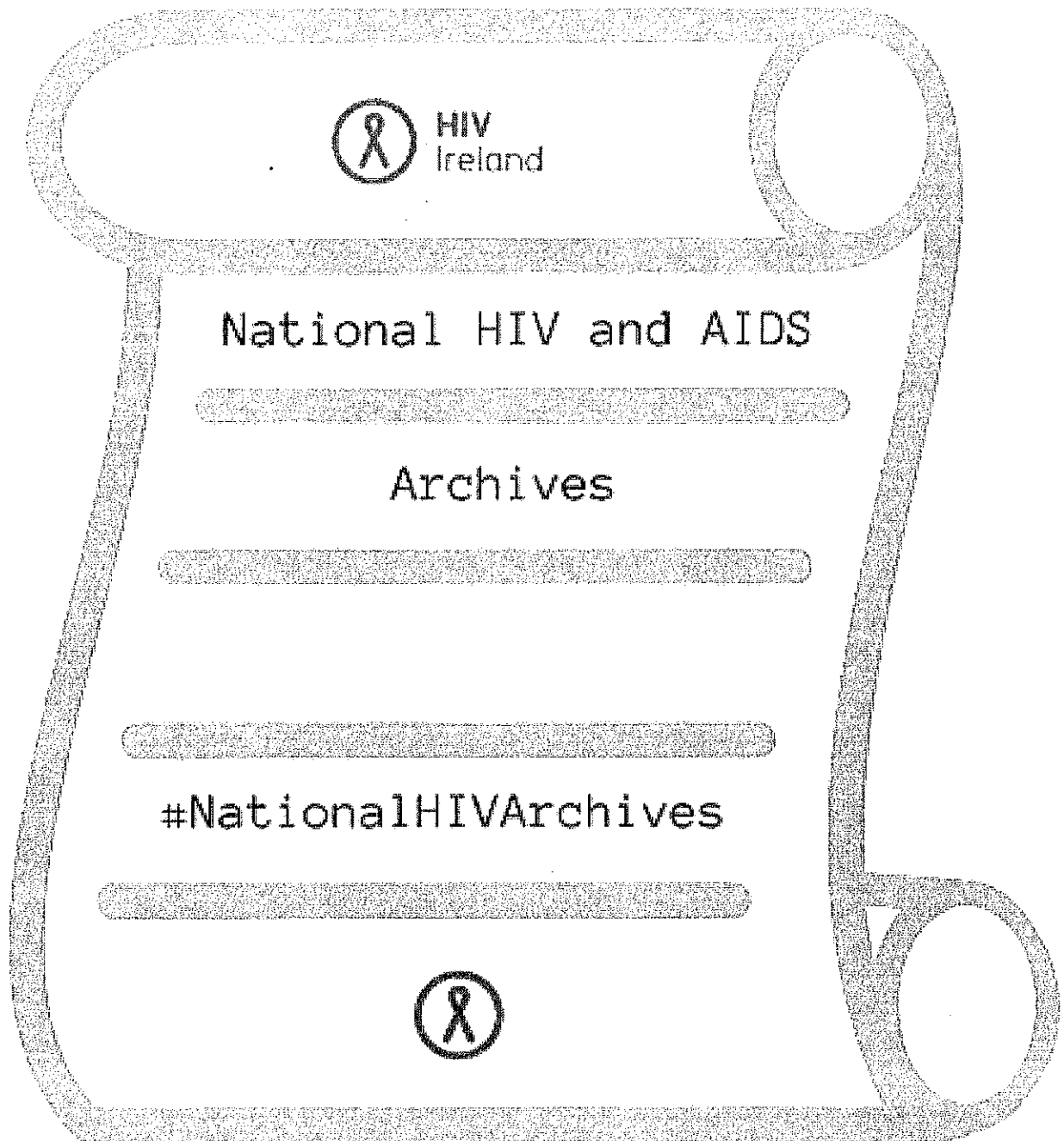


Print Media



1st to 10th August 1987

EVENING PRESS SATURDAY AUGUST 1, 1987

Condoms ad makes TV history

History will be made on British TV tonight when the first ever condom advertisement is screened. The 20-second commercial, featuring two young romantics, carries a safe-sex message for the 16-25-year-olds and is made by LRC Products, the makers of Durex.

The advertisement, to be screened on ITV tonight after nine o'clock, ends a 27-year ban on TV advertising of birth control, and features a young couple separated by a fence. Flash newspaper headlines warning about AIDS, unwanted pregnancies and cervical cancer roll past, and to the sounds of Frankie Goes to Hollywood's "The Power of Love" the couple reach the end of the fence and fall into each other's arms. Then the slogan "together You're Safer with Durex" flashes across the screen.

The advertisement will be used as part of a major cinema and TV campaign over the autumn and winter.

52

Today
1st August 1987

Wellcome finds support in City on AIDS headway

INVESTORS have been piling into last year's market newcomer Wellcome because so far it has produced the only antiviral drug which has been licensed for use in the battle against AIDS.

Yesterday the shares leapt a further 36p to 449p when the company's half-time results topped the most optimistic City forecasts with a 26% jump to more than £81m.

The AIDS drug, Retrovir, has not contributed a penny to profits in the first-half since sales only commenced in recent weeks. The first financial benefits will accrue in the current six months, but the real returns should come next year.

Official statistics at the World Health Organisation

by ALAN RUDDOCK

show that there are more than 45,000 registered AIDS sufferers worldwide, while in the US latest figures show that 1.5m Americans have been exposed to the disease.

Retrovir is not cheap — a course of treatment is about \$10,000 a year — and Wellcome is not prepared to reveal its profit margins, but it does not anticipate problems with its pricing. It has been approved for use against AIDS in 12 countries so far.

The first-half profit improvement came evenly from improved margins, up two points to 15%, and improved turnover, up 12% to £557m. The bulk of the company's sales came from North America

(42%), followed by the rest of the world (29%), Europe (19%) and the UK (10%).

Sales of Wellcome's other major antiviral drug Zovirax, which is used to combat shingles and genital herpes, soared 54% to £71m and further growth is expected, especially in the Japanese market.

Trials continue, testing Retrovir with Zovirax and other drugs like Interferon, in the quest for a more effective AIDS combatant. First-half R & D costs were marginally up on last time at £65.4m and Wellcome should have at least two years to recoup the money it outlaid on Retrovir before a competitor gets a rival product on the market. Analysts are looking for about £165m profits in the full-year.

Cork Examiner
2nd August 1987

New journal surveys AIDS attitudes

THE first issue of the new medical journal, *Irish Doctor*, launched by Health Minister Dr. Rory O'Hanlon in Dublin yesterday, contains a survey of the attitudes and knowledge of Irish family doctors on AIDS.

The Minister said the importance of the contribution of the family doctor might be gauged from the fact that many AIDS cases had been cared for in their own home.

The new journal, under editor Dr. Aidan Meade, will address the needs of the Irish family doctor and will be circulated free to all practising doctors and doctors in training.

5

SUNDAY INDEPENDENT AUGUST 2, 1987

More sexy than the swinging '60s, say 48pc

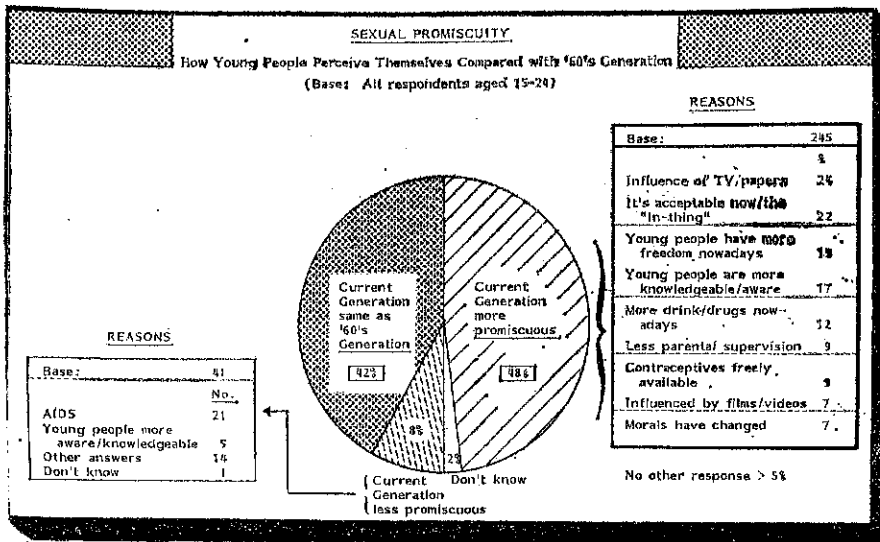
THE TERM 'Swinging' has become synonymous with the 1960's, with its youth culture boom of flower-power hippiedom.

The decade of the Summer of Love contained all the glittering ingredients — Sex (the discovery of The Pill); Drugs (the discovery of Acid and marijuana) and Rock and Roll (the discovery of The Beatles).

Yet, despite depressions, recessions and AIDS, the current generation of youth see the Eighties as swinging higher and faster than the famous Sixties.

According to the survey, 48 per cent of the young people perceive themselves as being more promiscuous than the '60s generation, as opposed to eight per cent who believe that this current generation is less promiscuous than their '60s predecessors. A further figure of 42 per cent believe that the level of promiscuity is the same in both decades.

The influence of the media, and a more liberalised society are given as the two chief reasons for this view of increased promiscuity.



The new swinging generation has risen due to a combination of more freedom, less parental control, and easier access to contraception, drink and drugs.

In contrast, the eight per cent who see this current generation as being less promiscuous than the sixties, cite the main restraints as AIDS — which implies that a

fear of fatal infection, rather than divine retribution or parental disapproval is the chief obstacle to a sexual free-for-all.

The influence of TV and papers, with a vote of 24 per cent is largely blamed for upsetting the moral status quo. It would seem that

the designer sex 'n' violence of TV shows such as "Miami Vice," combined with pin-up girls running amok over Page Three, have inspired in the cold, AIDS-ridden Eighties, far more promiscuity than the sexual revolution of the Sixties summer of love.

— Lise Hand,

ACTION TO AVOID CONTRACTING AIDS (Base: All respondents aged 15-24)					
	TOTAL	CLASS			REGION
		ABCI	CIDE	P	
Base:	511	159	272	85	168 109 194 50
HAVE ONLY ONE PARTNER	35	38	34	34	33 31 37 27
USE CONDOMS	26	34	25	11	39 24 23 24
AVOID CASUAL SEX, DON'T SLEEP AROUND	24	28	22	22	23 16 26 32
NO SEX BEFORE MARRIAGE	16	23	12	20	17 16 18 13
AVOID DRUGS	8	8	7	8	8 12 8 2
MORE CARE WITH CHOICE OF PARTNER	7	6	7	11	8 6 7 12
USE CONTRACEPTIVES (GENERAL)	8	8	9	5	12 8 3 8
DON'T SHARE NEEDLE IF USING DRUGS	6	10	5	8	11 4 4 9
BE CAREFUL/MORE AWARE/GET INFORMATION	6	8	5	9	10 6 3 2

No other response > 5%

DESPITE the barrage of publicity surrounding AIDS, the survey reveals woolly thinking on the question of best preventative action — particularly in relation to the use of condoms.

The response of Use Condoms only features in second place behind the answer of monogamy, which tops the poll with 33 per cent.

Contraception, specifically the use of condoms, follows with a vote of 26 per cent. Even coupled with a general category incorporating all forms of contraception, the total of 34 per cent still takes second place to the solution of having only one partner.

There is a marked difference in attitude to the use of condoms between the urban and rural sectors. Double the number of urban-dwellers — 33 per cent as opposed to a rural tally of 14 per cent — cite the use of condoms as the best preventative against AIDS.

In rural areas, the categories of no pre-marital sex and no casual sex rate higher than the use of condoms. This is in direct contrast to the urban sector, which places condoms second on their list of priorities.

Young Ireland '87

Irish Times
4th August 1987

Condom ads case

A LONDON High Court bid by a university teacher to block screenings of television advertisements for condoms was adjourned yesterday. Mr William Spring (42), of north London, is arguing for a declaration that the advertisement shown this month on ITV "offends good taste and decency" and is unlawful. He also wants an injunction to stop further showings. Adjourning the case, the judge said Mr Spring would need leave from the Attorney General or from a High Court judge to bring judicial review proceedings. No date was fixed for any resumed hearing. — (PA)

Irish Times
4th August 1987

39 die of AIDS

ANOTHER 39 people — more than one a day — died in the United Kingdom from AIDS last month, taking the UK death toll to 529, the Health Department said yesterday. The number of people reported to have AIDS now stands at 935, compared with 870 at the end of June. — (PA)

Irish Independent, Tuesday, August 4, 1987

'I think I'd be better off dead'

HUNDREDS of intravenous drug users in Dublin are now known to be carriers of the Aids virus. Michael Dixon is one. At 27 years old Michael has been a drug abuser since he was 20.

He has been in and out of prison every year since 1976. He says that most of the litany of convictions against him are due to his heroin habit.

Michael is entangled in a web of self-destruction. He doesn't have a job. Almost every waking hour is spent plotting and scheming ways of getting one more fix. He knows the dangers of AIDS carriers injecting themselves. He says he is probably killing himself. The scars and abscesses on his arms bear testimony to the havoc he is wreaking on his own body.

Michael's two young children don't deserve any more tragedy. Last August their mother June Mealey died in their inner city home with one of the toddlers in her arms while the other played happily nearby. Michael had left his 25 year old mother had left the family for good. Neighbours at the time also spoke of seeing Valium in the young mother's home.



Report by
Marese
MacDonagh

'Some junkies go through up to 20 different de-tox sessions'

Michael has robbed to get money to buy drugs. Guards who know him say his life is in shreds. To complicate matters further, he cannot get into Jervis Street now to do a detoxification programme. He is one of up to 10 people who are barred, he has been told that he may be allowed back to the hospital in September. The chances are he will be back in Mountjoy by then. He is now facing six charges in Dublin District Court, one for possession of heroin, one for obstructing a guard by swallowing the drug, the rest of larceny.

The drug centre at Jervis Street hospital is like a fortress these days. Security is very tight. Over 50 drug addicts visit the hospital daily in a desperate attempt to wean themselves off drugs. The detoxification programme involves serious use of increasing smaller doses of wean people off heroin. Addicts now get the substitute in liquid form. Some people used to hold the methadone tablet under the tongue and sell it out on the street.

A doctor in Jervis Street confirmed that a number of addicts are barred for various reasons. Stressing that he wasn't referring to Michael Dixon or any specific case, the doctor did list a number of reasons for barring people. Addicts have been seen openly dealing in drugs in the reception area of the drug centre while waiting for treatment.

Patients have attempted to steal medication and have physically abused and threatened staff, claims the doctor.

Staff say they don't take the abuse or the threats personally knowing the desperation of many of the patients, but Gardaí have been called when violence is used and subsequently offenders are always barred for a certain period.

The doctor recalled an incident when a patient finally blocked the doorway of his office brandishing a wine bottle over his head. "Some people are dangerous and we will not tolerate such behaviour," he said.

Michael Dixon denies ever assaulting or hurting anyone in the hospital but admitted to getting into "a bit of an argument" with a member of the staff.

He says he is desperate to do a detoxification programme now. Otherwise he may steal again to buy drugs.

"I'm not proud of myself but I am afraid that other people will be hurt because of my addiction," he said.

Staff at Jervis Street are anxious to stress that no matter how many times an addict tries and fails to combat an addiction, they will always be taken back. Some have tried detoxification as many as 20 times. Others make it through the vital two-and-a-half to three-week period and having been drug free for a while go back on "the gear" again.

And, despite rumours to the contrary, a doctor at the drug centre was horrified at the suggestion that Aids antibody certificates were being barred. "There is no such thing as a disinfection against Aids," he said.

very few patients," he said. "We do not in any way ostracise those who are HIV positive."

The doctor confirmed that for those who are Aids positive to continue injecting themselves is very dangerous. "Certainly they should not share needles and even apart from this it is very dangerous. They can get all sorts of diseases. They are using unsterile conditions. If they cut their heroin with lemon juice they will get sores. We had an epidemic two years ago with people using vinegar and lemon juice to cut heroin who got terrible abscesses. It is obviously extremely dangerous for those who have Aids antibodies."

'He would use up to £200 worth of heroin a day if he could'

There used to be five times as many men as women attending the drug centre in Jervis Street. The ratio has dropped to recent years to three-to-one. Most of the patients are aged 16 to 24. They come from all social backgrounds but the majority are from disadvantaged areas. Many of them went straight in at the deep end into the world of drugs — for a high percentage, their first experience with drugs was when they injected heroin.

Heroin can be a scourge in the city, but other drugs are becoming quite common. "Cocaine is the next big one," says a doctor at the hospital.

the substitute drug used in Jervis Street, which is highly addictive. There is also a lot of Temgesic around the city. This is an opiate derivative which comes in tablet form. However many addicts crush the tablets and take the drug intravenously.

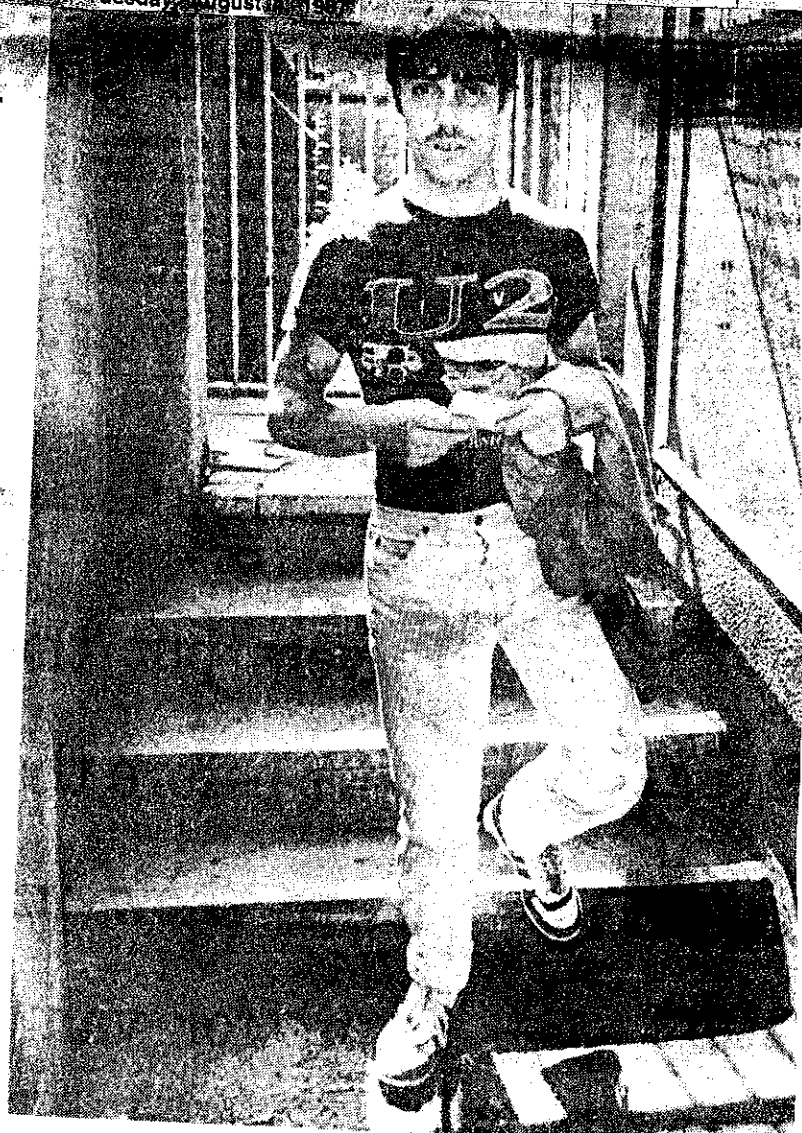
Michael Dixon is terrified of going "cold turkey". He says because he has Aids antibodies he is much sicker and could not go it alone. He has been given £200 worth of heroin in the past. He gets by on one fix a day. He spends most of the day waiting for the flat feeling wretched, craving for more of the drug. He has sold furniture from his home, he recently sold his "good clothes" to buy heroin. The £34 a week he gets on social welfare wouldn't pay for one fix.

His sister and June's sister care for his two children. He says he has failed them as a father. "I haven't taken them out once since she died last August. When I can't even talk to them, I love them. I am devoted to them but all I do is bring them little presents. I buy their love."

Michael was one of many prisoners in Mountjoy who staged a roof protest in the prison when the Aids scare started there over 18 months ago. He won't go for another test to see if he has contracted the full-blown Aids disease. He knows his body is a wreck now. He cannot hold down food and lives on sweets and ice cream.

He used to inject heroin in his leg but it is so swollen he cannot do that anymore. "I reckon there is something wrong with me now apart from the virus but I haven't been to see a doctor. I really don't care if I die. Heroin has me totally f... ed. I would rather be dead because it is not worth living when all you live for is heroin."

Michael, who is known to his friends as "Snake", says he has been given syringes. "I think I should be given more," he says.



Michael Dixon leaving Jervis Street Hospital.

due to his heroin habit

A self-
confessed
'junkie'
Michael
Dixon has
the AIDS
virus.
Last year
heroin
killed the
mother of
his two
children.
Here, he
speaks
about his
world of
crime,
sickness
and
despera-
tion.

ore about the fact that he
Jervis Street and says he
why. "If I burst my head
be taken in and stitched. I
want help."

secret that heroin is very
Dublin. He shrugs when
gets it. "In Ballymun...
the... you know where to
has never dealt in drugs.
has never physically hurt

can't hold
food and
on sweets
ice cream'

urkes' - just cutting out
hour sedatives and treat-
picnic for anyone but not
for those with AIDS an-
Jervis Street doctor. The
from between 48 to 53
hological aspect, the fear

EVENING PRESS, WEDNESDAY, AUGUST 5, 1987

Fiend may have given AIDS to 40 children

A Texas insurance salesman who kept computer records of sexual contacts with juveniles may have exposed 40 children to the AIDS virus before he was found dead in June, officials said.

A post mortem determined that 38-year-old Jimmy Ethridge carried the virus, said a probation officer.

Ethridge was found dead in his bedroom with a bullet wound to his head. No arrests have been made.

During the investigation, police found enlarged photographs of nude children and a computer containing information about them, the officer said.

The addresses and names of the 40 children were discovered only yesterday after the computer code was broken.

The probation officer said she interviewed 10 children living in the Marlin area. The rest live in Waco and in Louisiana, Arkansas and Mexico. Most were 13 to 16 years old, although some were as young as seven.

AIDS therapy and vaccine development

Scrip 1228, 5/8/87, 22

3.7

At least 70 pharmaceutical companies worldwide are now developing drugs or vaccines against acquired immune deficiency syndrome (AIDS), with over 80 different drugs and 25 prototype vaccines currently under study, according to the new *Scrip Report on AIDS Therapies and Vaccines*.

Companies are accelerating the development of AIDS therapies, and regulatory authorities are "fast tracking" these products to the market, so it seems likely that Wellcome's Retrovir (zidovudine), the first major product to be launched for the treatment of AIDS, will come up against competition soon. Indeed, information in the new *Scrip* report suggests that several drugs may be available by the end of next year.

... clinical trials

Potential anti-AIDS drugs in the late stages of clinical trials include ICN's antiviral, ribavirin; HEM/DuPont's mismatched double-stranded RNA, Ampligen (which is reported to restore immunological function with no clinically-significant side-effects); Imreg Inc's immunomodulator, Imreg-1; Institut Mérieux' (Rhône-Poulenc) Imuthiol and Newport's Isoprinosine.

Among products with activity against AIDS in early human studies are Roche's dideoxycytidine (DDC, reported to be a more potent inhibitor of HIV with fewer side-effects than zidovudine); Degussa's D-penicillamine; Rhône-Poulenc's antiviral, HPA-23; Adria's (Erbamont) rifabutin; Ethigen's (formerly known as Praxis Pharmaceuticals) AI-721; peptide T and granulocyte macrophage colony stimulating factor (GM-CSF).

In addition, *in vitro* studies are being conducted with numerous compounds to test for activity against the HIV virus. Among these are castanospermine, a plant alkaloid under study by researchers at the Dana-Farber Cancer Institute, and amphotericin B methyl ester, a water-soluble derivative of amphotericin B under development by Printek, of New Jersey, US.

... combination therapy

Most products under development for the treatment of AIDS are either antivirals or immunomodulators, and many groups are now looking towards a combination of these two categories as an approach to effective therapy, eg zidovudine in combination with Ampligen, alpha-interferon, interleukin-2 or Imuthiol. Other drugs being tested in combination with Retrovir in order to produce a more effective, less toxic regimen than Retrovir alone include aciclovir (Wellcome's Zovirax), probenecid (which is thought to lengthen the half-life of Retrovir), ketoconazole, and trimetrexate.

Another approach is to block the entry of the virus to the T4 cells. Drugs thought to act in this way include AL-721, peptide T, Contracan (a stearic acid derivative developed by researchers at the Hammersmith Hospital, London, UK) and the anti-epileptic, phenytoin.

Clinicians from two hospitals in London, UK, are hoping to produce beneficial effects by transfusing AIDS patients with plasma from asymptomatic HIV-seropositive patients who have shown high levels of antibodies to the virus. Another clinician, from Illinois, US, is using "insulin potentiation therapy", a protocol in which insulin is used to enhance the pharmacological effects of antiviral drugs, in an attempt to treat AIDS patients.

The Scrip Report on AIDS Therapies and Vaccines gives a comprehensive overview of these and other therapies in development for the treatment of AIDS and AIDS-associated infections. Details of mechanism of action, manufacturers, stage of development, latest clinical trial results, adverse reactions, and future development plans are included. In addition, the report presents the latest figures available from the World Health Organisation on the number of AIDS cases and estimates of people infected worldwide, outlines the discovery, structure and replication of the HIV virus, progression and spread of the disease and pattern of the epidemic, and identifies suitable targets for AIDS therapies.

... vaccines

Also included are details of prototype AIDS vaccines in development by more than 25 organisations, including 17 pharmaceutical companies. Dr Zagury and colleagues from the Pierre et Marie Curie University, Paris, France, are the first researchers to have administered an AIDS vaccine to humans. Two US groups, Bristol-Myers and Viral Technology Inc, have filed INDs with the US FDA for their potential anti-AIDS vaccines, and many other groups are conducting studies in chimpanzees.

The Scrip Report on AIDS Therapies and Vaccines is available from the Scrip Bookshop, ref BS 155, at a price of £75 (\$148, DM 271, Fr 868). For details of ordering and payment, see page 2 of this issue.

A separate comprehensive review of the latest developments in the HIV testing market, entitled *Testing for HIV and AIDS: the next five years*, ref CBS 62, is also available from PJB Publications at a price of £75. This report traces the development and summarises the position of the HIV testing market as of mid-1987 and outlines likely advances, both technical and commercial, over the next five years — details on request from the Scrip Bookshop.

New Scientist
6th August 1987

Household bleaches may be too weak

PEOPLE who dilute household bleach (hypochlorite) in the recommended way for mopping up spilt blood may end up with a solution only half as strong as they would expect. Research by a senior microbiologist has shown that the amount of available chlorine, the active ingredient in bleach, can vary between 5 per cent and 11.6 per cent. He is sending his data to the Hospital Infection Society, which has

bleaches contain 100 000 parts per million of available chlorine when they leave the manufacturers.

Coates bought 10 types of bleach at supermarkets and tested them. He found that four out of six brands of thickened bleach contained 10 per cent or more available chlorine. But three ordinary bleaches contained only 5.6 per cent, 5.0 per cent and 5.4 per cent available chlorine respectively. Only in one on the bottle state the chlorine.

The recommendations on clearing up spilt blood and other body fluids have stood at least since the late 1970s, when people began to be aware of the risk of catching hepatitis B from blood. The figure of 10 000 parts per million of available chlorine seems to have been decided arbitrarily.

Graham Ayliffe, professor of medical microbiology at Birmingham University, said that blood inactivates hypochlorite. Human immunodeficiency virus would probably be killed



They all claim to be strong—but how strong?

recently reconvened its working party on AIDS in order to update its guidelines.

The chlorine in bleach kills blood-borne viruses such as hepatitis B and human immunodeficiency virus. Most official recommendations say that, for clearing up blood spills, a solution of bleach containing 10 000 parts per million of available chlorine should be used. This is equivalent, they suggest, to a 1 in 10 dilution.

David Coates, senior microbiologist at the public health laboratory in Preston, Lancashire, says that a 1 in 10 dilution of bleach may not always result in a solution of the expected strength. There are two reasons for this failure. First, bleach does not keep well. Secondly, not all household

by a much more dilute solution of bleach, provided that the blood did not remove all the available chlorine from the solution, leaving none to kill the virus. This is why it is important to add a solution containing an excess of available chlorine.

Coates says that there are three ways of ensuring that the level of available chlorine is as high as the official recommendations suggest. One is to use Milton, which contains 1.1 per cent available chlorine, undiluted. Milton is relatively stable, but much more expensive than household bleaches. Secondly, tablets of sodium dichloroisocyanurate (NaDCC) can be dissolved in water to provide a solution of known strength.

The third alternative is to sprinkle granular NaDCC onto the spillage. This preparation has the advantage of soaking up the spill, rather than spreading it (*New Scientist*, 30 April, p 31). In addition, organic matter does not inactivate NaDCC in the same way as with bleach.

The Preston Health Authority now recommends that its staff use granular NaDCC rather than Milton for clearing up blood spills. Coates says that NaDCC is more expensive to use than ordinary bleach, but cheaper than Milton.

Ayliffe, in Birmingham, said that his local accident and emergency department also uses NaDCC in preference to bleach. He hopes that in future, guidelines will include granular NaDCC as an alternative to bleach. Ayliffe added: "Generally speaking, if people want to set up a first-aid kit, we would recommend that they get NaDCC powder for clearing up blood spills." □

AIDS Monitor is edited by Sharon Kingman.

AIDS MONITOR

3.406

Link with syphilis grows stronger



DOCTORS at St Mary's Hospital in Paddington, London, are studying what role syphilis might play in people infected with the human immunodeficiency virus (HIV). There have been two unusual cases at the hospital of people who had adequate treatment for syphilis in the past but who, following infection with HIV, developed signs of late syphilis. Doctors in the US have reported similar cases.

David Goldmeier and his colleagues at the Praed Street Clinic will carry out the research. They intend to test people who have been treated for syphilis in the past to determine whether the bacterium that causes the disease, *Treponema pallidum*, still persists in their bodies. They will then go on to investigate whether they can find treponemes, as the bacteria are called, in patients with AIDS.

The reason why syphilis is such an unpleasant disease is that the treponemes can cross the blood-brain barrier. This barrier keeps the cerebrospinal fluid, which bathes the brain and central nervous system, separate from the blood. Untreated, the disease may cause no symptoms for years. Eventually, however, neurosyphilis may develop, with blindness, deafness, dementia and paralysis.

Prompt treatment with antibiotics can prevent the disease from progressing, but many antibiotics do not easily cross the blood-brain barrier, so that levels of the drug in the cerebrospinal fluid remain low. As a result, treponemes may persist in the central nervous system, even though they cause no problems in healthy people.

Doctors now wonder if HIV can activate such latent infection, through the virus's effect in depressing the immune system. Some of the epidemiological evidence fits with this suggestion. Many people with HIV infection have previously had syphilis, and those who have had syphilis are more likely to develop AIDS than those who have not.

Another theory holds that the dementia seen in some patients with AIDS may be neurosyphilis. Goldmeier says that patients with AIDS dementia often receive the drug zidovudine (formerly known as AZT). "It could be that because [zidovudine] decreases the viral load, this gives the white blood cells enough respite to cope with the treponemes."

Goldmeier and his colleagues are going to use a new method of diagnosing syphilis, based on a monoclonal antibody to *T. pallidum*. The researchers will first confirm that people who have had syphilis in the past still have *T. pallidum* in their cerebrospinal fluid. In addition, to check that the monoclonal antibody works, they will test it on samples from syphilitic sores diagnosed using traditional methods. The team may then go on to test patients with

AIDS who are having a lumbar puncture anyway, to see if they, too, have residual *T. pallidum*.

Goldmeier says: "Anyone with HIV who then gets syphilis ought to get high-dose treatment to get rid of treponemes in the cerebrospinal fluid. Anyone who has had syphilis in the past and then gets HIV should be retreated." Treatment would be with 2 grams of the antibiotic amoxycillin three times a day for a few weeks.

Doctors in the US have already suggested that neurosyphilis should probably go on to the list of infections that together form AIDS (*New England Journal of Medicine*, vol 316, p 1569). Neurosyphilis may be the first such infection to appear, they say. At Massachusetts General Hospital in Boston, they have seen four cases of neurosyphilis in young homosexual men infected with HIV. HIV infection may alter the natural course of syphilis because it causes defects

in cell-mediated immunity, they conclude.

Another group of doctors, at the University of Washington School of Medicine in Seattle, reports the case of a homosexual man who developed neurosyphilis after becoming infected with HIV (*New England Journal of Medicine*, vol 316, p 1587). He had previously been treated for syphilis with antibiotics.

In an editorial, the *New England Journal of Medicine* says that as many patients with HIV infection are also at risk of catching syphilis, HIV-infected patients should be screened for syphilis, and vice versa. As the journal's editors point out, it may be difficult to diagnose syphilis in patients with HIV infection. The test for syphilis detects antibodies to *T. pallidum*. But AIDS may have damaged people's immune systems to such an extent that they do not produce enough antibodies for the test to detect. □

Attention turns to diet and exercise 3.8

RESEARCHERS are devoting a great deal of effort to the search for a vaccine or antiviral drugs to combat the human immunodeficiency virus (HIV). Yet anecdotal evidence suggests that factors such as diet and exercise may be important in determining whether someone with HIV infection progresses to AIDS. If researchers could substantiate some of these theories, it might mean that people infected with HIV could minimise their chances of developing AIDS by modifying their lifestyle.

So far, investigations into such "secondary prevention" have been few and far between. However, researchers at St Mary's Hospital, in Paddington, London, have begun to study some of these factors. Adrian Renton, research registrar, says that they are particularly interested in the role of dietary fats because it is well known that lipids can affect the function of the immune system, perhaps by their influence

on the viscosity of cell membranes.

The team is also looking at the potential influence of dietary fats on other sexually transmitted diseases. Renton says: "In herpes, for example, you have a cyclical emergence of lesions [herpetic sores] which anecdotally is linked to a variety of factors, including being run-down." He and his colleagues are interested to know whether it is possible to demonstrate scientifically a link between fat intake and events such as a herpes attack, or the development of AIDS in someone infected with HIV.

Renton and his co-workers hope soon to publish the results of a pilot study, which was supported by the charities Immunity and the Jefferiss Research Wing Trust. The team is currently applying for more funds to run a large-scale survey. Their work has recently been aided by the donation of a new computer system, costing £8000, from a group of computer companies in Britain. □

NEW SCIENTIST. 6 AUGUST 1987

Unknown Source
7th August 1987

FRIDAY, AUGUST 7, 1987

Irish insurance firms to get tough on AIDS

QUESTIONNAIRES on AIDS and sexually transmitted diseases will be used by most insurance companies by the end of the year, according to Mr. Aidan Cassells, secretary of the Irish Insurance Federation.

Already a number of companies have introduced an AIDS questionnaire which includes questions about applicants' backgrounds and lifestyles. And one company has had to pay out £30,000 to an AIDS victim's family.

Blood tests may be required of applicants in high risk categories, but Mr. Cassells does not envisage a

situation where there will be widespread blood testing in Ireland.

"The problem is much more acute in the USA and Britain and life assurance companies there have not introduced widespread blood testing. They are still selective and work on a case by case basis."

However, if the disease escalates in Ireland, assurance companies may be forced to adopt such a measure he claimed.

He said the large payout was an isolated case and points out that there are a number of policies

already in force which would have been issued five years ago when AIDS was unknown.

"It's a risk inherent in the business, there's nothing we can do about existing policies."

"If a person fills in the new questionnaire incorrectly and says 'no' where they should have said 'yes' then the company can avoid a disclosure there," added Mr. Cassells.

"Now that the disease has been identified and the potential risk realised, assurance companies can eliminate that risk."

THE IRISH TIMES, Saturday, August 8, 1987

Expert warns against single AIDS test

A LEADING Irish expert on AIDS warned yesterday that screening laboratories which use only single tests for the virus in the blood of those in the at-risk groups run the danger of recording false negative results, and a spokesman for the insurance industry confirmed that questions on AIDS were now routinely included in assessments for life insurance.

Professor Irene Hilbery, director of the National Virus Reference Laboratory, said that there were now a range of screening tests for AIDS antibodies, but that the most commonly used test would have a percentage failure rate of 10 per cent. "We are now testing laboratories with those in the at-risk group several different tests here, and when we get a positive result we confirm that with other tests."

The possibility of recording a false negative test result on someone who did

have AIDS antibodies arose not only because all tests had a failure rate, she said, but also because AIDS antibodies could be present in the bloodstream for up to three months before they showed in a test.

According to the current issue of *New Scientist*, instant tests to detect whether someone has been exposed to the AIDS virus will soon be available and will require no special expertise to carry out or read. One now being developed by the American company Du Pont is based on "membrane technology" and requires only a drop of undiluted blood.

The new generation of tests raises the issue, however, of how closely regulated their use and distribution should be. New screening rules, British guidelines of which HIV were laid down at a time when tests needed a

significant quantity of blood, and specialist equipment or knowledge to carry them out."

Mr Aidan Cassells, secretary of the Irish Insurance Federation, said yesterday that insurance companies had begun introducing questions related to AIDS into assessment questionnaires some months ago. Commenting on an award of £30,000 made to the family of an AIDS victim by an Irish insurance company, Mr Cassells said that beneficiaries of after policies were being asked to be entitled to insurance compensation in the usual way.

Insurance questionnaires now routinely ask whether an applicant is HIV positive, has full-blown AIDS or is being counselled in relation to AIDS. If an applicant who has replied in the negative subsequently dies of an AIDS-related

problem, insurance companies will investigate whether answers given at the time were truthful. Mr Cassells said, but the onus of proof of deceit would be on the company.

There are also questions related to lifestyle on insurance questionnaires, and companies may at their discretion require medical examinations and blood tests for those in high-risk categories such as drug abusers or homosexuals, he said, but no special groups had been targeted for particular investigation. The procedures related to AIDS risk would be in line with those now followed for other high-risk health problems. Regrettably, as things now stand, victims of AIDS are untreatable in the same way that victims of terminal cancer are, he said. "Mr Cassells said. This was true in other countries as well as in Ireland."

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Professor Irene Hillery, director of the National Virus Reference Laboratory, said that there were now a range of screening tests for AIDS antibodies, but all of them had a percentage failure rate. "I would be concerned if screening laboratories were only using one test with those in the at-risk groups. We use several different tests here, and that with get a positive result we confirm a false other tests."

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have AIDS antibodies arose not only because all tests had a failure rate, she said, but also because AIDS antibodies could be present in the bloodstream for up to three months before they showed in tests.

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"The new generation of tests raises the issue, however, of how closely regulated their use and distribution should be," *New Scientist* states. "British guidelines on tests for HIV were laid down at a time when tests needed a

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Aids 'to peak in 1998'

Britain's Aids epidemic is likely to peak in 1998, then fall and level out, insurance experts said yesterday.

The peak year of 1998 could see 48,000 people dead and 63,000 sick with Aids said consulting actuaries R Watson & Sons.

But the numbers were then likely to drop as the "Aids generation" died out.

However, despite its prediction, the firm believes that premiums for new life and health policies are likely to rise.

The latest Aids projections were based on a model devised by Prof David Wilkie, a partner in the firm.

He assumed that every person infected with the Aids virus would ultimately develop the disease and die, that 5 per cent of men were homosexual, and that the disease would not spread significantly into the heterosexual population.

He also admitted that the peak numbers in 1998 could be 30 per cent or more higher if public health education was not effective.

Whatever assumptions were made, however, deaths should peak in the "late 1990s with a drop thereafter to a stable state".

The model is designed to help insurance companies assess the potential impact of the disease and set premiums.



DR. RUTH WESTHEIMER

ASK Dr. RUTH

Youth thinks she's ready for world

Q. I am 18 and my parents know I am sexually active. As long as my boyfriend and I make it a quickie and I get home on time, they say nothing, but if I give in to feelings and stay with him overnight, they get hot under the collar. How can I explain to them that I am a big girl and can take care of myself?

A. You want your parents to understand something? How well do you understand them? They are worried when you are not home by a certain hour because you might be in all kinds of fixes. Car breakdowns on the highway, accidents, muggers, rapists and all kinds of terrible visions of things happening to you are tormenting them. Now while you may be fast asleep somewhere with that boyfriend, your parents are fretting and looking at the bedside clock, waiting for the sound of your car or of the front door opening.

I suspect that they are self-conscious about laying down the law to you about having sex because they really don't think sex, with reasonable precautions, is so harmful. They really would like to stop you but feel powerless to do so. When it comes to your staying out all night, you stretch their tolerance too far. They can't

take it! Does that make them bad people? It seems all too understandable to me.

Maybe you think they are hypocritical because they will permit you to be sexually active but don't want to flaunt it by staying out all night. "Hypocritical" is a word people use a lot in their youth and then use hardly at all in later life. To older people, keeping private behaviour private seems prudent, discreet and protective of things that are personal.

Your question is, how can you explain to them that you can take care of yourself? First of all it is doubtful that you can. Who can take care of herself, or himself? We all take risks in the course of ordinary life, and some of us have earned ourselves the freedom to do so.

You are probably not ready to move out and pay rent and assume all the responsibilities a reasonably independent person can handle. While you have to live in your parents' home you can win more freedom only by showing that you are a person of prudence and sound judgement. There really isn't any other reason for them to treat you like one. Maybe sleeping over with this boyfriend in that place of his just isn't the way to do that.

Ban certain blue movies

Q. Sometimes you advise people to make use of specifically erotic movies or videos to help improve their sex lives. The production of these things involves so much cruelty, sexism, abuse of children — and the porn business is dominated by criminals. Doesn't that bother you?

A. Yes, and when only respectable people make these dramas for the good use I intend for them, I will be glad. Sexually arousing films and videos are so useful in some cases that I confess to ignoring certain things about them, but not certain kinds of content.

I encourage no use of materials involving children or cruelty or violence, and as a therapist I am unable to work with clients who are involved with these activities. I think films involving children and sadomasochism could be banned without harming anyone's civil rights.

Concerned about girlfriend's son

Q. Since I have nothing against my girlfriend's son, and since it would be entirely to my advantage if he were to feel happier about life, I am trying to promote that, but without much success. They have no neighbours, no church, no family, and he is doing badly in school and is solitary and bored at home. (I suppose he resents me, but still I would like to help him. The problem is that he won't even talk, let alone take any interest in activities I suggest. I am willing to take him places and let him have a good deal of my attention and time, but no dice. Is there anything I can do about this?

A. Congratulations on being the kind of man who is concerned about this. I would like to know if this boy's father is in the picture, then I the boy is in good health. Depressed behaviour is natural to people with low energy. You should urge the mother to have a conference with his teacher about the schoolwork. Some charge that homework habits might bring on a little more encouraging success in that field. Some work with a psychotherapist (not a sex therapist) might help the boy. Your good will, although it is a credit to you, will not be enough. More is required to turn things around in his life.

LOVER IS SEX CRAZY

Q. I can't match my lover's sexual drive. He expects sex three times a night every night in the week and double on Saturday and Sunday. I am not exaggerating. We must have it before going to sleep and he wakes me up at 1 a.m. and 5 a.m. I am not supposed to call him by his name — it has to be "Honey" or "Sweetheart." He says he can't sleep or sex on his day if he doesn't get all this sex he needs.

I work full-time, incidentally, and he works periodically, about four months out of the 12. He won't get dinner, not even if it's heating up leftovers. Cooking is my job, he says. He hits the sack about 8 p.m. when he isn't working, about 6 when working. There he waits for me until I get to bed around 11. This man wants to marry in the spring but I have grave doubts. He wants me to write to you about my "problem."

Do faithful couples need condoms?

Q. The media keep repeating that condoms should be used to prevent the spread of AIDS. Does this mean for sex acts between husband and wife? What about fidelity for a faithful couple? Is cummingus capable of transferring the virus from one partner to the other?

A. Not everything is known about this. Between husband and wife, if they have been faithful to each other for

A. I'm glad he got you to write, because I am at least 200 per cent with you and your doubts. You would be crazy to marry this guy, because even before the wedding he shows what he expects — that you do most of the bread-winning and all of the housework. Many pretty good guys will put on a show of helping around the home before marriage and then get forgetful and lazy after, but he doesn't even pretend! For this engaging frankness, tell him to get lost.

The difference in sexual appetites can be adjusted where the relationship is good, but you are right — this one is lousy. If there is a woman for him, I don't know where. But that is not your problem. Your problem is that you even consider legalising this relationship where you work like a horse and he makes demands for dinner, sex and endearments. Get rid of him, begin to get the sleep you need, and never mind about his getting his.

many years, there should be no problem, and condoms need not be used as a barrier against infection. Medical authorities do urge using condoms for safer sex where some risk is involved. There is a controversy about whether the AIDS virus can be transmitted in saliva or not. This means to me that wet kissing, or even mouth-kissing at all, is unwise except with trusted partners — along with any other sexual activity that a condom cannot protect.

Cork Examiner
10th August 1987

Cork Examiner, Monday, August 10, 1987

US threatens alien AIDS tests

THE United States may be forced to test aliens for the AIDS virus in an effort to curb the spiralling costs of treating victims of the disease, James Mason, director of America's public health research centre said yesterday.

Town terror after boys preyed by AIDS victim

JIMMY ETHRIDGE has been dead more than a month now, killed with a .22-calibre rifle shot to the head. Still, no one knows yet the consequences of his secret life in the small Central Texas town of Marlin.

Ethridge, a 38-year-old insurance salesman, had been exposed to AIDS. His landlord thought he was a saint. She did not know that Ethridge preyed on young boys, not only in Marlin, but in Louisiana, Mexico, Arkansas, Mississippi and California. Ethridge kept track on his computer in repugnant detail. And when investigators finally broke his secret computer coding early this week, they found the names of 54 young boys whom he seduced.

Some or all of them may be at risk of AIDS, and at least 40 other computer discs have yet to be checked by state health officials to see if they contain more names.

Now the grim task begins of trying to track down all those children and test them for the deadly disease that Ethridge may have spread.

Ten of the 54 youngsters named in the computer files live in Marlin, and six of

them have been found and tested thus so far, but the results are being kept confidential. None of the children in other states have yet been tested.

"It's everybody's nightmare," said Police Chief John Trousdale. "The town is really shocked at what is going on."

Marlin is a community of 7,000 people that was once known for the healing qualities of its mineral springs.

AIDS has not been a hot topic at the Plantation Inn restaurant — at least not until recently.

Jimmy Ethridge moved into the town three years ago, but he had moved around a lot before that. He was burly, pleasant man who seemed to have a particular fondness for children.

At one point, he used to regularly walk into a local convenience store and if there

were young boys playing the pinball machine in the back, he would furnish the coins for dozens of games.

He rented a small, comfortable house. Neighbours were to tell the police later that there always seemed to be youngsters at his home when he was there. The police would also learn that Ethridge lavished gifts on the children. He gave one child two horses, another a television set, a third a car.

This summer, Ethridge went on vacation to Mexico. And when he returned in June, he found a 16-year-old boy at his home. The boy had been living with Ethridge, with the consent of his mother, but the insurance salesman had instructed him to stay away while he was gone.

An argument ensued. Ethridge and the boy chased each other around the house

with rifles. And, according to the police, the boy said Ethridge grew tired and sat on the bed. That is when the rifle the boy was carrying went off — an accident, "the boy insists.

District Attorney Tom Senon has decided not to prosecute. Police Chief Trousdale thinks the townspeople wouldn't mind if the boy was given a medal.

After the shooting, the boy fled, and when a house painter found the body an estimated 29 hours later, they found pornographic magazines and tapes and other paraphernalia scattered about the house. Much of it involved pictures of nude or semi-nude young boys, including a number of them taken on Ethridge's Mexico trip. The policemen began wearing rubber gloves to examine items in the house.

Independent
10th August 1987

The price of fear

IT'S an ill wind . . . world wide fears about AIDS have made condoms big business in Malaysia, the world's largest producer of natural rubber.

Takaso Rubber Products, (the country's most expanding rubber company) owned by the Tee family and offering a line in condoms with names such as 'Romantic', 'Any-

time', 'Rocket' and 'Tiger' is profiting hugely from media campaigns in Europe, the US, Japan and Australia that promote the condom as the only known method of thwarting transmission of the AIDS virus.

Malaysia last year produced 1.45 million tons of natural rubber, 18 p.c. of it in latex concentrates used to make synthetic

rubber. The country's export revenues from latex products has shot from 32 million dollars in 1980 to 94 million dollars in 1986.

Tee How Cut, founder of Takaso Rubber Products, acknowledges his company's "tremendous upsurge in sales is directly linked to AIDS" and openly worries about the discovery of a vaccine.