BACKGROUND PAPER 87-4

AIDS: ACQUIRED IMMUNE DEFICIENCY SYNDROME

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AIDS: ACQUIRED IMMUNE DEFICIENCY SYNDROME

I

BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) has been identified as the Nation's number one public health priority. Though some diseases currently claim more victims, no disease in recent memory has so challenged the ability of our health care, political, and social institutions to respond, nor created so much concern--sometimes bordering on panic--in the general public.

Since the first five cases in the United States were reported in 1981, the number of cases has surged to 26,878 as of October 27, 1986, with 15,070 deaths. Furthermore, it is estimated that between 1 and 2 million Americans have already been infected with the AIDS virus and up to 1,000 persons per day are being infected.

What Is AIDS?

Acquired Immune Deficiency Syndrome is a blood-borne disease that cripples the body's immune system leaving victims vulnerable to opportunistic infections, and is ultimately fatal. The clinical criteria used to determine if a person has AIDS is the presence of an infection that would not normally occur in an otherwise healthy person, and the lack of any other explanation for the person's immune deficiency. In 1983, Dr. Luc Montagnier at the Pasteur Institute in Paris, France, discovered a new virus, which he suggested played a role in AIDS. He called the virus "lymphadenopathy associated virus" (LAV). In early 1984, a variant of the same virus was isolated by Dr. Robert Gallo of the National Cancer Institute in Bethesda, Maryland, and given the name "human T-lymphotropic virus type III" (HTLV-III). At the present time HTLV-III is the virus name seen in the scientific literature in this country, and this virus is considered the causative agent for AIDS.

All AIDS victims carry HTLV-III, but all carriers of the virus do not have AIDS. The infection may range from asymptomatic (clinically healthy), to AIDS-related complex (ARC), to full-blown AIDS. The ARC patients display one or more symptoms, such as chronic diarrhea, prolonged fever, recurrent yeast infections, swelling of lymph nodes, or weight loss, for which there are no other medical explanations. It is estimated that between 5 and 30 percent of the approximately 2 million asymptomatic carriers and ARC patients may later develop AIDS. Determining the percentage of individuals testing positive for the AIDS virus

that will actually develop AIDS is difficult because of the long latent period between infection and the clinical manifestation of the disease--estimates range from 2 to 20 years.

Acquired Immune Deficiency Syndrome itself usually begins with a series of symptoms ranging from extreme tiredness, fever, swollen glands, and weight loss, to discolored or purple growth on mucous membranes or the skin, heavy coughing, and unexplained bleeding. Over 80 percent of the AIDS patients studied eventually develop at least one of two rare diseases: (1) pneumocystis carinii pneumonia, a parasitic infection of the lungs with symptoms similar to other forms of pneumonia; and/or (2) a rare type of cancer known as Kaposi's sarcoma. Acquired Immune Deficiency Syndrome patients may also develop unusually severe infections with cytomegalovirus, herpes virus, parasites such as cryptosporidium or toxoplasma, and yeast. A significant number of AIDS victims--30 percent according to one estimate--show symptoms of brain disease or spinal cord damage. Typically, AIDS patients suffer long, debilitating courses from infections until eventually they waste away in a manner somewhat similar to cancer patients, losing strength and weight until they are bedridden for the last months of their lives.

Where Did AIDS Come From?

Evidence available indicates that the AIDS virus may have originated in east central Africa (Burundi, Kenya, Rwanda, Tanzania, Uganda and Zaire). Simian AIDS (SAIDS) has been found in about 70 percent of the Green Monkey population examined in this area. The possibility exists that the SAIDS virus mutated to become the AIDS virus now known as HTLV-III. The Green Monkey lives in close association with the native population (almost like cats or pigeons which we see so often in the streets and around buildings where we live), and may have passed the virus directly through bites or in some other way. The AIDS-SAIDS connection is under intense study.

Myron Essex, virologist at the Harvard School of Public Health, has suggested that 1 in 20 individuals in east central Africa is infected with AIDS. But these individuals are not necessarily sick or presenting symptoms. Whether these individuals will present as full-blown AIDS patients or not at a later date is unknown. How AIDS was carried to other parts of the world also is unknown.

Who Becomes Infected And How?

Not all who are exposed become infected. It appears that intimate and perhaps repeated exposures are necessary for transmission.

No evidence exists that casual contacts are responsible for disease spread. This is not a "subway disease" that one can contract by simply being near another person.

Certain characteristics of AIDS are similar to those of other venereal diseases. Organisms which cause them are not highly contagious--AIDS and syphilis are not contracted from toilet seats. The AIDS virus is easily destroyed by common sterilization techniques, and is not transmitted casually because it cannot easily survive apart from living cells. People who cuddle a child or a loved one with AIDS will not be infected. Family members who share food and housing with AIDS patients but are not sexually intimate with them do not develop a positive antibody test. Contagion requires the intimacy of sex or shared needles. Consequently, health workers who care for AIDS patients are not at risk unless they are stuck by a contaminated needle.

There are individuals in the general population who are at higher risk than most for the disease. The "high risk" population includes bisexual and homosexual men, female and male intravenous drug abusers, and male hemophiliacs.

In 1985, 90 percent of the adult patients were between 20 and 49 years of age, 94 percent men. In children with AIDS, 70 percent were born to a parent who had AIDS or belonged to a risk group, 15 percent had received transfusions, 5 percent had hemophilia and 15 percent had no identified risk factor.

In the United States about 73 percent of AIDS patients are bisexual or homosexual, 17 percent use intravenous drugs, 1 percent are hemophiliacs, about 1.5 percent received blood transfusions, and about 7.5 percent do not fall into any particular category. Most female patients are in this last 7.5 percent and this group includes heterosexual partners of patients with AIDS.

For those that have become accustomed to thinking that only homosexuals are AIDS patients, the disease is definitely in the heterosexual population in the United States. In fact, the majority of AIDS patients in central Africa are heterosexual. Acquired Immune Deficiency Syndrome has been recorded in all 50 states in the United States, the District of Columbia and three U.S. territories.

The HTLV-III virus has been found in blood cells, blood plasma, rectal and vaginal secretions, and semen. It has been recently reported in saliva and tears. Any activity that allows transmission of these body secretions containing HTLV-III "may" cause infections. The "may" is emphasized because chance exposure (as would be possible in ambulance, fire, and police services) to HTLV-III has not been associated with disease transmission.

Testing For AIDS

A laboratory test known as ELISA (enzyme-linked immunosorbent assay) can detect if a person has been exposed to AIDS by identifying HTLV-III antibodies in the blood. The test was developed to screen blood donations after numerous cases of AIDS were attributed to transfusions of contaminated blood. Many laboratories, including those of the Red Cross, that detect HTLV-III antibodies by repeated ELISA tests also test blood by the use of a second test, the Western Blot method, which some researchers consider a more specific test.

Both tests are criticized because they detect HTLV-III antibodies rather than the virus itself. In some cases, the virus may be present without antibodies. In addition, the tests cannot be used to accurately predict whether a person will develop AIDS because most individuals infected with HTLV-III have not developed the disease over a 5-year followup period. Furthermore, there have been instances of false positive (indicating the presence of the HTLV-III antibody when in reality none was there) and false negative reactions (when the antibody present is not discovered). Accuracy is increased by multiple testing and then by using the Western Blot Test.

It should be emphasized again that a positive blood test for the HTLV-III antibody does not mean an individual has AIDS. This is important to understand because of the legal, political, and social implications of supposedly confidential information, which may be incorrect, if it is made available. An individual may face the possibility of denial of insurance, deprivation of school attendance, eviction, and job loss if this information is made public.

The United States Armed Services began using the tests as a screening device on October 1, 1985. All active duty personnel will be screened for the virus and the status of personnel with positive tests is decided on an individual case basis. New recruits with positive test results are automatically rejected.

A Vaccination For AIDS?

When a person is vaccinated against disease, the vaccine administered becomes an "antigen" causing the production of antibodies by the immune system. With the production of antibodies, the person has developed "immunity." A virus has a protein coat encapsulating its DNA/RNA core. The coat has a unique chemical configuration which identifies it to the immune system. Once a virus has been identified by one of the "T-cells," the immune system responds with antibodies specific for that virus.

We know that in various influenza ("flu") outbreaks, vaccines do not always work to prevent the disease. The reason for this is that the virus has changed or mutated around the defense the immune system had developed through vaccination.

The AIDS virus mutates 100 to 1,000 times faster than other types, which in turn causes extreme difficulty in developing a vaccine against this disease. Experts feel that a vaccine may not be available to the public until at least 1990. Like other vaccines, a vaccine for AIDS will do nothing for an individual already infected.

Treatment For AIDS

There is no cure for AIDS and physicians usually treat a patient's current infection, rather than the disease itself. Treatment of opportunistic infections in AIDS patients is more difficult than treatment of the same infection in other patients because of a number of factors. That is, infections in an AIDS patient are less responsive, or unresponsive, to normal treatment, and multiple serious infections are often present simultaneously. Experimental treatments for AIDS have included the use of interferon, a substance produced by cells infected with a virus which can inhibit viral growth, and Isoprinosine, a drug which reportedly stimulates the immune system.

Researchers in France have been experimenting with cyclosporin-A, a drug used to prevent rejection of transplanted organs. The researchers believe the drug paralyzes cells infected by the AIDS virus, preventing the spread of the virus and allowing the body to rebuild its immune system. But at least three AIDS patients undergoing treatment with cyclosporin-A have died of the disease.

Doctor Linus Pauling, two-time Nobel laureate, stated recently that AIDS researchers should experiment with vitamin C as a treatment for the disease. According to Dr. Pauling, AIDS is "caused by a virus; vitamin C inactivates virus. In large doses it might have a prophylactic effect."

Many physicians believe that there may be cofactors that act in conjunction with the AIDS virus that determine whether an infected person remains without symptoms or becomes ill with AIDS or ARC. Thus, a previous illness, an illness which is ongoing, or another virus could provide the cofactor leading to some people getting AIDS while others do not.

The costs of caring for AIDS patients are substantial. In an initial study, the United States Centers for Disease Control, the federal agency responsible for tracking infectious disease,

have estimated that the average total number of hospital days for AIDS patients exceeds 150 days, and the average cost per patient--exclusive of outpatient counseling, home care, medications, support services, or tests--is in excess of $140,000. This estimate did not take into account the additional costs of caring for patients with AIDS-related complex, who, according to several AIDS researchers, may outnumber actual AIDS patients by as much as 10 to 1.

How To Control AIDS?

With no available vaccine, no cure expected for a decade, and a rapid incidence of infection, it becomes necessary to try to control the spread of this disease through education and research. Since AIDS is not highly contagious and is spread primarily through sexual intimacy, the United States Public Health Service recommends the following:

1. Do not have sexual contact with persons who are known to have, or are suspected of having, AIDS; who are known to be, or are suspected of being, carriers of the virus; or who have a positive result on the HTLV-III antibody test.

2. Do not have sex with multiple partners, or with persons who have had multiple partners (including prostitutes). The more partners you have, the greater your risk of contracting AIDS.

3. Do not inject illicit drugs. If you do inject drugs, your risk may be lessened by <u>not</u> sharing needles or syringes.

4. Do not have sex with people who inject drugs (including prostitutes).

5. Protect yourself and your partner during sexual activity. If you suspect that you or your partner have been exposed to the HTLV-III virus:

    a. Use condoms, which may reduce the possibility of transmitting the virus;

    b. Avoid sexual practices that may cause injury or rips in tissue;

    c. Avoid oral-genital contact;

    d. Avoid open-mouthed, intimate kissing; and

    e. Avoid contact with any body fluids (blood, feces, semen, urine, and so on).

II

STATE GOVERNMENTAL ACTIONS AFFECTING AIDS

State Legislation In General

More than 200 measures pertaining to AIDS were introduced in over two-thirds of the legislatures in 1986. Most of the AIDS legislation that has been enacted addresses at least one of the following broad areas:

1. Confidentiality;

2. Medical/social services;

3. Protection of the blood supply;

4. Public education; and

5. Research.

In 1983, New York became the first state to pass AIDS legislation with the enactment of chapter 823 (McKinney's Consolidated Laws of New York Annotated, section 2775 to section 2779), establishing the Acquired Immune Deficiency Syndrome Institute. The new law vested the following broad responsibilities in the institute:

1. Counseling and sources of financial assistance;

2. Maintaining a clearinghouse on AIDS information;

3. Promoting an outreach campaign for high risk individuals to provide information regarding treatment;

4. Promoting research into the cause and cure of AIDS; and

5. Sponsoring education and training programs for health professionals.

During the same year, the California Legislature passed a law creating the AIDS Advisory Committee within the Department of Health Services to advise and assist the state in addressing the public health issues associated with AIDS. More specifically, the advisory committee was charged with reviewing and recommending approval of grants for such purposes as:

1. Education regarding primary prevention for high risk groups;

2. Educational or interdisciplinary workshops to facilitate the interchange of knowledge among investigators regarding AIDS and related disorders;

3. Providing startup money to obtain larger grant funding by the Federal Government or other sources; and

4. Public education to reduce panic and lessen unnecessary anxiety about AIDS among residents in the state.

New Jersey followed in 1984 with the passage of the "AIDS Assistance Act." The law created an AIDS Task Force for the purposes of:

1. Developing policy recommendations for implementation by the commissioner of health;

2. Identifying the needs of AIDS patients and available resources; and

3. Investigating issues pertaining to the disease, including laboratory services, professional and public education, and support services.

Although it did not create a task force, the Illinois General Assembly, by way of Public Act 84-412, directed the state's health department to conduct a public information campaign for public health departments, health facilities, hospitals, physicians, and the general public on AIDS and to promote necessary measures to reduce mortality from AIDS. The act specifies that such programs must include, but not be limited to, the establishment of a statewide hotline.

Independent of any state legislation, at least 20 other states have established AIDS advisory commissions, coordinating councils, study groups, or task forces. These bodies are usually housed in the state health department and exist for the general purposes of ensuring coordination of state programs and policies and for providing policy recommendations to the governor and the director of the health department.

Not surprisingly, the states with the highest number of reported AIDS cases--California, Florida, New Jersey and New York--have expended the most money on the disease. Massachusetts, which ranks within the top 10 cases, stood fifth in total spending. In addition, the District of Columbia, Illinois, Michigan, and Minnesota have each spent or obligated more than $1 million for AIDS programs.

State Laws Pertaining To Blood Supply, Blood Testing, And Confidentiality

Once it became evident that AIDS could be transmitted through blood and blood components, it became essential to take steps

to ensure the safety of the Nation's blood supply. After the HTLV-III virus was identified, it became possible to develop a test for general use which would detect the presence of HTLV-III antibodies in the blood. To protect the Nation's blood supply by identifying and excluding high risk donors, all blood banks and plasma centers started screening for the HTLV-III antibody.

Two states--California and Florida--adopted specific legislation in 1985 aimed at safeguarding the public blood supply. Both states authorized the establishment of alternate testing sites to their blood banks and plasma centers for conducting blood tests for the presence of antibodies to HTLV-III. California's legislation (West's Annotated California Code, section 199.45 to section 199.51) authorized $5 million for the development of alternative testing sites in designated counties. The law requires that all alternative sites be under the supervision of a physician or surgeon or be a clinic or health facility licensed by California's Department of Health Services. The law further requires that at a minimum:

1. Individuals seeking testing shall be informed about the validity and accuracy of the test;

2. Individuals must be given the results of the test in person;

3. Alternative sites must have a protocol for referral for 24-hour inpatient and mental health services; and

4. Individuals awaiting test results must be informed of available crisis services and directly referred, if necessary.

The Florida law (Florida Statutes 381.606) encourages individuals in high risk groups who wish to receive a blood test to do so at the alternate testing sites by requiring the sites to notify the individuals immediately of their test results. Blood banks and hospitals, on the other hand, can wait as long as 120 days before disclosing the test results.

Laws in both California and Florida contain safeguards protecting the confidentiality of those obtaining the test in the alternative sites. The Florida act makes it a misdemeanor for anyone to disclose the test result to another person unless:

1. Disclosure is for epidemiological or medical research and the individual's identifying characteristics or name are not given;

2. Disclosure is pursuant to the standard practice of medicine; or

3. Written consent from the individual receiving the test is obtained.

In 1985, Wisconsin amended the statutes (Wisconsin Statutes Annotated 146.025) to require a person's written consent before testing for the HTLV-III antibody can occur and prohibiting the disclosure of the test results to anyone except the subject of the test and their health care providers. The law was quickly amended (Assembly Bill 47) to provide exceptions where an organ is being donated for transplant or for purposes of conducting research where the identities of the subjects are not revealed. Amendments also expanded the types of people permitted to receive disclosure of test results without the subject's consent to include:

1. A health care provider who provides emergency care;

2. Blood banks, blood centers or plasma centers;

3. Funeral directors;

4. Health care facility staff committees or accreditation or health care services review organizations;

5. Health care providers and their agents or employees providing patient care to the subject;

6. Health care providers involved in organ transplantation;

7. Researchers under certain restrictions;

8. The state epidemiologist and those designated as necessary for him/her to carry out his/her responsibilities;

9. Those procuring access to the test results through a court order; and

10. Any other person specifically designated by the subject.

Florida's law, mentioned previously, also contains certain protections of confidentiality. Specifically, the law declares that the results of the serologic test cannot be used to determine if a person may be insured for disability, health, or life insurance, or to screen, determine suitability for, or discharge a person from employment. Another California law forbids the use of the results of the blood test for purposes of determining insurability or suitability for employment.

Wisconsin's legislation is the most specific on this issue. Employers may not solicit a test result or require it as a condition of employment. Employees and employers may not agree to condition any employee benefit or pay on the taking of a test. Employers may not terminate the employment of or affect the conditions, privileges, or terms of employment of an employee who obtains a test. These prohibitions may be lifted if Wisconsin's state epidemiologist and secretary of Health and Social Services declare that individuals who have tested positive for the HTLV-III virus provide a significant risk, through employment, of transmitting it.

The law further provides that insurers may not require nor request a person to reveal the taking of a blood test or test results, or consider either of those factors in providing insurance coverage or determining rates.

A few states addressed the issue of potential lawsuits arising from the contraction of AIDS through blood transfusions. The Washington State Legislature adopted a bill in 1985 (Revised Code of Washington Annotated 70.54.120) extending implied warranty immunity to lawsuits arising from the contraction of AIDS from blood transfusions. Hence, firms or persons dealing in the processing and distribution of donated blood are expressly exempted from strict liability imposed by the applied warranties under the Uniform Commercial Code. Liability arises only in the case of negligent or willful conduct. In 1985, the Nevada legislature enacted a similar law (Nevada Revised Statutes 460.010) extending immunity from liability of certain persons involved in the handling or processing of blood for use in injections or transfusions. Circumstances involving negligence, however, would not be immune from liability.

Although patient confidentiality, protecting the blood supply, public education, and research are still major issues, legislative measures introduced in 1986 from around the Nation also focused on specific population groups:

1. Applicants for marriage;

2. Prisoners;

3. School children; and

4. The customers and proprietors of sexually-oriented establishments such as bath houses.

III

AIDS AND LEGAL QUESTIONS

Although there is a small body of case law with regard to AIDS, there have been several cases of interest which have general applicability.

Two federal appellate decisions concerning communicable diseases are likely to be used by attorneys to argue for the admission of children with AIDS to public schools. The first is a 1979 ruling that prevented the New York City School Board from segregating 50 retarded children infected with hepatitis B, an illness more easily transmitted than AIDS. The second decision, which was handed down in September 1985, upheld a state appeals court ruling that a Florida teacher's susceptibility to tuberculosis constituted a handicap (Arline v. School Board of Nassau County, No. 83-3754). The court argued that because the school system received federal funds, the teacher must be accommodated under the federal "Vocational Rehabilitation Act."

In addition, firing or refusing to hire on the basis of positive HTLV-III test results may violate state handicap laws. The federal "Vocational Rehabilitation Act" of 1973 also may prohibit government employers from using the tests as a condition of employment.

IV

AIDS IN NEVADA

According to the health division of Nevada's department of human resources, 56 Nevadans have contracted AIDS (as of October 27, 1986). Twenty-eight of these persons have died from the illness.

Since Nevada is the only state with legal prostitution, the women working in brothels work in a more controlled situation than street prostitutes. Under Nevada laws, doctors give brothel prostitutes weekly tests for gonorrhea and monthly tests for syphilis. The state board of health adopted a regulation early in 1986 to require the testing of prostitutes for AIDS as a condition of employment and when they take the monthly syphilis test.

The regulations require prostitutes to take the ELISA Test which indicates whether a person has been exposed to the HTLV-III virus. If the test is positive, the Western Blot Test will be given to confirm the presence of the antibody. They will be

banned from working in a Nevada brothel if the ELISA Test is positive, but may resume work if the Western Blot Test results are negative.

As a result of this regulation, there have been five reported cases of exposure to the AIDS virus. Four of the five prostitutes who tested positive never worked at a brothel. They were screened at the time they applied for jobs and were not hired when their blood tests revealed the presence of the antibody. The fifth woman worked 1 weekend before she tested positive for the AIDS antibody and was dismissed. However, according to U.S. Public Health Service officials, the woman posed no health hazard to the men she was with. While the five women are carriers of the antibody, none of them have AIDS.

In response to the epidemic, there is a trend among the Nevada brothels to encourage customers to use condoms. Three southern Nevada brothels have required it. In addition, it is reported that, increasingly, owners of the bordellos are giving their prostitutes the option of requiring customers to use condoms. The use of condoms, as mentioned earlier, greatly reduces the chances of contracting AIDS.

V

THE AIDS EPIDEMIC - WHAT TO EXPECT

Doctor Alvin Friedman-Kien of the New York University Medical Center, one of the first physicians to diagnose an AIDS patient has said, "AIDS may prove to be the plague of the millenium." Doctor Ward Cates of the U.S. Centers for Disease Control has said:

> Anyone with the least ability to look into the future can already see the potential for this disease to be much worse than anything mankind has seen before.

Acquired Immune Deficiency Syndrome clearly has the potential to be to the 20th and 21st centuries what the Black Plague was to the 14th century when 15 to 25 percent of the population died in most areas in Europe during a 30-year period.

It is expected that the infection rate will double each year until a vaccine is developed (1990 at the earliest). Doubling the 1.5 million infected Americans at the beginning of 1986 each year for the rest of the decade yields 24 million infected at the beginning of 1990, which would be 10 to 15 percent of our adult population. It is significant to note that studies in four central African countries show that between 8 and 23 percent of the urban populations of these countries are already infected with the AIDS (HTLV-III) virus.

A group of 24 million Americans infected by the start of 1990 would yield 1.2 to 4.8 million people with full-blown AIDS and an additional 6 million with ARC by 1995. In addition to the specter of millions of dead and dying, the financial impact on our country would be staggering. Currently, it costs at least $100,000 to pay for the hospitalization costs of an AIDS patient. This figure may well increase in the future, due to the development of therapies which prolong life but do not restore health. In addition, our society loses $500,000 more due to disability and premature death for each person with full-blown AIDS. Two million AIDS cases would cost our society $1.2 trillion. Clearly, this epidemic must be slowed, or else it could threaten our Nation's security and stability.

What Approach Should Be Taken?

Experts advocate a more dedicated approach of education, research and treatment to combat the potential disastrous effects of AIDS on our society.

A national program of health education is advocated which includes the issues of contagiousness and techniques such as "safe sex," which may help to slow the spread of the virus. The importance of the education effort is underscored by the fact that a large number of heterosexuals cling to the myth that they are not threatened by the disease. In contrast, individuals need to understand that there is a great deal not to be concerned about. You cannot be infected by giving blood, hugging, shaking hands, sharing an eating surface, sharing classroom space, or becoming physically close to an infected person, even one with full-blown AIDS. Thus, an informed person who acts responsibly can protect herself or himself from AIDS.

As part of educating society, there is the problem of protecting the rights of AIDS virus positive people in such a way that the public health is also protected. These rights include access to basic services such as ambulances, educational opportunities, employment, health care, housing, and insurability. Increasingly, public discourse about AIDS touches on the notion of quarantine. The implementation of a quarantine, by whatever name, will have a significant impact on the civil rights of our citizens and will probably become an issue of intense national debate in the not too distant future.

As mentioned, a vaccine or treatment for AIDS is not expected before 1990. As Harvard's Dr. William Haseltine said, "It is like curing five or six kinds of cancer all at once." To date, over 1,000 studies for AIDS have been published and research efforts are being conducted by a wide array of private and

public agencies in the United States and abroad. Yet, all agree that AIDS is likely to persist and grow in the immediate future and is presently impossible to treat.

One drug, however, is likely to receive approval in the near future by the U.S. Food and Drug Administration (FDA) for the treatment of AIDS. On January 16, 1987, a special advisory panel of physicians appointed by the FDA recommended the approval of azidothymidine (AZT). This recommendation comes despite serious concern about a lack of as much clinical data as usually precedes drug approvals. The drug--if the nonbinding recommendation is adhered to by the FDA--will be available in limited quantities and will be prescribed only to those patients who meet specific clinical criteria and to those most in need.

VI

CONCLUDING REMARKS

More than half of all Americans have no recollection of the polio epidemic of the 1950's. To many, the concept of a fatal, infectious disease in this age of medical miracles sounds like something from a work of science fiction. There exists a simplistic faith in the ability of medical researchers to root out all disease. Medical science indeed has produced many miracles: (1) the conquest of diphtheria, polio, and smallpox; (2) the containment of malaria; and (3) the treatment of tuberculosis. But many diseases still evade cure--cancer is a notable example. There are signs that AIDS will continue to be as perplexing a problem as is cancer. Thus, as depressing as the thought is, it appears that for the forseeable future the grim specter of AIDS will trouble the very fabric of our society.

VII

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