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ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)	528
คุณะรัต - นราธิวาส	531
รายงานกรมโรค - สิงหาคม 2528	536
สรุปการสอบสวนโรคคอทิวาต์,	
กรกฎาคม-กันยายน 2526	537
สถานการณ์โรค	538

## บทควา

### ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

#### Meeting of the WHO Collaborating Centres on AIDS

Following a consultation on AIDS in April 1985, WHO commenced the establishment of a network of Collaborating Centres on AIDS to provide a framework for international cooperation including training, provision of reference reagents, evaluation of methods and epidemiological surveillance.<sup>1</sup> The directors of the WHO Collaborating Centres, together with other experts in virology and public health, met in Geneva on 25 and 26 September 1985 to make recommendations on WHO's international activities on AIDS during 1986-1987.

Participants at the meeting reviewed the epidemiological status of AIDS and affirmed that the disease was now a major public health problem in several countries of the developed and developing world. Over 13 000 cases of AIDS were reported during the period 1981-September 1985 in the United States of America. The number of cases reported in that country will probably double in 1986. More than 2 000 cases have been reported from 40 other countries. The Director-General of WHO expressed the great degree of concern felt in almost all 166 Member States of WHO regarding AIDS.

In the United States and Western Europe approximately 90% of cases in adults continued to occur in homosexual and bisexual men, intravenous drug users, and sexual partners of persons in these groups. Although it is expected that additional cases of AIDS may develop in recipients of blood and blood products who are already infected with the causative virus of AIDS, LAV/HTLV-III, future infections from blood and blood products can now virtually be considered as preventable through the screening of blood donations for evidence of antibodies to the virus. Most paediatric cases of AIDS have been in children of persons in known risk groups. In several developing countries, however, most adult AIDS cases have been among sexually active heterosexual men and women.

There is no evidence that LAV/HTLV-III virus is spread through casual contact with an infected individual, such as contact in family settings, in schools or other groups living or working together. The risk of infection of health care workers seems to be very remote. At present, there is no evidence that blood-sucking insects transmit the disease.

The group concluded that an internationally accepted case definition of AIDS, relevant to its most severe clinical manifestations, was needed for surveillance purposes. For therapeutic trials or other research purposes, broader definitions may be required.

In countries where appropriate technologies are available, the surveillance definition for AIDS given by the Centers for Disease Control (CDC), Atlanta, and published by WHO<sup>1</sup> was endorsed by the group. Surveillance definitions are now being developed for use in countries where access to diagnostic techniques is limited.

The group concurred on the following issues:

- For routine, large-scale testing for AIDS, the only practical methods currently available involve tests for antibodies to LAV/HTLV-III virus.
- All sera reactive for anti-LAV/HTLV-III antibody in a RIA or ELISA test should be confirmed by an independent test system, for example by immunoprecipitation or immunoblot tests. Assays for this antibody of higher specificity but lower sensitivity than that of conventional, commercial ELISA assays may be more appropriate for sero-epidemiological studies where confirmatory tests are not available.
- Post-transfusion AIDS can be eliminated by exclusion of donors from groups at increased risk of infection and by screening all units of blood for antibodies to LAV/HTLV-III. Because infection can be transmitted from women to babies during the perinatal period, women who are antibody positive should be advised to avoid pregnancy.
- Reusing unsterile needles carries with it the risk of transmitting AIDS and other blood-borne infections. This procedure should be strongly discouraged.
- The possible transmission of infectious diseases through the use of jet injection devices was discussed. After considering the available information, the group concluded that there was no evidence of a risk of transmission of blood-borne infection arising through the use of such devices.
- Studies to identify effective therapeutic regimens for AIDS patients and work on the development of vaccines are in progress in several countries. Successful therapy may require a combination of antiviral agents and substances which enhance immune responsiveness. Passive protection against infection is being pursued experimentally, including the use of monoclonal antibodies and hyperimmune gammaglobulin. Further work towards understanding the role of antibody in prevention and treatment of the disease is required before these substances can be utilized in patients.
- New antiviral drugs require careful study using the procedures of classical drug evaluation protocols, under the guidelines of national control authorities. Studies to define the pharmacology, toxicity, and tolerated dosages must precede studies to determine the benefit.

- Placebo-controlled studies in patients with mild forms of disease due to LAV/HTLV-III infection should be encouraged. Such studies will yield an answer on the efficacy of a drug more quickly and in fewer patients than the use of historic controls.
- The prevalence of AIDS will depend heavily on the success of risk reduction programmes based on public information and education.
- Because patients infected with LAV/HTLV-III virus often have abnormalities of immune function, the administration of the commonly used live virus vaccines (e.g. polio, measles) to such individuals could pose a theoretical risk. However, to date, no unexpected adverse reactions have been noted in individuals who possess antibody to LAV/HTLV-III virus and are free of overt signs of clinical AIDS when given the vaccines recommended by WHO for childhood or adult immunization programmes.
- T-lymphotropic retroviruses of simians provide potentially valuable models for the study of the control and treatment of AIDS.<sup>1</sup>
- An important aspect of WHO activities on AIDS will be the collection of data on the incidence of the disease or its causative virus by Member States and the WHO Collaborating Centres and the regular transmission of this information to WHO headquarters. Wherever possible, information on the gender, age, recognized risk factor (if any) and major clinical features should also be provided.

In addition, the group recommended that, in developing its programme for 1986-1987, WHO should give highest priority to:

- (a) providing guidelines for the diagnosis, surveillance, prevention and control of infection with LAV/HTLV-III virus;
- (b) developing educational materials for use by Member States for high-risk groups and the general population, including adolescents, explaining mechanisms of transmission and possible preventive measures;
- (c) providing guidance for health care personnel and other individuals who, through their profession, may be exposed to LAV/HTLV-III infection;
- (d) providing information on comparative evaluation of test kits and their utility under field conditions;
- (e) taking in hand the development and application of simple and inexpensive tests for LAV/HTLV-III infections suitable for application in countries with poorly developed technical facilities;
- (f) promoting the development by national laboratories of screening for LAV/HTLV-III infection and the confirmation of results, and providing training in clinical diagnosis, laboratory diagnosis and public health control measures;
- (g) assisting countries in obtaining the necessary material and equipment to establish laboratory diagnosis and epidemiological surveillance of AIDS;
- (h) promoting collaborative work on the development of international standards and reference reagents for research and diagnostic purposes;
- (i) scheduling regular meetings of WHO Collaborating Centres on AIDS to evaluate and update new information on the disease and the progress of the AIDS programme;

- (j) convening a group of experts to discuss issues associated with the safe use of blood and blood products; and
- (k) collecting, and making available internationally, data on the incidence of AIDS and on legislation and policies pertaining to the control of AIDS.

A full report of the meeting is available from the Director, Division of Communicable Diseases, WHO, Geneva.

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## รายงานย่อ

### คุดทะราด - นราธิวาส

### Yaws - Narathiwat

มีรายงานผู้ป่วยคุดทะราดเพิ่มเติมจากจังหวัดนราธิวาสอีกหนึ่งราย ผู้ป่วยเป็นเด็กชาย อายุ 7 ปี อยู่ที่หมู่ที่ 1 ตำบลเจ๊ะเห อำเภอตากใบ จังหวัดนราธิวาส ยังไม่ได้เข้าโรงเรียน เริ่มมีอาการป่วยตั้งแต่เดือนมิถุนายน 2528 ด้วยอาการเป็นแผลตุ่มนูนบริเวณตาตุ่มและสันเท้าและระหว่างนิ้วเท้าข้างซ้าย เข้ารับการรักษาที่โรงพยาบาลตากใบในเดือนสิงหาคม 2528 การตรวจ VDRL ให้ผลบวก (1 : 32) ได้ให้การรักษาด้วย benzathine penicillin 1.2 ล้านยูนิต แก่ผู้ป่วย ขณะเดียวกันได้ให้การรักษาแก่ผู้สัมผัสโรคภายในครอบครัวเดียวกัน และเจาะโลหิตตรวจ VDRL 3 ราย พบว่าให้ผลบวก 1 ราย (1 : 8) คือบิดาของผู้ป่วย พร้อมทั้งให้สุขศึกษาแก่ประชาชนในบริเวณนั้น

สำหรับผู้ป่วยคุดทะราดที่พบครั้งสุดท้ายในจังหวัดนราธิวาส เกิดขึ้นในระหว่างเดือนมกราคม-มีนาคม 2527 พบผู้ป่วยรวมทั้งหมด 8 ราย 6 รายมีอายุต่ำกว่า 15 ปีลงมาในเดือนพฤษภาคม 2527 มีผู้ป่วยคุดทะราดจากประเทศมาเลเซียเข้ารับการรักษาที่โรงพยาบาลในจังหวัดนราธิวาสด้วย 1 ราย

ผู้รายงาน      โรงพยาบาลตากใบ, ฝ่ายควบคุมโรคติดต่อ, เจ้าหน้าที่ระบาดวิทยา สำนักงาน  
สาธารณสุขจังหวัดนราธิวาส