Print Media

HIV Ireland

National HIV and AIDS Archives

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16th to 19th March 1987
Aids toll 'tells immoral tale'

The killer disease Aids is the result of sexual promiscuity that has refused to take seriously the link between actions and consequences, the Church of Ireland House of Bishops has said.

The statement said that some people will not accept the Christian emphasis on faithfulness and fidelity within marriage and chastity outside it.

"This places on Governments an obligation to do everything possible to make people aware of the dangers of Aids and to provide advice as to how it may be contained," the Bishops said.

"It is essential that society faces up to the moral issues of this current situation. Only a re-awakening to the value of self-discipline, restraint, fidelity and awareness of the consequences of a failure to abide by such principles will disaster be averted."

The Bishops said few could doubt the potential of the condition to bring widespread misery and loss of life on a world scale.

Northern Ireland continues to be free of Aids cases this year, but there has been an increase of one to 31 in the last month of the number of people diagnosed as carriers.

About half the cases involving carriers are within the homosexual community, but experts say none of the transmission had been within Northern Ireland.

Last year the Province recorded four cases of full Aids, again contracted outside Northern Ireland. Two patients returned to England and two died.

Statistics released in Íre last month showed nine deaths and 16 confirmed cases of Aids out of a population of about 3,500,000. It was also disclosed that more than 350 people in the Republic were known to have contracted Aids-related viruses.
Where the virus has hit hardest

LONDON (Reuters) - In a new region-by-
region survey of AIDS in the UK, the fastest-rising risk group is still young men who
have had sex with other men.

The survey, conducted by the London
AIDS Centre, found that the number of
new cases among heterosexuals has
risen by almost 50% in the past year.

In the latest figures, released by the
Government's AIDS Advisory Group,
the highest rates of new infections are
found in the under-30 age group.

The increase is particularly marked in
the under-25 age group, where the rate
of new infections has doubled in the
past year. The survey also found that
the number of new cases among
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More opt to use condoms

By RAY MANAGH

ONLY a third of more than 100 women surveyed in a country doctor’s practice used natural family planning as opposed to other methods of contraception.

Out of a total of 167, only 37 used this method.

Twenty-four women used natural family planning and the condom and 23 opted for the contraceptive pill.

The survey carried out by Dr. Harry O'Meara and his wife, general practitioners in Bree, Enniscorthy, Co. Wexford, revealed that of those surveyed only 1 used the condom only. Only four favoured the intra-uterine device; three used the diaphragm and three had had themselves or their husbands sterilised.

Dr. O'Meara says that in the 1970s the pill was liberally prescribed. IUDs were fitted and NFP was encouraged. After a few years, patient disaffection, especially with IUDs and with growing ethical, ecological and medical anxieties about the pill, it ceased to be prescribed from 1981.

This allowed other methods to drop in popularity; in particular natural family planning and condom use.

Dr. O'Meara says he would like to see a growth in the numbers learning a full NFP method. In the short term this hinged on more young couples learning NFP and breast feeding their infants as both were connected. It was difficult to persuade patients to use a diaphragm.
Aids and condoms

DEANERY MEETINGS in the Dublin Diocese this week were addressed by doctors on the subject of AIDS. The doctor who spoke at the meeting I attended showed enormous learning on this frightening subject. He confined himself to the medical aspect. There is also, among others, the spiritual-moral aspect.

"Do not be afraid of those who kill the body but cannot kill the soul; fear him rather who can destroy both soul and body in hell". (Mt. 10: 28).

A learned doctor revealed that the failure rate of condoms, used to prevent AIDS, could be as high as 50%. Wouldn't it be foolish and dangerous, even from that limited point of view, to give any kind of recommendation for the use of condoms?

The moral/spiritual failure rate is, of course, 100%. Wouldn't our Government be best serving the total welfare of our people by saying (in addition to other things): "Forget about condoms; stick to fidelity".

FR. RONNIE NEVILLE
The Presbytery,
14 Rosemount Crescent,
Clonskeagh,
Dublin 14.
No AIDS cases recorded in North

NORTHERN IRELAND continues to be free of AIDS cases this year, but there has been an increase of one to two in the last month of the number of people diagnosed as carriers.

Specialists monitoring the spread of the virus said, however, this did not indicate a real change in the situation. The person involved was a known homosexual who returned home from Canada and informed doctors he had been diagnosed as a carrier. About half the cases involving carriers are within the homosexual community, but experts say some of the transmissions had been within the North.

Last year four cases of full AIDS were recorded, again contracted outside the North, two patients returned to England and two died.

Statistics released in the Republic last month showed nine deaths and 17 confirmed cases of AIDS. It was also disclosed that more than 200 people were known to have contracted AIDS.
AIDS campaign does not have to ape British

by John Hayes

Off Sounding
INFORMATION ON AIDS

Sir, — We, the Irish Housewives' Association, are delighted to see that the Irish Countrywomen's Association is advocating a campaign to urge the Government to mount an immediate publicity drive (particularly directed at teenagers) regarding the dangers of AIDS (Acquired Immune Deficiency Syndrome).

We wholeheartedly support their call for information and education in this matter. —
Yours, etc.,

MOIRA GUINEY,
MAIREAD ALLEN,
Jt. Hon., Secs., IHA
8 Dawson Street,
Dublin 2.
`SAFE SEX' TALKS FOR STUDENTS

Irish third-level students are being advised in the methods of "safe sex" in the run up to the summer vacations. These and other precautionary measures are being pushed in an effort to reduce the possibility of students catching the AIDS virus while abroad.

An estimated 3,000 Irish students have already received the message from a lecture tour which is presently doing the rounds of colleges here. The educational tour is being organised by the Union of Students of Ireland, which will be running a special feature on the disease in the next issue of its magazine, "pushing safer sex, explaining the nature of the disease, and dispelling some of the myths".

"During the summer holidays, thousands of Irish students are going to travel to high risk areas, or to areas where the risk is higher than in Ireland, and they must know that they cannot take any chances", USI deputy president, Sean O hArdagain, told THE SUNDAY PRESS. "We are not going to tell people what they should and should not do, but if they are to have sex, they must take precautions."

The union has also asked that its travel agency, USIT, prominently display any publicity material available in its offices in Dublin and around the country. Travellers booking holidays with USIT will be provided with information on the disease if they request it.

All students travelling to the United States with USIT's J-1 summer work programme are to receive a compulsory lecture when they arrive in New York, which will include information and advice on the AIDS virus. Each year, USIT brings 4,000 Irish students to the US, on the summer work programme.

The incidence of AIDS in the US, and more especially in New York, where a large number of Irish students spend their summer, is among the highest in the world.

Mr. O hArdgain said USIT were "very concerned" that the Department of Health have not, as yet, given out any information on the disease.
Help line for AIDS

"AIDS HELPLINE" — a new telephone information service for the general public on AIDS — will be launched on April 3, which had been designated "International AIDS Day".

The helpline, whose number has yet to be announced, is being launched by AIDS Action Alliance, a recently formed group which aims to co-ordinate all aspects of AIDS prevention.

The group, which welcomes new members and support from groups or individuals can be contacted at PO Box No. 1894, Sherriff Street, Dublin 1.
Vaccine for AIDS in late 1990s

U.S. Surgeon General Everett Koop warned last night that it was unlikely a vaccine for AIDS would be available before the late 1990s.

"Today it is our hope that we will have a safe and effective AIDS vaccine, generally available sometime, before the end of the century — say the late 1990s," Koop said. "That's about as optimistic as we reasonably can be."

America's top health administrator was dampening speculation that a cure for AIDS was imminent after a spate of recent publicity about progress in developing a vaccine.

He urged his Press Club audience in Washington to carry his cautious outlook about a vaccine "back to the headline writers."

Koop noted that it had taken 18 years to develop a
Aids victims 'detained'

YOUNG people in Britain with the AIDS virus are being detained in secure units to take them out of sexual circulation and avoid the possibility of "revenge sex", it was claimed yesterday in London.

Labour Party health spokesman, Mr. Michael Meacher said he had been told of the units by a "private source that is wholly reliable" and he called for a Government explanation.

He told a press conference at the House of Commons: "Currently there are about 350 secure units in 44 community homes, where a number of young people with the AIDS virus are being detained in order to take them out of sexual circulation."
Frustrated AIDS Patients Devise Their Own Therapies

By KATHARINE BISHOP

SAN FRANCISCO, March 18 — People desperate to halt the progress of AIDS in their bodies and frustrated with a medical establishment that cannot offer effective treatment, are seeking alternative therapies in the United States and abroad. Some have traveled to France and Israel for treatments not approved in this country. Others have gone to Mexico to purchase the anti-viral drug dideoxycytidine, not available to patients here outside research programs.

And across the country, 5,000 people have sought help from a rapidly growing underground network of "guerrilla clinics" that have sprung up in response to the epidemic.

In more than one dozen such clinics, people infected with the AIDS virus are treating themselves with a variety of substances, including a chemical used in photography, a soybean derivative, a substance found in Japanese mushrooms and an herbal tea made from the bark of a Brazilian tree.

Health officials warn that there is no evidence that these substances can cure AIDS and people who rely on these substances may not avail themselves of approved treatments that have prolonged life or relieved symptoms in other patients. Some doctors who say studies of promising drugs are being compromised by AIDS victims who fail to report their side-effects.

But those involved in the guerrilla clinic movement argue that people with AIDS do not have time to wait for drugs to meet formal medical research and testing requirements.

Among them is a woman who made a discovery here by James Henry, a 52-year-old worker for an orthopedic supplies company. For more than a year he has been using aloe vera, cannabis and the photographic chemical diazoacetobenzene.

Underground network of "guerrilla clinics" offers a variety of substances

Aloe, or D.N.C.B., and applying a misture on a small patch of his skin has also made the woman available to hundreds of people with AIDS.

Although doctors are skeptical about D.N.C.B., there have been reports in general journals that a few patients have reported an improvement in treating Koplow's sarcoma lesions in a small number of patients have given him the unwarranted term of the term of the D.N.C.B. movement. But despite a "few glowing examples" of success, he said, such therapies have not been proven successful.

Nevertheless, Mr. Henry said his own case is evidence of the benefits of alternative medicine. A year ago he was suffering from infections associated with the AIDS virus. He had yeast infections on his skin and an oral fungus known as thrush. Today he feels healthy, has regained weight and has no symptoms.

Meantime, Mr. Henry and others argue that D.N.C.B. has not yet had a fair hearing in medical circles because it is a chemical that cannot be patented and no large profits may be made from its use. One controlled study has been approved at the University of California in San Francisco. Dr. William L. Leggat, a professor of dermatology who will work on the study, said it would help determine whether the chemical is effective.
AIDS Drugs Offer Hope but Cure Remains Distant

Thousands of Patients to Test New Treatments by the End of the Year

By HAROLD M. SCHMECK Jr.

This year the AIDS epidemic is being transformed from an utterly hopeless situation to one in which many, perhaps most American victims of the disease will have access to drug treatments that may give precious extra months of life.

One anti-AIDS drug appears to be nearing Federal approval, and trials of potential new drugs are being set up or expanded at a fast pace. But like every other aspect of the deadly epidemic, the drug outlook is marked by controversy and anguish.

The pace of progress seems agonizingly slow to patients who know they only have 6 to 18 months more to live.

"They Are Desperate"

"Many of them are much better informed about AIDS than the average physician, and they are desperate," said Dr. Michael Lange, of St. Luke's-Roosevelt Hospital Center in New York.

At present only a handful of drugs look promising enough for trial in patients. Most are in short supply and many patients have to be told they must wait, even for a spot in an experiment.

"I would like to try something even if it doesn't work," one patient told Dr. Lange. "Just to sit there and think and do nothing about it is very, very difficult."

Push for Treatments

On the other side is the huge effort medical scientists are making to cope with the growing menace of acquired immune deficiency syndrome. The virus that causes AIDS was discovered less than five years ago. Today, knowing its identity and having already discovered a wealth of detail about it, scientists are trying to exploit every weak point the virus offers.

Medical scientists are mounting what is probably the greatest concentrated effort ever made to find therapies for a single virus disease. And, in an unusual approach that they hope will quicken the pace of progress, Federal officials are sponsoring new research consortia involving government, university and industry scientists.

The drug most widely tried against the AIDS virus is azidothymidine, AZT. Nearly 5,000 patients have used it and the numbers are growing rapidly. The Food and Drug Administration is expected to approve the drug within weeks.

The evidence indicates that AZT has prolonged many lives. But so far the success is measured in months only, and the drug has harmed some patients. No one expects AZT to actually

Dr. Samuel Broder of the National Cancer Institute in Bethesda, Md., holding a tray of test tubes containing AIDS-infected cells.

AIDS: The Next Phase

Second of four articles

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cure AIDS or to rid victims of the AIDS virus.

Almost every drug or antiviral treatment that has ever shown any prospect of combating any virus infection is being tested. The Federal drug agency has granted permission for early tests in people of about 30 different substances that have demonstrated potential against the AIDS virus in test-tube experiments.

The Search
For New Drugs

Thousands of chemicals, synthetic and natural, are being screened for activity against the AIDS virus in the laboratory. But the drug search goes far beyond screening. Working on the frontiers of biology, chemists, virologists, immunologists and molecular biologists are trying to engineer new substances to attack the virus at every possible point in its life cycle.

The new collaboration among Government scientists, universities and drug companies is being sponsored by the National Institute of Allergy and Infectious Diseases, a unit of the National Institutes of Health in Bethesda, Md.

Dr. Anthony Fauci, director of the allergy and infectious disease institute, says there are five such consortia now. He hopes to get 20 more started by Sept. 30, the end of this fiscal year, and 20 more each year, if Congress will provide the money. A separate effort is being developed to work on the complete three-dimensional structure of all the proteins the AIDS virus makes.

These studies should result in a new class of "anti-AIDS" drugs that may be general for all drug designers, Dr. Fauci said. "These are the kinds of approach that are going to yield results two or three years from now."

Viruses are organisms that exist on the very border between the living and the inanimate. A virus particle is a protein-coated package of genes wandering through the world of life, looking for living cells to infect. Its genes subvert the normal genetic apparatus of the infected cell and cause it to make a new crop of viruses, often killing the cell to do so.

In a recent article, Dr. Hiroaki Mitsuya and Dr. Samuel Broder of the National Cancer Institute listed eight points in its reproductive cycle at which the AIDS virus might be attacked.

The first is the actual contact between invader and victim — the binding of the virus to its target cell. Then there are several opportunities to counterattack as the virus gets inside, sheds its coat and goes to work. The last stages are the assembly of virus particles within the infected cell and the budding of new viruses from the cell surface. Drugs are also being sought to hamper the action of key genes of the virus.

In addition, many studies are planned to test the effectiveness of combinations of antiviral drugs and substances known to strengthen the immune defense system. Many scientists believe that, in the end, such combinations will provide the best treatment for AIDS victims.

Dr. Lionel Reznick of Mount Sinai Medical Center in Miami Beach has noted that most of the drugs now used against the AIDS virus have some effects against a key viral enzyme, the reverse transcriptase, which acts inside an invaded cell to direct formation of DNA that encodes the virus's genetic message. Toxicity is a major problem with these drugs, he said, suggesting that they are not selective enough and therefore may interfere with normal cellular enzymes that assemble strands of DNA that the cell needs.

AZT and didoxycytidine attack at the point at which the reverse transcriptase acts. They halt the production of the DNA strands that are normally manufactured from virus RNA with the enzyme's help. DNA and RNA are the principal genetic chemicals for all living things.

Suramin and HPA-23, drugs whose early promise has now faded, were designed to inhibit the action of the reverse transcriptase.

Ribavirin throws a chemical monkey wrench into the genetic machinery at a later stage, when the nucleus of the infected cell is recreating blueprints that the cell's production sites would use to begin assembly of new virus particles. Interferon alpha is believed to attack at the final stage of virus production, the point at which a new virus particle begins to bud from the surface of the infected cell.

Many other experimental drugs are being considered, including AL721, thought to hamper the virus's ability to attach itself to cells; peptide T, which interferes with virus attachment in a different way, and Foscarnet, which attacks the action of a key viral enzyme. Other potential drugs are artificially produced pieces of DNA that glue themselves to key segments of the virus's genetic blueprint and take them out of action.

Doctors at several research centers are planning to try AZT in combination with other drugs on patients and in people infected with the AIDS virus who have not yet developed AIDS. One new study will also test the drug in patients who have developed damage to the brain and central nervous system infection.

The question of possible drug benefit to patients who are infected by the virus but have no symptoms of AIDS is considered particularly important.

CONTINUES
Prospects For Treatment

In the immediate future, AZT will remain the best hope for many AIDS patients, experts say. By the end of March, although the drug is expected to be available to treat at least 30,000 patients, although the drug is expected to be in short supply at the outset.

AIDS patients, the Burroughs Wellcome Company, has said that even after the drug, to be marketed under the name Retrovir, has been approved for prescription sale its distribution will be restricted to patients in whom prior evidence indicates the drug is more likely to help than to harm.

Two other drugs, dideoxycytidine and ribavirin, also show promise although they are in less advanced stages of clinical research than AZT.

In a clinical trial, ribavirin apparently helped prevent some patients with early signs of AIDS virus infection from progressing on to AIDS, according to the manufacturer, ICN Pharmaceuticals. But few data have been released and many experts have reservations about the drug.

The short-term prospect is that the lives of many patients affected with AIDS will be prolonged. But that is about as far as experts will go in predicting what lies ahead, even though the number of drugs that look promising in laboratory experiments are expected to increase substantially.

In laboratory experiments, dideoxycytidine, which is chemically related to AZT, has shown promise of being at least as effective as AZT but less toxic. The drug is now in early safety testing in patients and its therapeutic promise awaits confirmation.

As to AZT, scientists stress the potential dangers as well as the benefits. The chemical has been linked to a rare abnormality on the bone marrow, the ultimate source of the blood and cells of the immune defense system. But the reaction to AZT seems to vary from person to person. Some people with AIDS have tolerated the drug for many months. Others have been forced to stop using it.

"We've had a handful of patients who have gone a year and a half," Dr. David W. Barry, research vice president of Burroughs Wellcome, said. "Others have lasted over a year and several hundred over nine months."

But some patients have seen no benefit from the drug and, in others, the inexorable course of the disease has begun again despite their treatment.

The original clinical trial of AZT began in the spring of 1986 with a.divided

cost of $5,000 to $10,000 a year for the needed doses.

Burroughs Wellcome, in justifying the price, says that production of AZT is very expensive and that it has already borne enormous development costs. In January a company official said the company had spent about $80 million developing the drug, with no assurance that it would ever reach the market.

Meanwhile, the spread of AIDS is increasing. Thirty-two thousand cases have been reported in the United States so far. The Federal Centers for Disease Control in Atlanta has estimated that there will be at least 21,000 new cases and 15,000 to 18,000 deaths during 1987. That averages out to three deaths every two hours.

As they search for drugs that attack the AIDS virus infection, doctors are also working feverishly to find better treatment for the related diseases that strike AIDS victims. These include a rare form of cancer, Kaposi's sarcoma, and many infections that could not affect normal people but that attack patients whose immune defenses are ruined. There has been progress against many of these diseases, but it is still too much, if at all, the life expectancy of AIDS patients has been increased.

A common problem and one of the most frustrating stages in the progression of any AIDS case is the first episode of one particular infection, pneumocystis pneumonia.

A few years ago, patients often died from the first attack of this infection. Today 70 percent to 75 percent survive, according to one expert, but it is a crucial that further attacks be prevented. Studies have shown that only one patient in 20 lives 18 months after the first episode occurs. Sometimes the patient dies during another attack, sometimes from other complications of AIDS.

The treatment that seems to be best against the pneumonia, specialists say, is not a new frontier antibiotic, but dapsone, an old and respected substance that has been known since the 1940s as a treatment for leprosy.

A study is needed to determine whether dapsone actually increases the survival of patients, said Dr. Michael Greco, head of infectious diseases at St. Luke's Roosevelt. It appears to do so, but the data are not sufficient to be statistically significant.

Conflict Over Access

Today the knowledge that there is no cure, that no patient has ever been known to survive AIDS and that there is a temporary shortage of many experimental drugs against the disease, has apparently generated a black market as well as amateur attempts at treatment. Some much-publicized patients, such as Rock Hudson, the film star, have made a fateful journey to France for treatment with an unproved drug. More frequently, patients have gone to Mexico for ribavirin. Doctors in New York say there appears to be a black market in both ribavirin and AZT in this country.

Some patients seeking AL-721 have taken the matter into their own hands, making a crude version of the drug at home.

Some doctors, familiar with this self-treatment, say they do not really object to it. Others worry over any use of a "homemade" drug because the patient has no way of knowing just what really is and whether it is safe to take.

The F.D.A. has established special procedures for evaluating and approving potential AIDS drugs much faster than usual. But the process has had to widen, though controlled, distribution of AZT years earlier than normal procedures would have dictated. Federal officials have also established a network of 19 leading medical research centers around the country to coordinate clinical trials of promising drugs, and to coordinated scientific experiments that offer the only way of determining whether a drug helps, scientists assert.
For many dying patients and their supporters, that has not been good enough. Health officials have faced constant, anguished pleas to let patients have access to drugs before their worth is proved.

Some officials admit to having suffered sleepless nights over the matter. But most scientists have concluded that controlled trials offer the only means of establishing the merits of new drugs. They also warn that potential AIDS drugs tend to be extremely toxic, akin to cancer drugs, and could rob victims of months of life as they offer a cruel false hope.

Without proper studies, Dr. Broder of the Cancer Institute said, "a good drug could be lost or a bad drug could be accepted as effective," causing immeasurable and perhaps irreparable harm.

The Outlook

Many experts regard AIDS as the final stage of a long virus infection that advances at a different pace in different patients. If so, the damage may be close to irreparable by the time the full-scale disease appears.

Doctors who take this view tend to be much less pessimistic about the chances of learning how to cope with the early virus infection, perhaps keeping it at bay for years or even permanently if the right combination of drugs can be found. That is why there is much current emphasis on trying the new drugs in people who are infected with the AIDS virus but have not yet developed symptoms of serious illness.

In the search for drugs of this kind, it may be a source of hope as well as challenge that the AIDS virus is the most complex example known of the class known as retroviruses. The complexity offers many different points of attack because the virus life cycle involves so many different interconnected steps.

"Although the precise mechanisms are matters of future study," Dr. Misuwa and Dr. Broder wrote in their review, "it is clear that this retrovirus has evolved an astonishingly complex system of genetic regulation."

"With luck," the two scientists said, "the very complexity of the virus could contribute to its defeat."

"Tomorrow: Search for a vaccine."

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ClH DIAGRAM
"DRUGS IN AIDS FIGHT - HOW THEY COULD WORK"
Drugs in AIDS Fight
How They Could Work

When the AIDS virus invades a human cell it uses an enzyme to translate the code in its RNA, or single-stranded genetic material, into double-stranded DNA. The DNA enters the cell nucleus and subverts the cell’s genetic machinery, causing it to produce messenger RNA that provides a blueprint for the formation of virus proteins. The proteins combine with RNA to form new virus particles, which bud from the cell surface. Scientists are searching for drugs that attack this process at many points and others that stimulate the body’s immune system.

Eight Under Trial
Of the many drugs under study for treatment of AIDS, these eight are among those that have attracted the widest attention.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Manufacturer</th>
<th>Action</th>
<th>Status</th>
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<tbody>
<tr>
<td>AL-721</td>
<td>Pfizer Pharmaceuticals</td>
<td>Antiviral</td>
<td>in early human trials</td>
</tr>
<tr>
<td>Azidothymidine (AZT)</td>
<td>Burroughs Wellcome</td>
<td>Antiviral</td>
<td>Shown to prolong life in some AIDS patients; now in use by nearly 5,000 patients; trials with different patient categories under way; Federal marketing approval expected soon.</td>
</tr>
<tr>
<td>Dideoxycytidine (DDC)</td>
<td>Hoffmann-La Roche, under Federal license</td>
<td>Antiviral</td>
<td>As effective as AZT and less toxic in laboratory tests; in early human trials.</td>
</tr>
<tr>
<td>Phosphonoformate (Foscarnet)</td>
<td>Astra Pharmaceuticals</td>
<td>Antiviral</td>
<td>Human trials under way.</td>
</tr>
<tr>
<td>HPA-23</td>
<td>Rhone-Poulenc</td>
<td>Antiviral</td>
<td>Human trials under way in Europe; early results in United States disappointing.</td>
</tr>
<tr>
<td>Interferon alpha</td>
<td>Several companies</td>
<td>Immunity stimulant and antiviral</td>
<td>In clinical trials both alone and together with other drugs.</td>
</tr>
<tr>
<td>Isoprophosine</td>
<td>Newport Pharmaceuticals</td>
<td>Immunity stimulant</td>
<td>Human trials under way.</td>
</tr>
<tr>
<td>Ribavirin</td>
<td>ICN Pharmaceuticals</td>
<td>Antiviral</td>
<td>Has shown promise in preventing development of AIDS in infected patients; now in further clinical trials; available to AIDS patients in some countries but not approved for this purpose in the United States.</td>
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Health task force set up

By Jim Cluskey

A TASK force with the mission of making savings that won’t hit patient care has been set up within the Department of Health.

Already, health boards, and other agencies involved, have been asked to nominate individual officers, with specific responsibility to link in with the new group.

It is expected to get the whole operation into action by Easter, Health Minister Dr. Rory O’Hanlon predicted yesterday.

He said the plan as one that would produce not just immediate cost containment, but also as a means of stimulating native supply arrangements.

“It should be possible, within a relatively short time, to determine accurately the ongoing supply requirements for particular products for the country as a whole,” he said.

“With this information available to potential manufacturers, I see no reason why we should not hope to achieve a situation in which local industry would supply a greater proportion of these products, rather than relying on imports.”

Quite apart from the specialised products such as drugs and other medical consumables, there was quite a large market within the service for everyday items such as food for hospital patients. Here, again, he said, there was scope for local initiative.

The task force, known as a Cost Containment and Efficiency Unit, will have the immediate function, in co-operation with health agencies funded by the exchequer, of acting as a clearing house for information on cost-saving initiatives, good practice, best prices for supplies and product evaluation.

Initially, it will be concerned primarily with the supplies area, which accounts each year for well over £125,000,000 of health expenditure.

The Minister said that on the basis of reports available to him, he was satisfied that with better organisation of purchasing arrangements, they could hope to achieve significant savings in the short term, with potential for further very significant savings in the longer term.

He added: “I am quite satisfied that we can achieve these savings without diminishing in any way the quality of treatment and care provided for patients.”
£8,000 for TV Aids row man

The manager of the Soho Brasserie, a fashionable London restaurant, was unfairly dismissed for allowing customers to be interviewed on television about Aids, an industrial tribunal ruled yesterday.

Mr Christopher Waud, chairman of the Chelsea tribunal, ordered the owners, Vinnie Inns, to pay the maximum compensation of more than £8,000 to the former manager, Andrew Peters, 28.

Mr Peters, who had worked for the company for two years was summarily dismissed on October 16 for allowing Thames TV to interview young people at the bar.
Hanley 'very ill'

TV presenter Vincent Hanley is very ill in St. James's Hospital in Dublin, where he is undergoing treatment for a serious illness.

The "MT USA" presenter is not receiving many visitors or calls from well-wishers and friends and is sleeping most of the time, according to friends. "There is no question of him going home," according to a hospital spokesperson. He is still very ill."
INFORMATION ON AIDS

Sir,—On March 9th I was listening to "Addendum" on Radio I which was dealing with the subject of AIDS. Kevin O’Kelly was talking to both Patricia Hegarty of USI and a Maynooth theologian about their attitudes to a government-sponsored AIDS awareness campaign. Obviously, morality entered into the discussion which centred around the use of condoms being advised by the Department of Health and whether this would promote and somehow legitimise promiscuity. The Church is entitled to its say, but the fact is that certain sections of society are at risk and all information should be made available to these sections as the Government has a responsibility to all its citizens irrespective of religious affiliation, sexual preference and position in society.

Yours, etc.

CONN O’MIDHEACH,
Women’s Rights Officer,
Students’ Union,
University College, Dublin,
Belfield,
Dublin 4.
Worldwide cooperation on AIDS vaccine

Problems

The first priority is to find a vaccine that works. The current vaccine candidates are not effective enough, and there are many problems with production and distribution. There is also a need for more research on the immune response to HIV.

A variety of approaches are being considered, including subunit vaccines, DNA vaccines, and viral vectors. However, there is still no silver bullet for an AIDS vaccine.

Tests on Humans Near

The clinical trials for an AIDS vaccine are nearing completion. The results are expected to be announced soon, and it is hoped that a vaccine will be available within the next few years.
The data show that the frequency of #204 events has decreased significantly since the introduction of the new process. The #204 event count for the past six months is 85, compared to 120 in the same period last year. This indicates a 28% reduction in the occurrence of #204 events.

Furthermore, the incident rates have also shown a notable decrease. The incident rate per 100,000 transactions is now 0.75, down from 1.20 in the previous year. This 37.5% decrease in incident rates is a testament to the effectiveness of the new process.

In addition to the quantitative data, qualitative feedback from the users has been overwhelmingly positive. Users report a decrease in the time taken to resolve #204 issues, indicating a smoother operation of the system. The new process has also led to a reduction in the number of customer complaints, further emphasizing its success.

Overall, the data and feedback suggest that the introduction of the new process has been highly successful in reducing the occurrence and impact of #204 events. The company is now planning to roll out similar improvements to other processes in the near future.

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**Killed by Vins**

Killed by Vins refers to a term used in certain industries to describe a situation where a person is killed or injured as a result of a work-related accident. The term is often used in construction, mining, and other high-risk industries. The term "killed by Vins" is a play on words, using "Vins" instead of "vins" to reference alcohol consumption, suggesting that alcohol may have played a role in the incident.

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**Research Notes**

The research notes indicate a focus on the impact of #204 events on productivity. The notes suggest that a more efficient process can lead to increased productivity and reduced costs. The notes also mention the importance of continuous improvement in processes to maintain competitiveness in the market.

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**Journal Article**

The journal article discusses the importance of understanding the root causes of #204 events. The article emphasizes the need for a systematic approach to problem-solving, involving data collection, analysis, and implementation of corrective actions. The article highlights the role of leadership in driving process improvement initiatives and the importance of employee engagement in achieving lasting change.
Attack on the immune system

The human immune system consists of many different types of white blood cells, which circulate throughout the body in blood and lymph. Some of these white blood cells produce "antibodies", which are proteins that can bind to and eliminate an incredible array of different foreign substances, called "antigens", carried by all manner of infectious organisms. Other white blood cells interact with infected or diseased cells of the body and kill them. Some white blood cells act as "helper" cells: supporting the other cells of the immune system in their defensive efforts. They may release proteins, for example, that activate and control the other cells of the immune system. Yet other kinds of white blood cell act as "suppressors", damping down the immune response when it has done its job.

The T4 cells infected by HIV are "helper" cells. So when HIV infection kills the T4 cells, the immune system is gradually deprived of this crucial help. The loss of T4 cells thus causes selective damage to one component of the immune system.

Strictly speaking, HIV does not kill a person with AIDS. Instead, the "immune deficiency" caused by the virus leaves the individual's body vulnerable to opportunistic infections. These infections may be mild or even go unnoticed in healthy people. Yet they can spread out of control when a deficient immune system gives them the chance. AIDS sufferers can also fall victim to some rare types of tumour, such as "Kaposi's sarcoma", which also takes advantage of a deficient immune system.

The immune system of a person with AIDS generates antibodies that bind to the virus. But as with many viruses, these antibodies offer little protection against disease. The presence of these antibodies in the blood does allow people infected with HIV to be identified however. We do not yet know what kinds of bodily defences may operate against HIV.
**Scientist first to test AIDS vaccine**

A prototype vaccine against AIDS is being tested by a scientist—who has injected it into himself.

Researchers around the world have already developed a number of candidate vaccines which they are testing on animals.

But Daniel Zagury, of the Universite Pierre et Marie Curie in Paris, has now taken the viral next step of starting tests on human volunteers.

He is believed to be the first person to test the vaccine, although it has now also been given to a small number of people in Zaire, one of the African countries hard hit by the AIDS virus.

The development, reported by Zagury and fellow researchers in the British science journal *Nature*, will fuel hopes that a vaccine to prevent the spread of AIDS will be found soon.

The scientists monitored Zagury once a week for nine weeks following immunisation, and said they did not detect any defects in his body's immune system.

They did, however, detect neutralising antibodies. The results, they said, show that immunisation of humans can trigger a primary immune response, not only against the immunising strain of the virus, but also to a lesser degree against a very different strain.

They do not know, however, whether this immune response is strong enough to protect people against AIDS. Nobody is yet taking the risk of being deliberately exposed and then being deliberately exposed to the virus to find out.

And in America, drug maker Bristol-Myers said today it had developed a potential vaccine against AIDS and will ask the federal government this month for permission to test it in humans.

Scientists say developing an effective AIDS vaccine is the only real hope for controlling the spread of Acquired Immune Deficiency Syndrome, which has struck an estimated 100,000 people around the world.
A FRENCH researcher has injected himself and several other volunteers with a potential AIDS vaccine, the first time such a test has been carried out on humans, according to a letter published today in the scientific journal Nature.

In the experiment, which other researchers have called "daring" and "exciting work," the French doctor, Daniel Zagury of the Pierre and Marie Curie University in Paris, reported feeling no ill effects.

More importantly, he reported that his body raised immune defences against two widely differing strains of the AIDS virus. This may be important because a vaccine against one strain of the AIDS virus does not necessarily protect against the many strains in existence.

Zagury's experience does not show that the vaccine can prevent AIDS infection, but lays the groundwork for a full-scale test.

Zagury and the government of Zaire — one of the nations hardest hit by AIDS — plan to begin a much larger test of the possible vaccine, with hundreds of volunteers, if the preliminary work continues to be promising.

The work also gives weight to the growing consensus among researchers that it is not necessary and may not be very useful to try to prove the effectiveness of an AIDS vaccine in chimpanzees before working with humans.

As the report was published, researchers said that several biotechnology companies have tried vaccines on chimpanzees to see if they can raise antibodies which disable infecting microbes.

Zagury said he injected himself several months ago with vaccine created by Bernad Moss and his colleagues at the U.S. National Institutes of Health.

Asked if he were afraid, Zagury said there was no reason to think the vaccine would be unsafe. "But the night following the vaccination I was still not asleep by five in the morning."

American drug maker Bristol-Mayers said today it had developed a potential vaccine against AIDS and will ask the US Food and Drug Administration (FDA) this month for permission to test it in humans.

It is the second US research organisation to seek permission for human testing of an AIDS vaccine. A team headed by Dr. Allan Goldstein of George Washington University in Washington was the first.

An FDA spokesman has said it is possible human testing of AIDS vaccines might begin by the end of the summer, but the marketing of such a vaccine was still probably years away.
The economics of AIDS — the stakes are high

The Right Idea

By Hugh Munro

This column has to do with economics. AIDS is an economic problem as well as a social one. It will cost money to treat; the tragic deaths of young people will involve the waste (to the economy) of the money spent on their education. So why should not this column deal with it?

There is talk of a national campaign, but if anything is clear at the moment, it is that there is no call for a national campaign. For all the evidence is that AIDS is contacted by members of isolated groups. Why then have a national campaign?

The British Department of Health gave a breakdown of the 590 British cases up to November, 1986:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexuals</td>
<td>533</td>
</tr>
<tr>
<td>Recipients of blood</td>
<td>23</td>
</tr>
<tr>
<td>Haemophiliacs and</td>
<td></td>
</tr>
<tr>
<td>recipients of blood</td>
<td></td>
</tr>
<tr>
<td>abroad largely in Africa</td>
<td>16</td>
</tr>
<tr>
<td>Drug addicts</td>
<td>12</td>
</tr>
<tr>
<td>Heterosexuals infected in UK</td>
<td>4</td>
</tr>
</tbody>
</table>

All the above belong to isolated groups, except the heterosexuals, who are a mere 3 p.c. of the whole. If we say that homosexuals form 1/20th of the UK population, then, since 25 times as many homosexuals get AIDS as heterosexuals, then it can be seen that homosexuals are 500 times more likely to contract AIDS than heterosexuals. Indeed if we confine our attention to the 4 heterosexuals who contacted it in the UK (and it is this the campaign is trying to stop) then homosexuals are 2,650 times more likely to generate AIDS than heterosexuals.

So why then have a national campaign, directed without regard to their orientation, at all those who engage in sexual activity? It seems crazy.

All sports have dangers, a few like mountain climbing and motor racing being perhaps the worst. If we had a situation where mountain-climbing was proved to cause 99 p.c. of all sporting deaths and to be 2,500 times more dangerous than sport as a whole, and a few other specialist sports were known to be highly dangerous, who would mount a national campaign for safety in sport which did not concentrate on mountain climbing?

And therein lies the rub. There are grave risks in mounting a national AIDS campaign which deals realistically with the role of homosexuality. It positively invites the public to see homosexuals as lepers. It should not be done. And because we cannot mount a realistic national campaign, we should not mount an unrealistic one. The problem is too serious for that. Surely the first approach must be to approach the homosexual community and offer them help and finance to deal with the AIDS problem inside that community. After all, they know best what motivates homosexuals.

And the emphasis on the condom shows little awareness of people’s psychology. If two people who know themselves not to have AIDS have intercourse, they do not need to use a condom. When one of them insists on a condom, he/she is in effect saying to the partner either “I may have AIDS but still want to put you at risk by having intercourse with you” or “I feel that whatever you say, you may have AIDS.” Either way, the whole transaction of intercourse is devalued to a matter of calculating promiscuity.

What do homosexuals think of all this? It would be important to know. It does seem clear that they are addicted to risk. The way in which high-placed Englishmen regularly get caught being involved, like Oscar Wilde, in tatty involvement with rent boys, bears evidence to this. I cannot see the use of the condom as being particularly attractive to them.

But we do not know the answers to all these problems; and it is widely premature to embark of a national campaign until we do. The state, after all, cannot claim great skill in these matters. One failed brucellosis campaign is enough. This time the stakes are far higher. We need to get things right.
Japan to ban Aids carriers

JAPAN and South Korea are planning tough measures aimed at preventing the spread of Aids. Both countries have relatively few Aids victims at present and both are about to pass laws which will prohibit the entry of foreigners infected with the disease.

Foreigners hoping to go to Korea to work will be required to present the results of blood tests indicating that they are free of Aids. The proposed Japanese bill is said to give immigration authorities the right to deny entry to individuals whom they suspect of having the disease.

It is not clear how the Japanese intend to do this. A Japanese company has, however, perfected a machine which can perform Aids tests on 240 blood samples in half an hour.

Tourists will still be permitted to enter South Korea without blood tests. But the government there is planning to force all of the country's prostitutes, who must carry health certificates at all times, to undergo tests for Aids.

Officials of both countries have refused to comment on the proposed legislation. An official of Japan's health ministry told The Independent that "a number of measures are being considered".

The Korean law will empower prosecutors to ask for fines and prison sentences for "carriers who infect others with the fatal disease", according to the Korea Herald, a newspaper which closely reflects government thinking.

Provisions for sentences of up to one year in prison and fines of £1,300 have been deleted from the latest version of the Japanese bill. Even in its diluted form, however, the Japanese bill has encountered opposition from haemophiliacs, doctors and civil rights advocates. The majority of Japan's 29 known Aids victims are haemophiliacs who contracted the disease through blood products imported from the US.

The most controversial aspects of the bill are provisions which will make it illegal for persons with Aids to engage in sexual activities, and which will empower doctors to report to the authorities the names and addresses of those who do so.

It is not clear how local authorities intend to enforce the no-sex rule, but local authorities will have the right to fine those who are suspected of having Aids but who refuse to undergo medical tests.

The father of a haemophiliac boy who contracted the disease from contaminated blood denounced the bill on television, saying: "It is about to turn victims into victims in the eyes of the public, through a combination of ignorance and prejudice."

The move to punish those who spread Aids can be traced in Japan to the death in January of a prostitute, Japan's first female Aids victim. Unconfirmed reports indicating that the prostitute was infected by a bisexual foreign sailor caused an outburst of xenophobia. Signs in English now warn foreigners against entering massage parlours and many bars throughout Japan.
Test on Aids vaccine

A SCIENTIST in France was yesterday believed to have become the first person to test a prototype vaccine against Aids — by injecting it into himself.

Researchers around the world have already developed a number of candidate vaccines which they are testing on animals.

But Daniel Zagury, of the Université Pierre et Marie Curie in Paris, has now taken the vital next step of starting tests on human volunteers.

He has been vaccinated himself, and the vaccine has also been given to a small number in Zaire, one of the African countries hard hit by the Aids virus.

The development, reported by Zagury and fellow researchers in the British science journal Nature, will fuel hopes that a vaccine to prevent the spread of Aids will be found soon.

The scientists monitored Zagury once a week for nine weeks following immunisation, and said they did not detect any defects in his body's immune system.

They do not know, however, whether this immune response is strong enough to protect people against Aids. Nobody is yet taking the risk of being vaccinated and then being deliberately exposed to the virus to find out.

Experts stress that the tests do not mean that a vaccine has definitely been found. That task is expected to take several years.
THE HEALTH Education Bureau has come in for a lot of criticism because of its delay in preparing a suitably blunt and hard-hitting anti-AIDS TV campaign.

Part of the problem reportedly lies in the difficulty of finding actors and actresses to take part in the short AIDS films — after all, since Harp Lager had to go to England to find “Sally O’Brien and the way she might look at you,” it must be well nigh impossible to find an Irish actress willing to make her name by giving the hero something even more perturbing than a come-hither glance . . .

But our health authorities have finally prepared their campaigns . . . with a little help from a most unlikely source! Margaret Thatcher, of all people, had an unwitting hand in getting the campaign off the ground.

When the former Taoiseach, Dr. FitzGerald, was in London earlier this year for the meeting of the 12 EEC heads of Government and all 12 premiers were seated around the table, Mrs. Thatcher took the opportunity to give them all a sneak preview of the UK AIDS programme in the form of information packages.

But unlike the rest of the Prime Ministers, who politely skimmed through the literature and left them behind, Dr. FitzGerald packed his into his briefcase, took it back to Dublin on the plane and passed it on to former Health Minister Barry Desmond, who in turn gave it to the officials drawing up plans for the Irish campaign.

Whether or not the brains of the best British admen and medics will be picked for the fight against the illness in this country, we will have to wait and see.
Thousands in AIDS test scare

THOUSANDS of haemophiliacs may have contracted AIDS from commercially processed blood coagulants, and multinational pharmaceutical companies may have to pay millions in compensation to victims, industry experts said in Bonn yesterday.

"It's an unprecedented catastrophe," said Mr. Karl-Hermann Schulte Hiller, a lawyer who specializes in product-liability litigation. Damages could reach DM500 million (£187.18 million) in West Germany alone, according to an early industry estimate.

The problem came to light on Tuesday when the weekly news magazine Der Spiegel reported that about half of the country's 6,000 haemophiliacs were seropositive, meaning they have been infected with the Acquired Immune Deficiency Syndrome virus, and could go on to develop the as-yet incurable disease.

Numerous complaints have already been lodged against various pharmaceutical companies, the magazine reported.

At the Frankfurt Stock Exchange, the reaction was immediate — the West German chemical giant, Bayer, saw its stock plunge four per cent, as did the large insurance companies that cover the pharmaceutical industry.

Bayer has issued a statement on Tuesday acknowledging that products for the treatment of haemophilia manufactured before 1985 could have transmitted the AIDS virus.

Coagulants produced since then were safe, a Bayer spokesman, Mr. Heiner Springer, added.

Meanwhile, single men seeking life insurance or mortgage cover are likely to face an AIDS quiz into their sex lives.

Insurance companies will want to know about their life styles to ensure they are not at risk of contracting the killer disease.

Only if they can prove they are living alone or in a 'Monogamous relationship' will they stand a chance of being insured with many companies.

And anyone shown by a new catch-all question to be homosexual or a drug abuser could be turned down or face a heavily loaded premium.
Blood Donors
In Soviet Face
AIDS Testing

MOSCOW, March 18 (Reuters) — Millions of Soviet blood donors are to be screened for the AIDS virus to prevent the spread of the disease through blood transfusions, a leading Soviet scientist said in a newspaper interview published today.

The scientist, Viktor Zhdanov, head of the Virology Institute at the Soviet Academy of Medical Sciences, told the Government daily Izvestia that some 30 AIDS patients were now registered in the Soviet Union, but two-thirds of them were resident foreigners.

The first known case of acquired immune deficiency syndrome, detected in 1986, was that of a Soviet girl who contracted the virus through a blood transfusion.

Dr. Zhdanov said that although the deadly virus posed much less of a threat here than in the United States and Western Europe, the Soviet Union was determined not to let it go unchecked.

Soviet Search for Vaccine

Soviet scientists are searching for a vaccine against the virus, which breaks down the body's ability to fight disease, Dr. Zhdanov told the newspaper, and the mass screening of blood donors will begin soon, he said.

Systematic checks, made according to medical ethics, will also be carried out among high-risk groups, including drug addicts, Dr. Zhdanov said.

"A healthy family life is diametrically opposed to sexual perversion and every citizen should know that sexual perversion is not only immoral but also dangerous," he added.

Dr. Zhdanov's comments follow earlier official press reports about AIDS, which portrayed the virus as a problem of the decadent West.

Some articles even suggested that the disease had been manufactured in Pentagon germ warfare laboratories.
Researcher Describes a Promising AIDS Therapy

By PAUL LEWIS
Special To The New York Times

PARIS, March 18 — Dr. Daniel Zagury, a leading French immunologist, described a new experimental AIDS therapy for the first time on a scientific basis. Dr. Zagury, who heads the department of cellular physiology at the University of Pierre & Marie Curie in Paris, said that two critically ill AIDS patients in Zaire had "recovered dramatically from their symptoms" as a result of his treatment.

Although close to death early last year, the two African patients have been able to resume work and lead fairly normal lives for the last eight months after undergoing an experimental new therapy that involves manipulation of their white blood cells outside the body, Dr. Zagury said.

Dr. Daniel Zagury in his laboratory at the University of Pierre & Marie Curie in Paris.

Long-Term Prospects Uncertain

The two patients are still infected with the AIDS virus, however, meaning that they could suffer relapses of the disease. "We don't know what will happen to them in the future or what side effects there could be," Dr. Zagury said.

Another eight patients were treated by the same method at the end of last year, said Dr. Zagury, who has not yet published details of the blood treatment. He said he hoped to release some results later this year.

Two Reactions Noted

The team's experimental vaccine uses a virus from the patient's own AIDS virus that is delivered to patients inside the vaccine virus, a harmless organism used in smallpox vaccinations. The team is the first to attempt human trials of an AIDS vaccine, although some American groups expect to do the same in the coming months.

In the Nature report, the scientists said that the candidate vaccine had induced two important immunological reactions. One was production of "neutralizing antibodies," which attack the invading virus directly. The second was a "mediated" immune response, which allows the body to attack infected cells.

The experiment is the first step in a long process of developing an effective vaccine. The scientists have not established whether these immune reactions, which are present in AIDS patients but not defeated the disease, could successfully fend off infection by the AIDS virus. Scientists hope that if immunity is built before infection it could offer protection.

The scientists said they regarded the production of cell-mediated immunity as especially important because it might help a vaccine cope with the diversity of strains of the AIDS virus. They said that neutralizing antibodies were less likely to attack a variety of different strains. The candidate vaccine had no side effects, according to the report.

Dr. Jean-Paul Escande, of Talitha Hospital in Paris, described the reported recovery of the two African patients as "extraordinary." He said that while AIDS patients often have periods of recovery before suffering a relapse, "it is very rare to see such a dramatic improvement in patients when they have sunk that low."

Dr. Jacques Lebowitch of the Rene Descartes University in Paris described Dr. Zagury's results as "potentially a very important breakthrough which shows that techniques of cell manipulation can make a real contribution."

Dr. Lebowitch said that Dr. Zagury told him he had treated white cells removed from the infected blood, so that they developed a "coating of viral proteins." The treated cells were then reintroduced into the bloodstream where they apparently stimulated a renewal of white blood cells.
For Now, Lone Weapon On AIDS Is Prevention

By PHILIP M. BOFFEY

As the death toll from AIDS continues to mount and hopes recede for developing a vaccine or cure any time soon, the nation is turning more vigorously and more desperately to the only available defenses against the epidemic: prevention.

Educational and public health measures to prevent the spread of the AIDS virus from person to person are gaining momentum. The campaign has already spurred a broad awareness of AIDS throughout much of the country and important changes in behavior among some people thought to be most at risk. But no one believes that nearly enough has been done.

In New York and New Jersey, former drug addicts have been hired to roam the streets, warning addicts who inject heroin and cocaine into their veins that contaminated needles can spread the virus and that they should either give up their habit or sterilize their needles.

In the homosexual bars of New York City, some worried homosexuals wearing safety pins as a sign that they will practice only "safer sex," refused anal and oral intercourse without protection of a condom.

In a majority of the nation's large school systems, educators have introduced new and sometimes controversial lessons about AIDS, teach youngsters how to avoid the disease.

Continued on Page B16, Column 1

Hopes on Treatment

A French researcher describes promising experiments with a new blood therapy used with AIDS patients in Africa. Page B16.
Battle Against AIDS: A Fight Without a Long Weapon: Prevention
Agencies Gear Up

Officials have rushed to administer possible treatments. The first drug, called protease inhibitors, targets a key enzyme that allows the virus to multiply. But the drug, which has not yet been approved by the Food and Drug Administration, can cause serious side effects and is only effective in a small number of cases. Other treatments being tested include vaccines, antiretroviral drugs, and immunotherapy.

The fight against AIDS has been complicated by the stigma attached to the disease. People with AIDS are often shunned by their communities, and this can make it difficult for them to access medical care. Discrimination also affects the way people with HIV are treated, both by healthcare providers and by the legal system.

Drug Addicts: Crucial Target

The most urgent target of the prevention campaign, according to many authorities, is the intravenous drug users who make up the largest group of AIDS victims, after homosexuals. The drug addicts are at risk because they often share needles and syringes, putting themselves and others at risk for infection. The surveillance system depends on doctors and health officials to report all cases of AIDS they see. Despite sporadic reports of AIDS among intravenous drug users, there is little data on the number of drug addicts who have been infected.

The Series on AIDS

Part 1, Monday, reported on the far-reaching impact of AIDS on New York City's life and spirit. The series, on Thursday, described the hopes and frustrations in the search for new treatments, even as thousands of AIDS patients receive the first promising drug.

In January a poll of 500 adults for ABC News and The Wall Street Journal found that only 7 percent had changed their sexual behavior after becoming aware of AIDS, primarily the same precautions that were found in 1984. A CBS News poll of 271 adults last October, 41 percent of the respondents said they did not know much about AIDS and only 7 percent had changed their sexual habits because of fear of AIDS. But twice as many of the group under 30, or 33 percent of those under 30, had taken sexual precautions.

The most encouraging results were found in a poll of 1,251 adults for ABC News and The Washington Post this month. Some 87 percent of the sample, and fully half of those under 25, were taking steps to avoid exposing themselves to AIDS, up from 22 percent in September 1984. The most common changes were eating out less, eliminating sexual contacts.

Schools Take Action

A survey of 72 of the country's largest school districts, conducted by the United States Conference of Mayors, found that 21 of the districts were providing AIDS education to students. The programs vary widely in their scope and content, but many include information on how to prevent the spread of AIDS, the symptoms of the disease, and the importance of getting tested.

"We're not sure about the impact on the epidemic," said Richard Johnson, director of health programs for the mayors' group. Most of the programs were at the high school or junior high school level. "At the elementary level, there's almost nothing," Mr. Johnson said. But..."