

Study Tour Focuses on AIDS

By Barbara Ruben

As NIS nations brace for an escalation of AIDS patients, four health officials from Ukraine and Russia attended the 11th International AIDS Conference in Vancouver, Canada and visited public health systems in San Francisco, California; Chicago, Illinois; and Washington, DC on a July study tour sponsored by AIHA. In addition to AIDS treatment and prevention, the participants also learned about other blood-borne infections such as hepatitis, and studied infection control programs at the hospitals.

The three American cities visited by the delegation have had more than 40,000 AIDS patients combined since the start of the epidemic, and currently at least 50,000 residents of these cities are HIV-positive. Nationwide, there are between 650,000 and 900,000 persons infected with HIV.

"The situation with AIDS in the United States is basically our future," said Alexander Goliusov, MD, special AIDS adviser to the Russian Federation Minister of Health and chief specialist in the Department of Preventative Medicine in the Ministry of Health. Goliusov oversees the health ministry's 82 AIDS centers throughout Russia, the first of which opened in 1989.

The first stop on the 12-day tour was at the AIDS conference in Vancouver, where the delegation attended sessions highlighting the new gains in fighting AIDS through a combination of a new class of HIV-fighting drugs called protease inhibitors, AZT and other drugs. The combination of drugs combats the virus's eventual resistance to a single drug, and promising trials showed that HIV in blood cannot be detected as long as 24 weeks after therapy begins.

Study tour participants said they were buoyed by the news about the new drug combinations since they said they were seeing increased viral resistance to AZT. At the same time, they also worried about the cost of the therapy, estimated at \$20,000 a year in the United States, because governments in Russia and Ukraine have been shouldering the entire cost for AZT.

"Vancouver made a very deep impression on me, showing that the AIDS epidemic is a tragic problem for all humanity," said Inna Tymchakovskaya, MD, a chief specialist for the Department of Preventative Medicine in the Russian Ministry of Health. "In spite of the hope of the new drugs to treat AIDS, I was disappointed that there is no chance at the moment that a vaccine will be created."

While at the conference, the delegation also met with representatives of the US Centers for Disease Control and US representatives of AIHA hospital partnerships between Minneapolis, Minnesota and Chisinau, Moldova and between Chicago, Illinois and Tashkent, Uzbekistan.

During a two-day trip to San Francisco General Hospital, the group learned about the hospital's large in- and out-patient AIDS programs, communicable disease surveillance in the city, and advances in infection control. The hospital is a public one, serving a largely poor population who either do not have health insurance or who use government assistance. San Francisco has the highest number of HIV-infected residents per capita of any US city.

"The AIDS program at this hospital is something of a model for the world," said Paul Volberding, MD, director of AIDS activities at the hospital. Volberding, an oncologist, treated the country's first AIDS patient in 1981.

Volberding, who spoke at the Vancouver conference, emphasized the importance of the new drug combinations, saying that they produce a 100- to 1,000-fold reduction in the virus load.

"A number of patients show the virus is completely cut off in its growth. This is very important. This is very good news," he said.

Since San Francisco General started the country's first outpatient AIDS clinic in 1983, the number of patients per month has grown from 300 to 2,700. Average hospitalization is only three days, compared with three to five months in Ukraine. Ukraine has no outpatient AIDS clinics, but opening such clinics, along with reducing time spent in the hospital, would help cut costs, said Yuri Dorofeev, MD, chief sanitary physician for Crimea. Southern Ukraine, particularly Odessa and Crimea, has been hard hit by HIV as popularity of a new opium-based drug rises and needles are shared among users.

In San Francisco, a community group organizes a needle exchange for drug addicts to discourage sharing of needles. However, because some lawmakers believe that giving needles to drug abusers encourages drug use, federal funds are difficult to obtain, making widespread needle exchange programs difficult in the United States, said Fran Taylor, MD, director of communicable disease control with the San Francisco Department of Public Health. The health department provides bleach for cleaning of needles, however.

Alla Shcherbinskaya, MD, director of both the Ukrainian Institute of Epidemiology and Infectious Diseases and the Ukrainian AIDS Prevention Center, said she is interested in starting a needle exchange program at home. "Our major task is to make drug users aware of HIV. We can't really stop drug abuse, but we can have education programs about HIV," she said.

The delegation also said they want to adopt infection control programs they observed at San Francisco General. A nurse assigned to just infection control work has cut hospital-acquired infections by 35 percent, said Julie Gerberding, MD, MPH, chairman of the infection control committee at the hospital.

Gerberding outlined infection control procedures, including a needle stick prevention program using only disposable needles, installing more and better placed needle disposal boxes, purchasing of new high-tech needles that retract into casing after use and instructing health care workers not to recap needles. The program has decreased needle injuries by 50 percent in the hospital, she said.

As a precaution against tuberculosis (TB), all AIDS patients who complain of chest pain or breathing problems are put in special negative pressure rooms from which air circulates only with that drawn from outside and not the rest of the hospital.

"The biggest infection control challenge for HIV is the TB that follows close on the heels of AIDS," Gerberding said. ""The rise in drug-resistant bacteria is worrisome."

Another innovation participants said they want to institute at home is creation of a hotline that health care professionals around the country can call with questions about HIV and AIDS, based on the National HIV Telephone Consultation Service based at the hospital.

In Chicago, the delegation visited Cook County Hospital, where they toured microbiology and virology laboratories and a blood bank. An older, inner-city public hospital, it offered a contrast to the more modern facilities at San Francisco General. At the hospital, participants toured the HIV Primary Care Center's clinics, which offer educational, mental health, chemical dependency and support group services in addition to medical treatment.

For Goliusov, the most memorable program observed in Chicago was the hospital's Women and Children HIV Program's peer education program, which trains HIV-positive volunteers from the community. The hospital provides a six-session training program for both adults and teenagers on HIV/AIDS and drug and alcohol abuse prevention techniques.

"This is not a method that we have used. I think it is very important to have those at risk for HIV learn about prevention from someone they can trust and relate to," Goliusov said.

In Washington, DC, the delegation met with the city's health commissioner, AIDS director and director of the Department of Public Health. Melvin Wilson, who directs the city's AIDS programs, explained that in Washington as in many American cities, AIDS has evolved from being primarily a disease of gay white men to one in which African American drug users make up the largest segment of the infected. Young African American women who are infected through heterosexual contact or drugs make up the second largest group.

In Russia, 41 percent of those infected with HIV last year were gay (the percentage that has remained fairly steady since 1987), 23 percent were infected through heterosexual contact, and 1.6 percent from IV drug use, according Ministry of Health figures. In Ukraine, prior to 1995, 70 percent of those infected had contracted the virus through sexual contact and 5.5 percent from IV drug use. But those statistics went through a dramatic change last year, during which 68.5 percent were infected through shared syringes and 21.2 percent were infected through sexual contact, according to UNAIDS, a joint United Nations program on HIV and AIDS. Thirteen percent of all IV drug users in Ukraine have the HIV virus.

With the picture of HIV infection in Russia and Ukraine becoming increasingly gloomy, participants said the tour better prepared them to confront the challenge of AIDS on numerous fronts.

"What we saw in the United States was quite important for me," Tymchakovskaya said. "We are planning to improve our infection control measures and have been focusing on prevention. It's good to see we're following the right path."