

CHAPTER -II

A I D S

- Review of literature

CHAPTER II :

A I D S

AIDS is disease due to a defect in cell mediated immunity in a patient with no known cause of immunodeficiency other than infection with Human Immunodeficiency Virus. The incubation period of this disease varies from eight months to six years or even more, and once the disease evolves it has to date a hundred percent mortality .

It is important to realise that AIDS has been observed in only a small proportion of those infected by HIV. Other clinical syndromes due to HIV infection have been recognised. These include the AIDS related complex {ARC} and persistent generalised lymphadenopathy {PGL}.

Clinical features of AIDS disease can be described as under :

- * Weight loss 10 percent of total body weight,
- * Fever for no obvious reason for more than three months,
- * Diarrhoea,
- * Night sweats,
- * Lymphadenopathy for more than three months,

Other disease indicating a defect in cell mediated immunity due to HIV virus may be listed as under :

- * Protozoal, * Viral, * Bacterial, * Fungal, * Tumours, * Others including encephalopathy , wasting syndrome, etc.

Once the disease is suspected clinically, one should go for laboratory tests to confirm the diagnosis. These tests are of different types and are based on different principles. In India, at present, only HIV antibody test is available. The different

tests based on various principles which are available in India are as under :

1. Western blot test,
2. ELISA test,
3. Particle Agglutination test (PAT),
4. One step ELISA,

The basic principles recommended by WHO and are adopted world wide in the management of patients with HIV infections are as under :

1. Prevention of repeated HIV infection,
2. Avoidance of other infections,
3. Change in life -style,
4. Health care :
 - a. Balanced and adequate diet,
 - b. Avoidance of tobacco, alcohol, etc.
 - c. Exercise,
 - d. Rest,
 - e. Body care { Hygiene },
 - f. Management of stress,
5. Treatment of opportunistic infections,
6. Drugs modulating the immune system of the body,
7. The AIDS vaccine { ? }.

**AIDS/HIV INFECTION IN INDIA - NATIONAL PROGRAMME
AND FUTURE STRATEGIES / POLICIES**

Aids a disease of eighties, was first ~~described~~^{identified} in U.S.A. in summer of 1981. In India the Indian Council of medical Research started sero-surveillance in two of its in National Institute of Virology, Pune -to find whether HIV has reached in India or not. In 1986, first HIV infection was detected amongst the female sex workers in Madras. ^{1st case}

In 1987, the Government of India formulated AIDS Control Programme with three components :

1. Surveillance.
2. Safety of blood and blood products.
3. Health Education.

By March, 1992 62 surveillance centres have started functioning. Uptill March 1992, 13,15,093 cases have been screened, out of which 7,050 cases of HIV infection have been detected. Till today, 115 full-blown AIDS cases have been reported.

It is observed that the States of Maharashtra, Manipur and Tamil nadu have the largest number of sero-positives in the country. As far as AIDS cases are concerned ,they are mostly young people with the risk behavior of sexual promiscuity predominating Fig1.

At present, there are 180 centres in the country which screen blood is the priority in the blood safety programme.

Health Education is primarily looked after by the Central Health Education Bureau, State Governments and NGO's also play a vital role in this field.

There is recognition in the highest levels of the Government

about the seriousness of the problems of AIDS and the 1992-93 Budget Allocation for AIDS is 23% of the Health Budget. A strategic plan for AIDS Control for 1992-97 has been prepared with a total out lay of Rs.270 crores .The policy of the Government of India regarding the AIDS Control has been reflected in the priority given to the following five components in the strategic plan:

- a. Strengthening Programme Management.
- b. Improving Blood Safety.
- 9c. Promoting Public Awareness.
- d. Surveillance & Clinical Management.
- e. STD Control.

A. Strengthening Programme Management:

1. An Apex Body known as National AIDS Control Board to be constituted to expedite the issue of sanctions,undertake procurement and also exercise all financial and administrative power.
2. National AIDS Control Authority to be established with adequate staff and resources. This Authority will exercise all financial and administrative powers vested in the Department of Health Government of India.
3. A Technical Advisory Committee to deal with the Technical aspects of I.E.C.,S.T.D. Control,Laboratory Blood Safety,Epidemiological research condom programme,case diagnosis,Management, Non-Governmental Organizations [NGOs] Mother and Child Health.

State level:

At the state level an Empowered Committee headed by the Chief Secretary /Addl.Chief Secretary.

State AIDS Cell to be strengthened/established with adequate

staff and resources.

State Technical Committee for reviewing periodically the technical aspects.

B. Improving Blood safety and Rational Use:

- Adequate blood banking services to be built up to the district level and development of trained and qualified manpower.
- Educate and monitor voluntary blood donors.
- Rational use of blood .
- Drugs and cosmetics act to be strictly enforced in the blood banks.

C. Promoting Public Awareness and Community Support Including Condom :

- I.E.C. is the most important component of the London declaration in AIDS prevention -1988.
- India being a signatory of that, so I.E.C. is an important component of the National AIDS Control Programme.
- All sections of the community are the target.
- Policy of non -discrimination towards HIV/AIDS.
- Promotion of safer sex behavior through condom use.
- Involvement of non -government organizations to raise public awareness.
- Multi disciplinary, multi-sectoral approach.

D. Building Surveillance and Clinical Management Capacity :

- Sentinel surveillance activities to be strengthened to know the

trends in HIV infection over time and place.

- Quality control measures for HIV testing.
- Confidentiality .
- Non -discrimination of HIV positive patients in health care settings.
- Development of trained manpower for AIDS diagnosis and management at all levels.
- Upgrading infections control guidelines.

E. Controlling Of Sexually Transmitted Diseases :

- More precise estimate of the magnitude of S.T.D. problems.
- Upgrade facilities for diagnosis and rational treatment.
- I.E.C. activities to be promoted for preventive aspects.
- S.T.D. control activities to be integrated in NACP.

In conclusion it can be stated that HIV infection exists in all regions of the country and is steadily involving more people. The main modes of transmissions in the country is through sexual and needle sharing . The main thrust of the programme is on promoting safe sex behavior and improving blood safety. There is no lack of political will at the highest level to combat this disease.

NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME IN
MAHARASHTRA STATE

AIDS PREVENTION AND CONTROL PROGRAMME

- * First case detected in May, 1986,
- * Training programme for various cadres of Health Staff conducted in 1986,
- * Blood screening activity initiated at NIV Pune and IIH Bombay,
- * Government of India supplied ELISA reader units and the activity extended to all districts.
- * Sero-surveillance activity being carried out at ten institutions in Bombay. Now extended to all medical colleges.
- * I.E.C. -materials developed and used for community awareness.
- * Clinical demonstration cum training in AIDS, ward established at J.J. Hospital, Bombay.
- * M.T.P. prepared for state in 1990 .

PRESENT STATUS

- * Five sentinel surveillance centres sanction by Government of India, covering all sectors of population.

COUNSELING PROGRAMME

- * 72 Institutions identified,
- * In 1991-92, 11 institutes supported financially,

HOSPITAL INFECTION CONTROL ACTIVITIES

- * On the Job Training Programmes by District Core teams to all Health Staff.
- * Supply of adequate materials/equipments
- * Monitoring of the activity

STRENGTHENING OF S.T.D. CONTROL PROGRAMME ACTIVITIES

- * Providing minimum required staff,
- * Providing equipments, lab material and drugs,
- * Training of concerned staff
- * Surveillance and monitoring

CREATION OF AIDS CELL

- * AIDS cell established at District Hospital Surveillance Centre
- * Similar cell proposed for Bombay Municipal Corporation.
- * Proposed addition staff to strengthen the blood banks services and S.T.D. control programme.

PROPOSED WORLD BANK AIDED PROJECT

- * Govt. of India proposed such project for 5 years i.e. 1992-1997

* Activities include-

- Programme Management
- Surveillance
- Modernization of Blood Banks
- Strengthening of S.T.D. Programme
- Improving Clinical management
- Training Programme
- Counselling activities
- Condom promotion
- Involvement of NGO's
- Public awareness campaign