

## WORLD AIDS DAY

## Ten of the most asked questions on HIV and Aids

Since April 1993 over 216 presentations have been given to audiences in Kenya. More than 8,600 people have participated in these presentations and asked many questions.

Some questions have been asked more often than others.

The following are the ten most frequently asked questions along with brief responses based on research and analysis.

**Q: How and where did AIDS originate?**

A: No one knows how Aids originated or where. It may be that HIV has been around for a long time, infecting only a few people, and only recently started to spread so quickly and became so deadly.

The fact is that Aids is here and it matters little where it originated. Some research on this issue continues, but most scientific efforts are concentrating on finding ways to prevent and treat the disease.

**Q: Why is Africa, of all the regions in the world, the most hard hit?**

A: The World Health Organisation estimates that 70 per cent of all Aids cases have occurred in Africa.

A large number of cases have also occurred in the United States and Europe. HIV is now increasing rapidly in Asia. It is expected that within a few years, there will be more HIV infection in Asia than anywhere else in the world.

Africa certainly has a higher proportion of its population infected than any other region of the world. This may be due to several factors including which include: • Poverty, • high prevalence of other sexually transmitted diseases, • pattern of worker migration, • military conflicts, • cultural practices and beliefs and • relatively low health status in the population.

Epidemiological studies are needed to define the relative importance of these and other factors.

**Q: Why is HIV worse in Western Kenya?**

A: It may be that infection rates are higher in western Kenya because the epidemic started earlier there.

Other factors may also be contributing, such as a higher density in population, more movement of people due to trading and migration routes, and cultural beliefs and practices such as widow inheritance.

In some other areas of Kenya, the infection is spreading rapidly. This may eventually have similar rates of infection to western Kenya if urgent steps are not taken to intensify information, education and communication efforts.

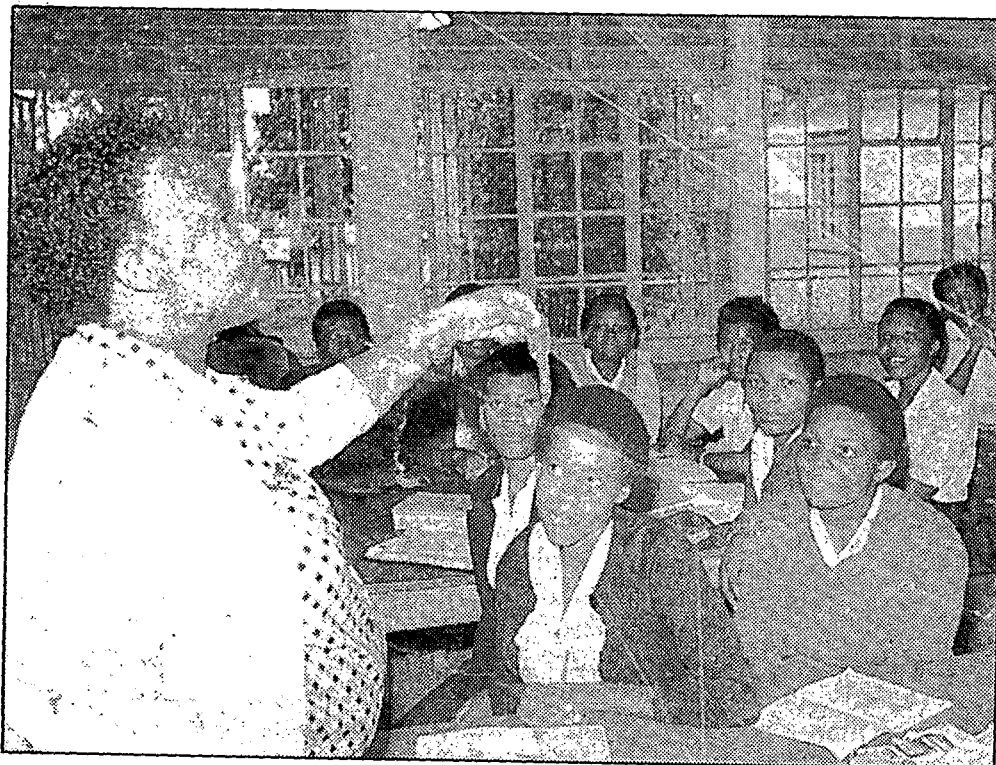
**Q: Are scientists succeeding in getting a cure for Aids?**

A: Scientists have learnt much about HIV and Aids in the years since the epidemic started.

They are pursuing approaches to find vaccines to prevent HIV transmission and drugs that can prevent HIV infection from developing into Aids.

Some drugs, such as AZT, are already in use, but they can, at best, extend the life of an Aids patients for a few months, but not cure the disease.

Several vaccines are being readied for testing in the near future. However, the process of developing and testing drugs and vaccines is a long one.



Transmission of HIV can be prevented by partners being faithful to each other. The use of condoms is one of the other options put forward.

No one expects an effective vaccine to be available within the next 10 years. Therefore, efforts to prevent the spread of HIV through education are very important.

**Q: You have said that the most important mechanisms for transmitting the virus are heterosexual intercourse, perinatal transmission and blood transfusions. How important are other means of transmitting the virus, such as circumcision, homosexuality, sharing shaving instruments, dental instruments, mosquitoes, kissing, etc?**

A: HIV can be transmitted by any means that involves contact of blood from an infected person with the blood of an uninfected person.

Therefore, it can be transmitted through unsafe practices such as using circumcision knives, shaving tools or dental tools on many people without properly sterilising the instruments between uses.

However, there are very few confirmed cases of transmission through these mechanisms. Although low levels of HIV has been found in saliva, there is evidence that HIV has ever been transmitted through kissing.

Although mosquitoes many transmit small amounts of blood from one person to the next, the amount of blood is very small and insects do not normally travel from one person to another immediately after ingesting blood.

There is no evidence of HIV transmission through mosquitoes, even in areas where there are large number of HIV-infected people and large numbers of mosquitoes.

**Q: Why do some people (e.g. some prostitutes) escape HIV infection despite constant exposure and lack of protection?**

A: Scientists do not know why some people seem to remain free of infection even though they are apparently exposed repeatedly to HIV.

This issue is being studied intensively in the hope that it will lead to advances in HIV prevention or cure.

However, it appears that only a small portion of the population has this immunity and there is no way of knowing who is immune and who is not.

Therefore, all people should take precautions to protect themselves.

**Q: Why do some HIV-positive mothers transmit the virus to their new born children while others do not?**

A: Scientists do not know exactly why some mothers transmit the virus to their babies and others do not.

Many factors may be involved, such as the type of the delivery, the amount of blood involved, the nutritional status of the mother, the length of time the mother has been infected and whether the mother breastfeeds the baby.

Research is continuing to try to understand this transmission mechanism so that prevention approaches can be developed.

**Q: Why can't the Government test everybody for HIV infection?**

A: There are several reasons why it is not sensible to test everyone for HIV infection.

Firstly, the cost would be enormous. Secondly, the HIV test is not 100 percent accurate. Even if only one percent of people were incorrectly identified as having HIV that would amount to a quarter of a million people who would falsely be identified as being infected.

Thirdly, it would be unethical to test people for HIV infection without asking their permission or providing them with counseling to help them cope with a positive test or understand how to remain infection free if they are currently not infected.

There are not enough trained counselors or funds to mount such a massive effort.

**Q: Why not quarantine those who are infected with HIV?**

A: There are several reasons why quarantine is not an effective measure for the control of HIV infection.

One, most people who are infected do not know it, so it would be impossible to quarantine everyone who is infected. Two, there are an estimated 1,100,000 infected people in Kenya today. How could so many people be quarantined? Three, there are other ways to prevent HIV transmission that do not require quarantine (partner's remaining faithful to each other, use of condoms, treatment of sexually transmitted diseases). Finally, establishing a policy of quarantine would cause people to hide their HIV status.

People would not want to be tested and, if they knew they were infected, they would not want to tell anyone. Most people would act as if they were not infected, to avoid quarantine.

This behaviour would contribute to a worsening epidemic. Respecting the human rights of infected individuals is important in its own right and is essential to implementing effective HIV control programmes.

**Despite education campaigns and increased condom use, HIV is still increasing. Why aren't these programmes effective?**

A: The Aids prevention programmes that have been implemented have had an effect in reducing the severity of the epidemic. Many people have changed their behaviour to stick with one faithful partner. Many others have adopted condom use.

One study estimated that increased condom use alone has saved over 110,000 people from HIV infection in Kenya. So these programmes have had an effect.

Unfortunately, they have not been so widespread or effective to prevent all new infections.

In fact, the number of infected people is still increasing. Only a much expanded prevention programme, with participation from all sectors (Government, NGO, private sector, religious groups, churches, professional organisations, community groups) will be successful in reducing the number of infected people in the future.

## Thirteen million in sub-Saharan Africa HIV positive

Aids was first reported in the United States of America in 1981. By the end of 1995 about 20 million adults including two million children aged below five years had been infected with HIV, the virus that causes Aids.

By the end of the century WHO estimates that between 30 and 40 million men, women and children will have been infected with HIV.

It is estimated that over 4.5 million individuals infected with HIV have developed Aids. Sub-Saharan Africa has by far the largest number of people living with HIV - about 13 million, which is 65 per cent of the world's total.

**Transmission Mechanisms**

- Sexual intercourse accounts for over 75 per cent of the transmissions.
- HIV can also be transmitted from an HIV-infected woman to her foetus or infant before, during or shortly after birth and through breast milk.
- Transmission also occurs through HIV-infected blood, blood products or transplanted organs or tissues, for example by direct blood transfusion or through the use of improperly sterilised needles, syringes and other skin piercing instruments that have been in contact with infected blood.

**Kenya: Facts and figures Aids cases**

Aids was first reported in Kenya in 1984 and as at the end of last month, a cumulative total of 70,063 cases had been reported to the National Aids and STD Control Programme (NASCOP).

Due to under-reporting, delayed reporting and

missed diagnosis the reported cases are grossly underestimated.

NASCOP estimates that over 200,000 people have developed Aids since the epidemic started and over 60 per cent of them have died.

Eighty per cent of these cases have occurred among people in the age-group 20-49 years with children under five contributing about 10 per cent.

Coast, Nyanza, Nairobi and Rift Valley provinces account for about 75 per cent of the reported Aids Cases.

On average the annual incidence of Aids cases is about 12,000.

**HIV Prevalence**

The HIV prevalence among adults in the general population has risen from 3.5 per cent in 1990 to 7.7 per cent in 1995, based on the surveillance by the National Aids Control Programme.

In urban areas, the current HIV prevalence is about 14 per cent while in rural areas it is about seven per cent. However, in some rural areas like in some parts of Kisumu and Kwale districts, the HIV prevalence among adults is higher than in nearby urban centres.

Today, HIV, the virus which causes Aids is present in virtually all areas of Kenya and has infected approximately 1.2 million adults and 60,000 children.

**Projections**

• It is estimated that by the year 2000, the number of HIV infected people in the population may be

1.8 million and 2.1 million by the year 2005.  
• Cumulative number of Aids deaths will rise from 100,000 today to 1 million by the year 2000 and 2.1 million by the year 2005.

**Impacts**

- The number of Aids orphans will increase from the current 350,000 to 580,000 by the year 2,000 and about 1 million by the year 2005.
- Total population of Kenya will be 1.3 million smaller by the year 2000 and 2.9 million smaller by the year 2005 but it will still be growing at 1.7 per cent per year because of the high fertility rate.
- The hospital care for Aids patients will increase to Sh3.8 billion by the year 2000 and to Sh5.4 billion by the year 2005.

- In 1992, almost 1.5 per cent of all hospital beds were occupied by Aids patients and by the year 2000 about 50 per cent of all hospital beds would be required by Aids patients.
- Without Aids, infant mortality rate would have declined to between 45-50 per 1,000 livebirths by the year 2005 but because of Aids would rise to about 55-60 per 1,000 livebirths.
- Child mortality rate would have declined from the current 115 per 1,000 livebirths to about 70 per 1,000 live births by the year 2000 if we had no Aids. But with Aids it's likely to remain constant or rise slightly to 120-125 per 1000 live-births.
- Due to HIV, the number of TB cases are likely to increase because many adults in Kenya carry latent TB infection which is suppressed by a health immune system.

New TB cases are projected to increase from the current 50,000 new cases every year to about 100,000 by the year 2005.

• The office of the Vice President and Ministry of Planning projects that the cost of caring for Aids Patients by the year 2000 could be equal to entire 1993/1994 recurrent budget of Ministry of Health.

It also projects that the final direct and indirect costs of Aids could increase from two to four per cent of GDP in 1991 to 15 per cent by the year 2000.

**Interventions**

Up to today, there is no cure or effective vaccine against Aids. The major mode of transmission is through sexual contact. Infection through this route can be avoided through:

- Sexual abstinence, sticking to one sexual partner.
- Correct use of condoms, and
- Treatment of STD's.

To avoid infection through contact with infected blood and blood products:

- Blood donors should be screened through interviews in order to reject those donors that have a high probability of being infected.
- Avoid sharing needles, razor blades, ear piercing and tattooing instruments or any instrument which is in contact with human blood.
- Blood transfusion guidelines developed by NASCOP to health workers should be adhered to.
- Transfuse only when absolutely necessary.
- High level political will, making Aids a top domestic agenda is urgently needed if the country is to overcome this disaster.