

The Public Health Service's Number One Priority

Acquired immune deficiency syndrome (AIDS) is a disease complex of major public health importance. AIDS is a syndrome characterized by the severe loss of one's natural immunity against disease, leaving the individual vulnerable to illnesses that might not otherwise be a threat. Its cause is not yet known, nor is there a single, specific diagnostic laboratory test available for AIDS. The search for answers to the cause, treatment, and prevention of AIDS is the number one priority of the Public Health Service.

In a special section of this issue of *Public Health Reports*, the three agencies of the Public Health Service most involved in the study of AIDS to date—the Centers for Disease Control, the Food and Drug Administration, and the National Institutes of Health—report on our current knowledge base and our new AIDS investigational efforts.

The first reported cases of this syndrome were recorded in the Morbidity and Mortality Weekly Report of June 5, 1981. Since June 1981, we have received reports of 1,641 AIDS cases and 644 AIDS deaths from 38 States and the District of Columbia. One hundred and fifteen additional cases have been reported from 18 other nations. In this country, the incidence of AIDS, by date of diagnosis, has roughly doubled every 6 months since the second half of 1979, and new AIDS case reports are currently averaging five to six per day. Nearly all cases have been reported from among four high-risk population groups: homosexual or bisexual males with multiple sexual partners, intravenous drug abusers, Haitian entrants to the United States, and persons with hemophilia. Nearly 95 percent of the victims identified so far have been males. For the most part, the victims have been young adults with the primary group affected being between 25 and 44 years of age. Tragically, we are unaware of any AIDS patient who has regained lost immunity.

Since the first case reports in 1981, the Department of Health and Human Services has devoted the full range of assistance and expertise of its public health professionals—working with State and local public health officials, the practicing medical community, the academic and research communities, representatives of high-risk population groups, and the blood banking community—to identify, define, and

characterize this outbreak. These early efforts of surveillance and epidemiologic study have allowed us to identify high-risk population groups, to begin to characterize the mode of spread of the syndrome and, most importantly, to develop recommendations to reduce the risk of spread of AIDS. In addition to these continuing activities, researchers within the Public Health Service, as well as in the major medical institutions of this country and around the world, are engaged in the nonstop pursuit of the identification of the cause of AIDS so that effective treatment and prevention measures can be developed and put in place.

There has been a virtual explosion of information about AIDS in recent months. The research community has been mobilized. Funds and other support have been made available to public health departments and major research institutions. We have held several scientific meetings and workshops on AIDS and are now beginning to see the results of our initial research investments. One can hardly open a major medical journal today without seeing at least one and frequently several reports about new AIDS research findings. We have begun to focus and target our laboratory research on a causative agent, and the recent finding of the possible association of human T-cell leukemia virus with AIDS has opened entire new areas of research.

Much has also been accomplished in the area of prevention. On March 4, *interim* recommendations were issued to the public which were designed to reduce the risk of acquiring AIDS. These recommendations were that:

- Sexual contact should be avoided with persons known or suspected of having AIDS;
- Members of groups at increased risk for AIDS should refrain from donating plasma or blood products or both;
- Studies should be conducted to evaluate screening procedures for their effectiveness in identifying and excluding plasma and blood with a high probability of transmitting AIDS;
- Physicians should adhere strictly to medical indications for transfusions and, whenever possible—for example, for elective surgery—individuals should be their own blood donors;
- Work should continue toward the development of safer blood products for use by hemophilia patients.

Since these recommendations were issued, the

Public Health Service has provided additional information to all establishments that collect blood and plasma on steps to be taken to prevent the spread of AIDS. A new heat treated factor VIII concentrate has become commercially available which should further reduce the risk of AIDS to individuals with hemophilia. The Conference of State and Territorial Epidemiologists adopted a resolution that AIDS should become a reportable disease in all States and acted to improve reporting and surveillance procedures for AIDS.

Recently, there has been increased concern expressed as to the nature of the risk of this disease to the general public; concern generated because of reports of the spread of AIDS through routine family contact and through heterosexual contact. These are important findings, but they are not entirely new findings either to us or to the public. It is important to note that, in the months since these observations, there has been no appreciable change in the percentage of AIDS patients (approximately 6 percent) who do not fit into one or more of the four previously identified high risk populations. In addition, there have been no cases of suspected transmission of AIDS from a patient to a health care provider, nor have there been any cases of suspected transmission of AIDS from laboratory specimens to laboratory

workers. It is important to emphasize that evidence to date indicates AIDS is *not* spread by casual contact. On the contrary, our findings indicate that AIDS is spread through sexual contact, through the sharing of needles by drug abusers and, less commonly, through blood or blood products, or both. For these reasons, there is no cause for fear among the general public that they may develop AIDS through casual contact with an AIDS patient.

Having said that to date there appears to be no cause for general public alarm, it is equally important to emphasize that there is *great* urgency for medical science to exert our maximum effort to identify the cause of this mysterious and cruel illness and to develop effective therapeutic and preventive measures in the shortest time humanly possible. The articles which follow in this issue of *Public Health Reports* summarize our efforts to date. They should provide not only useful resource material to each of the readers of this journal, but serve as an important chronicling of current events and new initiatives in our efforts to combat AIDS. I look forward to the day when I will be able to report on the answers to the major AIDS questions which still await definition.

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AIDS Hotline, Bulletin Launched

A special initiative to inform the public about acquired immune deficiency syndrome (AIDS) has been announced by Health and Human Services Secretary Margaret M. Heckler.

A toll-free hotline on AIDS (800: 342-AIDS) became available to the public at the beginning of July. Employees of the U.S. Public Health Service answer calls between 8:30 am and 5:30 pm EDT, Monday through Friday. Callers from Hawaii and Alaska may phone collect on 202: 245-6867.

For health professionals, researchers, and State or local officials and other groups concerned with AIDS, the Public Health Service has launched a bi-weekly "AIDS Information Bulletin," which describes PHS projects to determine the cause and find treatments for the disease. The bulletin will be issued on

the first and third Mondays of every month. To receive it (free) write: Office of Public Affairs, PHS, Hubert H. Humphrey Bldg., Rm. 721H, 200 Independence Ave., S.W., Washington, D.C. 20201.

For the general public, PHS has developed a new leaflet, "Facts on AIDS," which contains the latest information on the disease. Free copies of the leaflet, which will be revised and reprinted as new information becomes available, can also be ordered from the PHS Office of Public Affairs.

By late June 1983, AIDS had been diagnosed in 1,641 Americans, and there had been 644 deaths from the disease. The Public Health Service has targeted more than \$14.5 million for AIDS research in fiscal year 1983, and the Administration has requested congressional authority to reprogram an additional \$12 million for AIDS this year from other Department of Health and Human Services funds.