

AIDS

1) WHAT IS AIDS?

AIDS STANDS FOR Acquired Immune Deficiency Syndrome. Acquired. It is a condition that can be acquired, it is not inborn. Immune: concerns the body's defence mechanism – the immune system. Deficiency: concerns damage to the immune system. Syndrome : a set of diseases or symptoms. AIDS is a condition in which progressive damage to the immune system has led to the development of certain illnesses.

AIDS first came to light in the USA in 1981 when the Centers for Disease Control noticed a marked increase in a number of unusual infections, particularly amongst gay men. Doctors discovered that these men had an underlying deficiency of their immune system, but they had no idea what was causing it. The condition was named AIDS and as more cases emerged from the USA, Europe and Africa it became apparent that it was not confined to gay men.

2) WHAT CAUSES AIDS?

In 1983 a breakthrough was made in understanding its cause and the virus that leads to AIDS was identified. This virus is known as HIV (the human immunodeficiency virus). It attacks the very cells in the body whose job it is to fight off infection – the cells of the immune system. In particular the virus attacks a type of white blood cell known as the T-helper cell. These have a key role in the body's defence mechanism. The virus also infects blood cells and cells of the central nervous system.

3) OTHER THEORIES

HIV does not cause AIDS by itself, but other factors such as another virus may be involved (scientists). HIV does not cause AIDS at all, but the immune suppression which leads to AIDS is caused by sexual or drug lifestyle, poor diet or blood transfusions. This view goes against the majority of scientific opinion.

4) HOW IS AIDS TRANSMITTED?

When AIDS was first identified in the USA, all those affected seemed to be gay or bisexual men. But it soon became apparent that other people were also affected including injecting drug users, people with haemophilia, people who had received blood transfusions, as well as heterosexuals who came into none of these categories. The ways in which one can get infected with HIV are limited and the transfer of infected body fluids is always involved. HIV is found in the blood and semen or vaginal fluid of a person with HIV or AIDS. An infected person can only infect someone else if the virus enters the bloodstream of the other person.

Ä Unprotected sex, where the penis enters the vagina or anus without a condom being increase the possibility of transmission. Oral sex has a far lower risk of transmission.

Ä Infected blood and blood products: HIV transmission via this route has now been virtually eliminated in industrialised countries through routine screening of donated blood. This is not true for developing countries, but they are now also improving their screening of blood for HIV.

Ä Re-use of needles and syringes can lead to the exchange of small quantities of blood, leading to transmission of the virus from one person to the next. Injecting drug users who share “works” can transmit the virus in this way. Re-using needles in a medical setting (developing countries) could also lead to transmission.

Ä Perinatal transmission (from mother to child). Estimates are that in industrialised parts of the world such as Europe, around 1 in 7 of children born to mothers with HIV will themselves be infected. In other parts of the world this can rise to 1 in 3. Infection is also possible via breast milk, and in countries where there are safe alternatives women are advised not to breast-feed.

5) PREVENTING TRANSMISSION

Ä Safer sex: it is still enjoyable while transmission risk is kept to a minimum.

Ä Safer drug use: never sharing drug injecting equipment. Or if it is impossible to avoid sharing, cleaning equipment between users.

In healthcare settings and when giving first aid there are various routine hygiene precautions which should always be followed. These prevent the transmission of HIV and other more infectious viruses.

6) WHERE DID HIV COME FROM?

Many theories have been put forward as to the origin of AIDS but there is no scientific agreement. HIV may be present for centuries in a relatively harmless form and only recently evolved into a more damaging one.

AIDS is likely to be part of our world for several decades, even if a cure or vaccine can be developed. There are positive steps – personal, social, national and international – which can and must be taken to prevent further spread of the virus and to care for the people already infected.

7) SOME BASIC FACTS

People can find out if they have HIV through a blood test that determines whether they have developed antibodies to HIV. Those who have antibodies for HIV are described as HIV positive. People may not be aware that they are infected. The reported number of people known to have HIV only includes those who have taken a blood test, and is therefore only a proportion of the total number infected.

Most people with HIV remain perfectly healthy for several years. It is not yet known

whether everyone with HIV will eventually become ill. The strain of HIV with which someone is infected, their age, and their general health all seem to affect the length of time it may take before they develop AIDS. For many people it will be over 10 years. Once infected, people remain infectious all their lives and can pass the virus on to others.

HIV is not contagious – it cannot be passed on by ordinary social contact in the same way as cold and flu are.

In a short time, HIV has become the most studied virus in history. Scientists and clinicians are working to find out how it operates and to develop vaccines and a cure. No vaccine is yet available and it is unlikely that any effective vaccine will be widely available for another 10 years at the earliest. HIV changes its structure very easily and different strains can be found in one individual, making vaccine development difficult.

Having AIDS does not necessarily mean constant sickness. The course of HIV varies considerably between individuals, so many people with AIDS continue to fight disease and live full lives.

8) THE COURSE OF THE INFECTION

Being HIV positive is not the same as having AIDS. Initial infection with HIV may be accompanied by mild flu-like symptoms. This is followed by a period in which the infected person feels quite well, although the virus continues to attack the T-helper cells. This period can last many years. Eventually the number of T-helpers declines and the virus multiplies. The body becomes vulnerable to infections that do not normally trouble those with a healthy immune system, and the person may experience fever and night sweats, for example.

The term AIDS is used if a person with HIV develops one or more serious infections from a list compiled by the CDC in the USA. The course of illness in people infected with HIV is variable, unpredictable and dependent on many factors. These include the psychological state of the individual, their previous state of health and their access to a decent standard of living, such as adequate diet and warm, dry housing.

Several years may pass during which HIV decimates the white blood cells, the body's defensive immune system. As they are destroyed, AIDS-related infections take hold and account for 90 per cent of the deaths from AIDS.

7-8 years after infection: 60-75 per cent of the white cells are destroyed. The first infections to appear are bacterial skin infections, thrush (painful sores of the mouth) and shingles (an infection of the nerves and skin). Victims also suffer chronic fevers, diarrhoea, severe athlete's foot, night sweat and weight loss.

8-9 years after infection: 75-95 per cent of the white cells are destroyed. Brain diseases such as meningitis and toxoplasmosis. Pneumonia and tuberculosis.

9-10 years: Infections to the skin. Infection of the colon causes uncontrollable bleeding. Ulcers around genitals and rectum.

9) HIV AND AIDS WORLDWIDE

The World Health Organisation estimates that 18 million adults and 1.5 million children have been infected by HIV since the start of the worldwide epidemic. Over ninety per cent of these infections are likely to have occurred in developing countries, primarily through heterosexual intercourse.

Today the majority of reported cases are concentrated in Africa, Europe and the Americas, but AIDS is also claiming increasing numbers of lives in Asia. The epidemic is dynamic, unstable and continuing to spread rapidly.

10) THE INTERNATIONAL RESPONSE

AIDS has challenged the notion that medical science can conquer all disease. The achievements of modern medicine such as transplants, cancer therapies and test-tube babies, pale before this new worldwide threat to human health.

In the absence of a vaccine or cure, only preventative and educational measures will halt the spread of HIV. Denial at personal, social, national and international level has been a constant problem and remains today a grave threat to public health.

Because AIDS was initially seen to be confined to particular groups, some countries which considered drug-taking and homosexuality deviant or criminal behaviour took punitive measures. Several countries refuse entry to people who have AIDS. The USA for example imposes restrictions on visitors with HIV. Others, such as Bulgaria and Cuba, have tested all their citizens for HIV. Cuba has isolated people who turned out to be HIV positive. The WHO has recommended that there is no ethical or public health basis for mass testing.

He was born with Aids. It killed his mother. It will soon kill him. But in his short life, 11-year-old Nkosi Johnson has become a potent symbol of the fight against bigotry in South Africa. The boy woke up a nation. He scolded President Thabo Mbeki to his face in front of an audience of thousands. His story led to a public burst of admiration and sympathy.

It could be six hours, six days or maybe even six weeks, but I think the general feeling is that he is terminal. His lip quivers as he tries to manage a smile but the virus eating at his brain and the seizures of recent days have taken their toll. The diarrhoea which set in a few weeks ago, the first harbinger, has drained the flesh from his tiny frame. He does not even have the energy to turn himself over anymore. He communicates mostly by squeezing his mother's hand. She played some music which is supposed to be soothing, but there was no squeeze.

He was infected with HIV at birth. His mother left him at a refuge as a baby. She told the staff she could not take care of him because she was scared of her neighbours' reaction. But she visited her son regularly until she died of Aids-related illness some years ago.

Now about 200 babies are born with HIV each day in South Africa. One quarter will be dead before their second birthday. Nkosi has survived with the virus probably longer than any other child in the country. And he has done it without the help of AZT and other drugs that few black people can afford, until just a few months ago when an American benefactor stepped in.

He is so to say in the status of an “innocent victim” – neither judged for his sexuality nor for promiscuity. He is an “icon for the struggle for life”. Children should be enjoying a life filled with joy and laughter and happiness. On a frightening scale HIV/AIDS is replacing that joy, laughter and happiness with paralysing pain and trauma.

Nkosi captured the public eye when his mother registered him for a public school. As required she noted on the application form that he was HIV-positive. That created havoc because at that stage there was no policy on how to deal with an infected child in the classroom. The governing body met and they were split fifty-fifty about whether to admit him. Teachers attended a workshop on how to deal with HIV-positive children.

The case attracted enough public attention to lead to a certain amount of hand wringing about what it meant to have Aids. One of the results was a lessening of the stigma around the disease. Another was a fundraising campaign that gathered enough money to launch a home for women with the virus and their children – some infected, some not.

He started to get agitated about Aids. He addressed the international Aids conference. Dressed in a suit, standing in the middle of a stage and facing thousands of delegates, the small boy with a tiny voice recounted the misery of losing his mother to Aids and attacked the government for failing to provide drugs to pregnant HIV-positive women.

My mother was having me tested for my blood T-cells every month but I just carried on being well and lived my life so she gave up. In the absence of money for drugs, he survived on a healthy diet, vitamin supplements and minimising the stress of being HIV positive. I think the last element was particularly important. He hasn't had to live with the stress of a lie which so many people in this country have to. He has been free with his Aids, so to speak. He does not have to lie about why he can't play football. I think that relieved him of a great burden that so many people have.

His short life was marked by “struggles”. In several occasions he had to fight against bigotry and prejudices. He had to fight for the right for education. I think the sudden public/media interest in his case is disgusting. Voyeurism, publicity gag, media abuse! He has given Aids a face and shown that Aids does not discriminate. He is a little hero just for having survived so long. It was for the first time offered the drugs his family could not afford. The drugs offered limited benefit, he was already succumbing to the disease. Time has come to “join his mother”. I do not want to see him suffer more before he dies. Perhaps he has run his race and it is too much to ask him to run anymore. He has done his bit. He has given Aids a face and shown that Aids does not discriminate. It attacks all races, all ages.

explosive spread of HIV in countries of former Soviet Union (Aids epidemic on

doorstep of Western Europe)

Russia: paying price for years of neglect and denial by government

Epidemic has grave consequences for young people who are just approaching the age of sexual maturity

Ingredients for epidemic: growing poverty, drug users, rising prostitution and a breakdown in social and health services

Socio-economic instability is fuelling drug use and commercial sex, so the spread of HIV is on the increase

Aids is now the biggest killer among all infectious diseases in the world, it's the number one killer in Africa.

It's affecting society and economy because it kills different people than other infections which kill the very young or the old. As many teachers killed as trained.

his energy and spirits are just "so -so"

almost never goes out says longingly, faints occasionally, goes on the Internet to learn about Aids

country largely unprepared emotionally, financially and medically to deal with Aids

became infected after blood transfusion, kicked out of school afraid to teach him, refused to let him re-enroll, hospital refused to treat him

endures biting discrimination with beatific stoicism

half a world away doctors routinely prescribe an expensive regimen of pills that can help their son, tried Aids-cocktail with dramatic results

parents desperately trying to force hospital to pay for pills, an enormous task in a country where the public health system is in tatters, few have health insurance, and there are few legal remedies for medical malpractice.

Despite recent preventing efforts the numbers are rising quickly. HIV specialists are rare, and discrimination and public ignorance widespread.

From that moment on family's life has been defined by a mad scramble for money and by massive rejection by officials, friends, colleagues, even doctors and nurses.

They exhausted their savings on medication, energy and appetite succumbing to virus.

Doctor suggested they try the American medicines if family could raise 16,000 dollars a year. Unthinkable sum for the couple, more than most Chinese earn in a lifetime.

Started taking powerful anti-HIV medication and within month his viral load, a measurement of virus levels in his bloodstream had dropped from 400,000 to 70.

Villagers sent petitions to local government demanding that the family be expelled. Time to move on.

no casual sex, only protected sex, choose your partner carefully

propagate not to go on sex-tourism tours

condoms distributed for free

hand out clean equipment for drug users

sufficient screening/testing of donated blood

improve quality of life for those who are already ill, drugs prolong life

political/cultural/religious factors prevent campaigners from working

hinder previous measures from taking effect

politicians deny seriousness of issue, birth control in developing countries

Aids is having more devastating consequences in Africa than ever. Although Africa's population only makes up 10% of the population of the world 70% of people who become newly infected with AIDS do so in Africa. 90% of children in the world who

have Aids live in Africa. 83% of all Aids deaths have been in Africa. There has already been a generation lost to Aids. Due to the virus hundreds of thousands of children have no parents. Most of these orphans have nowhere to live and have nobody to look after them or to educate them. This phenomenon itself brings further problems:

Many of these children have Aids themselves but are not educated to know about "safe sex". They continue to spread the disease and pass it on to their children. Many children live on the streets and beg. They are malnourished and exploited. Eventually they may turn to crime to survive.

Many children never receive the proper emotional care when their parents die. Because of this many end up becoming maladjusted with behavioural problems.

In some communities rape of young girls is becoming even more common because men want to be sure they are having safe sex so they force sex on young girls who have not been sexually active before.

Due to the large number of deaths, many communities have simply fallen apart. Much African tradition has been lost. Hospitals can't cope with the amount of people and in the future they will have to turn away the majority of Aids patients.

Despite high level of poverty and war Aids is by far the biggest killer.

It's the stigma attached to having the disease that many people do not even tell their families that they have Aids. Admitting you have the disease can mean people won't mix with you and finding employment can be hard. In some cases the Aids victim's children do not know what their parents died of so do not suspect they might have contracted it too. Even if they do, many people are too scared to be tested in case other people find out.

African educators want children to receive information in school about Aids prevention before they become sexually active. They also believe they need to fight a lot of preconceived ideas that exist in African society for example that women should submit to a male's will if he wishes to have sex.

There is also rumour amongst some Africans that developed countries want Africans to use condoms because they want to restrict the population.

Although education is the key Africa desperately needs money for the drugs to fight Aids. Drugs have helped bring the disease under control in the developed world but Africa cannot afford these unless pharmaceutical companies or foreign governments help.

Companies are realising that caring for their workers and educating them about Aids is in their interests. This is due to the advantage of having workers who are not constantly sick. This means that companies benefit financially in the long run.

Quelle(n) für dieses Referat