnancy until the question of whether she is currently infected with the virus can be answered. Answering this question may require a test for HTLV-III itself (instead of HTLV-III ANTIBODY.) It is likely that such a test will be widely available at some future date.

WHAT IF MY TEST RESULT IS POSITIVE AND I BECOME ILL?

You don't need to worry about every minor change in your health. But you should be aware of some of the "danger signals" of AIDS. These are important changes in your health which you should bring to a doctor's attention. The danger signals include:

- Unexplained fever, chills, or night sweats, lasting 2 weeks or more;
- Unexplained weight loss of 10 pounds or more;
- White patches in your mouth;
- Dry cough, unrelated to smoking, lasting 2 weeks or more;
- Unexplained diarrhea, lasting 2 weeks or more;
- Severe shortness of breath;
- Swollen or tender lymph glands in the neck, jaw, armpit, or groin;
- Any unusual bruise, bump, swelling, or skin discoloration, including skin rashes, lasting two weeks or more;
- severe confusion or change in mental status.

The sooner you bring such symptoms to a doctor's attention the better off you will be. You should have a doctor who knows about any part of your life that puts you at risk of getting AIDS. You should tell this doctor about your positive HTLV-III antibody test. If you do not already have a doctor with whom you feel you can be honest, you may be given a referral number to call when you are at the HTLV-III antibody testing site.

WHAT IF BOTH MY SEX PARTNER AND I HAVE POSITIVE TESTS? IS IT SAFE FOR US TO HAVE SEX?

No one can say for sure what the risk to each of you may be in this situation. However, some scientists believe that there may be "co-factors" involved in a person's getting AIDS. (The gist of the "cofactor" idea is that there may be conditions that must be present before a person infected with HTLV-III will develop AIDS.) If such "co-factors" do exist, it might be possible for you and

your partner to pass them to each other, increasing the risk of AIDS for one or both of you. It is possible that repeated exposure to HTLV-III, or exposure to slightly differing types of the virus might also increase your risk. For these reasons, no one can advise you about the safety or danger of sex between two people with positive tests; however, you are encouraged to practice safe sex until more is known.

WHAT SHOULD I DO IF I DECIDE NOT TO TAKE THE TEST?

You should follow the precautions below if you are in a high risk group for AIDS, or a sexual partner or a person at high risk:

To lower your chances of getting the infection if you are not infected, or of giving it to someone else if you are infected you should use "Safe Sex" practices. These are practices which lower or stop the sharing of "body fluids" from partner to partner. "Body fluids" include blood, semen, saliva, urine, and feces. For more guidance on this topic, refer to additional information on safe sex practices.

Limit the number of sexual partners you have. The best way is to have sex with only one person--who only has sex with you.

Do not donate blood, plasma, body organs, sperm or other tissues. If you have designated on your driver's license for your organs to be donated, you should have this designation removed.

Do not share your toothbrush, razor, or other tools that could come into contact with your blood or secretions.

Do not share needles if you inject drugs.

Women should **use effective birth control** to postpone pregnancy until more is known about HTLV-III infection.

NOTES:

**FOR MORE INFORMATION
ABOUT AIDS AND HTLV-III
ANTIBODY TESTING, PLEASE
CALL**

HERO

Health Education Resource Organization

AIDS

Is Killing Drug Users

AIDS

Is Spread by Sharing Needles

Health Education Resource Organization

HERO

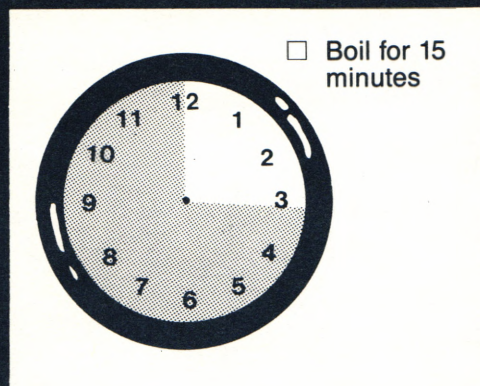
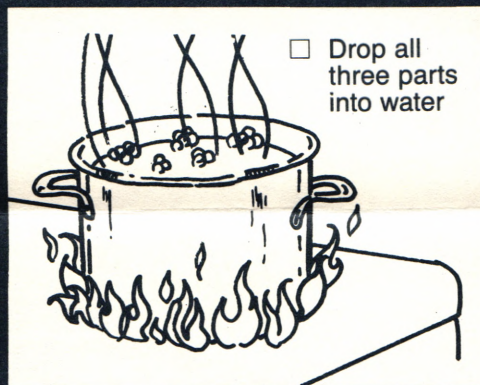
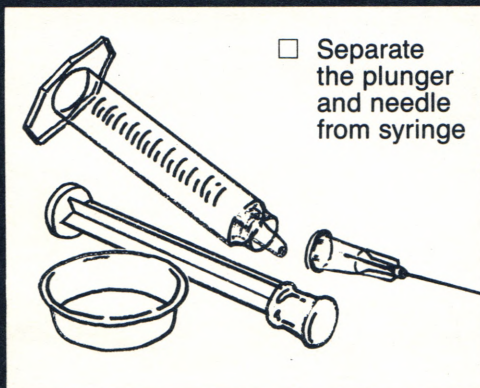
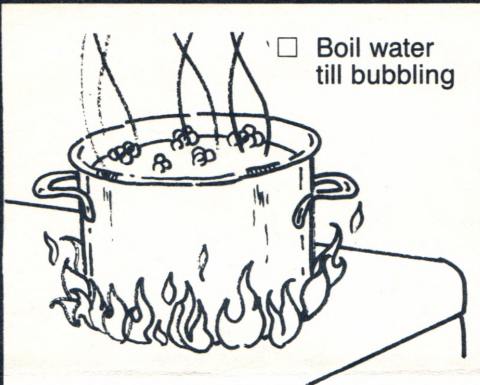
945-AIDS • 251-1164 • 1-800-638-6252
Baltimore Metro DC Metro
Elsewhere in MD

DRUG USERS: Do Not Share Needles

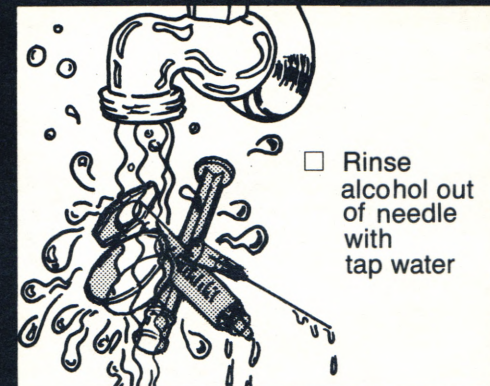
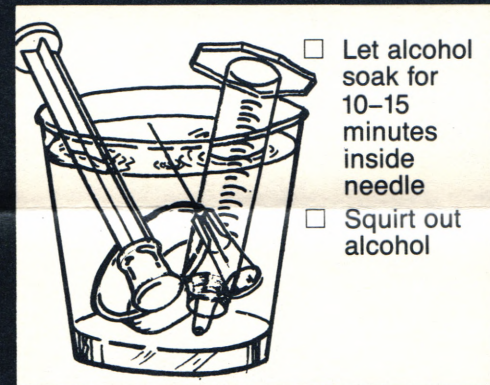
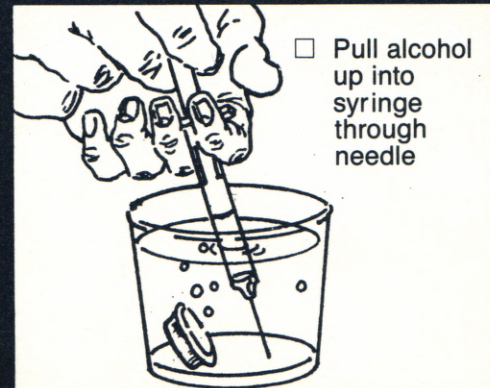
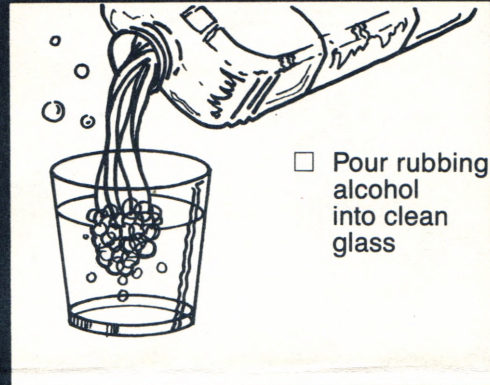
BUY A NEW NEEDLE IN A SEALED PACKAGE AND DON'T LET ANYONE ELSE USE IT.

If you're in a tight spot and must use someone else's works, first, rinse the works several times by pulling water up into the syringe and squirting it out through the needle. Then do one of two things:

1) Boil the Works (The best method)



2) Soak the Works in Rubbing Alcohol



The AIDS Physician Link Program

*An important new resource
for physicians involved in
AIDS patient care.*



New England Critical Care, Inc.

THE IDEA BEHIND THE PROGRAM

As a physician involved in the treatment of AIDS patients, you know the value of exchanging clinical information with colleagues who confront challenges and decisions similar to your own.

The AIDS Physician Link Program was developed by New England Critical Care to help facilitate this exchange.

It's a program which will directly link you into a referral network with other concerned and involved physicians.

New England Critical Care is pleased to be able to provide this important new service. We invite you to join with other participating physicians across the country who are taking advantage of this valuable resource.

THE BENEFITS OF PARTICIPATION

The AIDS Physician Link is a network *of* physicians *for* physicians. If you want to refer a patient to a physician in another geographic area, the program can help expedite the process. If you desire referrals for AIDS patients who are relocating to your geographic area, the Link will put you in contact with participating referring physicians.

In short, by allowing you access to other physicians involved in the care of AIDS patients, the program can help you take advantage of the latest developments in treatment and research, and provide you with an important referral network. It's a resource that is dedicated to helping you maintain your commitment to the highest quality of care for the Person with AIDS.

HOW TO PARTICIPATE IN THE PROGRAM

To become a Link member, simply fill out the attached business reply card and return it to us. As soon as your membership form is received, New England Critical Care will send you a confirmation of your participation, your personal ID card and complete instructions on accessing other participating physicians via the special AIDS Link toll-free number.

IF YOU HAVE QUESTIONS

If you would like to speak to a participating physician before joining the Link, check the indicated box on the attached card. We will provide you with the name of a reference physician who can help answer any questions you may have about the program. You may also use this card to request information on the New England Critical Care approach to home infusion therapy for the Person with AIDS.

- ☐ Yes, I would like to participate in the New England Critical Care AIDS Physician Link Program.

(Please check all boxes appropriate to your needs.)

- ☐ I wish to participate as a medical information resource.
- ☐ I wish to refer AIDS patients to other participating physicians.
- ☐ I wish to receive additional referrals.
- ☐ I wish to receive information on the New England Critical Care home infusion therapy program for the Person with AIDS.
- ☐ Before enrolling, I would like the name of a participating physician whom I can contact as a reference.

Patient Treatment Experience

The AIDS related diagnoses I have treated include:

- ☐ *pneumocystis carinii* pneumonia
- ☐ *cryptococcal* meningitis
- ☐ *cryptosporidium* gastroenteritis
- ☐ AIDS related enteropathy
- ☐ CMV Retinitis ☐ Kaposi's sarcoma
- ☐ Candida ☐ pneumonia
- ☐ other _____

I have referred AIDS patients for home infusion therapy of:

- ☐ antibiotics/antifungal (i.e. Pentamidine, Amphotoericin B)
- ☐ investigational drugs (DHPG/BW-B759U)
- ☐ parenteral nutrition ☐ pain management
- ☐ chemotherapy ☐ hydration
- ☐ other _____
- ☐ I am involved in clinical AIDS research only.

Name _____
(PLEASE PRINT)

Specialty _____

Office Address _____

City _____

State _____ Zip Code _____

Telephone _____ / _____

Hospital Affiliations _____



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Attn: AIDS Physician Link Coordinator
New England Critical Care
165 Forest Street
Marlborough, MA 01752-9982





New England Critical Care, Inc.

Corporate headquarters: 165 Forest Street,
Marlborough, MA 01752 1-800-344-5500
(In Massachusetts 617-480-0503)

**Don't let AIDS
get the best of us.**

We must fight back!

We really must fight back!

We must:

KNOW

...we can get AIDS by having sex
and by shooting drugs with
needles.

REMEMBER

...we cannot get AIDS by sharing
meals, shaking hands, or just be-
ing near someone with the virus.
The AIDS virus is **not** in the air.
It is in blood and semen (cum).

TELL

...everyone we know—gay and
straight—how people really get
AIDS: by sex and sharing needles.

USE

...a rubber (condom) when we
have sex. Every time! A rubber will
stop the virus from entering the
body.

PROTECT

...ourselves from AIDS by not
sharing needles.

COVER NOTE

Special thanks to the parents of our model who does
not have AIDS.

The Health Education Resource Organization (HERO) is a non-profit com-
munity AIDS project, funded, in part, by the State Department of Health &
Mental Hygiene, and the Baltimore City/Montgomery County Health
Departments.

DISEASE DOES NOT DISCRIMINATE.

*The AIDS virus does not care if you
are:*

- Straight or gay
- Male or female
- Black, White or Hispanic
- Old or young
- Doing drugs or not

©1986 HERO.

***We want you to
know more***

For more information about
how to stop AIDS, call the
HERO Hotline.

945-AIDS
Baltimore Metro

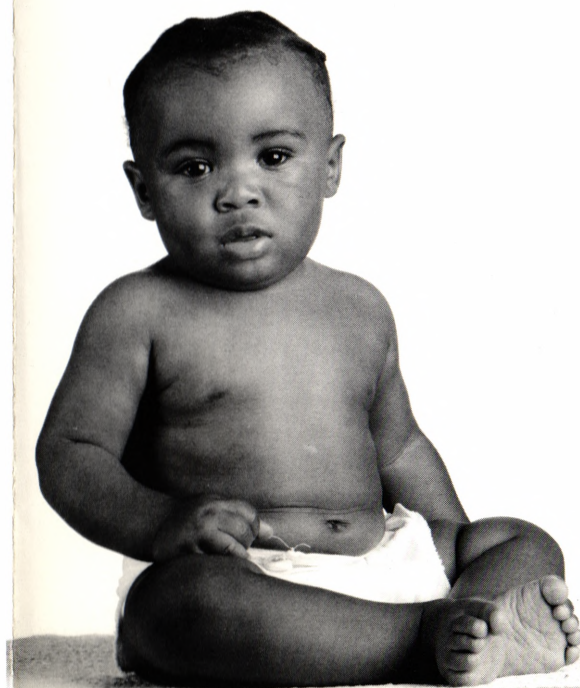
251-1164
DC Metro

1-800-638-6252
Elsewhere in MD

HERO

Health Education Resource Organization

YOU DON'T HAVE TO BE WHITE OR GAY TO GET AIDS.



BLACK MALES, FEMALES AND BABIES ARE DYING FROM AIDS.

In the United States*

80% of babies that have been born with AIDS are black.

60% of females with AIDS are black.

85% of IV drug users with AIDS are black males and females.

In Maryland*

50% of all AIDS cases are black males, females and babies.

70% of all females with AIDS are black.

All babies that have been born with AIDS are black.

*As of July 30, 1986

HERO

Health Education Resource Organization

YOU SHOULD KNOW...

AIDS IS CAUSED BY A VIRUS LIVING IN BLOOD AND SEMEN (CUM).

TO GIVE A PERSON AIDS, THE VIRUS MUST GO DIRECTLY INTO THE BLOODSTREAM.

A PREGNANT WOMAN WITH THE VIRUS CAN GIVE IT TO HER UNBORN BABY.

THE AIDS VIRUS CAN ENTER THE BLOODSTREAM BY:

- Having sex with someone who has the virus.
- Sharing a needle to shoot drugs. A needle which has already been used can carry the virus to the next person who uses it. **Dirty needles can kill!**

AIDS Is Killing Blacks

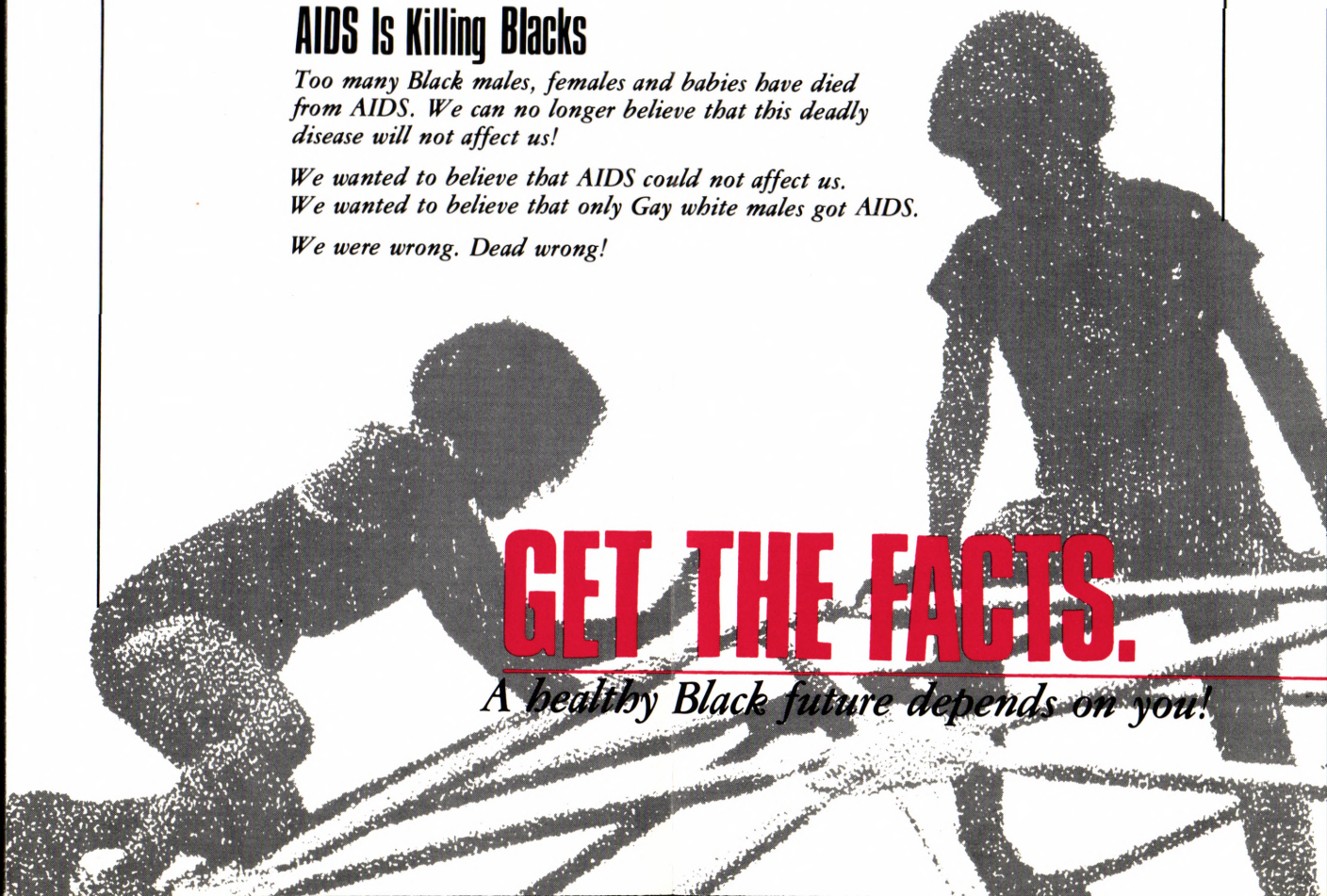
Too many Black males, females and babies have died from AIDS. We can no longer believe that this deadly disease will not affect us!

We wanted to believe that AIDS could not affect us. We wanted to believe that only Gay white males got AIDS.

We were wrong. Dead wrong!

GET THE FACTS.

A healthy Black future depends on you!



AIDS

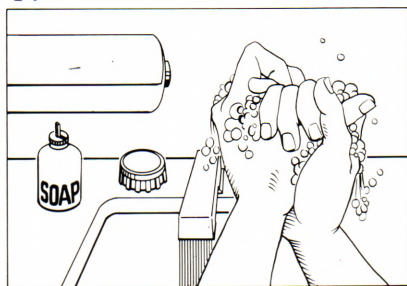
*Answers to frequently
asked questions on
home IV care for
the Person with AIDS.*

Q. How will I learn the procedures for home IV therapy?

A. A New England Critical Care registered nurse, experienced in intravenous therapy, explains the therapy and demonstrates how to perform the IV procedures. Instructions include setting up the IV equipment, storing and administering medications, monitoring the therapy and safely disposing of used intravenous supplies. In addition to providing education in the hospital and at home, the nurse will visit regularly to help you develop the self-confidence needed to carry out day-to-day care. She is also always available, if the need arises, to restart the IV or draw blood samples ordered by the physician.

Q. What steps can be taken to protect the PWA from the infections of others?

A. Because a PWA has a damaged immune system, many germs that would be harmless under normal circumstances can now cause serious infections. For this reason, it is important to minimize the chances of a PWA being exposed to others who have common infections such as colds, flu, etc. You should wash your hands thoroughly with warm, soapy water before and after physical contact, or whenever you handle IV supplies or touch articles that may be soiled with blood or body fluids.

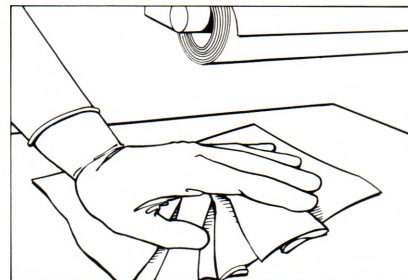


Q. When must protective clothing be worn?

A. Wear a gown or plastic apron only if there is a chance that your regular clothing will be soiled by blood or body fluids. Wear gloves to protect a cut or broken skin, or when handling blood or body fluids. Caregivers and other visitors require masks only when they may be coughing or sneezing due to a cold or flu; and protective eye-wear only in those rare situations when blood or body fluids could splash into the eyes.

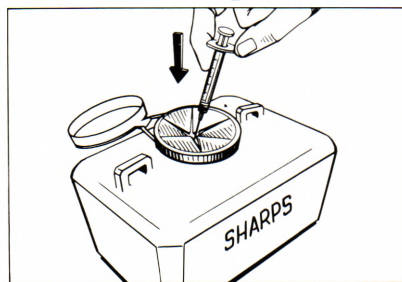
Q. How should blood or body fluid spills be cleaned?

A. Chlorine bleach, diluted 1 part bleach to 9 parts water, should be used to immediately clean up blood or other body fluids. New England Critical Care supplies a special kit for cleaning up large spills. Simply sprinkle the spill with the powder from your kit, cover it with bleach and then wipe it up with a disposable towel. Small spills can be directly covered with bleach and wiped up with a disposable towel. Any time you clean up a spill you should wear disposable plastic gloves. Also, you should protect areas where there is a greater chance of spills, such as carpets, flooring or furniture, with a plastic covering.



Q. What is the safest way to dispose of needles, syringes, catheters and other used IV supplies?

A. Discard used IV tubings, containers and dressings into large plastic double bags provided by New England Critical Care. Discard needles, syringes and other sharp objects such as small drug vials and used IV catheters directly into the red puncture-resistant container you'll also receive. Never bend, recap or break needles. Throw



away needles and syringes as one unit. *Never reuse needles.* Do not discard needles in your regular trash.

Q. How often should I inspect the catheter site?

A. Before every infusion of medication, inspect the catheter site for redness, swelling, tenderness or drainage. Also, check for changes in skin temperature at the catheter site. If you see any of these signs, contact your New England Critical Care nurse. She's available 24 hours a day.

Q. Who else on the New England Critical Care team is available to help me if I need it?

A. Your Patient Service Representative (PSR) will help answer any routine questions on home care, as well as arrange the delivery of IV supplies on a schedule convenient to your needs. Your delivery representative will deliver all the items you'll require for home care including IV solutions and equipment. And your representative will be available to assist you, if needed, in putting away your supplies. He will also pick up used and soiled materials that require special disposal. Should you need to receive supplies between regular delivery dates, simply contact your PSR.



Q. Should more than one person be familiar with the home IV procedures?

A. It is always advisable to have more than one person completely familiar with the IV procedures. Even when you are completely comfortable with the routine of home IV care, you may need a rest. Try to arrange for others to relieve you periodically. Your New England Critical Care nurse will assist in educating them.

A new beginning that starts at home.

New England Critical Care will help you achieve a good beginning to the end of the hospital stay. Once you've settled into a workable and comfortable routine for the home IV therapy, you will have more quality time because you aren't as dependent on others. You're in control. You'll be able to set schedules of your own.

Remember, New England Critical Care is always there, ready and willing to help. Your New England Critical Care nurse will make periodic visits to see how you are doing and explain any new therapy. Your nurse will also be in regular contact with your physician. And you'll have a local New England Critical Care phone number so that you can reach your nurse any time of the day or night, should the need arise.

Yes, everyone at New England Critical Care will be there to help. A good reason more Persons with AIDS depend on New England Critical Care for their home IV therapy.



New England Critical Care, Inc.

Corporate headquarters: 165 Forest Street,
Marlborough, MA 01752 1-800-344-5500
(In Massachusetts 617-480-0503)

Some initial thoughts.

You may know that today there are increased opportunities for the Person with AIDS (PWA) to receive intravenous (IV) therapy at home.

Many PWAs are able to handle home IV therapy themselves. Others may need some level of help from family members, friends or lovers. Whatever your particular situation, you are probably concerned about your health and protecting the health of those around you.

This booklet will help you understand the important procedures to be followed when a PWA receives IV therapy at home. It also includes information on the range of services provided to support this care.

The greatest benefit of home IV therapy for the PWA is obvious. The PWA is no longer confined to the hospital and can now receive therapy in the warmth and familiar surroundings of home. This means that there is the opportunity to resume daily activities which may include going back to school or work, and visiting with family and friends.

So, whether you are the patient, or the one who will be assisting in the care, New England Critical Care can help bring the benefits of IV therapy home to you.

And now some questions that may be on your mind.

Acquired Immune Deficiency Syndrome

Michael S. Gottlieb and Jerome D. Groopman, Editors

Alan R. Liss, Inc., New York

Acquired Immune Deficiency Syndrome

First recognized only three years ago, the acquired immune deficiency syndrome (AIDS) quickly attracted worldwide attention and remains a phenomenon of especial importance. Along with the dire consequences for its victims, the AIDS epidemic has provided unique opportunities for investigation of the interrelationships among viral agents, the immune system, and neoplasia in man. An intense scientific effort spanning many disciplines and involving workers on several continents has produced a large body of information on AIDS, and offers hope of developing an effective regimen of therapy for this disorder.

Acquired Immune Deficiency Syndrome presents critical new information on the possible etiologic role of T-lymphocytic retroviruses in AIDS, as well as insights into basic aspects of the syndrome. Section one surveys the epidemiology of AIDS in Europe and describes the simian acquired deficiency syndrome, which apparently is caused by a type D retrovirus. Section two presents research results on human T-lymphotropic retroviruses (HTLV) isolated from cell cultures from AIDS patients. Individual reports detail the isolation and characterization of a new variant HTLV-I virus, an HTLV-II provirus, HTLV-III viruses, and a new virus associated with

lymphadenopathy syndrome. The third section covers DNA viruses in connection with AIDS and Kaposi's sarcoma. Cytomegalovirus, herpes simplex type 2, Epstein-Barr virus, and adenoviruses are all examined. Section four profiles immunologic function in AIDS; and section five surveys infectious complications in the disorder, including *Pneumocystis carinii* and *Cryptosporidium* infections. The final section reviews approaches to immune and antiviral therapy for AIDS, evaluating bone marrow transplantation and clinical studies with human interleukin-2.

Acquired Immune Deficiency Syndrome will be of interest to virologists, cancer researchers and pathologists, tumor cell biologists, oncologists, immunologists, medical biochemists, hematologists, clinical immunologists, clinical hematologists, immunogeneticists, microbiologists, and epidemiologists.

UCLA Symposia on Molecular and Cellular Biology, New Series, Volume 16
Acquired Immune Deficiency Syndrome
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Michael S. Gottlieb and Jerome D. Groopman, Editors
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Acquired Immune Deficiency Syndrome

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Also of Interest

Birth Defects: Original Article Series, Volume 20, Number 1, 1984

CMV: Pathogenesis and Prevention of Human Infection

Stanley A. Plotkin, Susan Michelson, Joseph S. Pagano, and Fred Rapp, Editors

Cytomegalovirus (CMV) is one of a tenacious group of viruses, the herpesviruses, that infect human beings universally and stay with them for life. One crucial aspect of CMV as a human pathogen lies in its propensity for producing disease in persons with impaired or immature immunity (e.g., as during pregnancy; congenital, neonatal, or perinatal periods; and bone marrow transplantation). **CMV: Pathogenesis and Prevention of Human Infection** presents the most comprehensive knowledge about CMV, including a review of its genome and proteins, its pathogenesis and possible relationship to cancer, and the effectiveness of vaccines and antivirals.

This volume examines how the human CMV plays an important role in causing or potentiating human disease in different areas of medicine: congenital infection, oncology, blood transplantation, and immunology. **CMV: Pathogenesis and Prevention of Human Infection** also reviews a number of strategies for prevention of CMV disease. Specific topics reviewed include: • Current knowledge regarding CMV infection in pregnant women in particular as it relates to clinical expression, virulence, and long-term sequelae of congenital and perinatal CMV infections • Immunosuppressive responses of CMV infection in animals, normal subjects, pregnant women, infants, and in transplant recipients • CMV-lymphocyte interactions • The effects of CMV on human leukocytes.

CMV: Pathogenesis and Prevention of Human Infection will be of interest to virologists, immunologists, pediatricians, pathologists, microbiologists, oncologists, and hematologists.

SECTION HEADINGS: The Human Cytomegalovirus: Introduction, DNA, and Proteins • Natural History of Cytomegalovirus • Pathogenesis of Cytomegalovirus • Vaccination Against Cytomegalovirus • Passive Immunization and Antivirals

Birth Defects: Original Article Series, Volume 20, Number 1, 1984 • **CMV: Pathogenesis and Prevention of Human Infection** • *International Workshop held April 20-22, 1983, at the Children's Hospital of Philadelphia, Pennsylvania* • Stanley A. Plotkin, Susan Michelson, Joseph S. Pagano, and Fred Rapp, Editors • ISBN 0-8451-1057-8 • LC 83-23894 • Publication: April 1984 • 536 pages, \$88.00

Birth Defects: Original Article Series, Volume 19, Number 3, 1983

Primary Immunodeficiency Diseases

Ralph J. Wedgwood, Fred S. Rosen, and Natalie W. Paul, Editors

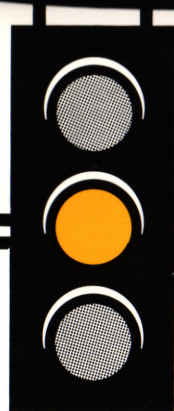
Primary Immunodeficiency Diseases is a greatly needed compendium of the latest work on the mechanisms, classifications, diagnosis and treatment of immunodeficiency diseases in man. Nowhere else can one find a thorough survey of the work done in this fast-moving field during the last 5 years.

The 67 chapters cover a broad range of immunodeficiency diseases, from rare genetic disorders, to allergies, idiosyncratic immunization reactions, and recurrent otitis media in children. The book also contains a system of classification and diagnosis for immunodeficiency diseases.

Primary Immunodeficiency Diseases will be an essential reference for researchers and clinicians working in immunology, pediatrics, hematology, and, of course, those in other fields concerned with the problems of the immune system.

SECTION HEADINGS: Clinical Immunobiology • Severe Combined Immunodeficiencies (SCID) • Disorders Affecting B Lymphocytes • The Role of the Thymus • Other States Associated With Primary Immunodeficiency

Birth Defects: Original Article Series, Volume 19, Number 3, 1983 • **Primary Immunodeficiency Diseases** • *International Workshop held September 12-15, 1982, at Rosario Resort, Orcas Island, Washington, U.S.A., Sponsored by the March of Dimes Birth Defects Foundation* • Ralph J. Wedgwood, Fred S. Rosen, and Natalie W. Paul, Editors • ISBN 0-8451-1054-3 • LC 83-13563 • Publication: Nov. 1983 • 388 pages, \$78.00



WHAT ABOUT PREGNANCY?

If you or your partner is now pregnant, discuss your risk for HTLV-III infection with your doctor **IMMEDIATELY**.

If you're thinking about becoming pregnant, you should probably wait until more is known about your specific risk of being infected with HTLV-III. The reason for waiting is this: If an infected woman gets pregnant, her baby could develop HTLV-III infection. If a woman or sex partner is in a risk group, the couple should use effective birth control to postpone pregnancy until more is known.

IS IT ALWAYS GOING TO BE LIKE THIS?

It will be until either a vaccine or treatment is available for HTLV-III infection. Until then, people in high risk groups and people with antibody to HTLV-III should do everything in their power to live full lives without getting or spreading HTLV-III. Your health and the health of others are much too important to take any chances just because "safe sex" was too much trouble.

HOW IS HTLV-III (THE AIDS VIRUS) SPREAD DURING SEX?

The virus that causes AIDS has been found in "body fluids." These include blood, semen, and saliva. It may also be in body wastes like menstrual blood, urine, and feces. During sexual contact, people frequently expose each other to these body fluids and wastes. If one person has the virus, the other could catch it.

HOW CAN I TELL IF MY SEX PARTNER HAS HTLV-III?

You can't at present. Most people infected with HTLV-III

have no symptoms, or mild symptoms that go unnoticed. That's why HTLV-III infection can be spread without either partner being aware of it. Since you can't know everything about your partner's health just by looking, your best bet is to be honest and open with your partner, and to insist on **"safe sex"**. It's for their health as well as yours. Learn to trust one another.

DOES "SAFE SEX" MEAN THAT I HAVE TO GIVE UP SEX ENTIRELY?

No, you don't have to give up sex—just certain sex practices that increase your risk of HTLV-III infection (and other sexually transmitted diseases). At first, making changes in your sex habits may seem strange. But many people have found that sex can still be great—without certain dangerous sex acts.



Development of this pamphlet was a collaborative effort by:

Baltimore City Health Department, Bureau of Disease Control
Baltimore HERO (Health Education Resource Organization)
Gay and Lesbian Community Center of Baltimore
Maryland Department of Health and Mental Hygiene, Office of Disease Control and Epidemiology

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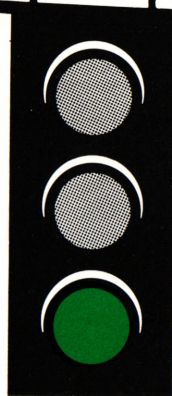
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SAFE SEX FOR MEN AND WOMEN CONCERNED ABOUT AIDS



SAFE SEX FOR MEN AND WOMEN CONCERNED ABOUT AIDS



GUIDELINES FOR RISK REDUCTION

AIDS (the Acquired Immune Deficiency Syndrome) is caused by a virus called HTLV-III. One of the ways that this virus is spread is through sexual contact.

At present, AIDS is seen most frequently in certain groups of people. These groups are called **"risk groups."** They are:

Males who have had sex with other males...and their male and female sexual partners

Drug users who use and share needles... and their sexual partners

Hemophiliacs...and their sexual partners

Haitians who have come to the U.S. since 1978... and their sexual partners

People with confirmed positive HTLV-III antibody tests...and their sexual partners



Because AIDS can be spread by sexual contact, many people, especially those in the risk groups, have asked questions about how to have sex while avoiding risk of AIDS. Here are answers to the most frequently asked questions about "safe sex."

WHAT IS "SAFE SEX"?

"Safe sex" is the way to manage your sex life so that you have the least risk of exposure to HTLV-III. There are two main ideas to "safe sex":

Limit the number of your sex partners. It's best to have sex with only one person—one who only has sex with you.

Avoid exposure to your partner's body fluids and wastes (including blood, menstrual blood, semen, saliva, urine, and feces.)

CAN YOU PLEASE BE MORE SPECIFIC?

To help you get a clearer picture of what safe sex is, we've put into three groups specific sex practices that some people use. These groups are: Safe Acts, Acts of Unknown Risk, and Dangerous Acts. You should avoid all dangerous acts.

GROUP I. SAFE ACTS

Romance, hugging, caressing, fondling, cuddling, massage;

Fantasy, movies, pictures, mirrors, etc.;

Kissing on dry parts of the skin (such as the cheek, hand, or skin which doesn't have cuts or wounds);

Mutual masturbation without direct contact of semen.

GROUP II. ACTS OF UNKNOWN RISK

Open mouth kissing ("French kissing");

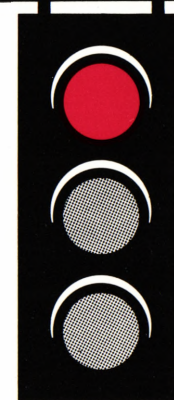
Protected intercourse where a rubber (condom) is used. If you have rectal intercourse, use clean, water-soluble lubricant in a squeeze bottle or tube. Don't use Crisco or Vaseline or anything you have to dip out of a jar;

Protected intercourse using spermicidal (contraceptive) jelly containing nonoxynol-9. Some labor-

atory experiments have shown that nonoxynol-9 kills HTLV-III. No one knows whether using such spermicides in vaginal intercourse will prevent HTLV-III infection. Also, the safety and effectiveness of these spermicides in rectal intercourse are not established;

Protected oral sex where a rubber is used;

"Watersports" (urine on skin or mouth).



FOR SAFE SEX, YOU SHOULD ABSOLUTELY AVOID ALL DANGEROUS ACTS (GROUP III)

GROUP III. DANGEROUS ACTS

Unprotected (no rubber used) vaginal intercourse with a partner who is in a risk group (probably of especially high risk to both sexes during the menstrual period);

Unprotected (no rubber used) rectal intercourse (you put your penis into your partner's rectum or he does it to you);

Unprotected vaginal, oral, or rectal intercourse where the man withdraws before ejaculating;

"Fisting" (putting your hand or fist in someone's rectum or vagina or letting the other person do it to you);

Oral sex;

Oral-anal contact (also called "rimming");

Sharing sexual aids such as dildoes, vibrators, or needles.

AIDS RISK

a reference guide

What the general public should know

Everyone of every sex and race must now be concerned about AIDS. However, many people are unnecessarily fearful for their safety. To have a realistic understanding of this disease, let's examine the facts:

AIDS is contracted through intimate sexual contact, contaminated blood or shared needles. Infants may contract the disease from infected mothers. However, three-quarters of AIDS patients are men who have had male sex partners.

Friends, co-workers and relatives of AIDS patients have not contracted the disease through their usual, everyday contact.

HERO

we want you to know more.

What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus known as HTLV-III which damages the body's natural immune system. Thus, the person's ability to fight disease becomes severely weakened. AIDS patients frequently develop rare and unusual diseases. Most common among these ailments are Kaposi's Sarcoma (a form of cancer) and pneumonia caused by *Pneumocystis carinii*, a parasite that does not usually cause disease in human beings. There is a long list of other, unusual diseases that may also gain a foothold because of the immune system damage.

Who can contract AIDS?

Simply put, it is possible for anyone to contract this disease. Many sexually active homosexual or bisexual males have been exposed to the virus, as well as many intravenous drug users and hemophiliacs. These individuals, and their sex partners—both male and female—account for most of the present cases.

There is no evidence to suggest AIDS is spread through these activities:

- Being around someone with AIDS on a daily basis or over a long period of time.
- Touching utensils, dishes or linens used by a person with AIDS.
- Donating blood.
- Sneezing, coughing or spitting.
- Handshaking, or other non-sexual physical contact.
- Toilet seats, bathtubs, showers or doorknobs.

The HTLV-III Virus is sensitive to an appropriate use of many disinfectants including:

- Rubbing alcohol
- Lysol® disinfectant
- Boiling water
- Diluted household bleach. 1-part bleach: 10 parts water.

Where to call

In Baltimore
AIDS INFORMATION &
REFERRAL LINES

945-AIDS

Elsewhere in Maryland

1-800-638-6252

OR, CALL YOUR COUNTY HEALTH DEPT.

HERO

The Health Education Resource Organization (HERO) is a non-profit community AIDS project working in cooperation with, and funded, in part, by the State Department of Health & Mental Hygiene and the Baltimore City Health Department.

Publication design: Steve McLerran.

HealthTips

44 Gough Street
San Francisco,
California 94103

A publication of the California Medical Education and Research Foundation, prepared and edited by
physician members of the California Medical Association

INDEX 501 - July/August 1986

Blood Donation

Every day, millions of people throughout the world require transfusions of blood. Accidents, injury, disease, surgery and childbirth may require significant amounts of this precious, life-giving substance. Recent advances in blood banking can assure adequate amounts of blood to hospitals and health care facilities only if volunteers are willing to accept responsibility for donating blood.

Donating blood is not painful, nor does it threaten or harm the donor in any way. The only condition that can be "caught" when donating blood is the good feeling of helping those persons who so desperately need specific types of blood.

Blood banks have established a number of cautionary procedures to ensure that blood donation is safe for both the donor and the recipient. A potential donor is screened carefully and given several medical tests before allowed to give blood.

A potential donor should be between 17 and 65 years of age and weigh over 110 pounds. Sometimes the blood bank physician will allow persons over age 65 or under age 17 and persons weighing less than 110 pounds to donate if it is established that it will not be dangerous to the donor.

Blood bank personnel will check the donor's temperature, blood pressure and pulse to screen persons who may have an infection or other health problem. Temperature should not exceed 37.5 degrees Celsius or 99.5 degrees Fahrenheit. An acceptable blood pressure reading may be between 90/50 and 180/100 and a normal pulse range is 50 to 100 beats per minute, although some athletes may have lower pulse readings.

A sample of blood taken from the fingertip will be obtained to determine blood type and hemoglobin concentration. There are eight major types of blood: A, B, O, AB, and their associated Rh type, either positive or negative. Hemoglobin is the oxygen-carrying red part of blood cells. Anemia is associated with a low hemoglobin level. The normal hemoglobin count for men is around 15±1 grams per deciliter of blood and for women, 14±1 g/dl. Eight weeks is required between donations in order for the body to build up the blood's supply of red cells.

In addition to these tests, a potential donor is asked a series of questions aimed at learning about the potential donor's past medical history and current health to determine the suitability of the donor and his or her blood.

Several questions are asked to determine the general health of the potential donor. For obvious reasons, it is important that a donor and a donor's blood are healthy. The admitting nurse will ask the potential donor if he or she has ever had any serious illness, or been hospitalized or taken any medication in the last six months. The nurse will ensure that the potential donor is feeling well today and inquire whether he or she has ever been deferred as a blood donor or had trouble donating blood. It is important to determine if a problem existed in the past that may still prevent an individual from giving blood.

Persons with heart disease, chest pain, shortness of breath, convulsions, seizures, fainting spells, blood disease, cancer or respiratory problems are advised against donating blood. This protects both the donor and the recipient.

Potential donors are asked if they have had any vaccinations or immunizations in the past year. For a period after immunization, the immunizing agent may circulate in an individual and cause disease in anyone receiving the blood. The American Association of Blood Banks suggests acceptable time limits for various vaccinations.

A patient who has had dental work in the past three days may be deferred from donating. This is because dental work may lead to bacteremia (bacteria in the blood). These bacteria, which come from the mouth and enter the bloodstream via opened vessels in the gums, could be transmitted by transfusion and cause disease in the recipient.

Specific questions are asked and special tests are conducted to determine if the potential donor is at risk for AIDS, hepatitis, or malaria--diseases that can be transmitted through the blood. Questions are aimed at potential risk factors for transmission of these diseases as well as possible undetected symptoms. In addition, all blood banks in the United States currently screen all donated blood for antibodies to HTLV-III, the virus associated with AIDS.

Prepared by the California Medical Association.
Specific questions should be directed to your physician.

Index 492 - April 1986

AIDS and Drug Use: Is there a Connection?

Since the first case of AIDS - acquired immune deficiency syndrome - was described in 1981, physicians, scientists and researchers have been trying to identify factors that may lead to the development of the syndrome and to develop effective methods of treatment and prevention. Tremendous strides have been made in AIDS research, and there is still much more to learn.

Recent studies have indicated that a link may exist between the development of AIDS and the use of alcohol and recreational drugs. According to the Centers for Disease Control, over 15,000 cases of AIDS have been reported in the last five years. Of this number, seventeen percent have been intravenous drug users, but a full 79% have been estimated to use some type of recreational drugs - most, of course, not taken intravenously.

AIDS is caused by a type of virus called a retrovirus which changes the structure of the cells it attacks. This virus is called Human T-cell Lymphotropic Virus III, or HTLV-III (see Health Tip #489). Up to two million persons in the United States have been exposed to this virus and it is estimated that ten to forty percent of these will develop AIDS symptoms. Some researchers believe that HTLV-III requires the presence of an already damaged immune system before it can cause disease.

Alcohol and street drugs such as amphetamines (speed), marijuana, and nitrite inhalants (poppers), have been found to damage the immune system, leaving the user's body open to infection and cancer. The use of alcohol and drugs leads to a general decline in physical health and is often associated with abnormalities in the immune system. Moreover, alcohol and drug use alters judgement and the user may become more prone to engage in activities which put people at a high risk for AIDS. Finally, use of these substances causes stress, including sleeping problems and eating abnormalities, which harms the immune system's functioning.

Different drugs affect a person's physical and mental health in different ways. Alcohol and amphetamines can cause severe liver damage, which causes an overall suppression of antibodies and white blood cells, diminishing the body's response to infection. Chronic users of alcohol, amphetamines, marijuana and nitrite inhalants sometimes develop abnormalities in T-cell function that closely resembles the abnormalities found in AIDS patients. There is strong evidence that poppers also lead to a generalized suppression of the immune system. Some research indicates

that poppers may be a co-factor in the development of Kaposi's sarcoma, one of the infections most often associated with the AIDS syndrome.

Alcohol abuse interferes with the body's use of the vitamins and minerals necessary to maintain a healthy immune system. Amphetamine use causes appetite suppression and malnutrition, which deprives the body of essential vitamins and nutrients. Both of these elements lead to a generalized state of poor health.

Amphetamines, alcohol and marijuana cause euphoria, misperceptions and impaired judgement that may make the user more prone to engage in high risk sexual activities and other behavior generally accepted as increasing the risks of contracting AIDS.

Research into the effects on the immune systems of drugs such as cocaine, heroin, Quaaludes and many others is not yet available. This does not mean these drugs are safe. Problems may stem from direct bodily harm or from the impaired judgement caused by use of the drug.

If you are in a category of persons at high risk for developing AIDS, it is important that you take the necessary precautions to protect your health. If you drink or use drugs, cut down or stop. Follow safe sex guidelines, get regular medical checkups, and don't share needles. Seek professional help for drug and alcohol problems and learn to get "high" without the use of drugs or alcohol by reducing stress and developing a more healthy lifestyle. Exercise, eat right and get plenty of sleep. Meditation, hobbies, support groups and friends and family can help protect one's health and well-being.

Prepared by the California Medical Association.

Specific questions on the subject should be directed to your physician.

Index 491 - April 1986

Children with AIDS

Acquired Immune Deficiency Syndrome (AIDS) was originally associated with certain medical and social groups. As the epidemic has grown, however, more people have been affected by the disease. Women, children and infants have been identified as having HTLV-III antibodies. This means that they have been exposed to HTLV-III, the virus identified by scientists as causing AIDS. In the United States, over 250 children under the age of 13 have developed AIDS symptoms.

In over seventy percent of the children with AIDS, the only known risk factor was a mother in a high risk group. Newborns receive the virus through the placenta or during childbirth. It is difficult to distinguish if the virus is transmitted from mother to child before, during or shortly after birth. Some children receive the disease through the transmission of contaminated blood products while very young.

Most children contaminated with AIDS become ill very early in life, usually under one year of age. The immunodeficiency does not become clinically evident until three to six months of age, but the infection is generally severe. Symptoms include failure to thrive, chronic diarrhea, upper respiratory tract infection, otitis media, candidiasis, and recurrent pneumonia. These conditions often result in death. Clinical AIDS is more likely to develop in an infected infant than in an infected adult. This may occur because an infant's immune system is underdeveloped.

Because AIDS is a new and relatively unknown disease, and there are many unexplained factors, some people are afraid of allowing children with AIDS in schools or other public places. Complete, authoritative studies have shown that there is no reason for excluding children with AIDS from the classroom. Exceptions to this rule would include behavioral problems such as habitual biting, inability to control bodily excretions, or open lesions that cannot be covered because these behaviors could lead to transmission of the virus.

Parents and others caring for AIDS children should take special precautions. Children with AIDS do not handle infections from common illnesses as well as a healthy child. The signs of minor infections should be noted immediately and carefully monitored. The usual immunization schedule should be altered and children with AIDS should not be given live virus vaccines. Over-the-counter drugs should not be administered without a physician's approval.

Children with AIDS

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Every effort should be made to keep the child's life as close to normal as possible to avoid victimizing children who already carry a heavy physical and emotional burden.

Prepared by the California Medical Association.

Specific questions on the subject should be directed to your physician.

Index 490 - April 1986

AIDS Transmission: The Risk of Acquiring AIDS

Acquired Immune Deficiency Syndrome (AIDS) has become a fearful epidemic throughout the United States and the world. Although understanding of the disease has progressed rapidly, there is still much to learn. Becoming more informed about the AIDS syndrome, its causes, treatment and prevention, can relieve fears and help to stop the spread of this infectious disease.

AIDS was first identified in and is largely confined to these seemingly well-defined high risk groups:

Homosexually and bisexually active men - This group currently makes up the largest portion of AIDS patients. The principal means of exposure in this group appears to be certain types of sexual practices, primarily receptive rectal intercourse, involving exchange of body fluids such as blood and semen.

Hemophiliacs - These persons are at a high risk of exposure and direct contact with blood carrying the AIDS virus when receiving Factor VIII therapy, a substance that helps the blood to clot, gathered from donated blood. Factor VIII manufactured after the spring of 1985 is free of HTLV-III.

Intravenous drug users - The likelihood of shared needles in this population results in direct exposure of the blood stream to someone else's infected blood.

Persons receiving transfusions before blood screening was available - This means of exposure has been virtually eliminated as high-risk individuals have refrained from donating blood and as the HTLV-III antibody test was initiated to screen donated blood.

Offspring and sexual partners of people in these groups.

Research and experience has proven that the AIDS virus is not transmitted through casual everyday contact. The AIDS virus, known as HTLV-III, is extremely fragile and cannot reproduce outside the human body. The virus is destroyed by extreme heat or cold, and is easily washed away with soap and water or ordinary household bleach (one part bleach to ten parts

water). The virus does not linger on clothing or objects handled by persons with AIDS and cannot be transmitted through the air or by mosquitoes. Health care professionals and family members caring for AIDS patients over extended periods of time have without exception failed to develop antibodies to the disease. There have been no reports of development of AIDS in school children or co-workers who have had casual contact with AIDS patients and those infected with HTLV-III antibodies. There is absolutely no risk of contracting the AIDS virus by donating blood. Transmission by any means other than sexual contact or direct injection with infected blood has never been demonstrated.

Research shows that large amounts of infected fluids such as blood and sexual discharges must enter the body to spread the disease. Fluids that carry the HTLV-III virus in small amounts, such as tears or saliva, are not a means of transmitting the virus casually. These infected fluids would have to enter the body through open wounds. The body's first defense is intact skin, which provides a barrier to any invading organism. Therefore, the AIDS virus cannot be transmitted by a kiss, a water fountain, swimming pools, door knobs, shared pens or surfaces in restrooms.

The incubation period for AIDS - the period of time from the virus entering the body to the onset of disease - is not absolutely known. Studies have shown it is usually several months to two and a half years but can be longer than five years. A person exposed to the virus may be a carrier, but may never develop the disease. About twenty percent of exposed individuals develop less severe symptoms of AIDS, a condition called AIDS-related complex (ARC).

AIDS is transmitted through three main routes. The most common mode of transmission is the sharing of bodily fluids through sexual intimacy. This is accomplished through exposure of mucous membranes to blood, semen or saliva. Secondly, exposure to blood or blood products, most often through the sharing of contaminated needles, can transmit the virus. Finally, the HTLV-III virus can be spread through intrauterine spread or vertical transmission from mother to fetus. Research shows that there is a fifty percent chance that an infected woman will spread the disease to her fetus.

Preventing the spread of the illness is very difficult because the main routes of transmission are through behaviors that are either private or illegal. It is encouraging to note that although the epidemic is still increasing at an alarming rate nationwide, the rate of increase is slowing in certain areas, indicating that the rate of viral acquisition may be slowing. Evidence indicates that the decrease in the rate of infection is a result of behavioral changes by persons in high-risk groups. Along with the screening of donated blood, the most important key to preventing transmission of AIDS is education, along with the modification of sexual practices and intravenous drug use.

Persons in high-risk categories and sexual partners of people in those categories can taken steps to prevent the spread of AIDS by following the guidelines below:

Obtain an HTLV-III antibody test to determine if you have been exposed to the AIDS virus, and follow appropriate guidelines depending on the

test results. Testing centers appreciate the sensitive nature of the tests and maintain strict standards to ensure confidentiality.

Avoid sexual contact with persons known to have or suspected of having AIDS, or known to be or suspected of being carriers of the virus, or who are positive for the HTLV-III antibody test.

Decrease the number of different sexual partners in your life. The more partners, the greater the risk of contracting AIDS.

Choose healthy partners. Know more about a potential sexual partner so that an informed decision can be made about his or her health.

Use condoms. Condoms have been shown to help stop the spread of the AIDS virus.

Avoid sexual activity that may cause bleeding. Do not allow contact with your partner's semen, feces, blood or urine. Receptive or insertive anal intercourse without a condom, manual-anal intercourse (fisting), oral-anal intercourse (rimming), fellatio and vaginal intercourse without a condom are considered unsafe sexual practices. Being sexual in this way may involve cuts or abrasions on the rectum, vagina, penis, hands, gums, mouth, lip or tongue tissues. Avoid a shared source of lubrication, toys or douching equipment. Safe activities include mutual masturbation, social kissing, body massage, hugging and body-to-body rubbing, and use of one's own sex toys. Following safe sex guidelines may require making changes in sexual practices, but it does not mean denying the sexual part of one's life.

Eliminate or at least minimize recreational drug use. This includes both intravenous and non-intravenous drugs. As well as lowering one's resistance to infection, these substances can also lower one's level's of judgement and allow one to engage in high-risk activities. Avoid a shared source of lubrication, toys or douching equipment. Don't use needles.

Do good things for your mind and body. Get proper rest, nutrition, and exercise regularly. Reduce emotional stress and obtain regular medical check-ups. Practice proper hygiene.

Most importantly, do not spread paranoia about the disease. Keep yourself and your friends informed about AIDS and the ways it can and cannot be transmitted and promote accurate health information.

Prepared by the California Medical Association.

Specific questions on the subject should be directed to your physician.

Index 489 - April 1986

AIDS and HTLV-III Antibody Testing

AIDS, Acquired Immune Deficiency Syndrome, is a serious and complex condition characterized by a defect in natural immunity. The immune system is the body's first line of defense against disease and depends on white blood cells called lymphocytes. Lymphocytes include B-cells, which produce important infection-fighting antibodies, Helper T-cells, potent white blood cells that help B-cells manufacture antibodies, and Suppressor T-cells, which stop or suppress the production of B-cell antibodies after infection has been repelled. In a healthy person, helper cells outnumber suppressor cells two to one. In an AIDS patient, suppressor cells outnumber helper cells, leaving the immune system weak or useless in the fight against certain diseases. AIDS patients can become seriously ill from a variety of opportunistic diseases that are either not found or are of little consequence in people with normal immune systems.

Researchers have identified a virus, called Human T-cell Lymphotropic Virus, Type III (HTLV-III) or Lymphadenopathy-Associated Virus (LAV) in France, that is believed to cause AIDS by infecting Helper T-cells and changing the structure of these cells. Because the body's white blood cells normally begin to fight an infection by producing substances called antibodies, the presence of antibodies can indicate whether or not a person has been infected by a virus. Research has shown that HTLV-III antibodies are usually found in the blood of persons who have AIDS or AIDS-related conditions (ARC), and in many persons who are members of groups at increased risk for AIDS. Researchers have developed a test to detect HTLV-III antibodies in the blood. This test is used to screen blood that is donated for use in transfusion and in the production of other blood products.

The HTLV-III antibody test is not a test for AIDS. A positive test result indicates that a person has been exposed to the virus and infected long enough to develop antibodies. There is no way to determine whether immunity to further infection has been acquired or whether AIDS will develop. Preliminary estimates indicate that between ten and forty percent of persons with detectable HTLV-III antibodies may eventually develop AIDS. The rest will remain infected and may develop symptoms many years later. It is important to understand that the presence of the virus puts a person at substantial risk of developing AIDS and ARC, and that person should be considered an infection risk for unprotected sexual partners.

AIDS and HTLV-III Antibody Testing
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As with many other highly sensitive blood tests, there will be some "false-positive" test results. This means that for some reason the test indicates that the HTLV-III antibody is present when, in fact, the person was never infected with HTLV-III. It is possible that exposure to other viruses or the presence of other diseases could cause the test to be positive.

Likewise, a negative test result, although reassuring, cannot be taken as an absolute guarantee that there has been no exposure to the virus, especially if the person is a member of a group at increased risk for AIDS, or that the individual is free from infection. Antibodies usually develop within four to twelve weeks and may not have developed if exposure to the virus was recent.

Although there is a lack of precise data on the implications of a positive HTLV-III antibody test, follow-up recommendations have been designed to help prevent transmission of the disease and to guide members of high- and low-risk categories in their personal health care.

Individuals with confirmed positive antibody test results should seek medical evaluation and follow-up at least twice annually and should become aware of the early clinical manifestations of HTLV-III infection, AIDS and AIDS-related conditions. High-risk individuals should not donate blood, plasma, body organs, tissue or sperm, and should not share toothbrushes, razors or other implements that could be contaminated with blood or semen. Physicians, dentists and other health care providers should be advised of the test results. There is no need for restrictions on employment, education or social contacts, but sexual partners should be made aware of the possible health risks and pregnancy should be avoided. Children of parents found to have positive test results should receive regular clinical evaluations.

Prepared by the California Medical Association.
Specific questions on the subject should be directed to your physician.

Index 439 - July 1986

Facts and Fears about AIDS

The incidence of Acquired Immune Deficiency Syndrome (AIDS) continues to rise. AIDS is a newly discovered disease that causes a breakdown of the immune system, thus making the body susceptible to a variety of unusual infections and tumors (see Health Tip 426). Between June 1981 and February 1986, over 17,000 cases of AIDS were reported in the United States and US territories, and approximately 250 new cases are reported nationally each month. About 73% of AIDS patients are homosexual or bisexual men. The remaining 27% include intravenous drug users, hemophiliac patients, recipients of blood transfusions, and heterosexual contacts of persons with AIDS or at risk for AIDS. As the number of AIDS cases has increased, so has fear and confusion among the general public about the illness and how it is transmitted.

AIDS does not appear to be a risk to the general public. Studies suggest that AIDS is caused by a virus, HTLV-III/LAV (see Health Tip #489) which attacks the body's immune system. This agent is transmitted primarily through sexual contact. Less commonly, it may be transmitted through blood or blood products by needles or transfusions. However, the incidence of AIDS transmission among blood recipients has been virtually eliminated since the development of the HTLV-III antibody test. Much of the evidence suggests that AIDS is difficult to transmit and cannot be spread by the air, by touching objects handled by AIDS patients, by riding a bus or being near a patient in a public place, or by other forms of casual contact with infected persons.

Despite the evidence on AIDS transmission there remains some concern among health care workers that they are at risk of contracting the disease. Thousands of health care workers have been caring for AIDS patients in hospitals for the past five years and not one has developed the condition as a result of patient care contact during this time. Nevertheless, as a precautionary measure, many hospitals are developing guidelines to protect health care workers from direct contact with the secretions of AIDS patients -- particularly blood, semen, body fluids mixed with blood, and mucus from the lungs or throat. These precautionary measures are very similar to those taken for hepatitis and other contagious diseases and are not necessary if the workers are merely in casual contact with patients in their rooms.

Fear surrounding AIDS transmission also threatens the nation's blood supply. Because AIDS appears to be caused by a blood-borne agent and may be contracted through contaminated needles, many potential volunteers mistakenly believe that donating blood can expose them to AIDS. This fear is unwarranted. Since a new disposable needle is used for each donation, there is no chance of being exposed to AIDS through giving blood. Furthermore, to reduce the risk of AIDS transmission to blood recipients, blood banks now ask individuals from groups at high risk for AIDS to refrain from giving blood. All blood now donated is tested for antibodies to the HTLV-III virus.

There is as yet no cure for AIDS, and treatments are still in the experimental stages. However, the medical community and the government are working to discover methods for controlling and preventing the disease. In the meantime, be as cautious as possible. Educate yourself about the disease and its symptoms. Lower your risk of exposure to the disease by maintaining good health and nutrition and avoiding excessive use of tobacco, alcohol and recreational drugs that may damage the immune system. It is also recommended that you limit the number of sexual partners to the lowest number with which you can be comfortable and use a condom for all genital sexual contacts. All sexually active persons should follow the safe sex guidelines available from many resource and community groups (see also Health Tip #490). Consult your personal physician for any health problems that you feel may be related to the risk of AIDS.

Prepared by the California Medical Association.

Specific questions on the subject should be directed to your physician.

Index 426 - April 1986

Acquired Immune Deficiency Syndrome (AIDS): special update

Acquired Immune Deficiency Syndrome (AIDS) is a recently recognized medical condition associated with a loss of the body's natural immunity against disease. The severity of the disease and its sometimes mysterious occurrence have attracted the attention of the medical community around the world. Despite a great deal of medical research, much is still unknown and unexplained about AIDS and its cause. However, certain symptoms have been determined to be suggestive of the disease. It is important to be aware of these symptoms.

AIDS is characterized by an often fatal breakdown of the body's immune system -- the biological mechanism that helps protect us from contracting illnesses. Once the condition develops, a patient becomes susceptible to a variety of opportunistic infections, or illnesses that might not be a threat to people whose immune system is functioning properly. Kaposi's sarcoma, a rare cancer, and pneumocystis carinii pneumonia, a parasitic infection of the lungs, are perhaps the most common of the diseases associated with AIDS. Other opportunistic diseases which this immune deficiency allows to occur include extensive yeast infections, serious cytomegalovirus infections, large herpes ulcers, and toxoplasmosis. (It is important to recognize that contraction of any of these infections is not necessarily cause for alarm, as many people suffer from these diseases in the absence of infection with the AIDS virus.)

AIDS is caused by infection with the AIDS virus, HTLV-III/LAV (see Health Tip #489). When first described in 1981, 94% of all cases were found among young homosexual males. As a result the disease came to be known as the "Gay Related Immune Deficiency". This early title has since become a misnomer. Although the majority of documented cases still occur among young, sexually active homosexual males (ages 25 - 44), the condition has also been increasingly diagnosed in heterosexuals. Nearly all instances of AIDS have been reported from five "high risk" population groups -- homosexual and bisexual males (73%), intravenous drug users (17%), blood transfusion recipients (1%), hemophiliacs (1%), and persons having heterosexual contact with a person with AIDS or at risk of AIDS (1%). The remaining seven percent of affected individuals have not been identified as being associated with a known risk factor. Special studies are underway with each of these groups. The AIDS virus is transmitted intravenously, as well as through transfusion or sexual contact.

AIDS has an extremely high fatality rate. Of the 17,517 cases of AIDS reported in the United States as of February 1986, there have been over 9,190 deaths. Early detection of the disease's symptoms is critical to saving the life of the patient and in preventing the development of additional cases. Medical attention should be sought immediately if any of the following symptoms develop:

- *rapid weight loss of unknown origin.
- *the appearance of swollen or tender glands (lymph nodes) for no apparent reason, lasting for more than four weeks.
- *Unexplained shortness of breath, frequently accompanied by a dry cough, lasting for one month and not due to allergies or smoking.
- *persistent diarrhea for no apparent reason.
- *intermittent high fever or night sweats of unknown origin.
- *a marked change in illness pattern -- either frequency, severity, or length of sickness.
- *the appearance of one or more purple bumps on the surface of the skin.

If you develop any of these symptoms, see your physician. There is now a blood test for antibodies to the virus which probably causes AIDS, although this test cannot tell you if you have or will develop the disease. However, a careful history and physical examination, some routine lab tests, and biopsy of any suspicious skin lesions will help in the diagnosis of this complex disease. Although there is no known cure for AIDS as yet, medical advances towards understanding the disease are made each day.

Prepared by the California Medical Association.
Specific questions on the subject should be directed to your physician.



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Los Angeles, CA 90046
(213) 461-6959

AIDS Project/Los Angeles
7362 Santa Monica Boulevard
Los Angeles, CA 90046
(213) 876-8951

Desert AIDS Project
PO Box 8925
Palm Springs, CA 92663
(619) 323-2118

Fresno County Department of Health
PO Box 11867
Fresno, CA 93775
(209) 445-3366

Edmond D. Edelman Health Center
1213 North Highland Avenue
Los Angeles, CA 90038
(213) 464-7400, ext. 266

GLCSC AIDS Response Program
12832 Garden Grove Boulevard
Suite E
Garden Grove, CA 92643
(714) 534-0862

Gay United Services
PO Box 9773
Fresno, CA 93794
(209) 268-3541

Hemophilia Council of California
2206 K Street, Suite 4
Sacramento, CA 95816
(916) 448-7451

Inland Counties Health Systems Agencies
PO Box 5950
Riverside, Ca 92517
(714) 825-7510

Kern County Department of Health
1700 Flower Street
Bakersfield, CA 93305
(805) 861-3655

Long Beach Health Department
PO Box 6157
Long Beach, CA 90806
(213) 427-7421

Los Angeles Shanti Foundation
8568 Santa Monica Boulevard
West Hollywood, CA 90069
(213) 854-5788

Marin County Department of Health
Civic Center, Room 284
San Rafael, CA 94903
(415) 499-6921

Marin AIDS Support Network
240 Tiburon Boulevard
Tiburon, CA 94920
(415) 457-AIDS

Monterey County Department of Health
1270 Natividad Road
Salinas, CA 93906
(408) 757-1061

Orthopaedic Hospital
2400 S. Flower Street
Los Angeles, CA 90007
(213) 742-1357

The Pacific Center
PO Box 908
Berkeley, CA 94701
(415) 548-8283

Sacramento AIDS Foundation
1900 K Street, Suite 103
Sacramento, CA 95814
(916) 448-AIDS

San Diego AIDS Project
PO Box 81082
San Diego, CA 92138
(619) 294-AIDS

San Diego County Health Department
1700 Pacific Highway
San Diego, CA 92101
(619) 236-2237

San Francisco AIDS Foundation
333 Valencia Street, 4th floor
San Francisco, CA 94130
(415) 864-4376

San Francisco Health Department
101 Grove Street, Room 323
San Francisco, CA 94102
(415) 558-2381

San Joaquin County Health Department
PO Box 2009
Stockton, CA 95205

San Joaquin Valley Health
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3030 North Maroa Avenue, #104
Fresno, CA 93704
(209) 226-6104

San Mateo County Health Department
225 W. 37th Avenue
San Mateo, CA 94403
(415) 573-2588

Santa Barbara County Department
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300 N. San Antonio Road
Santa Barbara, CA 93110
(805) 967-2311, ext. 399

Santa Clara County Health Department
2220 Moorpark Avenue
San Jose, CA 95128
(408) 299-5858

Santa Cruz County Department
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PO Box 962
Santa Cruz, CA 95061
(408) 425-2538

Sonoma County Department of Health
3313 Shanate Road
Santa Rosa, CA 95404-1795
(707) 527-3198

Stop AIDS Project
4111 18th Street, Suite 4
San Francisco, CA 94114
(415) 621-7177

University of California
Student Health Services
475 Cowell Hospital
Berkeley, CA 94720
(415) 642-6621

The AIDS Health Project
333 Valencia Street, Fourth Floor
San Francisco, CA 94103
(415) 626-6637

The ARIS Project
3790 El Camino Real, #349
Palo Alto, CA 94306
(408) 993-3890 (answering service)

Face-to-Face/Sonoma County AIDS
Network
PO Box 892
Guerneville, CA 95446
(707) 869-2526

AIDS Project of the East Bay
400 40th Street, #200
Oakland, CA 94609
(415) 420-8181

Monterey County AIDS Project
PO Box 221785
Carmel, CA 93922
(408) 424-5550 (answering service)

Santa Cruz AIDS Project
PO Box 5142
Santa Cruz, CA 95063
(408) 458-4999 (answering service)

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QUESTIONS AND ANSWERS on
PROPOSITION 64 - PREVENT AIDS NOW

Acquired Immune Deficiency Syndrome (AIDS) Initiative Statute

What is Proposition 64?

Proposition 64 is a measure prepared and supported by political extremists that has qualified for the California statewide ballot on November 4. Proposition 64 declares that Human Immunodeficiency Virus (HIV) antibody status and AIDS are infectious, contagious and communicable diseases that are subject to quarantine and reportable disease regulations. Proposition 64 would require that both conditions be placed on the list of reportable diseases and conditions maintained by the director of the Department of Health Services.

Is AIDS currently being reported to state authorities?

Yes. AIDS is being reported to the Department of Health Services by local health officers under regulations which require an unusual disease to be reported. Counties also report to the state the number of cases in which blood tests performed at certain facilities reveal the presence of HIV antibodies.

What would Proposition 64 mandate that current regulations do not?

If Proposition 64 passes, AIDS and the HIV Antibody health issues will come under the auspices of the existing California Health and Safety Code and the California Administrative Code which deals with quarantine and reportable diseases. This means that state public health officials would be required to implement activities sanctioned under these laws.

For individuals who have diseases that are considered infectious, contagious and communicable, these laws state:

- that food handlers such as cooks, waiters, agricultural workers and flight attendants could be prevented from working in that occupation if they have AIDS or HIV antibodies.
- that everyone from private physicians to hotel keepers would be required to report to state public health officials a person's name if they have AIDS, HIV antibodies or are suspected of having AIDS or HIV antibodies.

- that school exclusions would be required for students, school employees and teachers who have AIDS or HIV antibodies, or even live with a person who has AIDS or HIV antibodies.
- that quarantine measures and travel restrictions could be asserted by law enforcement or public health officials.

While these measures are appropriate in containing the spread of some communicable diseases such as measles or mumps, they are inappropriate for AIDS because AIDS is not transmissible through casual contact. Also the laws which require citizens to report those that are ill are directed towards illnesses which can be detected by sight, i.e., measles and chicken pox.

Existing California law already gives local health officers broad authority to protect the public health, including isolating infected or diseased persons, closing establishments that endanger the public health, quarantining exposed persons and excluding persons from school and food-handling jobs when they are suspected of carrying infectious diseases.

However, no health officer has ever taken any official action to require persons infected with the AIDS virus to be isolated or quarantined because decisions of this magnitude are based only on medical evidence. There is no scientific or medical evidence showing that the AIDS virus is transmitted by casual contact.

Would these measures, if enacted, stop the spread of AIDS?

No. This type of repressive and discriminatory action would not serve to limit the problem, but rather could prolong the spread of this disease. The fears of quarantine or other discriminatory measures, including loss of jobs, will make people reluctant to be tested. Fearing social isolation, individuals at risk will avoid early medical intervention or even infection testing, driving AIDS underground. These measures would be devastating to the medical community's ability to track the disease and stop its spread.

Why does the medical community oppose Proposition 64?

Proposition 64 contains inaccurate medical information designed to misinform the public. If enacted, Proposition 64 would pose a serious threat to public health. By putting AIDS in the same category as measles and mumps, the proponents of the proposition try to mislead the public into thinking that AIDS is contracted through casual contact. THIS IS NOT TRUE. Isolating AIDS patients or HIV carriers will not serve to stop the spread of the disease because AIDS is only transmitted through specific identifiable behaviors.

Credible international medical experts have established that AIDS is transmitted in three ways: intimate sexual contact, direct exchange of blood from one person to another, generally as a result of intravenous drug abuse, and the exchange of blood between mother and fetus. The attempts to publicize false statements regarding AIDS transmission do enormous harm at a time when legitimate organizations are working to help the public understand both the ways in which AIDS is spread and the ways it is not spread.

The proposition also suggests that AIDS and the state of being HIV positive are one and the same. However, not everyone who develops antibodies will go on to develop AIDS, nor is it clear whether being antibody positive is an infectious state for life.

Doctors and public health professionals have carefully made decisions about responding to AIDS. Accordingly, current state law makes people's antibody status confidential so as not to discourage people from being tested and treated for the disease. Health care professionals are constantly reviewing these regulations in light of new research. Under Proposition 64, existing confidentiality protections and regulations will be superseded. Persons would continue to spread the virus by not adopting appropriate precautions and health practices. Furthermore, with restrictions placed on employment and confidentiality, individuals would be very unlikely to participate as research subjects.

The initiative will also cost millions of dollars to implement and, according to economic analysts, would cost the economy up to three billion dollars in the first year alone. Diverting these funds away from research and education to stop AIDS is counter-productive to stopping the disease. Depending on how all of the provisions are interpreted by courts and health departments, it is likely that the implementation of Proposition 64 would cause severe financial cutbacks in other public health programs.

For these reasons, no credible medical or public health leader or organization supports Proposition 64.

What would the implementation of Proposition 64 mean to Californians?

The initiative violates the right of many Californians through the potential for mass testing, unemployment and quarantine - despite the fact that AIDS is not spread on the job, in the classroom, or in restaurants. As medical tests for AIDS are at least one percent inaccurate, mass testing would yield tens of thousands of falsely diagnosed adults and children making them subject to lost jobs and education and quarantine - even for people who have never been exposed to the disease.

Public health theory and practices have always attempted to take into account what is established scientific fact and what is known and predictable about human behavior. This initiative does neither. Californians are hearing that voting yes on this initiative will help stop the spread of AIDS. This measure may fool voters into thinking that a disease can be controlled through legislation.

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CALIFORNIA MEDICAL ASSOCIATION

44 Gough St. • P.O. Box 7690 • San Francisco 94120-7690 • (415) 863-5522

POSITION STATEMENT ON CALIFORNIA PROPOSITION 64,
THE "PREVENT AIDS NOW" INITIATIVE

The "Prevent AIDS Now" Initiative, designed to quarantine and isolate people with AIDS or AIDS Related Conditions and persons who test positive for HIV antibodies, is inappropriate. No public health purpose would be served by this action. All scientific and medical evidence indicates that the virus which causes AIDS is primarily spread through intimate sexual contact or through the exchange of blood or blood products, as in intravenous drug abuse. There is no evidence to indicate that AIDS has been transmitted by any means of casual contact, whether in the home, schools, restaurants or the workplace.

Providing accurate information and educating individuals about the proven modes of transmission and the risk factors is the only reasonable, practical way to control the spread of AIDS. The approach proposed by this Initiative would necessitate isolating over 250,000 individuals for an indeterminate period of time, possibly for life. Testing alone could cost taxpayers over a billion dollars, without any discernible benefit, and could possibly give individuals who initially test negative a false sense of security.

This type of action will not serve to limit the epidemic, but rather will prolong the spread of this terrible illness. The fear of quarantine or other discriminatory measures will make people reluctant to be tested for HIV antibodies and delay their seeking medical care when symptoms develop. This, in turn, will mean that fewer individuals will be aware of their health status and possibly delay the adoption of appropriate precautions and health practices. Fewer would be willing to participate in research, therefore limiting the ability of the medical and scientific community to track the disease and stop its spread.

California Medical Association



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**CALIFORNIA PROPOSITION 64
BALLOT TITLE AND SUMMARY**

Acquired Immune Deficiency Syndrome (AIDS) Initiative Statute. Declares that AIDS is an infectious, contagious and communicable disease and that the condition of being a carrier of the HTLV-III virus is an infectious, contagious and communicable condition. Requires both be placed on the list of reportable diseases and conditions maintained by the director of the Department of Health Services. Provides that both are subject to quarantine and isolation statutes and regulations. Provides that Department of Health Services personnel and all health officers shall fulfill the duties and obligations set forth in specified statutory provisions to preserve the public health from AIDS. Summary of Legislative Analyst's estimate of net state and local government fiscal impact: The fiscal effect of the measure could vary greatly depending on how it would be interpreted by public health officers and the courts. If only existing discretionary communicable disease controls were applied to the AIDS disease, given the current state of medical knowledge, there would be no substantial change in state and local costs as a direct result of this measure. If the measure were interpreted to require added control measures, depending on the level of activity taken, the cost of implementing these measures could range to hundreds of millions of dollars per year.

BALLOT LABEL

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). Declares AIDS virus carrier a contagious condition, subject to quarantine and reportable disease regulation. Fiscal Impact: The measure's cost could vary greatly depending upon its interpretation by health officers and the courts. If existing discretionary communicable disease controls were applied to AIDS, given the current state of medical knowledge, there would be no substantial change in state and local costs. If measure were interpreted to require added disease controls, costs could range to hundreds of millions of dollars per year depending on measures taken.

September 1986

PHYSICIANS DENOUNCE LaROUCHE A.I.D.S. INITIATIVE

California physicians have strongly condemned Prop. 64, the AIDS measure on the Nov. 4 ballot.

"The LaRouche initiative is bad medicine," says Gladden V. Elliott, M.D., president of the 34,000-member California Medical Association. "It could result in the unjustified isolation of more than 250,000 Californians for an indefinite period of time and increase the spread of this deadly disease."

Prop. 64, he says, "would substitute repression and hysteria for reason and science."

Dr. Elliott, a San Diego radiologist, is a co-author of anti-Prop. 64 arguments in the California ballot pamphlet which the secretary of state will mail to all registered voters.

In it, Dr. Elliott, Sen. Alan Cranston and Senate candidate Ed Zschau advise:

"The fear of quarantine or other discriminatory measures, including loss of jobs, will make people reluctant to be tested. Fearing social isolation, individuals at risk will avoid early medical intervention, or even infection testing, driving AIDS underground."

Representatives of the CMA and California Nurses Association participated

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in a lawsuit which resulted in a district judge ordering "false and misleading" statements by followers of Lyndon LaRouche to be removed from the voters' information pamphlet.

Prop. 64 could require AIDS patients and all those who show a positive test result for the HIV antibodies to be quarantined. It lays down a series of exclusions from jobs, education and travel for persons suspected of carrying AIDS.

However, the CMA's 38-member governing Council has declared: "All scientific and medical evidence indicates that the virus which causes AIDS is primarily spread through intimate sexual contact or through the exchange of blood or blood products, as in intravenous drug abuse. There is no evidence to indicate that AIDS has been transmitted by any means of casual contact, whether in the home, schools, restaurants or the workplace."

In unanimously opposing Prop. 64, the CMA Council said: "This type of action will not serve to limit the epidemic, but rather will prolong the spread of this terrible illness."

The CMA's Committee on AIDS and Sexually Transmissible Diseases includes internationally recognized experts.

Its chairman is Mervyn Silverman, M.D., former San Francisco public health director who currently serves as president of the American Foundation for AIDS Research.

"Educating individuals about the proven modes of transmission and risk factors is the only reasonable, practical approach to decreasing AIDS infection," says Dr. Silverman.

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Another committee member is Paul Volberding, M.D., a pioneer in the care of AIDS patients and AIDS research.

CMA, the nation's largest state medical society, has launched an intensive public information campaign to combat this dread disease. It has prepared seven Health Tips and a public education brochure on AIDS, together with a question-and-answer sheet on Prop. 64. These are available from the CMA's Division of Scientific and Educational Activities, P.O. Box 7690, San Francisco, CA 94120-7690.

A speakers' bureau of trained physicians throughout the state, representing a wide variety of medical specialties, is available to talk on AIDS. Groups interested in scheduling a speaker may write Patty Frisk at the CMA Speakers Bureau.

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CALIFORNIA MEDICAL ASSOCIATION

The California Medical Association (CMA) is a non-profit, voluntary organization of 34,000 physicians dedicated to the practice of medicine and protection of the public health. Established in 1856, the CMA is the largest state medical association in the United States.

One of CMA's main goals is to promote and maintain the highest level of health care standards for the people of California. Physician-members work with the State Legislature and other elected officials to help them make informed decisions about issues affecting public health policy and health care delivery. The CMA also actively sponsors public health education programs to inform Californians about current public health issues and to ensure that they are knowledgeable about the many, changing health care services available.

In an effort to maintain high health care standards, the CMA provides and certifies continuing medical education for physicians and participates in quality review activities.

AIDS in the Future: Experts Say Deaths Will Climb Sharply

Forecast of cases leads to
comparison with polio.

By PHILIP M. BOFFEY

Special to The New York Times

WASHINGTON, Jan. 13 — The AIDS epidemic is not expected to spread rapidly into the general population, Government and academic experts now believe, but the disease will probably kill far more Americans than is generally recognized.

The latest figures show that the explosive growth rate of the epidemic is moderating ever so slightly and has already leveled off in one of the hardest-hit cities, San Francisco.

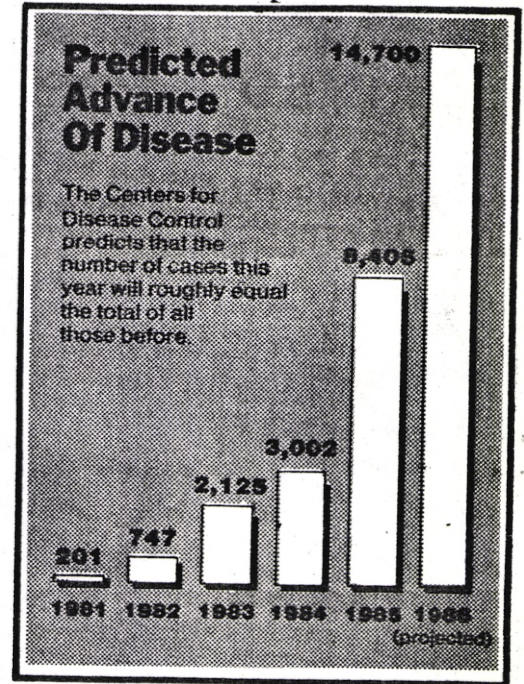
Even so, the number of new cases of acquired immune deficiency syndrome predicted for the coming year will, for the first time, reach levels comparable to the last highly feared epidemic in the United States, paralytic polio.

For 1986, the Federal Centers for Disease Control predicts between 14,000 and 15,000 new cases of AIDS, the vast majority in the two groups who are already afflicted, male homosexuals and intravenous drug users. At its worst, in 1952, paralytic polio struck some 21,000 Americans, and in other peak years it claimed from 10,000 to 18,000 victims.

Great Uncertainties, Great Foreboding

Projections of the future course of the AIDS epidemic are tinged with great uncertainties. Nobody knows how many Americans are currently infected with the virus that can cause AIDS, or how many of those who are infected will go on to develop either AIDS or a range of related illnesses, including brain damage. Nobody knows whether an effective vaccine or drug treatment will be developed. Nobody knows whether rising fears and new educational programs will change the behavior of promiscuous homosexuals or intravenous drug users enough to slow spread of the disease. And nobody knows how easily the disease will be transmitted through heterosexual intercourse. Only about 1 percent of all cases thus far have been attributed to intimate heterosexual contact, and that percentage appears to be holding.

But granting all the uncertainties, Dr. Anthony J. Fauci, director of the National Institute of Allergy and Infectious Diseases, one of the Government's top authorities on AIDS, said today that he believes, on the basis of very "soft" estimates, that one million Americans have already been infected with the virus and that this number will jump to at least 2 million or 3 million within 5 to 10 years. He also hazarded a guess that about 40 percent of those infected would eventually develop AIDS and die from it, over the course of years or even decades, unless a treatment is found. If he is right, then perhaps 400,000 Americans are already doomed to die from AIDS, and that number could climb to a million within 5 to 10 years.



The New York Times/Jan. 14, 1986

Those speculative projections, although admittedly rough, nevertheless indicate that the epidemic is likely to cause far more damage in the future than it has over the past six or seven years since the virus first reached this country in the late 1970's. As of Jan. 6, the C.D.C. reported a cumulative total of 16,138 cases of AIDS, resulting in 8,220 deaths so far.

"I see no reason to be optimistic about any downtrend," said Dr. June E. Osborn, dean of the school of public health at the University of Michigan, who prepared a review of the epidemic for the Institute of Medicine of the National Academy of Sciences. "A year from now we'll have about twice as many cases as we do now. That's apt to make the difference between manageability and unmanageability for some high-risk areas."

"I fear it will get worse before it gets better," said Dr. Ward Cates, head of the sexually transmitted disease division at the Federal centers.

Some Routes of Transmission Are Blocked

The virus that causes AIDS is transmitted primarily through intimate sexual contact and through the exchange of contaminated blood, as can occur when drug addicts share the same needles. Some experts express moderate optimism that the spread of the virus can be contained primarily within the current risk groups, at least in the near future. They note that new screening tests appear to have made the blood supply safe, thus blocking one major route by which the virus could spread rapidly through the population, and that new sterilizing treatments appear to have made the blood factors given to hemophiliacs safe, thus blocking another route.

But many experts also fear that those who do

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Sharp Rise in AIDS Deaths Expected

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contract the virus face a far bleaker future than is generally appreciated.

Federal officials generally assert that 5 to 10 percent of those infected by the virus can be expected to develop full-scale AIDS within five years of their infection, based on the findings of a few limited studies.

Ultimate Toll Could Be Higher

But data emerging from a number of additional studies, all admittedly small, suggest that the ultimate toll could be far higher. Dr. Stanley H. Weiss, an epidemiologist at the National Cancer Institute, said last week that preliminary results from eight small studies in which he is involved "strongly suggest that a higher proportion of persons infected with the virus are likely to develop fatal complications than is commonly understood." The studies have been conducted since about 1982 in New York, Washington and Pennsylvania and in Denmark.

Dr. Weiss said that the most disturbing findings have emerged from two studies of homosexual males in New York City, which found, respectively, that 25 percent and 34 percent of those infected with the virus have thus far developed AIDS. The other six studies found that 8 percent to 15 percent of those infected have thus far developed the disease. "I anticipate that all those figures are likely to continue to rise with further observation," Dr. Weiss said.

A much larger study of homosexual men in San Francisco, involving thousands of men infected with the virus, has found that only about 5 percent or 6 percent have developed AIDS after being followed for periods up to five years.

Decreasing Risk

Dr. Harold Jaffe, the chief AIDS epidemiologist at the Centers for Disease Control, said the critical question is whether an infected person's odds of getting the disease will begin to go down as the years pass, or will

remain the same, in which case virtually everyone might eventually become sick. "We'd feel much better if we could say to an infected person, 'If you go for a year or two without getting sick, your chances of getting sick are very small,'" said Dr. Jaffe. "But none of the studies that have followed people for two to five years has shown a decreasing risk of illness with time. That's disturbing. If it doesn't start to decrease over time, we're in trouble."

Estimates of the percentage of those infected who will eventually become ill vary widely. Most experts interviewed last week were unwilling to offer an estimate. But Dr. Frank Polk, professor of epidemiology at Johns Hopkins University in Baltimore, who directs a major study of AIDS, suggested that 30 percent to 50 percent of those infected will come down with the disease. "That's a lot of people," he said. "They'll all die until we get a good treatment." He put the odds of achieving such a treatment at only 50-50.

How far the virus has spread is a matter of conjecture. Various officials and experts have said that the number of Americans already infected ranges from 500,000 to 2 million, the vast majority being male homosexuals or intravenous drug abusers. However, those are little more than educated guesses extrapolating from a very slim data base. No survey of the general population has yet been made to determine how far the infection has spread.

The chief basis for the estimates is a study of male homosexuals in San Francisco which found that in 1984 there were 28 cases of infection with the virus for every case of full-scale AIDS. The Centers for Disease Control assumed that the nation as a whole would have a somewhat higher ratio, perhaps 50 or 100 infections for each case of AIDS. That produced a "reasonable estimate" that from 500,000 to 1 million Americans had been infected with the virus, at a time when about 10,000 cases of AIDS had been reported. That estimate remains unchanged today.

Some data show that 25 to 34 percent of those infected have developed AIDS thus far.

"I think the numbers are without foundation," complained Dr. Albert Sabin, the developer of a polio vaccine, who is now a senior expert consultant at the National Institutes of Health. "We really don't know how many are infected."

The firmest figures for measuring the course of the epidemic are the number of cases of AIDS diagnosed in accord with a careful definition promulgated by the C.D.C. These show that the epidemic is continuing to spread but at a slightly slower rate. "A couple of years ago the number of cases was doubling every six months," said Dr. Jaffe. "The last doubling took about 11 months, and we project that the next doubling will take about 13 months."

Risk Groups Become Saturated

One possible explanation for the slowdown in the rate of increase is that male homosexuals in major cities and drug addicts in the New York area, the two major risk groups, are becoming saturated with the infection, leaving less room for further explosive spread. Another is that homosexual men, and to a lesser extent drug addicts, are changing their practices to avoid exposure to the virus.

However, most experts caution that the stretching out of the doubling time is no proof that the epidemic is moderating. The absolute number of cases continues to rise sharply. The 14,000 or 15,000 cases expected in the coming year will almost equal the 16,000 cases reported in the entire previous course of the epidemic.

The most dramatic slowdown thus far has occurred in San Francisco,

which ranks a close second to New York, and far ahead of all other cities, in percentage of the population diagnosed with AIDS. "The increment of new cases in San Francisco flattened out about a year ago," said Dr. Philip R. Lee, president of the city's health commission and director of the Institute for Health Policy Studies at the University of California medical school in San Francisco. "Our cases had been doubling and we were anticipating that that would continue. But now we're getting about 60 or 70 new cases per month, about where we were a year ago, and it isn't going up. We don't talk about it much because we don't want people to become complacent. We're the only city I know of where that slowdown has occurred."

Nationwide, the disease has thus far remained confined primarily in the risk groups in which it was first detected. "So far we have not really seen any indication that the disease is shifting to other groups," said Dr. Jaffe. "I couldn't predict five or ten years ahead, but for the next two years I don't expect to see any dramatic shift."

Opinion Split Sharply

Professional opinion is split sharply on whether the virus is apt to spread easily to the heterosexual population

in this country. It has been fairly well documented that men can transmit the virus to women through sexual intercourse, but there is major uncertainty over whether women can transmit it effectively to men through intercourse, a factor that will be crucial in determining how fast the virus penetrates into the general population, or at least the sexually active heterosexual population. If the disease does spread readily from women to men, then prostitutes who become infected could infect large numbers of their customers, and men and women who frequent singles bars could swap the virus back and forth.

Some experts note that heterosexual transmission seems to occur in Africa and Haiti, that some soldiers abroad may have developed AIDS from repeated intercourse with prostitutes, and that the AIDS virus has already been found in some American prostitutes. "It seems a very reasonable assumption, if not an inevitable conclusion, that the virus can be spread from females to males, especially from prostitutes," said Dr. Fauci. "If we start to see well-documented cases of spread from female to male, and I see no reason why that shouldn't be, I would bet that we are going to see a gradual increase in heterosexual transmission in this country. It won't be a real fulminant increase but a gradual increase."

However, Dr. Stephen Schultz, deputy health commissioner for epidemiologic services in New York

City, which has almost a third of the nation's AIDS cases, said that the disease is "more or less staying in the original risk groups" and there is "scant evidence, although it does sometimes happen, for female to male transmission." Only 2 of more than 5,000 AIDS cases in New York appear to have been transmitted sexually from females to males, and even those two are not certain, he said.

Dr. Polk, of Johns Hopkins, agreed that "with the exception of intravenous drug abusers, I don't think AIDS is going to spread much into the heterosexual population because I don't think men will acquire the infection from women sexually, except for rare occurrences." He suggested that "the male genital tract is not a very efficient portal of entry for the virus."

Another troublesome question is the extent to which the virus will cause neurological and brain damage in victims who do not necessarily develop a full-scale case of AIDS. The virus has already been detected in the brain fluids of some victims and seems to have caused neurological problems in many of them. But investigators are uncertain whether brain disease will afflict large numbers of people who have no other symptoms or whether it will simply constitute yet another health problem in people who are already seriously ill with the manifestations of AIDS.

AIDS and Substance Abuse: Issues for Health Care Providers

Barbara G. Faltz, RNC, BSN
Scott Madover, MFCC

The issue of AIDS and substance abuse raises critical clinical, ethical, and personal concerns for medical and mental health professionals. To develop effective strategies for coping with these concerns, health care providers need to consider first how substance abuse is linked to AIDS.

The most obvious connection is the direct transmission of the AIDS virus through the sharing of hypodermic needles, syringes, and paraphernalia while "shooting up" drugs. According to the Centers for Disease Control, intravenous (I.V.) drug use is the primary risk factor for 16 percent of people with AIDS¹. In addition, 11 percent of the gay and bisexual men with AIDS report a history of I.V. drug use². Thus a total of 27 percent of the people with AIDS have used I.V. drugs at one time or another.

Current statistics reveal that nearly 50 percent of the I.V. drug users with AIDS are black, 30 percent are Hispanic, and 20 percent are Caucasian. More than half of the women with AIDS in the United States are I.V. drug users; many of them are also sexual partners of I.V. drug users.

Another link between substance abuse and AIDS is the transmission of the virus by infected I.V. drug users to their sexual partners. Epidemiological data clearly reveal that the AIDS virus can be transmitted in this manner among heterosexuals as well as among homosexuals.

In addition, infected women who are I.V. drug users or who are sexual partners of users can transmit the virus during the neonatal period. There have been 217 pediatric cases of AIDS³.

The connections between substance abuse and AIDS extend beyond the means of direct transmission. In recent cohort studies⁴, a correlation was found between the use of volatile amyl and butyl nitrites ("poppers") and the development of Kaposi's sarcoma. Researchers have also established in laboratory studies the immunosuppressive effect of poppers. Earlier studies have confirmed the immunosuppressive role of alcohol, marijuana, cocaine, and amphetamines.

Being under the influence of alcohol or drugs can also affect a person's resolve to follow AIDS risk reduction guidelines. In a recent report prepared for the San Francisco AIDS Foundation, the Research and Decision Corporation cited the following findings after polling a sample of gay and bisexual San Francisco men:

"there is a significant problem with drug use among the city's self-identifying gay and bisexual male population and this problem may be perpetuating the AIDS epidemic. When asked if they were ever 'high' or drunk while having sex, nearly one in five (18 percent) say they are at least so intoxicated that they would not want to drive a car⁵."

While only 3 percent of the survey participants reported using I.V. drugs in the past six months, these men also accounted for a significant percentage of high-risk sexual activities. In addition, 61 percent of the participants agreed that they were more likely to have unsafe sex when using alcohol or drugs⁶.

Finally, alcohol and drug abuse can interfere with the medical treatment of AIDS. For example, the use of medication that is potentially hepato-toxic (toxic to the liver) is contraindicated in patients with a liver already damaged by alcohol or drug abuse.

"Substance abuse is not a weakness but rather a chronic and progressive disease for which there is treatment and hope."

Confronting the Patient with Substance Abuse Problems

Physicians and other health care workers often have difficulty in treating substance abuse disorders in persons who have AIDS or ARC.

Health care providers often feel that the patient will die anyway, that substance abuse treatment will take away a "coping mechanism," and that treatment is too strenuous and confrontive. These concerns reflect a basic underlying question: "Why bother with substance abuse treatment?" Substance abusers themselves may provide the answer. Already troubled by the chaotic lifestyle that often accompanies substance abuse, many individuals find that the added crisis of an AIDS diagnosis prompts a careful look at the quality of their lives. Some may choose to get help to stop using drugs or alcohol. Others, of course, may continue current behavior, even at the risk of jeopardizing their eligibility for needed social services.

The choice to seek treatment or to remain actively addicted will be made by the client. Health care professionals often have trouble with this fact, yet it is basic to all effective treatment strategies.

Substance Abuse As a "Moral Issue"

Health care providers sometimes view substance abuse as a weakness or as a choice rather than as a disease. They may believe that treatment should consist of a lecture about "right"

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Substance Abuse . . .

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or "wrong" behavior, and they may advise clients to control their impulses. However, substance abuse is not a weakness; it is a chronic and progressive disease for which there is treatment and hope. Clinicians who view it otherwise may be reluctant to develop treatment strategies or to make effective referrals.

Behavioral Manifestations of Addiction

Many behavioral manifestations of addiction such as flattery, intrusiveness, intimidation, or inflammatory remarks can be frustrating for the health care provider. Clients often attempt to turn one staff member or agency against another. These behaviors can be attempts to avoid confrontation, to deflect attention, and to justify ongoing abuse.

Staff members should avoid expressing anger, blame, or disappointment toward clients who continue to use drugs or alcohol. At the same time, staff can encourage clients' constructive expressions of feelings. Staff can help prevent a sense of helplessness by holding clients responsible for their actions and by maintaining their own values, their commitment to quality care, and their professional standards.

Substance Abuse Assessment

An accurate and specific assessment of a client's substance abuse is essential to the clinician's understanding of the concerns and difficulties to be encountered. This assessment should include the amount, frequency of use, duration of use, and last use of all classifications of illicit drugs, mind-altering prescription medication, and alcohol. The following factors are helpful in determining the extent of a substance abuse problem:

- (1) Emotional, social, relationship, employment, legal, or other difficulties that can be linked to the use of alcohol or drugs;
- (2) Loss of control of frequency or amount of use;
- (3) Preoccupation with drugs of choice or alcohol;
- (4) Self-medication for anxiety or sadness with drugs or alcohol;
- (5) Drinking or using drugs while alone;
- (6) Rapid initial intake of drugs or alcohol;
- (7) Protection of drug or alcohol supply — stocking or hiding supply;
- (8) Tolerance to large quantities of alcohol or drugs;
- (9) Withdrawal symptoms;
- (10) Blackouts.

Once the health care provider has determined the extent and the effects of substance abuse, it will be helpful to assess the clients' awareness of the problem and their willingness to follow treatment strategies.

People who actively pursue their addiction often feel little motivation for treatment, especially if they have not felt the painful consequences of their drinking or drug use. They may feel that the problem "is not bad enough yet" to seek treatment. Even if clients display limited motivation for treatment, it is important for clinicians to educate clients about specific AIDS risk reduction practices and to support changes in these areas.

It is natural for a person to engage in denial at the onset of a life-threatening illness. The denial usually continues until a person begins to absorb the impact of the diagnosis. Substance abusers, however, regularly employ denial as a chief defense against seeing the problems and effects of their addiction. Thus, health care providers can be most effective by challenging the denial of these clients and by helping them accept their AIDS diagnosis.

Priority Issues

Clinicians recognize so many other physical, emotional, financial, and legal concerns confronting their clients with AIDS

that frequently they do not consider substance abuse as a priority to be addressed aggressively. However, not dealing with substance abuse issues can undermine other efforts to cope with the many problems that come with AIDS.

Current epidemiological data confirm the connections between substance abuse and AIDS. Projections for the future suggest that substance abuse will command even more attention from health care providers, educators, and health policy officials. While there are many problems associated with dual diagnoses of substance abuse and AIDS, health care providers can intervene effectively by first recognizing how their own values and anxieties impact upon treatment approaches. Next, they can accept substance abuse as a problem that can be ameliorated by treatment interventions. And, finally, they can stay informed of community resources to help them make accurate assessments and to develop effective treatment strategies.

Barbara G. Faltz, RNC, BSN is the Coordinator of Substance Abuse Education for the AIDS Health Project in San Francisco. **Scott Madover, MFCC** is a clinical social worker for the AIDS Health Project.

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Diagnosis/Treatment AIDS and Substance Abuse Counseling with Gay Men

Tom Smith, MD

Counselors who work in the field of substance abuse confront a frequent challenge to meet new and unmet needs. The newest challenge comes from the need to provide services to gay men who have two problems: difficulties with substance abuse and a diagnosis of AIDS. To assist these clients and to educate them about avoiding exposure to the AIDS virus, counselors need to recognize the special issues relevant to working with gay men.

Substance abuse is a major health problem for the gay population in this country. A 1983 San Francisco study (Morales and Graves) revealed extensive drug use among gay men from a variety of backgrounds: 9% reported I.V. drug use, 58% volatile nitrite (poppers) use, 15% daily marijuana use, and 83% alcohol use (with a problematic use rate of 20%).

Counselors who encounter a client with these problems should first obtain an adequate drug use history and appraise the gay client's strengths and motivation. They must also be prepared to assess the client's attitudes and value systems, his participation in the general society and in the gay subculture, and his stage in the "coming out" process. Essential for the counselor is an awareness of basic components of the gay experience; these include knowledge of gay milieus, homophobia, internalized homophobia, the great variety of gay

sexual expression and its relationship to substance use, and gay language and sensibility.

Particularly important is an awareness of those symptoms related both to substance abuse and to the oppression of gay people: depression, low self-esteem, paranoia, and "double lives."

Counselors must also realize that the gay male population is very diverse and spans all ethnic and socioeconomic groups. There are also a large number of "hidden" members. Thus, counselors must develop individualized treatment plans and not rely on just one approach. For example, some clients may need encouragement to come out of the closet as part of their recovery process while others might feel great stress at the prospect of increasing their identification with gay men. A push to self-disclosure could lead them to relapse.

Counselors can help clients by presenting a sex-positive approach. In addition, they should question how the behaviors of their gay clients relate to their drug compulsion. Do clients abuse substances to cope with oppression, peer pressure, and beliefs about drugs and sex?

Counselors for gay males should be well-acquainted with psychosocial and physiological effects of legal and street drugs and "poly-drug" treatment. A number of community resources exist to help the health care professional become knowledgeable about these issues.

Overall Strategy

Counseling should be filled with the concepts of client involvement in planning, *hope*, and personal growth, even in the face of approaching death. Messages should be clear, current, easily understood and repeated at the client's pace so that he can hear. The counselor should impart an attitude that positive actions will be beneficial and effective. Techniques should be designed for the person as a whole being, not focusing on just one drug or one sex act.

Specific Approaches and Techniques

Counselors should note the variety of experiences with AIDS for gay men. Some may be among the worried well; some may test positive, and others negative, with the AIDS antibody test. Other gay men may be positive but asymptomatic, and still others may have been diagnosed with AIDS or ARC.

Even clients within these groups often face differing sets of problems. For example, the needs of a bed-bound drinker with pneumocystis pneumonia is quite different from a drinker who has Kaposi's sarcoma, feels well, and goes to work every day. To facilitate these differences, client categories for designing treatment plans might include the dying patient, the bed-ridden, the infirmed yet ambulatory, the weak but not sick, the able-bodied, the actively using, the motivated (for recovery efforts), the unmotivated, and the detoxing client ill from AIDS/ARC or not ill from AIDS/ARC.

Presenting AIDS Information. The bottom line approach in counseling gay men about AIDS is to provide information that explains the connections between AIDS, substance abuse, and sexual activity and also to develop a personalized plan of action for risk reduction.

Messages about the spread of AIDS through needle use should be given in an hierarchical order, congruent with client's strengths, motivations, and degree of drug abuse. Whereas a high-functioning speed user may internalize advice about total abstinence, a recalcitrant client may only be able to hear a message about not sharing needles.

The next message should be "don't use needles," with the following level suggesting "if you use needles, don't share them." The latter should advise users to "clean your works"; instructions on how to do so should be included. Many of these clients are distrustful; to increase compliance, messages must be individualized, non-authoritarian, and couched in language understandable to the client.

Disinhibition. One very difficult problem caused by the disinhibiting effect of drugs occurs in individuals who are out of control in many areas of their lives. Clients are often unable to control sexual behavior until they become sober, no matter how many pledges they make to eliminate unsafe sex. They need increased social support and the benefit of solid rapport with counselors. Interventions which include significant others and health care providers, especially in a "united front," is another effective approach for the "resistant" substance abuser with AIDS.

Sexuality Counseling. Although the AIDS epidemic has opened up gay men's most private lives as subject matter for media coverage, this exposure has not been accompanied by an understanding of male-to-male intimate feelings and values. Many counselors assume an innate ability to offer advice about sexuality; however, gay male sex counseling, especially in light of changes brought about by the AIDS epidemic, has become a complex art involving an appreciation of the full range of gay male sexual expression.

Group therapy intervention is often the best way to impress upon the client that poly-drug abuse is prevalent among gay men and that alternative drug-free social events have become popular in the gay community. In group sessions clients can also be introduced to methods of tension reduction and to non-chemical ways of altering consciousness to replace a dependency on drugs.

Substance Abusers With AIDS or ARC. Heavy drinking or drug use as a coping mechanism may occur at different times in the course of illness: prior to or immediately after diagnosis, during waiting times for test results, upon death of friends, after developing signs of further deterioration of the immune system, as a result of financial and social losses, when realizing that death is imminent, and when treatments fail. Often clients have not received enough information about substance abuse and recovery for them to make valid decisions about further use of substances during these stressful periods.

Many individuals with AIDS or ARC become absorbed with the pursuit of wellness. They may appear to be outwardly healthy yet be profoundly immunosuppressed. Marked and chronic fatigue in these individuals might be erroneously interpreted as substance abuse relapses. The client may need counseling about how to discuss his health status with friends.

Antibody Test Counseling. Many gay substance abusers are curious about the AIDS antibody test, and administrators of substance abuse programs have begun to advocate antibody testing as an admissions criteria. Counselors should become as informed as possible about the resources for performing the tests, the most current knowledge about the meaning of test results, confidentiality measures, and methods for processing emotional responses to the test.

Summary. For the therapist the good news is that basic substance abuse counseling techniques yield successful results in working with gay male substance abusers who have AIDS concerns or infection. Concepts of recovery, such as abstinence, hope, holism, socialization, spirituality, stress reduction, positive action, and positivism are essential components of effective strategies. On the other hand, counselors will find that fundamental substance abuse strategies, and even deeply held principles, must be modified to address the complex needs of this group. Concepts of personal responsibility, motivation, "co-ism", phase of addiction, personal actions, skills deficits, and specialness must be re-thought and made personal for the individual affected by AIDS.

Tom Smith, MD has worked with more than 500 gay male alcohol and drug abusers with AIDS concerns, positive AIDS antibody test results, or diagnoses of AIDS or ARC. He is co-chair of the San Francisco Substance Abuse and AIDS Task Force.

BRIEFS

RECENT REPORTS

Alcoholic Liver Disease May Trigger False Antibody Test Results. A research team at the Cincinnati Veterans Administration Medical Center reported in *The New England Journal of Medicine* (April 2, 1986) that the blood of persons afflicted with alcoholism and liver-damaging hepatitis B may inaccurately test positive for the AIDS virus. The researchers tested stored, frozen blood serum from 95 patients who participated in a Veterans Administration study on alcoholic liver disease. They found that 13 percent of the serum samples tested positive for the AIDS virus, using the ELISA screening test. However, when the samples were subjected to the more definitive Western blot assay, all were found negative for AIDS virus infection.

The researchers concluded, "These findings demonstrate that patients with alcoholic liver disease have a high incidence of false positive results on tests for HTLV-III antibodies. This is important to recognize lest these patients be falsely labeled as having previous infection with the AIDS virus and suffer the socioeconomic consequences of this diagnosis."

New Classification System for AIDS Virus Infection. The Centers for Disease Control (CDC) has announced a new classification system for persons infected with the AIDS retrovirus. CDC representatives explained that the new system attempts to provide a means of grouping patients infected with the AIDS virus according to the clinical expression of disease. As more information about infection has accumulated, researchers and health care professionals have needed more precise classifications for the spectrum of symptoms related to AIDS. This new classification addresses that need. The new system, however, does not imply any change in the definition of AIDS used by the CDC since 1981 for national reporting.

The system uses four principal groups based on chronology, presence or absence of signs and symptoms, and the type of clinical findings present. Group I notes transient signs and symptoms that appear at the time of initial infection. Group II includes those infected persons who are asymptomatic. Group III indicates persons with persistent generalized lymphadenopathy (PGL). Finally, Group IV, with five subgroups, includes those with constitutional disease, neurological disease, secondary infectious diseases, secondary cancers, and other conditions. Patients whose symptoms place them in the surveillance definition of AIDS are classified in Group IV. However, not every case in Group IV will meet the surveillance definition. Readers needing more precise descriptions of these classifications should refer to the May 23rd issue of *Morbidity and Mortality Weekly Report*.

Editor's Note: In May the International Committee for the Taxonomy of Viruses announced its selection of a new name for the retrovirus believed to cause AIDS. The committee chose *Human Immunodeficiency Virus* or *HIV* to supplant the terms currently in use; namely, HTLV-3, LAV, and ARV. Virologists who selected the new name said they hoped it would help ease the current French-American controversy over who first discovered and named the AIDS virus. The name is also distinct enough from other retroviruses to indicate an independent species. During the recent International Conference on AIDS held in Paris, researchers from the World Health Organization, the Centers for Disease Control, and the National Institutes of Health adopted the new name during their presentations. Beginning with the September issue, **FOCUS** will use HIV when referring to the virus linked to AIDS.

Study Gauges Drug, Alcohol Influence on Safe Sex Compliance. A San Francisco-based study has found that any combination of drinking or drug use and sexual activity is associated with high risk behavior among gay men. Men who drank even rarely during sex were found to be at least two times more likely to be at high risk than those men who did not combine drinking with sex. The men whose activities placed them in a high-risk group were from 2 to 3.5 times as likely (depending on the drug) to have used drugs during sexual activity as those men whose behavior placed them in a low-risk group.

Implications of this research are especially pertinent to health educators who develop AIDS prevention strategies. The authors call for continued research but offer a few possibilities to consider now: (1) people at risk may benefit from messages that discourage the combination of courtship behavior and substance use, (2) the disinhibition effect of substance use can be discouraged as an acceptable excuse for high-risk sexual activities, (3) voluntary therapy can be encouraged for those individuals who appear to have personality characteristics that place them at risk of exposure to AIDS. The authors note the evident success of safe sex campaigns in San Francisco that helped gay men understand risk reduction guidelines. They suggest that further attention should be paid to what circumstances undermine compliance with safe sex guidelines.

The data for this prospective study of behavior changes made by gay men were obtained from surveys conducted in May of 1984 and again one year later. Senior author Ron Stall, PhD, MPH, of the Medical Research Institute of San Francisco developed the study in association with researchers from the University of California and the University of Michigan. The study will be published in the fall issue of **Health Education Quarterly**.

The amount of research information now appearing in the medical and lay press staggers most AIDS health care and service providers. This newsletter represents an attempt to place much of the data and press reports in a context that will prove meaningful and useful to its readers. Suggestions and comments are welcome and encouraged. Please address correspondence to Editor, AIDS Health Project; 333 Valencia Street, 4th Floor; San Francisco, CA 94103. For information about the other AIDS Health Project programs, call (415) 626-6637.

NEXT MONTH

In June 3500 AIDS researchers, health care providers, and educators gathered in Paris for the International Conference on AIDS. The more than 1000 research papers presented reflected the rapid growth in the area of AIDS research. By comparison, researchers presented only one-third as many papers at the first such international conference, held in Atlanta in April of 1985. Of the total presentations in Paris, nearly 100 related to the psychosocial impact of AIDS.

In the September issue of **FOCUS**, Judy Macks, LCSW, will review the many psychosocial studies discussed at the conference. Macks presented in Paris a poster entitled "Life in the Grey Zone: Interventions Addressing the Psychological Needs of Persons with ARC." She coordinates mental health training at the AIDS Health Project; she formerly coordinated the mental health services program for people with AIDS at San Francisco General Hospital's Ward 86.

In addition, editor Michael Helquist, who also attended the Paris conference, will present a selection of abstracts that highlight some of the clinical, epidemiological, and public health papers delivered there.