

AIDS Control : Who Is Missing ?

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In previous issue, Dr. Tippaya Sanchai reported 160 AIDS cases with cryptococcal meningitis seen at one hospital located in the north of Thailand (1). All of them were seen in only one year during 1994 at this provincial hospital. The number of reported cases from this provincial hospital, was very alarming. From this figure, number of AIDS cases in the next five years can be expected to increase rapidly. The outcome of the illness is still poor in Thailand. In spite of treatment with amphotericin B, thirty-five (22%) cases succumbed during hospitalization, most of whom died shortly after diagnoses of AIDS and cryptococcal meningitis were made together. This was in contrast with report from Moore et al in the U.S.A. that median duration of survival was 320 days for cryptococcosis in AIDS (2). The difference in duration of survival of the disease between the two countries simply reflected the difference in level of medical care supported by the government and individual financial status both of which were many folds higher or stronger in cases living in the U.S.A. Thai patients were mostly poor and consequently, attended medical center infrequently until the disease progressed to rather late stage. Such a tragic scenario will continue to run endlessly in Thailand despite much effort and resource both local and international, were laid into research aimed at control of HIV infection. The report of Sanchai is just one example of the tragedy which occurs everyday in the endemic area of Thailand. Only a few cases can afford to be followed and complied to treatment plan. From the report (1) only ten cases received full medication for opportunistic infection, some of whom also received anti-HIV drugs. It is well accepted that the price of treatment for either opportunistic infection or AIDS, is not affordable by most

Thai individual victims of AIDS. It is also clear that the country has very limited budget to spent for therapy of HIV and its opportunistic infections.

Just two years ago, it was estimated that the number of Thai patients infected with HIV will reach two million by the year 2000. In spite of the huge number as predicted by expert, it seemed no one raised the most crucial question by that time. It could be "Can we stop the transmission of the dreadful virus right now ? or "Can we as medical personnel, tolerate to allow one more new case of HIV infection occur in the next minute ?" The questions were not asked or asked quietly, perhaps because no one could offer an effective method to curb that frightening situation. Though we know that there are two general methods to control AIDS, both are still far from perfection to completely control the disease. One method is to cure patients infected with HIV which is impossible at present. The cure by medication is still not on the horizon even with saquinavir mesylate, the first HIV protease inhibitor and latest anti-HIV drug approved by American FDA. Another method is to stop transmission of the virus. There are only three ways of transmitting the virus ; blood transfusion or sharing contaminated needle used to inject heroin among drug-addicts, sexual activity and vertical transmission. Almost every bag of blood and blood donors have been screened for HIV antibody and in a few places for HIV antigen as well. This mode of transmission is currently least likely to contract the disease. Vertical transmission is inevitable though anti-HIV drug given during pregnancy, delivery and post-delivery can reduce the transmission rate by 60-75 percent. For sexual activity which is now the major route of transmission, prevention can be achieved by condom use or restriction of sexual activity

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to one's own husband or wife and infected persons have to refrain from having sex with other. Vaccination is certainly not the answer at the moment nor in the near future. Though a better understanding of the mechanism of virus replication and pathogenesis, is always claimed to be critical for the design of strategies for vaccine development (3), no vaccine will be available for effective prevention of transmission at least in the next ten years. The avoid transmission by restriction of sexual activity among both infected persons and innocent persons and by condom use, is theoretically efficacious and can be carried out immediately. Once they are fully complied, the transmission rate can be dramatically reduced to insignificant level. However, recent study confirmed that previous anti-HIV campaign aimed at changing human behavior from daily activity faces serious constraint and may have generally been quite fruitless. From Bangkok Post statement (4,5) and according to Pornsuk Koetsawang recent survey, it revealed that 20 percent of prostitutes in Nakhon Pathom, a province very close to Bangkok, were HIV carriers. But in some brothels the number of HIV girls was far more worrying than other. In one of the brothels surveyed, nine in ten of the girls had contracted HIV. These girls may tell customers to use condom for their own sake but it is still the customer who decides whether a condom will be used or not. Some girls have been even too embarrassed to mention about condoms. There are also other reasons. One reason cited by a young female factory worker was she could never ask her boy-friend to use condoms because he would think she was loose. Another reason from a young conscript was to have sex with a condom on was like having spicy *tom yam* soup without any lemon juice in it. Thus despite the nationwide safe sex campaigns, the condom message remains unheeded while unprotected teenage sex is continually on the rise. And despite the publicity of the deadly disease, more than 50 Thai men still visit a brothel in Nakhon Pathom for sex everyday. Not to mention that other places where men can experience sexual pleasures, have become limitless in Thailand. Traditional and Turkish bathing parlors, cafes, tea houses, karaoke bars, pubs, discos place, barber shop, restaurants are a long list of such joints. Though the frequency of brothel visits has been claimed to decline recently, it is perhaps substituted by premarital sex among young people or having sex with good-looking much younger girls by a well-to do men. The former is perceived by young men as safe way to play sex since

their girlfriends are expected to be innocent about sex and thus disease-free. The latter is also dreamed as a way to play safe because these girls are not commercial sex workers in their thoughts. Thus men's high risk behavior of refusing to use condom or refraining from sexual activity with sex workers, lovers, girlfriends and wives provides fertile ground for the spread of HIV. As a consequence, the proportion of HIV-positive pregnant women infected by their husbands exceeded those who were prostitutes at present in some place.

For many years, control of AIDS has been aimed at giving education about AIDS and safe sex to the public. The HIV-positive status of any patients has been kept secret or "too confidential" such that the disease seems not to exist in Thailand. Some laymen are surprised by the news that there have been more than thousands of HIV-positive Thai persons around the country but they never know or have seen even a case as such. Some even thought that the government publicizes AIDS to curb the prostitution without the existence of the disease. AIDS is cited to make them afraid of the deadly disease and as a result, prostitution may come to an end. The confidentiality of HIV status is perhaps the main next obstacle to the success of AIDS control. It demands appropriate measures to steer the government in the right direction and requires a rapid total change in the attitude of society towards the infected persons. Firstly, we urgently need the acceptance of value of HIV-infected persons by society to give these people a chance to contribute to their homeland. There have been such campaigns in the past but they have been poorly done and not sustainable. These persons can talk to the young generation what mistakes they have done and how to avoid the behavior risk. So much can be learnt from these people's past experience about HIV infection, their lives after contracting the disease and AIDS. Magic Johnson is an example of the man who dares outspoken that he has contracted HIV and is willing to accept any negative effect from the society. On the contrary, he has been treated nicely by his friends and has now come back as a star to play basketball as previously did. They need to be opened up rather than kept aside from the society which currently renders their lives miserable. The fear of self acknowledgement as HIV-positive persons becomes a long painful process and often leaves them scared for life emotionally and psychologically. We believe the solution will have to come partly from within these infected people. Secondly,

we must manage and let young and innocent generation to held frequent small group meetings with these people. The meeting will make these infected people feel the value of their lives. The experience of young generation especially adolescent males, gained from the meeting is the change in the attitude about sexual affair with others. Safe sex is anticipated to practice more when they learn the consequence of the behavior risk. "To see is believing" by the non-infected people is the only one important step to curve the rapidly rising of new cases. To end the transmission immediately must be met at all cost and this strategy is effective to enforce and maintain the result of education and safe sex practice. This is not a pleasant demand but we must settle the problem with HIV infected-persons. Thailand will be still far worse off if the HIV-infected persons are abandoned to

join their strength with us in fighting the deadly disease. Otherwise, Thailand will face an even tougher situation and her economic stability may be burned down by AIDS crisis a few years ahead.

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