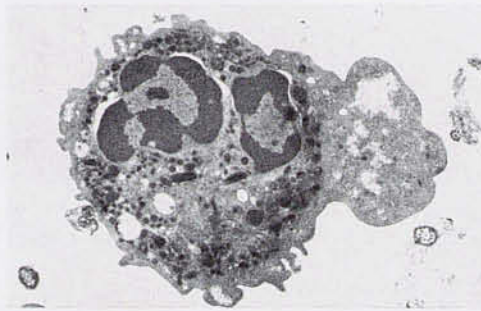


AIDS IN CATALONIA

THE PROPORTION OF SUFFERERS WHO ARE DRUG ADDICTS IS MUCH HIGHER IN CATALONIA THAN IN THE U.S.A. OR THE REST OF EUROPE. THE ILLNESS HAS SPREAD MOST NOTICEABLY IN THOSE GROUPS WHERE PREVENTIVE MEASURES ARE MORE DIFFICULT TO APPLY.

ORIOL RAMIS-JUAN LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE



According to estimates put forward at the recent International Conference on AIDS, held in Paris last June, some 20,000 people have been affected by this disease in the industrialized countries. In the Spanish state the incidence of this new illness is still less than a twentieth of that in the U.S., where more than 85 % of cases in all the advanced countries are concentrated, but the number of sufferers everywhere is continually increasing.

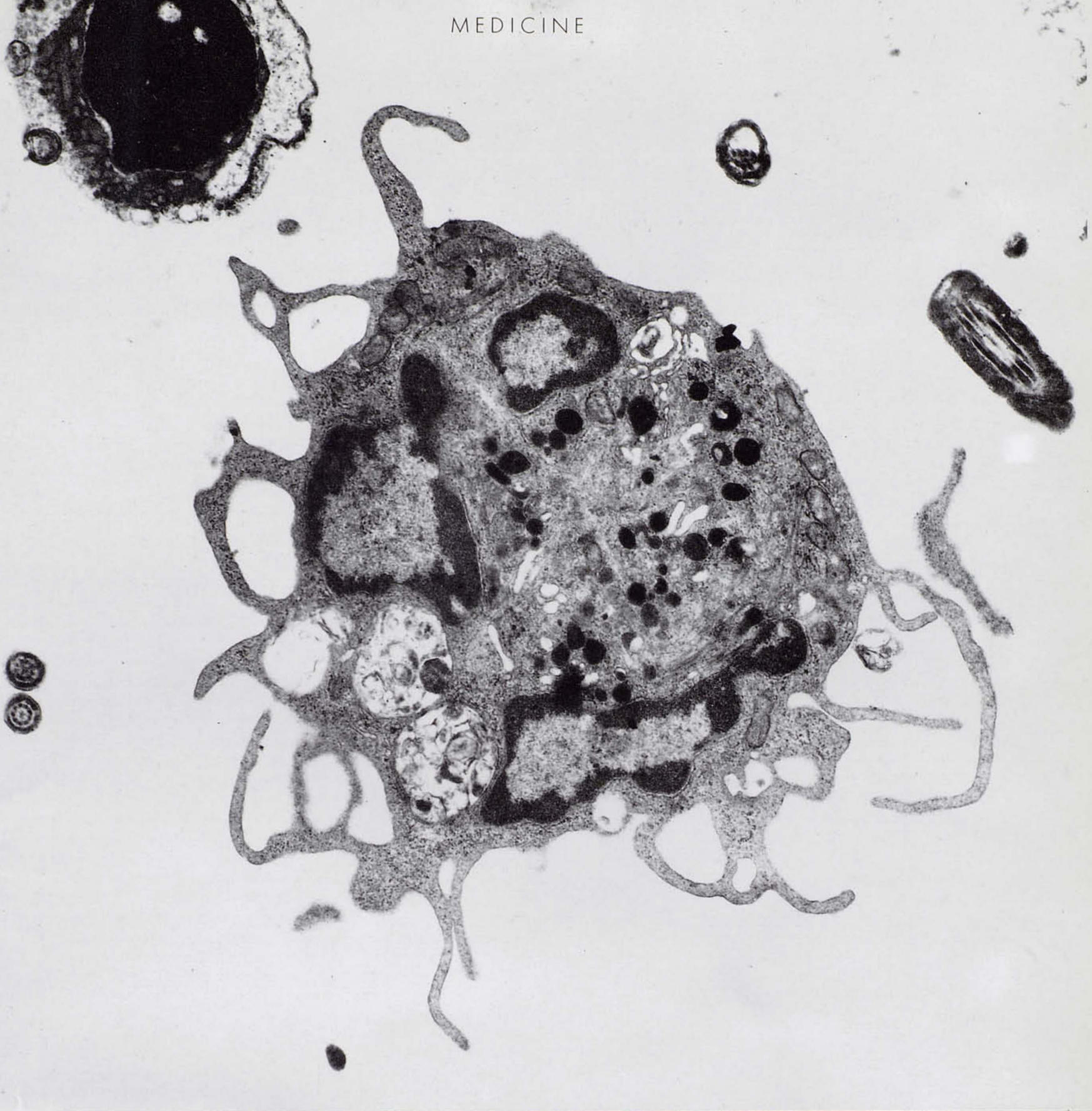
Luckily, in the last few months we have been able to see important advances. French and American investigators have discovered the important aetiological role played by a virus known as H.I.V. (Human Immunodeficiency-linked Virus). This has meant an important step forward in research. Nevertheless, many years will have to pass before we can come up with an efficient vaccine. The length of time necessary before we find a suitable treatment is even more uncertain, but it will also be considerable. On the other hand, we have a good knowledge of the means of contagion. The virus is transmitted by the administration of blood from an infected person to someone else, through genital contact, or, during pregnancy, from mother to child. The first form of conta-

gion explains why the illness is so often present in haemophiliacs, who are constantly in need of blood transfusions from donations. Most cases of AIDS in haemophiliacs are due to blood transfusions which have come from untested donations made when the nature of the syndrome was not yet known. Now that the action of the virus is understood and there are tests which will identify samples of infected blood, these cases should no longer arise. Catalonia, like the majority of European countries, has passed legislation to ensure that routine checks are carried out to detect evidence of contact with the virus in blood donations as well as in all industries dealing with haematic products.

However, the majority of transmissions via the blood appear in people addicted to the intravenously-administered drugs—especially heroin—, who tend to share needles and syringes amongst themselves. The traces of blood which remain on the syringes transmit the infection.

Sexual transmission of the disease in industrialized countries is almost always limited to male homosexual relationships, possibly due to the minor injuries which are typical of anal intercourse and other practices common in these relationships. In African countries, where

though less frequently referred to, the number of AIDS sufferers is possibly much higher than in the U.S.A., heterosexual transmission is far more common. However, for the time being, a satisfactory explanation for this fact has not been found. Outside the human body the virus rapidly becomes inactive, and this may explain why contagion does not take place through simple physical contact between infected and healthy people. As can be seen from the chart, the proportion of sufferers who are drug addicts is much higher in Catalonia than in the U.S.A. or the rest of Europe. This phenomenon is not easy to explain. A reasonable hypothesis is that the relatively recent arrival of the illness has led to its limitation, since in an early phase of the epidemic we became aware of its characteristics and of the possibilities of prevention. It has spread most noticeably in those groups where preventive measures are more difficult to apply. The capacity of the health services and health education to influence environments where drug consumption is common are practically nil. AIDS in Catalonia, much more than in other industrialized countries, must be thought of as yet another aspect of the serious problem which drug addiction is for health. ■



DISTRIBUTION OF AIDS CASES BY GROUPS AT RISK IN U.S.A., EUROPE AND CATALONIA (Figures in percentages)

RISK-GROUP	U.S.A.	EUROPE	CATALONIA
Homosexuals and bisexuals	64.4	65.1	53.3
Drug addicts	16.8	9.4	26.7
Homosexuals, bisexuals and drug addicts	8.0	2.0	3.3
Haemophiliacs and transfusions	2.6	6.6	10.0
Other or unknown	8.2	16.9	6.6
Total	100	100	100