SATURDAY FEBRUARY 12 1994

Educate athletes on the dangers of Aids

The term "HIV disease" describes

all manifestations of infection

prior to the development

of Aids, whereas Aids is the fatal

e of HIV infection.

e majority of people infected

with HIV appear healthy, lead

normal lives and are unaware

that they are infected. Most authorities

believe all patients infected

with HIV will eventually

develop Aids and that HIV infection

is ultimately fatal 100 per

cent. The response to the disease

differs from one individual to another;

approximately 50 per cent

of HIV infected patients develop

Aids within eight years of infection.

However, more recently one,

two and five year survival rates

for Aids are 50 per cent 30 per

cent and 15 per cent respectively.

Again, recent promising new

medications and treatments can

prolong the asymptomatic state

of HIV disease and life span of

Aids patients.

Athletes need to be told the

kind of persons who are more at

risk thus should be cautious in

their dealings with such persons.

• The homosexuals or bisexual males.

• Intravenous drug abusers -

this group is responsible for a significant

portion of the heterosexual

spread of HIV.

• Prostitutes and those who frequent

them.

• Blood transfusion recipients.

• Unprotected sexual contacts of

any member of the above listed

first four groups.

Whereas activities like body

massage, hugging, petting, dry kissing

and mutual masturbation

may be regarded as safe, others

like wet-kissing, urine contact

with skin, penile-vaginal contact

with condom before ejaculation

are just probably considered safe.

Other activities which are considered

just possibly safe are orovaginal

contact, penile-vaginal contact with condom and ejaculation

and ano-genital contact with

condom among others.

However, ano-manual contact,

oral or anal contact with urine

and both ano-genial and penile vaginal

contact without condoms

are definitely unsafe.

Basically, as has been said time

and again, HIV transmission occurs

when body fluids of an infected

individual are exchanged

with those of an uninfected individual.

The most common primary

vectors include blood and

blood products, semen, vaginal

secretions, breast milk and amniotic

fluid found in a pregnant

uterus.

Though HIV has been cultured

in saliva and tears, there is not

any documented evidence indicating

these are a cause for

infection.

The highest risk are individuals

without condoms engaging

in receptive and insertive

anogenital sex and women engaging

in penile-vaginal contact

without condoms.

Athletes involved in unsporting

activities like the use of anabolic

steroids risk transmission when

they share needles. Tatoo application

at parlours that do not use

disposable needles or adequately

sterilize needless between clients

also presents a needle transmission

risk.

Though be risk of infection is

there on the field, the major risk

if off the field. It is more or less

an established fact that professional

and high profile athletes at

. all levels often have abundant

sexual opportunities. It has been

quoted recently in an Aids bulletin

that a woman who had admitted

having had sexual relations

with about 50 national hockey

league placers in Canada had

died of Aids.

Due to the fatality of this disease

and the rate at which it is .

spreading, It is imperative that

emphasis be placed on prevention.

It is important to tell athletes

that Abstinence is the only

fool proof method to prevent

HIV transmit ion However,

since the majority of high school

students and most adults are sexually

active and thus unlikely to

abstain from sex, information on -practicing safe, sex may have

more impact.

Avoiding promiscuity and

choosing non-promiscuous sexual

partners greatly decreases the

risk of HIV transmission.

Condoms offer the best protection

from HIV transmission during

vaginal or anal intercourse,

and it is estimated that the risk is

reduced from 1:500 to 1:5,000.

It is worth noting that natural

membrane condoms may provide

a more natural feel than latex

condoms, but they do not provide

a barrier to some sexually transmitted

diseases including Hepatitis

'B' and HIV disease.

Some other condoms are lubricated

to prevent tearing during

friction. However, some are prelubricated

with a spermicidalliquid,

and this adds an additional

protection as an HIV barrier

since nonoxynol-9 inactivates

HIV thus may provide some protection

in case the condom

ruptures.

Athletes who have engaged in

high risk behaviour should be

asked to voluntarily be te8ted as

this will eventually benefit them

in the sense that if they test

positive;

• They may get access to the numerous

medication now available

to prolong their lives.

• They will exercise control of

HIV transmission to their sex

partners.

• They will enrol in a one-on-one

counselling for more specific patient

education.

• They may get peace of mind as

a result of being more knowledgeable

about HIV status.

It should be emphasized that

the HIV -infected athletes should

avoid putting others at risk. It is

important that physicians keep

an open forum regarding educating

and counselling athletes "-

about Aids, this should be a con- ..• \_\_

tinuous process. Caution should

be of paramount importance in

situations where bloody injuries

Ocelli'as in boxing or wrestling

among'· others.

Fresh bleach Solution muat be

used to clean bloody equipment ..-.,

and surfaces like wrestling~mats

before *play is resumed.* All exposed

wounds should be well

covered .