

Report from the 10th International Conference on AIDS

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I recently attended the 10th International Conference on AIDS held in Yokohama, Japan. My purpose for attending was to report to the profession the most current studies being presented that would be of interest to the practice of chiropractic. In the past few years, I have accompanied my wife to these conferences, basically watching her present numerous papers and presentations on the use of nutrition in the treatment of HIV infected/AIDS patients. This year, I thought it was about time that the chiropractic profession be represented there.

The conference attracted over 11,000 attendees from every corner of the world. There were exhibitors for every product available for the treatment and evaluation of HIV/AIDS patients. There were support groups and activist groups constantly meeting and sometimes demonstrating. Presentations and discussions were broad based, ranging from current treatment regimens to effective preventative measures. In addition, there were studies of disease progression, occupational hazards and vaccine trials.

The spread of human immunodeficiency virus (HIV) is on the rise. The World Health Organization's Global Programme on AIDS (GPA) estimates about two million people became infected with HIV in 1993, raising the total number of those infected since the start of the pandemic to more than 17 million, including one million children. These figures are considered low due to lack of reporting, delays in reporting, and under-diagnosing.

The progression to AIDS starts with the infection of the body with HIV. It is similar to other viruses in that it is incapable of existing apart from living cells, and propagates and competes for space. Once the virus gets into the body, it invades the BCs, especially the T-cells (CD4). At this point, the virus takes over the genetic material of the cell instructing it to produce more HIV infected T-cells through RNA/DNA replication. It can take 2-12 years before the majority of T-cells are infected and the immune system is severely compromised. Now the body becomes an easy target for pneumonia, cancers, and other infections. When an HIV infected person contracts one of these ailments, the individual is then said to have Acquired Immunodeficiency Syndrome (AIDS). Presently, everyone who gets AIDS eventually dies.

There are many ways of becoming infected with HIV. The virus lives in bodily fluids (blood, semen, menstrual flow, vaginal fluid, and even breast milk). Blood seems to have the highest concentration and even though saliva sometimes has small amounts, it contains enzymes that prevent the virus from reproducing. HIV must enter the body to become infectious. The most likely areas are mucous membranes like the linings of the mouth, vagina, rectum, and urethra. These membranes are highly vascular, and when the lining breaks (you often don't feel it), it makes an excellent way for the virus to pass into the bloodstream. Other ways to pass the virus include blood to blood contact, such as sharing needles, transfusion with infected blood and blood products, and procedures such as ear piercing or tattooing using HIV infected needles.

There are no known cases of people becoming HIV infected from the following ways:

1. sharing a glass of water
2. using a toilet seat
3. kissing (see above about saliva)
4. nonsexual socializing such as shaking hands
5. swimming in a pool with HIV infected persons
6. mosquito bites 7) eating food prepared by an HIV infected person

The best method of slowing the spread of HIV prevention:

1. preventive education
2. sexual abstinence
3. use of a latex rubber condoms
4. use your own blood for transfusion
5. don't share needles
6. avoid sex with a prostitute

Currently there are many treatment protocols being tested throughout the world. In the past, the more common therapy included the use of AZT (zidovudine). According to the early research, use of this drug (compared to no therapy) improved the survival rate for patients starting with therapy prior to AIDS (200-500 CD4 lymphocytes/mm³). It also benefits patients who started after the AIDS diagnosis.

A review of four studies carried out in the Multicenter AIDS Cohort study indicated:

1. Early treatment delays the onset of AIDS-defining illness.
2. Post AIDS survival has been shown slightly longer when starting AZT therapy prior to AIDS than after developing the AIDS-defined illness.

More recently, combinations of drugs that include AZT, ddI, ddC, interferon alpha, Ro31-8959 (saquinavir) and many others are being tested. These studies indicate that CD4 cell counts remain higher for longer periods of time than compared with monotherapy.

Vaccine trials are starting, although with much difficulty. One of the major obstacles is that when animals are used for this type of research, they do not develop the same type of symptoms as humans do. Another problem stems from the continuous mutation of the virus.

Occupational hazards generally fall into the skin-to-skin contact and needle-stick injuries with needles previously used by HIV infected persons. The most recent study was on 212 health care workers who were exposed to the HIV virus. None of the workers showed any epidemiological, clinical or serological evidence of HIV infection. World wide there are only 50 known cases of a health care worker being infected by a patient and all of those were needle-stick injuries.

Precautions for the Chiropractic Office

- 1) needles and sharp objects need to be disposed of properly
- 2) hand washing -- between every patient
- 3) cleaning, disinfecting and sterilizing -- all tables should be wiped down with an EPA approved germicide
- 4) laundry -- handle with caution
- 5) decontamination of protecting clothes
- 6) infective waste -- disposed of properly through an agency
- 7) using latex gloves when being exposed to an open lesion

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