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Vancouver**

P. O. Box 4991 MPO
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AIDS Vancouver
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Questions and Answers about AIDS

This information has been excerpted and edited from a longer document by Lawrence Mass, M.D. AIDS Vancouver would like to thank and acknowledge Dr. Mass' contribution to informing the public about AIDS. This revision, prepared in July 1984, is the second edition.

What is AIDS?

AIDS stands for **Acquired Immune Deficiency Syndrome**.

Your immune system is what your body uses to fight disease. AIDS is a newly documented, still not fully understood disorder in which part of the body's immune system is damaged in varying degrees of severity. As a result, people with AIDS are more vulnerable than others to a large and growing number of serious, often fatal diseases. The two most frequently reported of these diseases continue to be an otherwise rare form of cancer called Kaposi's Sarcoma (KS) and a parasitic infection of the lungs called *pneumocystis carinii* pneumonia (PCP). Both do not ordinarily affect immunologically healthy individuals.

What causes AIDS?

According to recent discoveries, AIDS is apparently caused by a rare virus, known as either HTLV-3 or LAV. The American designation, HTLV-3, stands for Human T-cell Leukemia Virus (variant 3). This virus, once introduced into the body, attacks the "T-cells" (a sub-group of white blood cells) and destroys most of them, which causes the impairment noted above.

The "cause" of AIDS, therefore, is the introduction of HTLV-3 into the human body.

Who is at risk?

There is a rapidly growing body of information about populations in danger of developing the disease. At the present time, these are: (1) gay or bisexual men who are sexually intimate with many different male partners. This risk is highest in New York City and other large American cities; (2) Those who use shared needles for the injection of drugs; (3) Some native Naitians and Haitians who have recently immigrated to the U.S. and Canada; (4) Individuals with hemophilia A disease, and other individuals who receive large quantities of blood or blood products by transfusion.

Other possible risk factors that have been queried include: (1) a history of chronic, recurrent, or multiple communicable diseases, such as hepatitis, herpes, gonorrhoea, syphilis and amebiasis; (2) genetic predisposition; (3) a background of malnutrition; (4) the use of such recreational or illicit drugs as inhaled nitrites ("poppers"), marijuana, and narcotics such as heroin; and (5) sexual practices which involve the repeated ingestion of, or exposure to, bodily fluids such as semen.

Is there a difference between immune deficiency and AIDS?

There is considerable disagreement about the exact definition of AIDS. For some observers, only patients who have already experienced such serious complications of acquired immune deficiency as KS, PCP or other major opportunistic infections qualify for the diagnosis of AIDS. Most, however, believe that persistent laboratory evidence of immune deficiency, accompanied by one or more of the symptoms listed below, may also qualify for the diagnosis of AIDS. What is crucial to emphasize here is that many of those with immune deficiency do not yet have, and may never develop, KS, PCP, or other life-threatening complications of AIDS.

How many people are immunodeficient?

The published findings of several ongoing hospital-based studies tentatively suggest that many sexually-active gay men (especially those in such urban centres with large gay communities as New York, San Francisco, Houston, Miami, Seattle and Los Angeles) may already be immunodeficient. In public statements, federal health officials have speculated that "tens of thousands of homosexual men may have varying degrees of the acquired immune dysfunction" and be "at risk" for developing complications of AIDS.

If I have immune deficiency, how likely am I to develop KS, PCP, or other serious complications of AIDS, and over what period of time?

The answers to these extremely important questions are currently unknown. However, one study suggests that a significant percentage — perhaps 10 percent — of gay men with persistent laboratory evidence of immune deficiency and persistent lymphadenopathy (see symptoms below) may eventually develop KS over a period of months to years.

What are the symptoms of immune deficiency?

In its mildest forms, immune deficiency is not accompanied by specific disease symptoms and may go unnoticed. In more severe forms, the symptoms are those of the rapidly growing number of diseases that patients may develop. Why these particular diseases? Medical authorities do not yet know.

There are two roughly designated branches of the immune system. Because AIDS as it is thus far characterized involves defects that appear to be primarily limited to the white blood cell-mediated branch of the immune system, anticipated diseases include wide-spread infections caused by viruses, fungi, protozoa, and other parasites. Diseases that are caused by many strains of bacteria and those that are linked with certain kinds of allergies would involve the relatively unaffected antibody-mediated branch of the immune system. The most often observed diseases in AIDS have been KS and PCP. They are the two primary causes of death so far (with PCP having claimed approximately twice as many lives as KS). But many other opportunistic diseases, sometimes occurring in combination with KS, PCP, or both, have also been documented.

Generally speaking, AIDS symptoms *may* include:

- Profound fatigue, which may be accompanied by light-headedness or headache, that is not transient and not explained by physical activity or by a psychiatric disorder or drug abuse.
- Persistent fevers or night sweats.
- Weight loss of more than ten pounds during a period of less than two months that is not related to diet or activity; loss of appetite.
- Lymphadenopathy, or enlarging, hardening, painful or otherwise prominent lymph nodes. Diseased lymph nodes or glands often are found in the neck, armpits and groin, and may be associated with a wide variety of non-AIDS conditions. When persistent for more than three months in at least two different locations, however, lymphadenopathy may be an important predictor of KS or other cancers.
- Recently appearing or slowly enlarging purplish or discoloured nodules, plaques, lumps, or other new growths on top of or beneath the skin or on the mucous membranes (inside the mouth, anus, or nasal passages, or underneath the eyelids).

- A heavy, persistent, often dry cough that is not from smoking cigarettes and that has lasted too long to be a cold or flu.

- Persistent diarrhea.

- Thrush (a thick, persistent, whitish coating on the tongue or in the throat) which may be accompanied by sore throat.

- Easy bruisability or unexplained bleeding from any orifice, or from new growths on the skin or on the mucous membranes.

What should I do if I have any of these symptoms?

It must be emphasized that each of these symptoms may appear in diseases that are **not** caused by or associated with AIDS. When not easily or otherwise explained, however, the persistence of one or more of these symptoms should be discussed with a health-care provider who is familiar with AIDS.

Sexually active gay men (and other members of at-risk groups) who are without symptoms are currently being advised to reduce risk (see below) and to see a physician at least once a year for a thorough physical examination and routine laboratory testing, and at least twice a year for sexually transmitted diseases (STD) testing.

What are the diagnostic tests for immune deficiency?

There is no test which can diagnose the presence of AIDS, without other symptoms being present. However, at the present time, there are several routine laboratory tests that may either strengthen or help to rule out a diagnosis of immune deficiency. These include white blood cell and lymphocyte counts, both of which are often low in people with immune deficiency, and skin testing with common "recall antigens" (substances which, when injected underneath the top layer of skin, produce a small swelling or bump in immunologically healthy individuals).

When immune deficiency is strongly suspected, the diagnosis may be confirmed by several lab tests that are not routinely available.

Since HTLV-3 has been so recently discovered, there is no test available to detect its presence except in the research labs which discovered it (as of July 1984). It is likely that, when the test becomes available, it will be used principally to confirm a diagnosis suggested after the above-mentioned tests.

Can AIDS be treated?

There are no certain treatments at the present time for the varying degrees of immune deficiency that are seen in AIDS. There are, however, treatments for individual episodes of the opportunistic infections, for KS, and for the other diseases to which AIDS predisposes. These treatments include antibiotics, chemotherapy, radiation therapy, and experimental agents and techniques. Unfortunately, many of these treatments are transient in effect, irregularly available and not without risks.

Among the experimental agents and techniques, interferon, immunomodulators such as interleukin-2, and plasmapheresis have attracted the most attention. Interferon, which exists in many forms, is known to have antiviral properties and has shown promise in the treatment of some forms of cancer. Immunomodulators are still highly experimental medicines that are believed capable of increasing, decreasing, or otherwise modulating immune responses. Plasmapheresis is a kind of cleansing technique

that involves removing the plasma (liquid and protein) fraction of a person's blood. Like the interferons and other immunomodulators, plasmapheresis remains highly experimental, irregularly available, and not without risks. Whatever the promise of these agents, it is most regrettable to have to report that, at the present time, there are no proven mechanisms of prevention or treatment for the kind of immune deficiency that is seen in AIDS.

Are there any similarities between AIDS and hepatitis B?

Hepatitis B may serve as a model. Like hepatitis B, AIDS appears to be sexually and parenterally (from exposure of the bloodstream to foreign blood or blood products) transmissible. In addition, the two subpopulations at high or highest risk for hepatitis B are the same subpopulations that are at high or highest risk for AIDS. If AIDS is caused by a single agent similar to hepatitis B virus, it would be expected to affect some individuals more seriously than others. Most people with hepatitis B have no disease symptoms, others become moderately ill with jaundice, fatigue, etc., but recover completely within weeks or months; and about 2 percent develop chronic active hepatitis, a devastating illness with a high mortality rate. Many observers feel the AIDS epidemic is unfolding in precisely such a pattern; that is, they believe that even repeated exposure to an AIDS-causing agent will affect some individuals mildly or not at all, and others very seriously.

All theories agree that the greatest risk factors for AIDS are sexual contacts with many different gay or bisexual male partners and the use of shared needles for the injection of drugs.

Should special infectious precautions be taken by hospital personnel in the management of patients with AIDS?

"There is presently no evidence of AIDS transmission to hospital personnel from contact with patients or clinical specimens. Health-care personnel who have contracted AIDS have in every case belonged to one or another of the already at-risk populations. Because of concern about a possible transmissible agent, however, it appears prudent for hospital personnel to use the same precautions as those used for patients with hepatitis B infection." (From the Centre for Disease Control's *Morbidity and Mortality Weekly Report* (CDC-MMWR), November 5, 1982.)

Can AIDS be spread by casual social contact?

At the present time, there is no evidence to suggest that AIDS is aggressively contagious. In other words, AIDS cannot be spread by shaking hands, hugging, or any other activity that does not pass a bodily fluid from one person to another (blood, saliva, semen, etc.). According to the CDC, "airborne spread (as in outbreaks of influenza) and interpersonal spread through casual contact do not seem likely." (MMWR, November 5, 1982.)

Is there any relationship between individual AIDS patients?

(From the *New York Times*, February 6, 1983.) "For 13 patients in Los Angeles, Dr. William N. Darrow (a research sociologist with the CDC) and Dr. David Auerbach, a CDC officer based in the city, compiled a list of all the sex partners that the patients or their survivors could name for the previous five years. They then compared those names with the roster of all the cases in the country. The result: Of those 13 cases, nine had sex contacts in common, a finding that could not possibly have been a random coincidence. ... Later, a missing link was found between Los Angeles and New York. A person with AIDS from New York was identified as having been a sexual partner of four men in the L.A.

cluster — as well as of four other men in New York who also developed AIDS."

Is there any risk of catching AIDS from the new hepatitis B vaccine?

The fact that gay men were used as blood donors in the development of the new hepatitis B vaccine has caused some observers to speculate that the vaccine may be contaminated with an AIDS-causing agent. Despite these concerns, the vaccine has received major endorsements from the Centers for Disease Control, the New York City Department of Health, New York Physicians for Human Rights, the *New England Journal of Medicine*, and *Homosexual Health Report*, among other medical organizations and publications. These endorsements were based on the assumption that even if an agent transmissible by blood were found to be responsible for AIDS and even if such an agent were present in some donors of plasma for the hepatitis B vaccine, it could not be expected to survive the physical and chemical inactivation procedures required for the production of the vaccine in the United States.

Since hepatitis B remains the most serious and widespread disease problem in the gay community, sexually active gay men who have never had hepatitis B but who are currently at highest risk for this disease are being advised to undergo vaccination.

What does the future look like?

Epidemiologic studies so far predict more disease. The curve has been rising steadily. The CDC reports now indicate that the case acquisition rate has doubled every six months since the reports were made nearly three years ago. If this is so, and if this continues to be so, we are looking at a possible 10,000 cases of AIDS in a year's time.

How can the risk for AIDS be lowered?

Although no **conclusive** evidence exists, as far as we know, to lay **direct** blame on any drug, activity, place of residence or origin, or other factor as the cause or causes of AIDS, virtually all leading observers currently believe that the greatest risk factors for AIDS are: (1) sexual intimacy with many different gay or bisexual male partners, and (2) the use of shared needles for the injection of drugs.

Physicians are currently advising their gay patients, especially those who live in urban centres with large gay communities, to limit their sexual activity by having fewer partners and by selecting partners who are known to be in good health and who are themselves limiting the number of different partners with whom they have sex. One implication of this information at the present time is that, apart from abstinence and masturbation, monogamic relationships represent the lowest risk potential. It is the increasing number of **different** sexual partners, not sex itself, that apparently increases the risk of developing AIDS.

If you are known to be immunodeficient, you should protect yourself and others by abstaining from sexual contact with new partners until you are advised otherwise by a knowledgeable health-care provider.

Physicians and researchers have also advised that, when engaging in sexual activity with a member of a group at risk, you may decrease your chances of transmission of AIDS by eliminating sexual activity which involves the transmission of bodily fluids from one person to another. The activity which is seen by many as most capable of transmitting AIDS is taking the passive role in sexual intercourse, especially anal intercourse, which includes ejaculation. This is

because (a) semen which is ejaculated into the rectum is a bodily fluid, and can carry and transmit the virus causing AIDS, and (b) anal intercourse sometimes causes extremely small tears in the lining of the rectum, making it possible for any infectious particle to pass more directly into the bloodstream. Some observers and groups have recommended the use of a condom during anal intercourse.

What can each of us do to avoid such reactions as guilt and fear?

Do not waste valuable energies on negative reactions to sex. Now more than ever, ignorance, hypocrisy and arrogance about sex are to be repudiated. If anything, be even more genuinely affirmative about your sexuality. At the same time, you can respect without contradiction the fact that we are dealing with a public health emergency in the form of a very serious, apparently new disease which appears to be sexually transmitted; this on top of the spread of too many other sexually transmitted diseases.

There is nothing "immoral" or "sinful" about celebrating your enjoyment of swimming in the ocean. If, on the other hand, your favourite beaches have posted undertow or oil spill warnings, it is prudent to avoid swimming in those areas as long as the signs are up. Like many people who are sexually active with many different partners, many gay men are currently having to face certain health risks that are increasingly associated with sexual or lifestyle preferences. In the interest of public health, it is important to know what those risks are and how they can be minimized.

The reality of AIDS is a new factor in the lives of all of us that we will have to adjust to in one way or another. Even if you choose to disregard the situation, your loved ones and friends may not want to. You might be needed to provide support for a friend with AIDS; you might want to make changes in your lifestyle to protect your health. All these things are possible, as we have learned from the experience of others. What we have also learned from their experience is that, if you approach these serious areas with information, awareness and careful thought, the bad effects in your life will be minimized. We at AIDS Vancouver hope to provide the information, but you are the only one who can make the final decisions about your life.

This brochure contains the most up-to-date information available about AIDS as of July, 1984. Due to space limitations, it is not possible to address many important issues in this small pamphlet. For the latest information, or if you have further questions which have not been answered here, please contact AIDS Vancouver:

687-AIDS

or use the coupon on the inside front cover of this pamphlet.