

“Remember that TB is a readily transmissible disease to immuno-competent people as well,” wrote one researcher, referring to people with normal immune systems.

“I fully agree with you” answered Luc Montagnier of the Pasteur Institute in Paris, in the closing press conference, when this reporter asked whether it was not true that the AIDS epidemic could only be thwarted by emergency assistance to stop the spread of TB and tropical diseases in Africa or in Ibero-America.

Yet no such assistance is forthcoming.

When HIV spreads in regions afflicted by tropical disease epidemics, death is not far away for entire populations. We are entering into this cyclone today, and we have no idea if, when, and how, we shall weather the storm. That chilling reflection was brought to the audience listening to a morning seminar on June 8, chaired by Warren Johnson of Cornell

## Africa told: Give AIDS patients ‘home care’

Governments of African and other Third World countries were told, in a seminar at the Montreal meeting on the economics of AIDS, that they ought to move away from emergency care for AIDS patients, to home and hospice care. The issue of who should provide this home care was not addressed. A clinician attending the conference said that a meeting in Nairobi, Kenya had just addressed the question of home care. “In Africa, the visible AIDS epidemic has just started,” he said, meaning that people are beginning to die of the long-incubating disease. “All the talk about treating opportunistic diseases which we hear at this conference, is out of place in an African context. We do not have the means to keep AIDS patients alive for months on expensive therapies for the many infections, much less for any antiviral drug such as AZT.”

“It has become necessary to work with charity organizations to plan ‘home care,’ ” he added. “There is just no alternative in the present economic and social context today.” He did not discuss the difficulties families face in keeping an AIDS patient at home in the final stage of the disease: the patient may suffer from profuse diarrhea, pneumonia, or TB, is often demented, and poses a real threat of contagion in a non-hygienic environment—not just of HIV contamination, but of the other pathogens as well.

University Medical Center, Ithaca, New York, entitled “The Impact of HIV on Tropical Diseases.” “Therapeutics is already slim for all the diseases we find in tropical areas,” remarked Johnson. What he means, is that severe forms of leprosy, elephantiasis, and the blindness of oncochercosis, are not exactly “curable” diseases!

Even TB is a mutilating disease if not diagnosed and treated in time. Normally prevention and/or early diagnosis is the best defense, but with the economic crisis of the past 10 years, prevention has been tossed out the window.

Johnson spoke first of visceral leishmaniasis (a disease causing lesions of the internal organs) and leprosy in association with HIV infection.

Approximately 500,000 people are infected with visceral leishmaniasis (also known as Kala Azar) in the world today, with Spain, the Magreb, and parts of Brazil areas of high prevalence. Fifteen million suffer from cutaneous leishmaniasis. The disease is insect-borne, and dogs are an important intermediate host. Mortality—with attempt at treatment—ranges from 5-15%. “Today we have 31 documented cases of Kala Azar associated with HIV,” said Johnson, who added that the disease might soon be added to the official list of clinical manifestations of AIDS.

Virulent forms of Kala Azar in HIV seropositive persons had been reported to last year’s AIDS conference in Stockholm by Professor Coulaud of France, who had argued for the disease to be put on the list of AIDS-related diseases.

## Tropical diseases on the increase

Leprosy, a disease of poverty, has dramatically increased in the past 10 years, with the Knights of Malta’s anti-leprosy organization reporting that the incidence of the disease has been doubling yearly, with an estimated 20 million cases today, up from 11 million in the spring of 1988, approximately 5 million or so in 1987, and 2 million in 1984.

Now Johnson reports that leprosy is affecting regions now hit with the HIV epidemic, and that there is serious concern that leprosy will shift to the more virulent and more contagious form, lepromatous leprosy, in HIV-positive individuals.

Dr. Pradinaud of French Guiana reported recently in the publication *Médecine Tropicale*, the case of a patient with latent leprosy who, as he progressed to AIDS because of HIV infection, developed the virulent neurological manifestations of leprosy.

Johnson, who closely collaborates with a team of Haitian physicians, reminded the audience that there were 18 documented cases of AIDS-associated leprosy on the island. In a talk on June 6, a team of French and African scientists reported on serological studies of 1,244 leprosy patients, in which they found HIV-1 and HIV-2 (combined tests) prevalence rates of 4.9% in the Ivory Coast (and 14.4 for HTLV-1, the other retrovirus which is a scourge in Africa), 3.7% in