

**AIDS : Acquired Immune Deficiency Syndrome : some notes for students /
University of London.**

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University of London.

Publication/Creation

1987.

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UNIVERSITY OF LONDON

AIDS: Acquired Immune Deficiency Syndrome: Some notes for students.

These notes are reproduced from "AIDS: Some Questions and Answers", published by the Department of Education & Science in 1987.

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June 1987

1. WHY IS AIDS SO SERIOUS?

AIDS is the result of a virus infection known as Human Immunodeficiency Virus, or HIV. On present evidence - based on only five years' study of the disease - about 30% of those who become infected will develop AIDS. Because the period between infection and the appearance of the symptoms is often a matter of years, experience may show that the 30% figure is too low. Once the disease has developed, death has followed within two or three years in almost all cases. At present there is no cure and no preventive vaccine for AIDS. It is therefore an extremely threatening disease, all the more so because anyone who is infected is not only believed to remain infected for life, but must be regarded as a carrier of the virus, also for life, and capable of passing on the infection to others.

AIDS attacks and disables the body's defences against infections and certain cancers: it may lead both to physical problems and to mental impairment. The immune system of people who have AIDS is damaged in various ways, and often with progressive degrees of severity.

AIDS at present affects mainly younger people; most sufferers in the UK have been under 45. The only way to control the current rapid spread of the disease is through controlling the spread of infection with the virus. This entails persuading people to change those aspects of their behaviour which carry the risk of infection.

2. HOW MANY PEOPLE HAVE AIDS?

The first cases of AIDS in the Western world were reported in the USA in 1981, and the virus was identified in 1983. By the end of 1986 there were more than 600 cases in the UK. About half of those have died. Large numbers of people in central Africa are thought to have the disease or to have died from it, although reliable figures are not available. It has also been found in most other parts of the world.

3. HOW MANY HAVE BEEN INFECTED AND WHAT ARE THE IMPLICATIONS?

In October 1986 there were estimated to be 1 million to 1.5 million people in the USA who were infected with the virus and about 30,000 in the UK.

The number of cases of full-blown AIDS was doubling about once every 10 months towards the end of 1986. If this continues, at least 4,000 people are likely to have died of the disease in the UK by the end of 1990. The human suffering and social cost will be immense and there is little doubt that AIDS represents the biggest public health challenge this century. The only way to slow down the increase in these numbers is by significant changes in behaviour to cut down the rate of transmission of infection: it seems unlikely that any cure or vaccine will become available within the next five years.

4. WHO IS PARTICULARLY AT RISK?

So far most cases of AIDS in the USA and UK have been homosexual men - around 75% and 90% respectively. It appears that homosexual intercourse has been of major significance in the transmission of HIV in this country. Women have also been infected and have passed on the infection to men through vaginal intercourse, and to their babies. Furthermore drug misusers of either sex can be infected and can infect other people of either sex through sharing needles and syringes, or by having intercourse with them.

5. HOW DO PEOPLE BECOME INFECTED?

HIV infection is not easy to catch: the virus is not robust, and it does not survive for long outside the human body. The virus appears to be passed on when blood, semen or vaginal fluids from an infected person pass directly into someone else's bloodstream; this may happen during sexual intercourse between a man and a woman or between men, or by injection - mainly intravenous drug misuse.

The commonest route of infection is through sexual intercourse with an infected partner. The virus can also be passed on when drug misusers inject with needles or syringes which have been contaminated with infected blood: the infection has spread very rapidly this way in some parts of Scotland. The infection is also transmitted from infected mothers to their children during pregnancy or at birth, and in one case is thought to have been transferred through breast-feeding.

In the past the virus has been passed on by transfusion with infected blood or treatment with infected blood products, by artificial insemination using infected semen, and by transplants of organs or tissues from an infected donor.

In the UK, the danger of infection through transfusion of infected blood or treatment with infected blood products has now effectively been removed because all blood donations are carefully screened and blood products used for treatment of haemophiliacs are heat-treated; those in high risk groups are asked not to donate blood. Precautions have also been taken to make organs or tissues donated for transplant and semen donations for artificial insemination safe.

Outside the UK, there could be other ways of catching HIV infection. In some parts of the world blood used for transfusions is not screened for evidence of HIV infection. In parts of central Africa for example there can be a very real risk of acquiring the infection through a transfusion. Also, because of shortages of equipment, or through ignorance, needles and other medical, surgical or dental equipment may be re-used without proper sterilisation; there is therefore a risk that infected blood could be carried from one person to another. See Sources of Further Information.

6. WHO IS AT RISK?

In practice, those most at risk are the sexually active - especially those who have many partners (particularly male ones), or those whose partners have many others - and drug misusers who share needles and/or syringes, and their partners. Women will become increasingly at risk as infection spreads into the population at large.

7. AM I AT RISK IF I LIVE, WORK OR STUDY WITH SOMEONE WHO IS INFECTED?

HIV is not infectious in the normal sense, ie it cannot be spread by coughing or sneezing, or by using the same eating/cooking utensils, or by drinking out of the same cup; it cannot be caught from lavatory seats; nor can it be caught from casual person to person skin contact, ie it is not contagious. There is therefore no risk of infection in the normal college, family or social setting. HIV is not known to have been passed on by living in the same house or flat as a person who has AIDS or is infected with HIV.

It is advisable to avoid sharing razors or toothbrushes, which could carry blood. To avoid infections, ear piercing, tattooing and acupuncture must be carried out only with sterilised equipment.

8. WHAT ABOUT PUBLIC PLACES AND MEDICAL TREATMENT?

The infection is not known to have been passed on in any of the following ways:

by using cafes, restaurants, cinemas, theatres or bingo halls; in swimming pools; by going to the doctor or dentist.

or through: hugging and caressing; sharing musical instruments; insect bites or lice.

9. WHAT SEXUAL PRACTICES ARE MOST RISKY?

Because HIV may be present in the semen of a man who is infected with the virus, if he has any form of intercourse with an uninfected person he puts that person at risk unless the semen is prevented from entering his or her body. Homosexual and bisexual males are particularly at risk if they have anal intercourse. Heterosexual intercourse may also transmit the virus from a man to a woman, and from a woman to a man. For some degree of protection against these risks, a condom (or sheath) should be used. The condom must be put on the man's penis as soon as it is erect and before any contact with or penetration of his partner; a single unprotected sexual contact can result in infection with HIV. Oral sex also carries some risk, particularly if semen is taken into the mouth.

10. WHAT IS SAFE?

There is no risk from sexual intercourse between uninfected people; nor from social kissing, caressing or handling the genitals of an infected person. Where one partner is infected, contact between the mouth and genitals can transmit the infection, and should be avoided.

There is a theoretical risk of transmission through openmouth kissing ('French Kissing') but no case of transmission through saliva has been proved. Some young people may be worried about 'love-bites' which are really bruises caused by suction. These do not usually entail breaking the skin and are not regarded as a possible means of transmission of the virus.

Promiscuity and risky sexual practices are the main reasons why HIV is being spread so rapidly: the greater the number of partners, the greater the risk of infection because of the increased probability of encountering an infected partner. It is therefore preferable to avoid promiscuous or casual sexual intercourse, or to adopt safer sexual practices, in particular avoiding anal sex, and to take precautions (by the use of condoms). As more people become infected, sexual activity with a casual partner carries an increasingly serious risk. The message is clear; do not be promiscuous; if in any doubt adopt safer sexual practices; do not go in for sexual experimentation or any other practice which will result in transmission of body fluids in risky situations, or involve blood to blood contact.

11. WHAT ARE THE RISKS WITH DRUGS?

The virus is transmitted in blood, and drug misusers who inject are at immense risk if they inject ('mainline') with a needle (or syringe) that someone else has used. If they cannot be dissuaded from injecting then at least they must be told that needles and syringes should never be reused by another person. There is also a risk if drug misusers share any other equipment, such as mixing bowls. No equipment used in preparing drugs for injection should ever be shared.

12. HOW CAN SOMEONE TELL IF THEY ARE INFECTED WITH THE HIV VIRUS?

People who become infected with the HIV virus will know that they are carrying the virus if they have had a blood test which gave a positive result. They may well remain healthy for a few years - or even longer - with no symptoms of illness, and accordingly may unwittingly pass on the infection to any sexual partner during that time.

The presence of antibodies confirms that the person has been infected, but he or she may still be infected, even if no antibodies are detected. This is because up to three months or longer may elapse between infection with the virus and the production of antibodies; during that time a person will be infectious to others although the test has given a negative result.

For those who are worried that they may have been infected, blood tests can be arranged in complete confidence through a general practitioner or sexually-transmitted disease clinic, and for those who are haemophilic through a Haemophilia Centre.

13. WHAT PRECAUTIONS SHOULD BE TAKEN WHERE A PERSON IS KNOWN TO BE INFECTED WITH HIV OR TO HAVE AIDS?

A positive reaction to the test for antibodies confirms only that the person has been infected with HIV. He or she does not necessarily have AIDS or an AIDS-related illness, and will not necessarily develop AIDS, although some infected people will certainly do so. People who know that they are infected, or suspect that they are, should seek advice and counselling, and should abstain from sexual relationships or take precautions to avoid infecting their sexual partners or their associates in drug misuse.

No one who is infected should offer to donate blood, semen, breast milk, body organs or tissues. Women who are infected should avoid becoming pregnant; not only do they risk passing on HIV to their babies, but they also increase significantly their own chance of getting AIDS.

14. SOURCES FOR FURTHER INFORMATION

AIDS - What Everybody Needs to Know (Health Education Council and AIDS Unit, Department of Health and Social Security): available from the Health Education Units of District Health Authorities in England and Wales (these are listed in the telephone directory under the name of the health authority); or from Department A, PO Box 100, Milton Keynes MK1 1TX.

Protect Your Health Abroad (Department of Health and Social Security): advice to travellers about the dangers of AIDS overseas. A copy of this leaflet (SA.35/1987) is provided to travellers by travel agents.

AIDS: Supplementary Advice to Travellers Overseas. Notes issued to Schools of the University of London, June 1987. Copies may be obtained from the University Safety Adviser.

AIDS Information Service (Department of Health and Social Security): 0800 535535 a free telephone service (24 hours, 7 days a week).

Healthline Telephone Service (College of Health) 01-981 2717, 01-980 7222, or 0345 581151 (telephone callers outside London should use the 0345 code and number - they will be charged at local rates).

SCODA (Standing Conference on Drug Abuse): 1-4 Hatton Place, London EC1N 8ND (telephone 01-430 2341).

AIDS - The Facts, AIDS - More Facts for Gay Men and Facts about AIDS for Drug Users (Terrence Higgins Trust): BM/AIDS, London WC1N 3XX (telephone 01-833 2971).