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HIV Ireland
1987--2017
Rise in heterosexual incidence of AIDS

By Dick Ahlstrom,
Science Correspondent

THE AIDS virus is now firmly rooted in the heterosexual population in the US, introduced through intravenous drug abuse, according to a visiting US specialist. She believes the US trend is likely to be repeated here given our high per capita incidence of such drug abuse.

Up to 170,000 are expected to have contracted the virus in the US by 1991, including an increasing number of women, indicative of the breakout of the virus from the homosexual into the heterosexual population. And researchers there are pessimistic about the creation of an effective vaccine in the near future.

A public lecture on AIDS was given last night by Dr Mary Guinan, assistant director for science at the Centers for Disease Control in Atlanta, Georgia, hosted by the Royal College of Physicians of Ireland. She believes that women are at particular risk as AIDS moves into the heterosexual community as women are more likely to pick up the virus through intercourse than men.

Speaking to The Irish Times she stressed the importance of treating AIDS as a health issue and not a moral issue.

There are now 45,000 reported cases of AIDS in the US she said, 25,000 of them reported this year alone. "It is continuing to grow and we don't see a peak in sight. What we are tracking is five years behind the epidemic given the long incubation period for the disease. People say that it is not reaching the heterosexual community, but in the next two or three years we'll be tracking that."

She cited a 1986 study of pregnancies in a Brooklyn hospital, where women were tested for exposure to HIV, the virus that causes AIDS. It showed that two per cent of all pregnant women tested were HIV positive.

"The Government position in the US is that it is still only in the 'at risk' groups," but clearly the virus is moving via intravenous drug users into the general population she said. Of the 3,000 female cases of AIDS reported in the US so far, half of them were intravenous drug users. A quarter of the total were infected with HIV via intercourse as heterosexuals, in contrast she said with the incidence in heterosexual males at two per cent.

She believes that HIV is now endemic in the intravenous user population and, in turn, is moving into the general population. "This is where it is coming from. Once the prostitute population is significantly infected, because so many drug users are prostitutes, then that's when all hell will break loose in the heterosexual population."

The cross-over comes via "intravenous consorts," hence the danger, she believes, for Ireland given the comparatively high proportion per capita of intravenous Drug users. Yet people continue to ignore the health risks and implications.

She says morale amongst US researchers seeking a cure or a vaccine against the virus is very low at the moment. HIV changes its chemical make-up readily via mutation, she says, making it difficult to develop a useful vaccine. "That is why we should be more into prevention. What will we do, wait until the levels in heterosexuals rise as high as in the risk groups before we do something?"

Ireland has had 26 reported cases of AIDS and 13 AIDS-related deaths. Over 650 people have been identified as being HIV positive here to date, over half of them intravenous drug users.
Computers & AIDS

The protein like an asymmetrical lock and key. If this were a real biochemical encounter, instead of a computer simulation, the AIDS virus protein might be blocked, and the AIDS virus itself rendered harmless.

"We want to find a molecule that will fit the bumps and grooves (of the viral protein) like a three-dimensional jigsaw puzzle," says Renee Des Jardine, a student in pharmaceutical chemistry at the University of California at San Francisco, as she puts the computer through its paces.

"The goal is to make the most specific blocker possible," she says, not only in terms of its shape, but also its chemical attraction to the target. "Otherwise, it might interact with things your body needs to work, instead of with the virus, and thus create a toxic reaction."

The term "computer-aided design" usually conjures up a vision of electronic engineers devising a new microchip on a computerized drawing board. But CAD has come to biomedical research, too. This is how some scientists are conducting the search for the drugs and vaccines of the future, using computers to help them "see" the enemy better, find targets of opportunity, and design potent new weapons to treat and even prevent AIDS.

UCSF isn't alone. The National Institutes of Health, in what may be the first big effort to apply these new techniques to battling an epidemic, just awarded $25 million over five years to UCSF and five other institutions: Yale, Harvard, the University of California at Los Angeles, SmithKline and Agouron Pharmaceuticals.

"We have to make sure there are no surprises," Kenyon says.

Dr. Berzofsky, chairman of pharmaceutical chemistry at UCSF, says the project opens a new era in drug design. It's a far cry from techniques that often involve searching the world for naturally derived "drugs" in such diverse sources as ocean sponges or South American tree bark.

"Pro wrestling board the protein with X-rays to determine its structure. Once this is known, researchers can model the structure of the protein on the computer screen and tailor inhibitors that molecules that latch on to the virus and incapacitate it. The first target on the virus the Kenyon team will try to attack will be ribonuclease "H" - an enzyme believed to be crucial to the life cycle of the AIDS virus.

The professor warns that the venture probably will take 10 years to synthesize, refine and test its custom-made molecules. But if the techniques work, he feels confident that the tools of computer-aided drug design "can be used against other viruses that come along to plague mankind."

Some scientists use computers differently in vaccine design. Instead of picturing particles to knock out the virus out in an infected person, they might use the computer to predict how to rally the body's immune defenses to fight an invasion by the AIDS virus and prevent disease.

Jay A. Berzofsky, a researcher at the National Cancer Institute, and colleagues including Charles Delisi, chairman of the Department of Biophysical Sciences at Mount Sinai in New York, have published papers on using computers to predict which protein fragments on the AIDS virus might be the most capable of sparking an immune response that could protect the body against contracting AIDS.

Berzofsky has a notion that the protein fragments most likely to succeed in sparking such an immune response would be those that fold up into a helix, or corkscrew shape, with alternating oligo and water segments. This notion was statistically validated by computer analysis of a large number of protein fragments known to activate immunity. Since certain immunologically potent proteins are built this way, he reasoned that the corkscrew-shaped protein fragments on the AIDS virus, in combination with certain other proteins called MHC antigens - best known for their role in "transplant rejection" - would more readily activate the host's T-cells, which act as a group of immune sentries.

Berzofsky asked the computer to predict mathematically the areas on the virus where protein fragments might fold up into these corkscrews.

Next, the researchers vaccinated mice with synthetic, non-infectious versions of these corkscrews and were able to spark both an increase in the number of T-cells and their immune powers so that the cells were later able to rally against the outer coat of the real virus in a test tube. More experiments are planned to look for a similar increase in the killer cells thought necessary to wipe out the AIDS virus.

But Berzofsky, too, cautions that this may be a 10-year endeavor. "The computer analysis doesn't take long," he says. "It's the experiments that take time. Eventually, you'll look at a model where you can test for protection (against the AIDS virus) in chimpanzees and, eventually, in people."

- Marilyn Chase
AIDS: young taking too many sex risks

By SENAN MOLONY

A FAMILY planning doctor expressed dismay today at the reluctance of young Irish people to use protection during sex to guard against the AIDS virus.

"There has been no noticeable increase in the sale of condoms, either here or in Britain," said Dr. Sheila Jones, chairperson of the Irish Family Planning Association.

"In fact young people have gone off the idea of using condoms and prefer to rely on the pill. We also have young men who are not at ease using condoms, who don't really know what to do with them."

As a result there were "a lot of young people who were not bothering to use any form of contraception at all," she said. "And they were not just leaving themselves open to pregnancy, but also to the lethal AIDS disease."

Youngsters were still taking risks, out of a sense that "it will never happen to me," she said.

In Britain, a new survey reveals that fewer people are prepared to have sex with strangers as an anti-AIDS Paritanship takes hold.

But Dr. Jones said she didn't know whether one-night stands would become a thing of the past in this country.

"We have to encourage people to use condoms, and everyone should wake up to this fact. We have a very young population, and so the dangers are very real."

She doubted whether young people would be prepared to quiz their lovers about their past sexual histories. "My God, when you're 18, you don't even think to ask things like that."
Mums in AIDS breast-fed warning

WORLD NEWS

NEWSLETTER, Wednesday, December 2, 1987, 13
Behind the Lines

Fanny Trimble

Somewhere in the Bronx, a daycare centre does its best to cope with the child victims of a modern-day plague. The carers face every conceivable problem.

The Aids babies

The picture shows a child at the daycare centre. The text discusses the challenges faced by the carers in coping with the children who are victims of AIDS.
Testing applicants for AIDS opposed

By Jimmy Burns, Labour Staff

The Engineering Employers’ Federation has become the first leading UK employers’ organisation to publicly oppose screening of job applicants for the AIDS virus.

In the most detailed advice to employers on the employment implications of the disease since the guidelines issued by the Government last year, the EEF tells its 5,000 member companies: “...the many and serious limitations of pre-employment screening and the problems such a policy would present for a company will in any case far outweigh any apparent benefits to the employer.”

The limitations and problems which the EEF identifies with pre-employment screening include:

• It will have a “devastating impact on an individual who has a positive result from an HIV test.”

• Would make recruitment more expensive and lead to delays in making appointments.

• Undermine action by a company to reassure existing employees concerning safety and infection at the workplace.

In its document Employment Implications of AIDS, the EEF says that any approach to the problem will need to be flexible, and as with other policy aspects will need “reviewing and updating” in the light of new information.

However, the EEF stresses that education of the workforce should be “central” to the company’s response to AIDS.

“Even though there is much media coverage there will still be a need to reassure employees and to dispel some of the myths surrounding the disease,” the EEF says.

It notes that while pressure to dismiss an employee infected with AIDS may arise from “lack of information,” such a dismissal would create a “dangerous precedent.”

The EEF’s decision to publish its guidelines was welcomed yesterday by the CBI, which in recent months has been pressing employers to follow the example of trade unions in adopting a more open and positive response to the disease.

It is understood that the CBI is currently drawing up a unique joint policy statement on AIDS with the TUC, which will be published earlier next year and distributed widely within industry and the public sector.

The Employment Implications of AIDS, Engineering Employers’ Federation, Broadway House, Tothill Street, London SW1H 9NQ. Non-members £5.00, EEF Members £2.50.
Irish subject to Aids test

By TIM HASTINGS

IRISH applicants for work permits in America will in future be given an Aids test as part of their general medical check-up.

The change under a new immigration law is also likely to affect applications for "Donnelly visas" who have not yet had their cases finalised.

Every immigrant who is applying for legal or permanent resident status will be tested, including illegal aliens applying for amnesty under the 1986 Immigration Control and Reform Act.

Applicants can be tested either in the United States or at the US Embassy where they have applied for the visa.

Sources in Dublin said the test for Aids is part of a "general medical".

Applicants whose tests for Aids proves positive will be denied entry into the US except in rare cases, officials made clear in Washington.

More than 3,000 Irish people were granted the option to apply for "Donnelly visas" under the worldwide scheme announced by the US last year.

But so far not all those who were registered as being entitled to apply for visas have done so.
HEALTH CARE WORKERS AID S RISK 'VERY REAL'

By DAMIAN McHUGH

THE RISK of contacting HIV infection as an occupational hazard is almost entirely confined to health care workers, a conference in Dublin was told today.

"The risk in health care workers is very low but very real," Zachary Johnson of the Eastern Health Board told the conference in Malahide.

"The risk may be largely eliminated by the rigorous enforcement of standard blood and body fluid precautions in dealing with all patients," he added.

Mr. Johnson was a guest speaker at the conference "AIDS in the Workplace" organised by the Institute of Health and Safety Managers which opened this morning by the Minister for Labour, Mr. Ahern.

Mr. Johnson said that, generally, if one avoided unprotected sexual encounters and the sharing of needles and syringes with others, there was no risk of picking up HIV infection at work.

"It follows from this that there is no justification for discriminatory activities in relation to workmates who may be infected with the virus," A. M. Briscoe, Safety Executive of the FUE which recently issued guidelines for its members on AIDS, said.

The guidelines acknowledged that specific questions would arise about the implications for employment.

"This will be a matter for each employer to consider having due regard to all the relevant facts and circumstances," he said.

Most sources suggested that there was no obligation on a person to disclose their infection or submit for medical tests but in occupations where routine medicals formed part of the contract of employment, the approach would be different.

"In such cases, consideration will have to be given to the person's state of health some people may not be well enough to continue working," he said.

Mr. Briscoe said that if AIDS becomes as widespread as many people suggest, then concern would exist with insurers and administrators of privately managed pension plans, medical plans and mortality benefit arrangements.

"It is unlikely that AIDS as a relatively new disease which has a high fatality probability, will be overlooked in assessing the applicant's medical history when considering inclusion in such plans," he added.
Victim said he had AIDS, court told

A Dublin father of two accused of the murder of a homosexual strangled him because the victim said he had AIDS after they had sex it was alleged at the Central Criminal Court yesterday.

The court heard that Patrick Dunphy, allegedly made a statement admitting he killed Bryan Begley after the pair had gone to a city guesthouse.

It was the fourth day of the trial of Dunphy (26), an unemployed builder's labourer and father of two, Cushlaun Park, Killarney, who has pleaded not guilty to the murder of Bryan Begley (21) from Stillorgan, Co. Dublin.

The prosecution alleges Dunphy strangled Mr. Begley with part of a bed quilt during a homosexual act at Doyle's guesthouse, South Great George's St., in the early hours of May 14.

Yesterday Det.-Insp. James McKiugh, Pearse St., said after caution Dunphy said: "Picked him up. Went back to the bed and breakfast. Went back to the room. Messing about."

The Inspector said that Dunphy said Mr. Begley had a leather belt which he used to tie him up with. Dunphy said to him: "Something happened. I pulled the cloth around his neck."

Dunphy then said: "He was it. He wants antibodies. I was after giving him a blow. The thing around his neck was supposed to have been a gag. I twisted it around his neck."

Detective Inspector McKiugh said he asked Dunphy to make a written statement and he agreed. After the statement was made Dunphy said: "I was the thought of my family in my mind. If I had AIDS how could I touch my wife or children?"

According to the statement the man said to Dunphy: "Do you know I have AIDS. I am a major carrier. I have AIDS antibodies."

Dunphy said: "I then choked-up. I went spare. I pulled the cloth tightly around his neck."

The trial before Mr. Justice Johnson continues today.
AIDS

Sir, When will people like Mary Kennedy (letters, November 30th) learn? Pop stars and adolescents are interested in nothing but sex, drugs, and rock 'n' roll and an essential qualification to fulfil before appearing on Top of the Pops is to swear to promote the cause of corrupting teenagers, seems to be the opinion of Ms Kennedy and others.

There are two types of teenagers regarding sex — 1, those who will (which is their business — not the business of the Irish Family League) and 2, those who won't. If it's declared that using a condom will help prevent AIDS this does not mean that we all rush out: "Wow! Bob Geldof said a condom helps prevent AIDS, let's all get down to the chemist, arm ourselves and grab the nearest fella.".

It seems to me that it is the likes of Mary Kennedy who needs to be educated in this area. Condoms have a five per cent failure rate as regards birth control (usually blamed on misuse). However, if used during any sexual contact they will prevent sexually-transmitted AIDS. 100 per cent. So there! — Yours, etc.,

SARAH CAREY (16),
Newcastle,
Enfield,
Co Meath.
San Francisco is over and out

CATHY is doing a double duty. She is working three full nights a week at El Camino Hospital, 30 miles north of San Francisco, and two days a week at San Francisco General Hospital. She has no rest. She is a nurse, a student nurse, and a mother of two children. She has no time. She has no life. She is a nurse. A student nurse. A mother of two children. She has no time. She has no life.

So, folks, welcome to San Francisco. You'll love being here. There's nothing like it in the world. The streets are crowded, the sidewalks are narrow, and the traffic is heavy. But the people are friendly, the food is good, and the weather is perfect. It's a wonderful place to live.

David Hanly

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David Hanly
Insurer admits AIDS discrimination

By Kathryn Homanquil

DISCRIMINATION against people who test HIV-positive, and also against those at high risk of being infected by the AIDS virus, was advocated yesterday by Mr J. L. Rennie, Chief Executive of Abbey Life Assurance (Ireland) Ltd.

At a day-long conference on "AIDS in the Workplace" in Majadale, Co Dublin, Mr Rennie candidly admitted the methods by which Abbey Life and other insurance companies screen people for AIDS.

"Life assurance companies need to protect themselves against the AIDS epidemic and do so through a discriminatory underwriting process. This process, however, is not necessarily well received by individuals, medical practitioners, government or activist groups. This, as insurers, we are prepared to live with," Mr Rennie said.

The screening he said, consisted of an initial question on insurance proposal forms which asked if the applicant had received medical advice, treatment or had a blood test for AIDS or an AIDS-related condition. He also asked if the applicant had any reason to believe that as a result of his or her occupation or lifestyle he might be exposed to this disorder.

A no reply would result in normal underwriting treatment, but a yes would be followed by a second questionnaire of "very specific and very personal questions." Since there was an incentive for the applicant to lie, their truthfulness would also be assessed.

The applicant would be asked if he was a homosexual or bisexual man, an intravenous drug user, a haemophiliac or a sexual partner of any of those groups.

The applicant's doctor would also be asked about the applicant's lifestyle, Mr Rennie said. It was "interesting" that so many doctors objected to being asked such confidential information.

"I think the attitude of insurance companies refusing to insure anyone if they've had an HIV test is disgraceful, discriminatory and stupid -- and it will prevent nothing in the end," Dr James Walsh, assistant chief medical officer at the Department of Health, said. Moreover, mandatory testing would never happen as long as he was around.

One conference participant, a haemophiliac who had tested HIV-positive, said that he could not get life assurance and that when he died his wife and children would be left with nothing. Mr Rennie replied that this was the nature of the life insurance business.

Dr Manuel Carballo, chief of research and development for a special programme on AIDS at the World Health Organisation, said that further infection could be prevented, and that it was essential that AIDS sufferers received support and be allowed to continue working to support their families, since the disease could be exacerbated by stress.

Mr Rennie was alone in his view that employers were justified in removing workers who had tested HIV-positive from employment if they had been excluded by workmates, or if they discovered that an employer had tested HIV positive "caused serious industrial unrest in the workforce."

Such a discriminatory situation would be the result of irrational anxiety and fantasy based on misinformation, Ms Patricia O'Donovan, of the Irish Congress of Trade Unions, said. The employer must address this by educating the workers.

Only health care workers could catch AIDS at work, and even they were at minimal risk Dr Zachary Johnson, community medicine, Eastern Health Board, said.
Aids on increase

AIDS killed 41 people in the United Kingdom last month. Department of Health and Social Security statistics, released yesterday, show 1,170 AIDS cases to the end of November, of whom 665 have died.

This compares with 1,123 cases recorded at the end of October, with 624 deaths. Thirteen AIDS sufferers were children of infected mothers. Six have died.
Priest got AIDS from sex

A Jesuit dying of AIDS has told US Church officials he probably contracted the disease through a sexual relationship with another man.

Parishioners in Portland, Oregon were told Fr. Peter Davis, 42, had AIDS, he has served as parish priest for the last two years.

More than 400 parishioners, who knew only that they were attending a prayer service for their pastor, sat in near silence as they were told the news.

Fr. Davis discovered he had AIDS last month, said Fr. Brad Reynolds, spokesman for the Jesuits in the Northwestern US.
Gay victim ‘did not have AIDS’

A JUDGE was told yesterday that a young man killed in a guesthouse after a homosexual sex session did not have AIDS.

Mr. Justice Johnson was hearing evidence in the Central Criminal Court prior to sentencing father of two Patrick Dunphy (36) of Cushlawn Park, Killinarden, Tallaght, Co. Dublin.

He has pleaded not guilty to the murder of Bryan Begley (21) of Beaufield Park, Stillorgan, Co. Dublin at Doyle’s guesthouse early on the morning of May 14 last.

Last Friday he changed his plea to guilty of manslaughter.

During the trial the jury had heard of an alleged statement by Dunphy in which he said he had strangled Begley — after a sex session — when Begley said he had AIDS.

Sentence was adjourned until today because a defence witness was unavailable.

In court yesterday Det. Insp. McHugh agreed with Mr. Michael McDowell S.C. for the State that Mr. Begley had gone willingly to the guesthouse with Dunphy.

He also agreed that there had been a fairly considerable amount of drink taken, particularly by Dunphy.

There was nothing to suggest that prior to the immediate cause of death that any violence was involved.

He said medical tests had shown Mr. Begley did not have AIDS.

Det. Inspector McHugh told Mr. Justice Johnson that Dunphy had been full of remorse and had never intended to kill Mr. Begley. “It was a spontaneous reaction on his part.”

He added that he wished to inform the court that Mr. Begley’s parents “are full of compassion and forgiveness in relation to what happened to their son. They are very forgiving people.”
Tibetans plan potion for AIDS

TIBETAN doctors in the remote Himalayan foothills are pouring over ancient Buddhist scriptures to find a cure for the killer disease AIDS.

Doctors led by the Dalai Lama's personal physician living in exile in north India are experimenting with a secret potion based on mercury which they hope will gain acceptance in the West. But they lack facilities for blood tests and say they are hampered in research because there are no cases of Tibetans having contracted AIDS.

There is no known cure for AIDS, which destroys the body's defences against disease. More than 60,000 people worldwide are known to have AIDS, which is transmitted sexually or through the blood.

Tenzin Choedak (81), personal physician to the exiled Tibetan spiritual leader, who took his theories to the United States last July, said AIDS destroys the 'Dhang', or vital essence of life — a clear fluid in the centre of the heart.

DEGENERATION

He told the Harvard Medical School and the University of California, San Francisco, that AIDS is one of 18 diseases which Tibetan scriptures prophesied would emerge during 'an era of degeneration'.

Choedak has so far produced four prescriptions based on 'Tsothel', a potion known only to him and one other doctor who fled with 100,000 Tibetans to India after an abortive uprising in Lhasa against Chinese rule in 1959.

Two batches of Tsothel, made of 17 metals and minerals, have been produced so far in India, said Namgyal Lhamo Takha, director of the Tibetan Medical and Astro Institute. "It takes up to four months to produce each batch and it is very expensive," said Takha, the Dalai Lama's 45-year-old sister-in-law.

"We had to keep the preparation secret because Tibetan medical scriptures warn that the presence of visitors may affect its potency. In 1986, when we made the first batch of Tsothel outside India, everyone in Dharamsala knew about it and there was great excitement," she said.

But two of the doctors involved in the preparation died when their car fell off a cliff along the winding roads of Himachal Pradesh state. "Many others involved in the preparation also fell ill and there were mysterious accidents. So this time we told no one," said Takha.

Choedak first prescribed Tibetan medicine last year to two Danish and two American homosexuals, and a West German child who had contracted AIDS through blood transfusion. One of the Americans was reported to be progressing well until he contracted pneumonia and was admitted to a New York hospital where doctors ordered him to stop taking the Tibetan medicine. He died shortly after.

Choedak also treated 68 American AIDS patients during his U.S. visit, but Takha said they could only follow up nine of them and were still awaiting results to gauge their reaction to the Tibetan medicine.
Tests on Aids drug

By Andrew Velich, Medical Correspondent

Tests of a new Aids drug originally designed to treat cancer are expected to start at St Stephen's Hospital, London, next month, it emerged yesterday.

Dr Brian Gazzard, consultant physician at the hospital, is applying for ethical approval to give the drug, Contracan, to about 30 patients in the early stages of the disease.

Laboratory tests show that Contracan can reduce replication of the Aids virus, according to Medirace, the firm set up to finance the drug's development.

The hope is that it could be used in a cocktail with the only approved Aids drug, AZT. That would mean doses of AZT could be reduced, thus cutting the risk of dangerous side-effects, particularly anaemia, said Medirace's director, Mr Ian Gowrie-Smith.

Contracan is being developed as a cancer drug by Dr Koita Awoyok and his team at the Hammersmith Hospital and the Royal Postgraduate Medical School, London. Results of trials involving patients at the Hammersmith and in Bristol have been encouraging, says Medirace.

The drug appears to stop cancerous cells replicating by changing the proportions of stearic acid and oleic acid within the cell.

A second Aids vaccine has been approved for testing on humans in the United States. It will be given to up to 60 uninfected homosexuals at the Pacific Medical Centre in Seattle.

Developed by scientists at Oncogen, a subsidiary of the Bristol-Myers multinational drug firm, it consists of the vacuulna virus – used for immunising against smallpox – engineered to carry a gene from the Aids virus, HIV.

The aim is to trick the body's immune system into thinking it is being invaded by HIV and so to mount defences which will protect it from infection.

However, leading British scientists are opposed to using vaccines to immunise against Aids because of evidence that it can cause a smallpox-like disease if given to a person who is unknowingly carrying HIV.

'The first British vaccine is expected to be tested on humans next year,' America's first Aids vaccine was approved for testing in August.
The AIDS war
Team fights battle against bigotry

A Leeds organisation is fighting against ignorance and prejudice in its battle against AIDS. DIANA MUIR reports.

The need to become more open about sexuality, love and sexual preference is going to be the bitter way to fight the spread of the virus and AIDS. Without that openness the job is going to be a lot harder.

Stereotypes which have defined AIDS are going to be broken as the campaign sends out a clear message of facts, children, information and knowledge.

The spread of the virus is now well within the human population. It is everyone's responsibility to be informed. Everyone has a right to information, education and help. But there are no cases in the area that have been reported.

Instead of confusion there has been a clear message. The need for education and information is urgent.

The government has been labelled as being ignorant, stupid and slow. People are saying that the government is not doing enough.

In the words of the government, ignorance is the problem. There is a need to educate people about AIDS. But there is a risk of confusing people with too much information.

The need for education about AIDS is urgent. People need to know how to prevent the spread of the virus.

The government is taking action. The National AIDS Strategy is being developed. The government is committed to taking action.

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The government is taking action. The National AIDS Strategy is being developed. The government is committed to taking action.
The AIDS scourge: doubles in a year

By IOM Report

The numbers of AIDS victims in Ireland has doubled last year

10th December 1987

Evening Herald