Should HIV Be Treated as Another STD?

Ron Ballard

The co-existence of HIV infection and conventional sexually transmitted diseases (STDs) is not purely a result of behavioural factors common to both diseases. This is also the result of a dynamic interactive process whereby certain conventional STDs increase the rate of transmission of HIV. It has become evident that, under normal circumstances, HIV is an infection of low transmissibility. Under these circumstances the vaginal walls and epithelium of the penis act as effective barriers against HIV transmission. The risk of infection with HIV is probably less than 1% per episode of heterosexual intercourse and greater than 5% per episode of anal intercourse. In comparison, the risk of gonorrhea is 80% and chlamydial infection 50%. However, in many developing countries, notably those of Africa (including South Africa), South East Asia and South America, where STDs are common, this barrier is effectively overcome by high rates of genital ulceration and inflammation as a result of infection with conventional STDS.

Effective AIDS Control

This relationship between HIV infection and other conventional STDs offers opportunities for implementation of effective AIDS control, based on sound scientific and medical principles which takes into account the epidemiology of both diseases. This could include extending conventional control measures normally undertaken for conventional STDs to include HIV/AIDS patients.

The normal principles which are applied to control conventional STDs include vigorous case-finding, treatment of cases, active tracing of possible contacts, and testing and subsequent treatment of latent infections. These principles are not applied in the case of HIV infection and AIDS for a number of reasons, resulting in a major dilemma for health care workers whose main aim is the control of HIV/AIDS. This dilemma arises from the possible conflict which the physician has, on the one hand, of respecting the right to confidentiality of the person found to have HIV and, on the other, his/her duty to warn those who may have run a significant risk of acquisition of infection. In

addition, since the disease is of considerable public health significance, the physician may feel that he/she has a duty to implement conventional public health 'ideology' in order to protect the community at large.

Current Approaches to Aids Control

Reasons given for not extending the 'conventional' disease control approach to HIV/AIDS include not only issue of confidentiality, but the long incubation period of the disease and its asymptomatic nature, the possibility that the disease could become more stigmatised, the fact that there is no curative treatment available, and that HIV-positive persons could increasingly become the victims of considerable discrimination. Many of these reasons have become etched in stone in HIV/AIDS folklore, but I believe that they reflect badly on our society, which has reacted to the threat of AIDS either by distancing itself from those who are HIV-positive, or by using the HIV/AIDS issue as part of an agenda to highlight existing discriminatory practices within our society.

Partnership Notification

However, the question of active case finding and subsequent partner notification can be justified on a number of grounds. While no curative treatment is available, it may prompt those who have been placed at risk to seek HIV counselling and possibly testing. If found to be positive, these individuals may benefit from early treatment interventions and the provision of prophylactic treatment for opportunistic disease. In addition, if infections are detected early there are distinct possibilities that regular sexual partners may be protected from subsequent infection by appropriate counselling, modification of sexual practices and/or use of condoms.

Even if initial objections were overcome, there remain major concerns about formal adoption of active partner-notification proceedures following diagnosis of HIV infection in an index case. These include the high cost of the exercise, both in terms of the financial burden of additional testing and the training of large numbers of personnel required to carry out the sensitive interviews required if the system were to be effective.

Another concern is that, if existing attitudes to HIV/AIDS within the community are perpetuated, then partner-notification programmes may actually discourage people from presenting for HIV testing. This ultimately would depend on the acceptability of the system to the general population and how

they perceive their risk of infection. Obviously those who perceive themselves to be at risk will find any system more acceptable than those who consider that they are not at risk.

HIV/AIDS Control: An Urgency

In view of these restraints and the urgency of the situation, I believe that, on balance, it is necessary to address the problem by steering a middle course. There are ways in which those persons at greatest risk of HIV/AIDS can receive all the benefits of early screening and partner notification without many of the attendant problems. STD control in South Africa has, almost traditionally, been poor. These diseases have long been the 'Cinderella' diseases of medicine. There is no recognised medical speciality, few formal courses are given in the undergraduate medical curriculum, and only recently have short courses been offered to qualified nurses. The facilities provided at public sector clinics are often inadequate and the workload overwhelming. Clearly there is a need for drastic upgrading of public clinic and other facilities, where patients present with STDs, to make them more user-friendly. There is also a need for the development of a national STD partner-referral system for STDs. These existing facilities, if upgraded could provide the initial base from which a more rational approach to HIV control could be provided in the future. Unfortunately, while central government has provided the funding for subsidisation of STD therapies and has issued guidelines for the treatment of these diseases, very little effort has been made in the field of STD prevention. It is at this point where NGOs with appropriate HIV prevention experience could play a major role in providing STD/HIV education and counselling. A true partnership between formal and informal sectors is undoubtedly required in order to combat these interrelated problems.

As time goes by society may change and demand a more traditional approach to HIV/AIDS control as people recognise that there is no reason to stigmatise this disease. When that happens, structures could be in place whereby a serious effort could be made in preventing the spread of this infection. One thing is certain, our present structures, and current approaches and attitudes are not making any impact on the evolution of the HIV epidemic.

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