THANK YOU, DR. HOOK, FOR INVITING ME TO PARTICIPATE IN THIS PROGRAM. AND THANKS TO MY MED SCHOOL CLASSMATES ON YOUR FACULTY, PROFESSORS HANKS AND HILLMAN, FOR THEIR HOSPITALITY AND SUPPORT.

IT IS ALWAYS A PLEASURE TO BE INVITED TO SPEAK AT A MEDICAL SCHOOL, AND TO HAVE AN AUDIENCE THAT INCLUDES YOUNG PEOPLE IN TRAINING. I COME WITH THE HOPE THAT I CAN LIGHT A FIRE UNDER SOME OF YOU TO WORK ON AIDS, WHICH IS NOW AND I EXPECT WILL ALWAYS BE MY OWN LIFE'S WORK. AND I COME WITH THE PURPOSE OF TELLING YOU HOW THIS WORK RELATES TO THE FUTURE HEALTH OF MILLIONS OF PEOPLE AROUND THE GLOBE.

I AM HERE TO TALK ABOUT A COMPLEX PROBLEM IN HUMAN BIOLOGY—A TALE OF TWO SPECIES - ONE A SPECIES OF VIRUS CALLED HIV AND THE OTHER THE HUMAN SPECIES - PREDATOR AND PREY RESPECTIVELY. I AM NOT GOING TO LEAVE YOU WITH CLINICAL PEARLS OR LECTURE YOU ON THE LATEST DEVELOPMENTS ON QUANTITATIVE HIV RNA-PCR, HIV PROTEASE INHIBITORS OR THE PRODIGIOUS MUTATION RATE OF HIV.

THROUGH CONSIDERABLE EFFORT AND JUST PURE HAPPENSTANCE I WAS, AS YOU KNOW, THE FIRST PHYSICIAN TO DIAGNOSE THE DISEASE THAT WOULD COME TO BE CALLED ACQUIRED IMMUNE DEFICIENCY SYNDROME, OR AIDS. SOME PEOPLE HAVE ASKED ME HOW IT FEELS TO HAVE DISCOVERED THIS MODERN DAY PLAGUE, SUGGESTING THAT I MIGHT BE UPSET BY THAT THOUGHT. ON THE CONTRARY I AM IN NO WAY EMBARRASSED OR APOLOGETIC. MY ONLY REGRET IS THAT THIS DISCOVERY COULD NOT HAVE HAPPENED SOONER IN THE VERY EARLY DAYS WHEN HIV WAS ~~RATHER THAN LATER~~. JUST STARTING TO BREAK OUT OF THE AFRICAN RAIN FOREST ON ITS DEADLY RAMPAGE THROUGH THE HUMAN POPULATION.

FOR ME THE YEARS SINCE 1981 HAVE BEEN A FANTASTIC ODYSSEY THE EXPERIENCE OF A LIFETIME. ONE OF THE PLEASURES IS THE OPPORTUNITY TO SPEAK HERE TODAY.

THERE IS OF COURSE MUCH, MUCH MORE TO THIS STORY THAN MY SMALL PART IN IT. THERE IS ROBERT GALLO AND LUC MONTAGNIER, ROCK HUDSON AND RANDY SHILTS, ELIZABETH TAYLOR AND LARRY KRAMER, MAGIC JOHNSON AND MARY FISHER, THE RAY CHILDREN AND RYAN WHITE, ARTHUR ASHE AND ELIZABETH GLASER, C. EVERETT KOOP AND KIMBERLY BERGALIS.

THESE ARE SOME OF THE PEOPLE WHO, EITHER BECAUSE THEY WERE VICTIMS OF AIDS OR HAD SOME SOCIAL OR OFFICIAL RESPONSIBILITY, HAVE TRIED TO TELL THE WORLD HOW REALLY AWFUL THIS DISEASE IS. CAN BE. FOR SOME, THEIR VOICES HAVE BEEN SILENCED. AND

MORE THE PITY THAT THEIR WORDS OF WARNING HAVE FALLEN ON UNHEARING EARS.

TODAY, I WANT TO SHARE WITH YOU SOME OF MY OWN EXPERIENCES OF THE PAST AND A FEW OF MY THOUGHTS ABOUT THE FUTURE AS WE MAKE OUR WAY THROUGH THE SECOND DECADE OF WHAT MIGHT BE CALLED THE AGE OF AIDS.

I THINK THAT WE CAN ALL AGREE THAT AIDS IS A DISEASE ABOUT WHICH A GREAT MANY UNKNOWNS REMAIN.

THERE IS, HOWEVER, ONE THING OF WHICH I AM DEADLY CERTAIN: THAT PEOPLE IN THIS COUNTRY DO NOT REALLY UNDERSTAND HOW

DESPERATE THE NEEDS ARE FOR A VACCINE, MORE EFFECTIVE PREVENTIVE EDUCATION, AND FOR EFFECTIVE ANTIVIRAL DRUGS.

WE OFTEN HEAR OR READ ABOUT THE AIDS CRISIS. THERE ARE COMMENTATORS AND POLITICIANS WHO FOR A VARIETY OF REASONS MINIMIZE THE URGENCY OF THE AIDS EPIDEMIC. THEY PUT IT DOWN, DENY THAT IT REPRESENTS A CRISIS FOR THE WORLD OR FOR THE U.S. THEY WORK WITH ALL THEIR MIGHT TO FOREVER PLACE AIDS ON A BACK BURNER OF THE POLICY AGENDA. WHATEVER THEIR INTENT, THEY ARE DIRECTLY OR INDIRECTLY CONTRIBUTING TO WHAT ARGUABLY IS THE MOST THREATENING DISEASE IN MODERN HISTORY, OF THE WORLD.

WARS^-- MORE THAN 250,000. FOR THOSE OF YOU WHO ARE CIVIL WAR BUFFS THAT IS ALMOST TWICE THE NUMBER OF BATTLE DEATHS WHICH OCCURRED IN THAT NATIONAL TRAGEDY.

* IN FIVE STATES AND 64 CITIES AIDS IS THE NUMBER ONE KILLER OF YOUNG MEN--- SURPASSING ACCIDENTS, CANCER, AND HEART DISEASE. ON AVERAGE 92 people die OF AIDS IN THE U.S. EACH DAY.

* IN THIS COUNTRY ONE MILLION PEOPLE ARE INFECTED. EVERY YEAR TENS OF THOUSANDS DIE OF AIDS, AND TENS OF THOUSANDS BECOME HIV INFECTED -- KEEPING THE TOTAL NUMBER OF THOSE INFECTED ABOUT THE SAME.

* IN ASIA 2.5 MILLION ARE HIV POSITIVE. THAT WILL QUADRUPLE TO 10 MILL BY THE YEAR 2000. IN NORTHERN THAILAND 8% OF PREGNANT WOMEN ARE HIV+ 9S ARE 20% OF MILITARY RECRUITS. IN BOMBAY 30% OF PROSTITUTES ARE + AND IN NORTHEAST INDIA SO ARE 50% OF IVDU's. IN AFRICA WHOLE VILLAGES ARE BEING WIPED OUT.

THESE STATISTICS ARE IMPRESSIVE. HOWEVER IT HAS BEEN MY OBSERVATION THAT STATISTICS FREQUENTLY FAIL TO IMPRESS PEOPLE. TO BE SURE, WE ARE ALL [redacted] IN A STATE OF OVERLOAD WITH RESPECT TO BAD NEWS --500,000 KILLED IN RWANDA,

THOUSANDS MORE KILLED IN HAITI, AND COUNTLESS HANDGUN DEATHS IN THE U.S.

BUT WITH AIDS THERE ARE OTHER FACTORS THAT MAKES THE EPIDEMIC EASIER FOR AMERICANS TO DISMISS. AND THAT RELATES NOT TO HOW MANY BUT TO WHAT KIND OF PEOPLE ARE DYING OR BECOMING INFECTED.

IT IS THE [illegible]PERCEPTION, A MISPERCEPTION THAT AIDS AFFECTS PEOPLE WHO ARE DIFFERENT FROM THE REST OF US -- IV DRUG USERS , HEMOPHILIACS, INHABITANTS OF THIRD WORLD COUNTRIES, PROSTITUTES, HAITIAN STREET CHILDREN, THE POOR. IN SHORT, AIDS IS SPREADING

DAMN ABOUT THE FACT THAT THE EPIDEMIC WORLDWIDE IS OUT OF CONTROL. IT IS NOT SO DIFFERENT FROM NOT CARING ABOUT DUMPING OF NUCLEAR WASTE IN THE SEAS. SOONER OR LATER IT WILL COME BACK TO BITE US OR OUR OFFSPRING AT A COST WE CAN ILL AFFORD TO PAY.

AT THE RECENT UNITED NATIONS CONFERENCE ON WORLD POPULATION IT WAS ~~PREDICTED~~ CLEAR THAT THE WORLD'S POPULATION IS OUT OF CONTROL ~~WILL DOUBLE BY THE YEAR _____~~. THE MAJOR POPULATION GROWTH IN THE NEXT ~~[illegible]~~ CONTURY WILL OCCUR IN THE VERY COUNTRIES WHERE HIV IS OUT OF CONTROL.

THUS AS WE APPROACH THE 21ST CENTURY THE AIDS EPIDEMIC AND POPULATION EXPLOSION

ARE ON A COLLISION COURSE INSURING THE SURVIVAL OF HIV AS AN EPIDEMIC PLAGUE, THREATENING THE SURVIVAL OF THE HUMAN SPECIES.

IT IS A SAD AND HUMILIATING COMMENTARY ON THE LACK OF IMPACT OF 20TH CENTURY MEDICAL SCIENCE IF EPIDEMICS CONTINUE TO BE THE PRINCIPAL DETERMINANTS OF WORLD POPULATION CONTROL.

THERE ARE AT LEAST TWO MORE REASONS WHY WE FAIL TO TAKE AIDS SERIOUSLY.

THE FIRST IS THAT HIV IS NOT SUFFICIENTLY DRAMATIC IN THE WAY IT KILLS PEOPLE.

IN CONTRAST EBOLA VIRUS CAUSES A MASSIVE

COAGULAPATHY THAT QUICKLY CAUSES PEOPLE TO BLEED OUT FROM EVERY ORIFICE. THEY FLESH MELTS DOWN. EBOLA DOES IN TEN DAYS WHAT IT TAKES HIV TEN YEARS TO ACCOMPLISH.

IF HIV KILLED THE WAY EBOLA DOES I SUSPECT ~~THINK~~ THE AVERAGE AMERICAN WOULD BE MORE INTERESTED.

THE LAST REASON THAT AMERICANS PUT AIDS DOWN IS THAT THEY CLING TO THE NOTION THAT AIDS IS A HOMOSEXUAL DISEASE. THIS PROTECTS THEM FROM FEELING AT RISK. IT ALLOWS THEM TO CONTINUE THEIR SEX LIVES AS USUAL, AND DERIDE EFFORTS AT AIDS PREVENTION. THE IRONY HERE IS THAT THE HOMOSEXUAL CONNECTION IN THE U.S. AND WESTERN EUROPE IS AN ODD

ACCIDENT WHICH BEARS LITTLE RELATION TO THE GLOBAL EPIDEMIC. FOR THE FACTS ARE THAT ONLY A TRIVIAL PERCENT OF THE 17 MILLION INFECTED WORLD WIDE ARE HOMOSEXUAL. ANOTHER IRONY IS THAT [redacted] ONLY BY GAYS ACTIVISM ON AIDS KEEPS THE STEREOTYPE ALIVE. WHEN I FIRST BEGAN LECTURING ON AIDS IN 1981 AND MENTIONED THAT THE FIRST PATIENTS IN MY SERIES WERE HOMOSEXUAL MATURE MEDICAL AUDIENCES SNICKERED - ACTUALLY A TITTER OF LAUGHTER, HEALTH ISSUES OF HOMOSEXUALS WAS NOT THEN NOR IS IT TODAY A RESPECTABLE PURSUIT IN THE HALLS OF ACADEMIC MEDICINE. I URGE YOU TO BREAK OF FROM THE NOTION THAT AIDS IS A GAY DISEASE. MOVE BEYOND THAT. LOOK AT THE BIG PICTURE

~~IN ANOTHER SIMILAR TWIST OF IRONY, AIDS ACTIVISTS SEEM TO HAVE CONTRIBUTED TO THE SPREAD OF THE DISEASE BY THEIR ZEAL IN PROTECTING THE PRIVACY OF THOSE INFECTED WITH HIV. WRITING ABOUT WHAT IS CALLED "CONTACT TRACING," SO THOSE INFECTED WOULD REVEAL WHOM THEY HAD SLEPT WITH, HENTOFF SAID.~~

"MEANWHILE ACT UP, AN AGGRESSIVE AIDS LOBBYING GROUP WAS PUTTING POSTERS AROUND NEW YORK CITY CALLING FOR MORE RESEARCH ON AIDS. THEIR MESSAGE WAS SILENCE EQUALS DEATH. THEY DID NOT REALIZE THAT BY BEING AGAINST INFORMING THE INFECTED, THEY TOO WERE AMOUNT THE ACCOMPLICES OF FATAL SILENCE."

THIS BRINGS US TO THE QUESTION: WHY, THEN, ARE WE FAILING AFTER FOURTEEN YEARS?

MY CONGRESSMAN, FROM CALIFORNA HENRY WAXMAN SUMMED UP THE PROBLEM FAR BETTER THAN I EVER COULD. HE SAID AND I QUOTE:

BEHAVIORAL LEVELS.

WE HAVE SPENT MUCH OF THE FIRST 14 YEARS OF THE AGE OF AIDS WASTING OUR TIME AND RESOURCES ON SIDE ISSUES. WE'VE BURNED DOWN HOMES OF AIDS VICTIMS, SPAT ON HIV INFECTED KIDS GOING TO SCHOOL, WORRIED ABOUT AIDS AND MOSQUITOS, BANNED WORDS LIKE CONDOM IN GOVERNMENT FUNDED PAMPHLETS, ARGUED ABOUT WHETHER HEALTH CARE PROFESSIONALS ARE A THREAT, AND NOW WE DEBATED THE THEORIES OF SCIENTISTS WHO CLAIM THAT HIV IS NOT THE CAUSE OF AIDS.

FAR FETCHED

LIKE PETER DUESBERG

I THINK ITS ABOUT TIME THAT WE AS HEALTH PROFESSIONALS HELP FOCUS OUR FELLOW

CITIZENS ON THE CENTRAL ISSUES. JUST AS PHYSICIANS IN THE PAST EDUCATED AMERICANS ABOUT THE MEDICAL HORRORS OF NUCLEAR WAR. JUST AS OUR COLLEAGUE DR. DAVID KESSLER AT FDA IS TELLING THE TRUTH ABOUT THE HAZARDS OF SMOKING.

AS WE RAPIDLY APPROACH THE MID-POINT OF THE 90'S WHERE DO WE STAND AND WHAT DOES THE FUTURE HOLD?

IN THIS COUNTRY WE STILL LACK A COORDINATED NATIONAL PLAN FOR TAKING ON THE EPIDEMIC. RESEARCH COORDINATION IS ONE ESSENTIAL ELEMENT, HOWEVER THE SCOPE OF AIDS REQUIRES COORDINATION OF POLICY AND ACTIVITIES OF AGENCIES

DEALING WITH DRUG ABUSE TREATMENT, IMMIGRATION, HOUSING, AND EDUCATION. THE TASK OF EVEN TRYING TO INTEGRATE POLICY AMONG THESE BUREAUCRACIES PROVED TOO DIFFICULT FOR CHRISTINE GEBBIE, THE FIRST WHITE HOUSE AIDS CZAR, WHO RECENTLY RESIGNED HER POST. I BELIEVE WE MUST TRY AGAIN TO IDENTIFY A WHITE HOUSE LEVEL ~~COMMANDER~~ LEADER ON AIDS WHO PEOPLE WILL TAKE SERIOUSLY.

IN THE UNITED STATES AFTER FOURTEEN YEARS WE STILL HAVE NO NATIONAL PREVENTION PROGRAM OF ANY CONSEQUENCE. YOUNG PEOPLE STILL GET AIDS PREVENTIVE EDUCATION ON THE BASIS OF CATCH AS CATCH CAN--IF THEY GET ANY AT ALL.

AND DON'T FORGET THAT ON AVERAGE BOYS AND GIRLS IN THE U.S. LOSE THEIR VIRGINITY AT AGE FIFTEEN. A T.V. COMMERCIAL FEATURING A DANCING CONDOM SYMBOLIZES THE CURRENT ADMINISTRATION'S FAILINGS IN AIDS PREVENTION EDUCATION. THIS FOLLOWS IN THE FOOTSTEPS OF THE TWO PREVIOUS ADMINISTRATIONS WHICH HAD A LONG AND SORRY HISTORY OF HYPOCRISY, AMBIGUITY AND GENERAL INEPTNESS ON AIDS PREVENTION.

IN THIS COUNTRY WE DO LITTLE TO HELP THOSE WHO USE ILLICIT DRUGS, A FACTOR THAT HAS SIGNIFICANTLY INCREASED THE SPEED AND SCOPE OF AN EPIDEMIC OF A FATAL DISEASE IN OUR OWN COMMUNITIES. WHEN

WE DEAL WITH DRUG ABUSE AT ALL WE TREAT IT AS A CRIMINAL JUSTICE PROBLEM RATHER THAN AS A PUBLIC HEALTH PROBLEM. IT WAS ONLY JUST LAST MONTH IN LOS ANGELES THAT THE MAYOR GAVE A GREEN LIGHT TO A PROGRAM ALLOWING THE DISTRIBUTION OF CLEAN NEEDLES TO ADDICTS. WHY? BECAUSE ONLY A MINORITY OF L.A. DRUG USERS ARE HIV POSITIVE, AND CLEAN NEEDLES MAY PREVENT FURTHER CONVERSIONS. AT LAST SOME COMMON SENSE.

I AM CERTAIN THAT SOME OF YOU ARE THINKING THAT MY VISION OF THE FUTURE OF AIDS IS ALARMIST, THAT SCIENCE WILL COME TO THE RESCUE AND HIT A HOME RUN WITH A VACCINE AND CURE.

AFTER THE INTERNATIONAL AIDS CONFERENCE IN JAPAN IN AUGUST GEORGE LUNDBORG, EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION HAS PREDICTED THAT THERE WILL BE NO CURE OR VACCINE FOR HIV UNTIL THE END OF THE NEXT CENTURY.

ON READING THIS MY FIRST THOUGHT WAS THAT HE HAD BEEN MISQUOTED, BUT THAT WAS NOT THE CASE. I THEN SURMISED THAT HE WAS JUST BEING PROVOCATIVE. UNFORTUNATELY I'M NOT CERTAIN.

DR. ROBERT GALLO WHO HAS SPENT A LOT OF TIME THINKING ABOUT HIV RECENTLY SAID: "KNOWING EVERYTHING THERE IS TO KNOW ABOUT AIDS MAY NOT HELP US SOLVE THE PROBLEM. IT MAY BE UNSOLVABLE. I DON'T BELIEVE THAT BUT THAT IS POSSIBLE. FOR SOME THINGS KNOWING EVERYTHING MAY NOT BE ENOUGH.

AS A CLINICIAN I RECOGNIZE THE IMPORTANT GAINS WE HAVE MADE. SMALL BUT STEADY INCREASES IN SURVIVAL FROM THE INSTITUTION OF PRIMARY PROPHYLAXIS AGAINST OPPORTUNISTIC INFECTIONS.

BUT HIV HAS PROVED ITSELF AN ELUSIVE ENEMY.

IT'S PHENOMENAL MUTATION RATE LEADS TO RAPID RESISTANCE TO ANTIVIRAL DRUGS INCLUDING THE NEWEST CLASS, THE PROTEASE INHIBITORS. VACCINE CANDIDATES ARE DROPPED AS IRRELEVANT EVEN BEFORE THEY ARE TESTED IN FIELD TRIALS. FEDERALLY FUNDED RESEARCH IS SHIFTING BACK TO BASIC SCIENCE.

WHILE THE SITUATION IS SERIOUS IT IS NOT HOPELESS.

I HOPE THAT EACH OF YOU WILL WORK TO INFLUENCE THE POLITICAL PROCESS TO RESPOND CONSTRUCTIVELY TO AIDS, SO THAT WE CAN HAVE AN IMPACT ON THE

THE MEDICAL CENTER HOUR

PLEASE POST

WEDNESDAY 1-2 P.M.
MEDICAL SCHOOL
AUDITORIUM

October 19, 1994

AIDS IN THE 90'S: WHAT THE FUTURE HOLDS.

Participants: Michael S. Gottlieb, M.D., Assistant Clinical Professor of Medicine, UCLA School of Medicine

Brian Wispelwey, M.D., Associate Professor of Medicine, Infectious Diseases, UVA

Edward W. Hook, M.D., Henry B. Mulholland Professor of Internal Medicine, UVA, Moderator

Dr. Gottlieb notes: "In 1981 I reported the first five cases of AIDS to the Centers for Disease Control. In retrospect HIV had begun its slow burn through the human species in the late seventies. By conservative estimates forty million will be infected with HIV worldwide by the year 2000 with equal numbers of men and women. What factors account for our failure to come to grips with this modern day plague? Why do we fail to take AIDS seriously? As we approach the mid-point of the 90's, where do we stand and what does the future hold?"

References:

Gottlieb MS, Schanker H, Fan P, et al. Pneumocystis pneumonia--Los Angeles. Morbid Mortal Weekly Rep. 1981; 30:250-2.

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Gottlieb MS. Human Immunodeficiency Virus Disease and It's Complications in Clinical Approach to Infection in the Compromised Host, 3rd edition, Rubin RH and Young LS eds., 1994.

Mann JM. AIDS-The Second Decade: A Global Perspective. Journal of Infectious Diseases 1992, 165(2), p 245-50.

NEXT WEEK: HEALTH AND HAPPINESS: THE MIND-BODY CONNECTION
Sri Swami Satchidananda, Yogaville

University of Virginia Health Sciences Center
804 924-2094

EVALUATION FORM

UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION PROGRAM

MEDICAL CENTER HOUR

October 19, 1994

Please evaluate the following program on the basis of Excellent 4 to poor 0. Please circle the number you feel applies. These evaluations will provide the coordinators and planning committee with an anonymous summary to aid in future programs.

TOPIC: AIDS IN THE 90'S: WHAT THE FUTURE HOLDS.

MODERATOR: Edward W. Hook, M.D.

Rating	Excellent to Poor				
1. Value of handout.	4	3	2	1	0
2. Educational objectives were clear.	4	3	2	1	0
3. Speakers were effective.					
Michael S. Gottlieb, M.D.	4	3	2	1	0
Brian Wispelwey, M.D.	4	3	2	1	0
4. Discussion was valuable.	4	3	2	1	0
5. Program met your expectations.	4	3	2	1	0

Suggestions for improvement_____

_____

General Comments _____

_____

Subjects you would like to hear in other Medical Center Hour programs _____

_____

If you wish to receive a reminder indicating the hours that you have attended these programs, please complete this evaluation form and return it to: Office of Continuing Medical Education, UVA Medical School, Box 368, Charlottesville, VA 22908. OR LEAVE IN BOX LABELED "CONTINUING MEDICAL EDUCATION." Physicians are eligible to claim Category 1 credit on an hourly basis. Thank you for your participation.

Name(please print)_____

Address_____

_____

_____

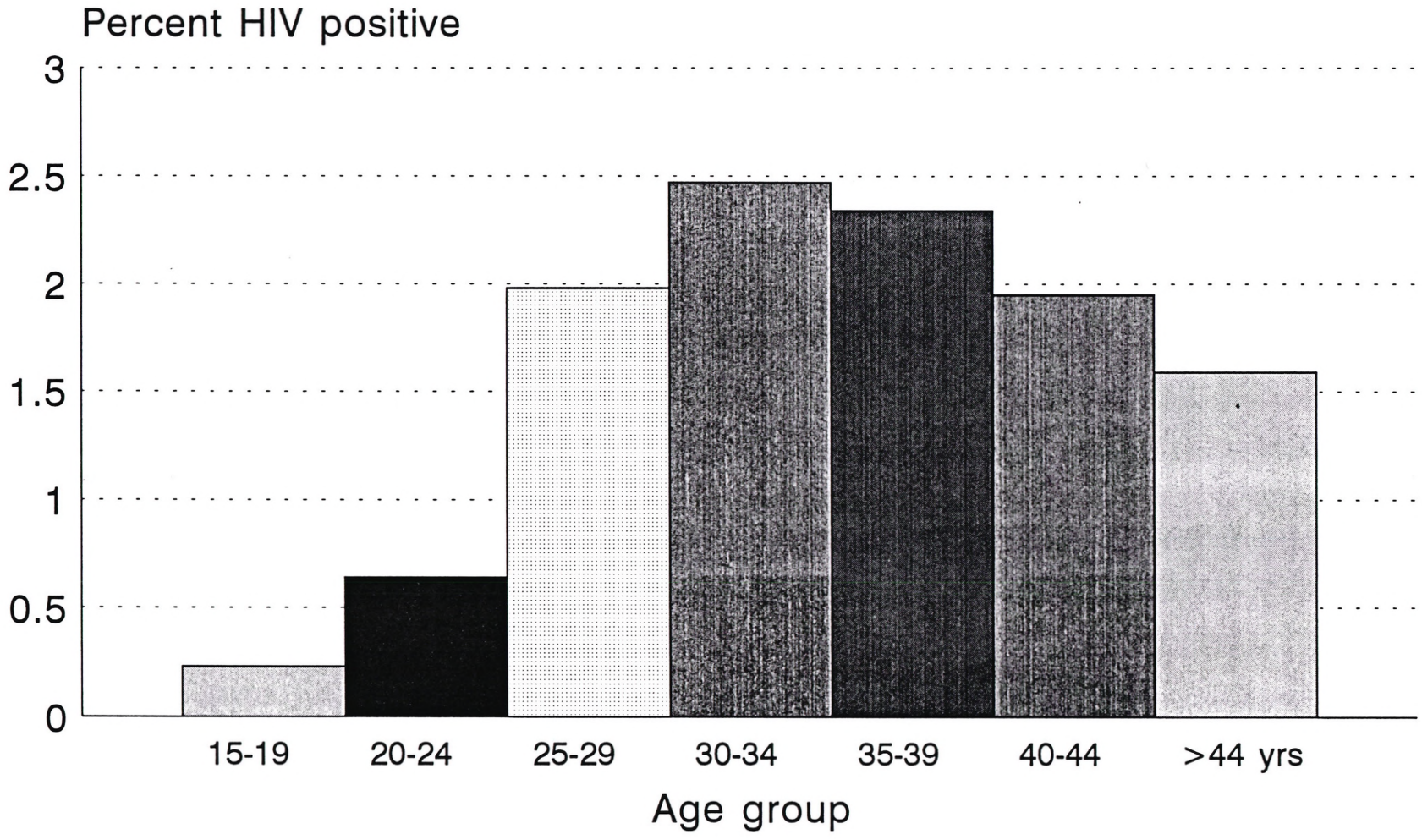
Zip_____

Specialty_____

Social Security No._____

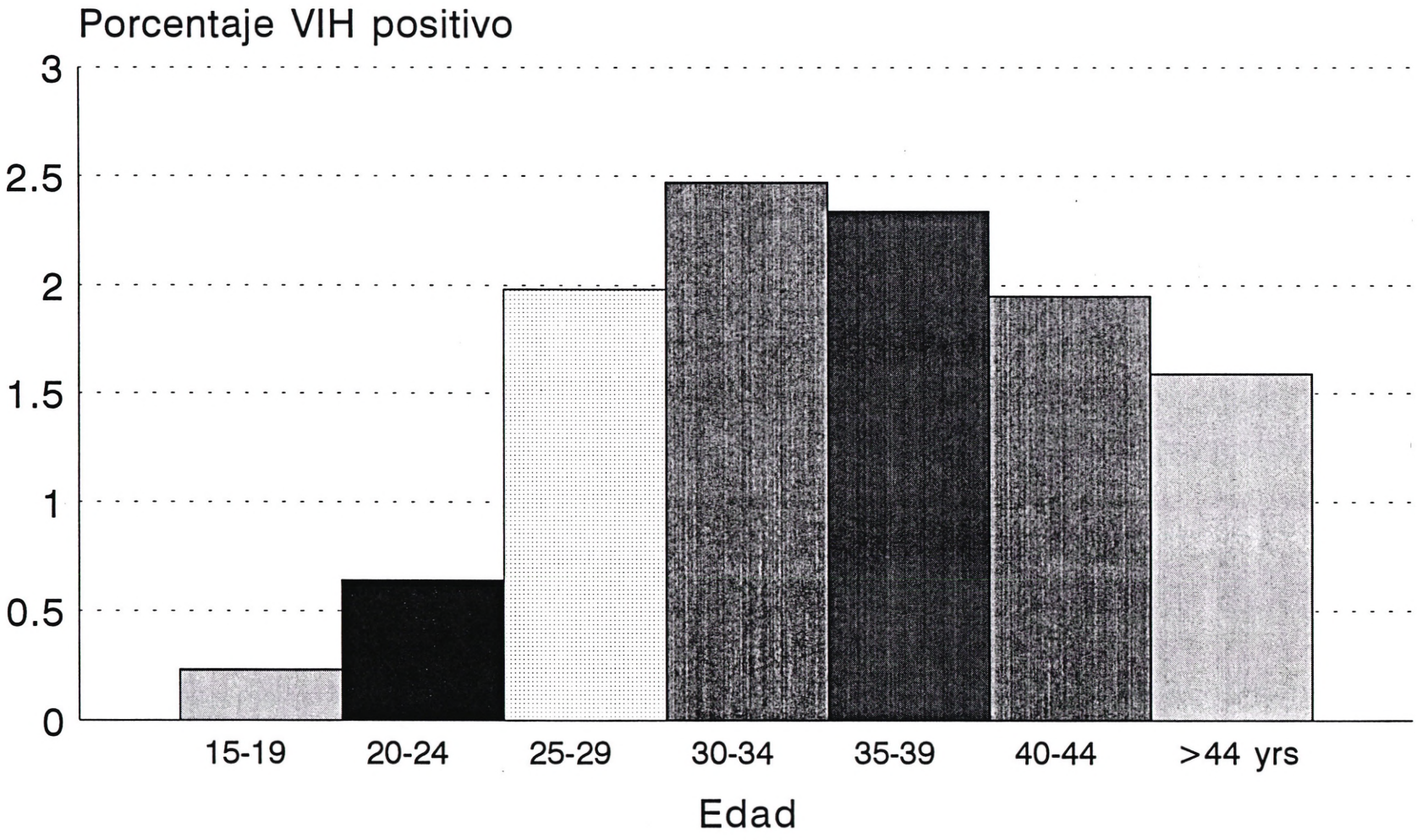
Public Health Week 1995

HIV Prevalence by Age Among STD* Clinic Patients
Los Angeles County
1994



* Seven selected LACDHS STD clinics
Source: LACDHS/HIV Epidemiology Program

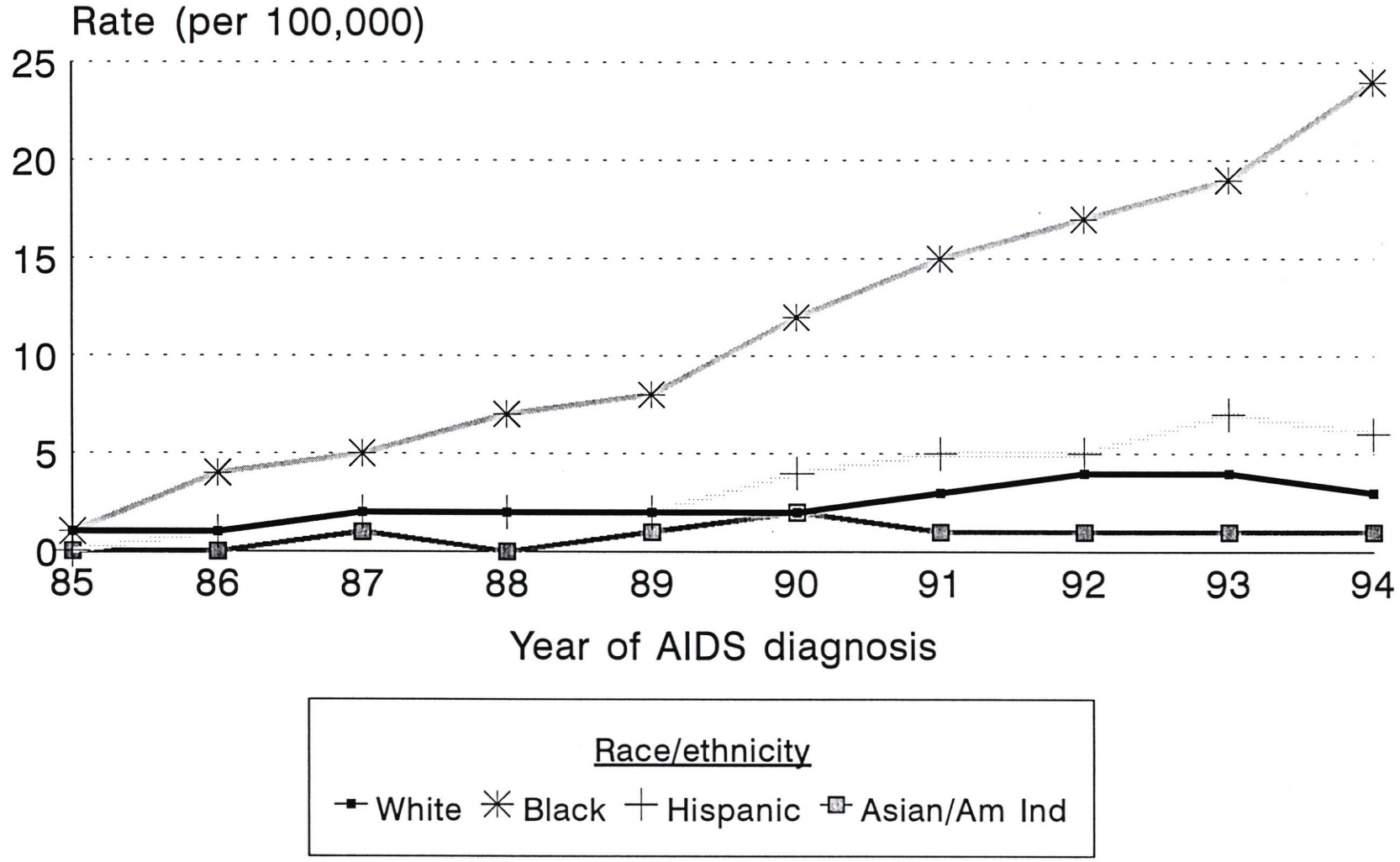
Semana de la Salud Pública 1995
Prevalencia por Edad del Virus VIH en Pacientes Atendidos en las Clinicas de Enfermedades Venéreas En la Condado de Los Angeles 1994



Fuente: Programa de Epidemiología del virus VIH, LACDHS/HIV

Public Health Week 1995

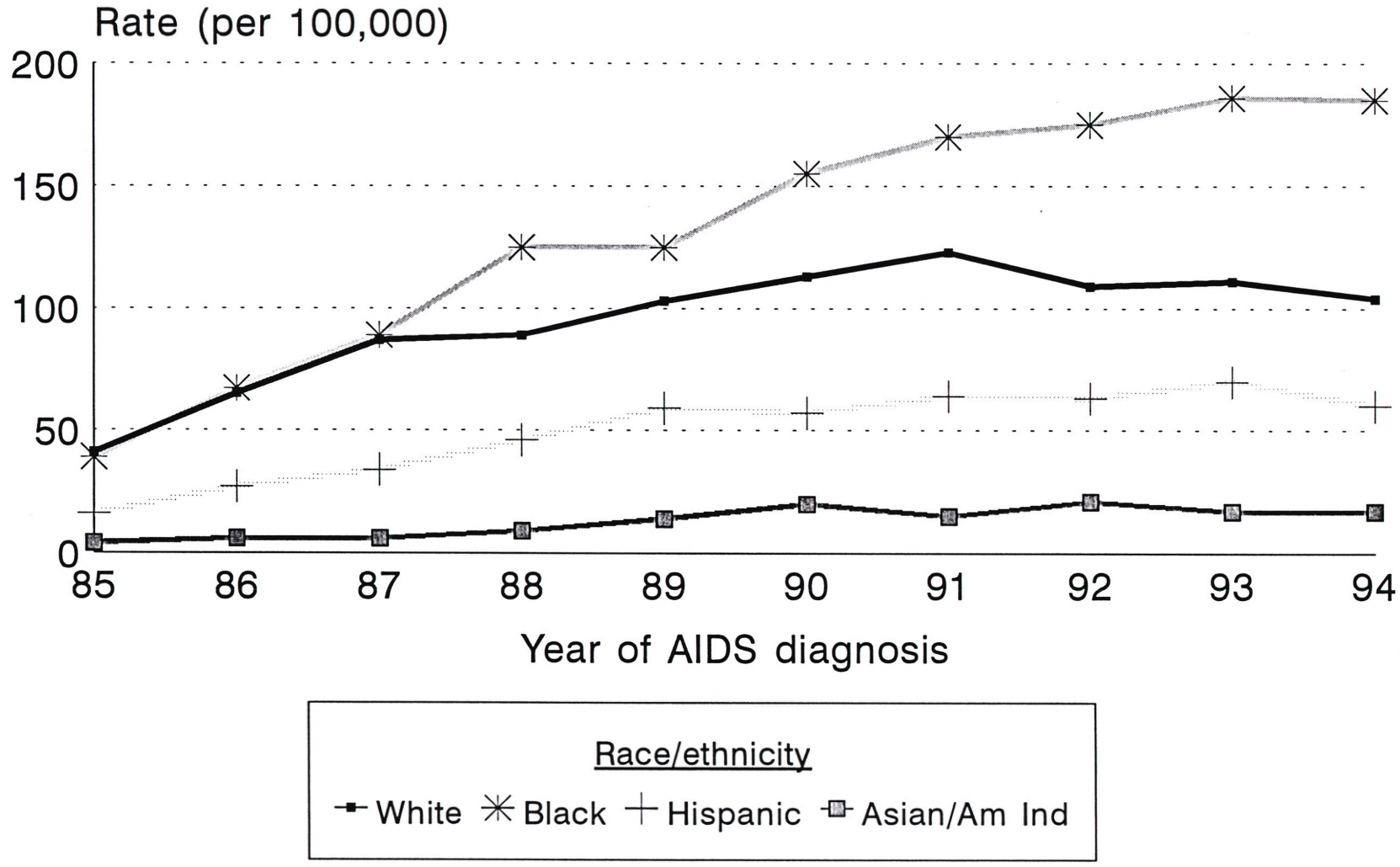
Annual Race-Specific AIDS Rate for Females Aged 15 Years and Older
Los Angeles County
1985 - 1994



Adjusted for report delay and 1993 expansion of the case definition
Source: LACDHS/HIV Epidemiology Program, as of 1/31/95

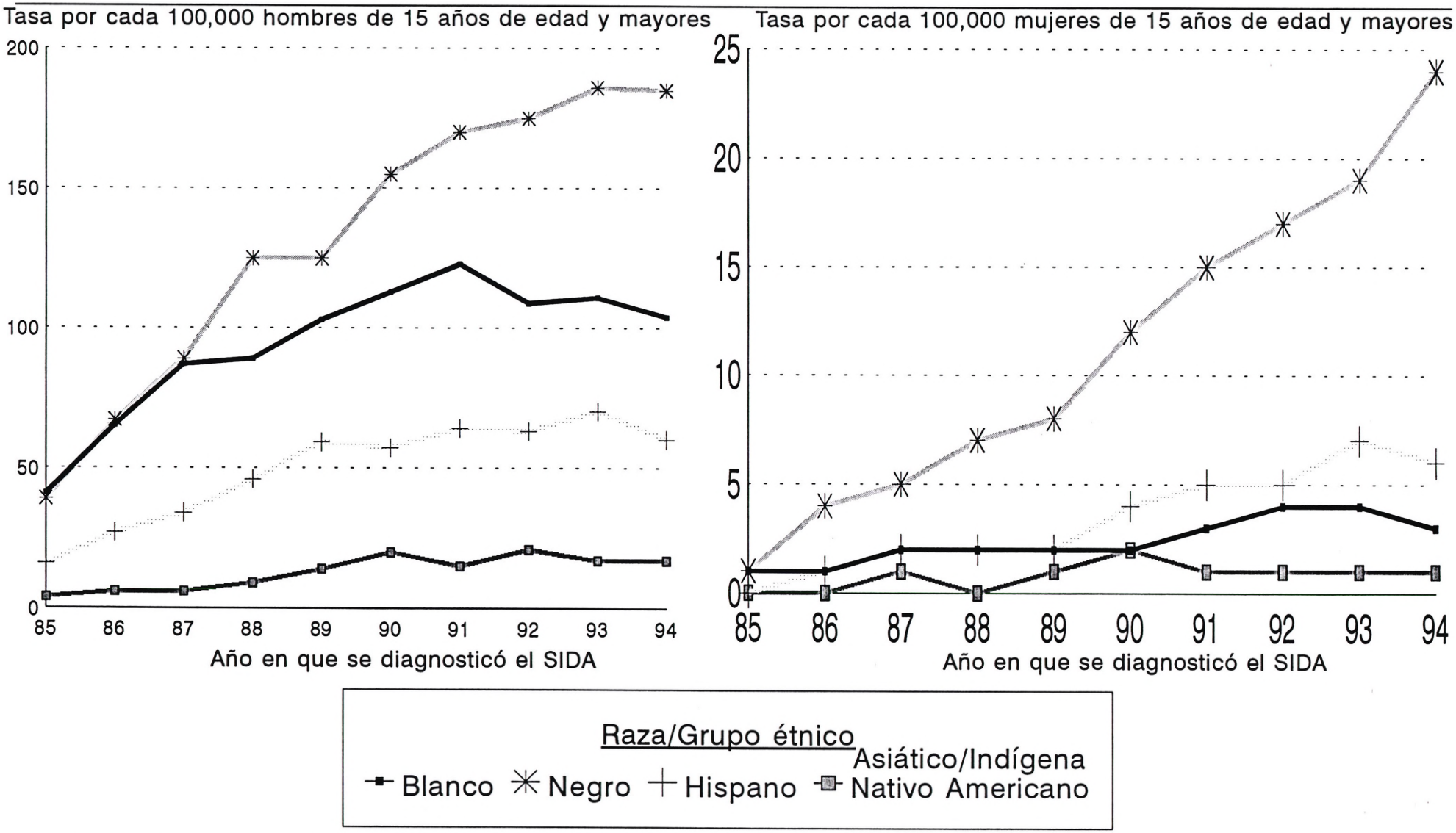
Public Health Week 1995

Annual Race-Specific AIDS Rate for Males Aged 15 Years and Older
Los Angeles County
1985 - 1994



Adjusted for report delay and 1993 expansion of the case definition
Source: LACDHS/HIV Epidemiology Program, as of 1/31/95.

Semana de la Salud Pública 1995
Tasa anual de casos de SIDA por razas entre personas de 15 años de edad y mayores
Condado de Los Angeles
1985 - 1994



Tasas ajustadas por demoras en el reporte de casos y por cambios en la definición de SIDA en 1993.
Fuente: Programa de Epidemiología del virus VIH, LACDHS/HIV, 1/31/95

NEWS from PASADENA CITY COLLEGE

Contact: **Mark L. Wallace**
(818) 585-7315

April 5, 1995

AIDS RESEARCHER DR. MICHAEL GOTTLIEB TO SPEAK AT PCC

Dr. Michael Gottlieb, one of the most celebrated and published AIDS researchers in the world, will lecture at Pasadena City College on Wednesday, May 3. The lecture is scheduled for 7 p.m. in the Forum at the college. The college community and the public are invited to attend and admission is free.

In 1980 Dr. Gottlieb was an assistant professor of medicine at UCLA. In November of 1980, Gottlieb was notified of a patient with a strange array of symptoms. When the fifth case showed up, Gottlieb became alarmed. A deadly epidemic appeared to be gathering force. On June 5, 1981, the Centers for Disease Control, published in their "Morbidity and Mortality Weekly," the first report on Gottlieb's discovery.

"I thought we had something bigger than Legionnaires' disease on our hands," said Gottlieb, "and that there would be hundreds, perhaps thousands of cases. But not in my wildest imagination did I anticipate that a million people would become infected just in the United States. If the threat of AIDS had been accepted early on, the epidemic might have been limited to thousands of cases."

Gottlieb left his full-time university position in 1987 to go into private practice. He continues to serve on the clinical faculty of the UCLA School of

more

Medicine. Today he has offices in Pasadena, Sherman Oaks, and Century City. He is currently the director of the California Immunology Center at St. Luke Hospital in Pasadena. He is nationally recognized as an expert in the selection and use of HIV antiviral agents. His practice offers, at no cost to his patients, the latest clinical trials of HIV antivirals and other treatments for AIDS.

The Life Sciences and Allied Health Department at Pasadena City College is hosting the lecture. Dr. Gottlieb will speak about the latest research and treatments for HIV and AIDS. In addition to his appearance at PCC, Dr. Gottlieb will be the featured guest on Larry Mantle's Airtalk on KPCC FM-89.3 from 6 to 7 p.m.

The Forum lecture hall is located on the east end of the PCC campus near the Shatford Library. Parking is available on campus in student lots for $1. For more information contact Pasadena City College Life Sciences at (818) 585-7461. Pasadena City College is located at 1570 E. Colorado Blvd. in Pasadena.

—30—

C D C
Centers For Disease Control and Prevention

HIV/AIDS PREVENTION

Facts about Adolescents and HIV/AIDS

The number of acquired immunodeficiency syndrome (AIDS) cases reported each year among U.S. adolescents (13-19) has increased from 1 case in 1981 to 588 cases in 1993. Through June 1994, a total of 1,768 AIDS cases among adolescents had been reported. Human immunodeficiency virus (HIV)/AIDS has been the sixth leading cause of death among 15-to-24 year olds in the United States since 1991.

Although the number of adolescents with AIDS is relatively small, we know many more young people are infected with HIV. Since 1 in 5 reported AIDS cases is diagnosed in the 20-29 year age group, and the incubation period between HIV infection and AIDS diagnosis is many years, it is clear that large numbers of people who were diagnosed with AIDS in their 20s became infected with HIV as teenagers. (Through June 1994, more than 15,000 persons aged 20-24 and more than 60,000 persons aged 25-29 have been diagnosed with AIDS.)

Among adolescents reported with AIDS, older teens, males, and racial and ethnic minorities are disproportionately affected. However, the proportion of females among U.S. adolescent AIDS cases has more than doubled, from 14 percent in 1987 to 32 percent by June 1994.

Many American teenagers are engaging in behaviors that may put them at risk of acquiring HIV infection, other sexually transmitted infections, or infections associated with drug injection. Recent CDC studies conducted every 2 years in high schools (grades 9-12) consistently indicate that by the twelfth grade, approximately three fourths of high school students have had sexual intercourse; less than half report consistent use of latex condoms, and about one-fifth have had more than four lifetime sex partners. Many students report using alcohol or drugs when they have sex and, in the most recent survey, 1 in 62 high school students reported having injected an illegal drug.

Surveys conducted in 1992 show that reported condom use actually declines with age, often because other forms of contraception, such as birth control pills, are used more frequently in the older age groups, and/or many older youth are married or in long-term monogamous relationships.

To reach youth with HIV prevention messages and services, CDC provide numerous HIV prevention programs thrugh three primary avenues: school settings; community-based, regional and national organizations, including minority organizations; and programs for the general public.

# # #