

HIV/AIDS danger increasing in the West

Barry Mason
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Whilst the spread of AIDS has become the biggest health disaster on a global scale, its effects have been mainly concentrated in Africa and the developing world. But recent evidence from Western Europe and the United States suggests that even in the developed world it is far from being under control.

A report by the United Kingdom Collaborative Group on monitoring the transmissions of HIV drug resistance, published in the *British Medical Journal* May 5, gives cause for concern. The report, based on research done by the Public Health Laboratory Service unit at the University of Birmingham Medical School, was based on a study of 69 people who had become infected with the HIV-1 virus between June 1994 and August 2000. Of this total ten people were found to be infected with an HIV virus that is resistant to antiviral drugs. Two of the ten were carrying a strain of the HIV virus resistant to two of the three classes of anti-AIDS drugs.

None of the people tested had yet begun receiving antiviral drug treatment. This means that they had all acquired the drug resistant strain of HIV virus through infection.

Antiviral drugs were introduced in 1996 and led to a big decline in the incidence of AIDS-related deaths. But based on a statistical analysis of the results of this study, it is estimated that in the year 2000, of those infected by HIV in the UK, more than 25 percent were infected by a drug resistant strain.

The study follows others conducted in the US and Europe showing an increasing proportion of newly infected people affected by a drug resistant strain of the HIV virus.

One such report was published in February by Dr Susan Little and Dr Douglas Richman of the University of California at San Diego. They studied 394 cases of people newly infected by HIV from major North American cities including Vancouver, New York and Seattle. Their study showed that resistance to one or more of the classes of anti HIV drugs had increased to 14 percent of newly infected cases in the period 1999 to 2000. For the period

1995 to 1998 the cases infected with such a strain was only 3.5 percent. Cases resistant to two or more anti retroviral drugs in the period 1999 to 2000 rose to 5.8 percent as against 0.4 percent for the period 1995 to 1998.

To what degree the increase in such virus-resistant strains is resulting in deaths, as anti-retroviral drugs prove ineffective, is not clear from available statistics. A press report interviewing Dr Kevin Carmichael, a physician in Tucson, Arizona, whose group practice treats the majority of AIDS and HIV positive cases in the area, gives some indication. A year ago seven out of 1,000 of Dr Carmichael's HIV patients had died, but this year to date the figure had risen to 18. Carmichael said, "At the rate we're going so far this year I think we are going to see our deaths at least double. Earlier this year, we thought this might be a fluke, just a temporary unexplained spike, a bad few weeks. But we have to face the fact it's much more than that. These are the patients since 1995 who represent the failure of therapy. Clearly, we are seeing the virus become resistant to the drugs, and everyone is worried that even new treatments won't be able to keep up with the ability of this to mutate. It is beginning to feel like the bad times when we lost people every week."

The United States Centres for Disease Control and Prevention (CDC) does not have statistics on the rise of drug resistant HIV cases. Its statistics do show however, that the dramatic decline in AIDS deaths since 1996 has now levelled off. CDC spokeswoman Kathryn Bina said, "We don't have the numbers yet for 2000 and 2001, but no one here would be surprised to see them start to go up everywhere as treatment fails."

It appears that the problem is not only the increase in drug resistant strains of HIV but that HIV infections as a whole are beginning to rise. Spending on public health measures—particularly education on the dangers of unprotected sex—has declined and there is a danger that the effectiveness of drug treatment in delaying the impact of the disease is encouraging complacency.

The United Nations AIDS report of December last year expressed concern that in the United States and western

Europe, previous successes were now going into reverse: “The news from the richer countries of the world is that prevention efforts are stalled—available information indicates that the number of newly infected people is no lower this year than last. Altogether in the course of the year 2000, 30,000 adults and children are estimated to have acquired HIV in Western Europe and North America.”

A comment on the report published in a British Medical Journal article from the charity, the National Aids Trust, explained that the present generation coming of age in the “era of combination therapy” were less likely to take preventative measures, warning that “the frightening thing is that we are now seeing more new cases than ever before in the UK, at 3,000 per year”

A study by the US CDC—released in February this year—cites one in three young gay black men in the major cities of America is infected with HIV. The report also found that overall 12 percent of gay men in their 20s living in urban areas are infected with HIV. A CDC spokesman said, “The findings are alarming. The tragedy is that by the time they are 30, one third of African-American homosexual men are infected.”

All the recent studies in the United States and Western Europe point to the need for more resources, research and preventative measures to meet the increasing threat from the HIV virus—especially the drug resistant strains that are now spreading. Continuing dependence on combination drug treatment, still beyond the reach of the vast majority in the third world, is no alternative to an effective treatment and vaccine for the disease. There is no indication that Western governments, conspicuously failing to tackle the global AIDS crisis with the resources and political will that is needed, are even taking seriously the growing impact of the disease on their own doorsteps.



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