



1992

PANEL DISCUSSION
'AIDS - A Community Commitment'

Organised By

DEPARTMENT OF PREVENTIVE & SOCIAL MEDICINE
BANGALORE MEDICAL COLLEGE

BANGALORE - 560 002.

WORLD AIDS DAY 1992

PANEL DISCUSSION

"AIDS - COMMUNITY COMMITMENT"

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Bangalore Medical College,
Bangalore - 560 002.

CO-ORIDINATOR :

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MESSAGE

Acquired immunodeficiency syndrome (AIDS) a pandemic is no longer a threat lurking in the background. It has become entrenched in India posing a real risk, demanding preventive and control measures on a war footing basis. For the health services to meet the challenge, the first step needed is training of the health personnel. Bangalore Medical College as a premier Institution has taken lead in this direction.

I, congratulate Dr. (Mrs.) M. K. Vasundhra, Professor and Head, Department of Preventive and Social Medicine, her team of staff and postgraduate students for organising the panel discussion, on "AIDS - A Community Commitment" on the World AIDS Day 1992 for Junior Doctors of this institution. I understand that this is the first training programme which will be followed by training of health workers of our rural and urban health centres and the supporting staff of the College and allied hospitals.

I wish the celebrations a great success and am sure that sensitisation of these young doctors shall go a long way in control of spread of infection for which there is no cure yet known.

Dr. S. KANTHA

Dr. (Mrs.) M. K. VASUNDHRA

Co-Ordinator (Programme)

Professor & Head of the

Department of Community Medicine

Bangalore Medical College,

Bangalore - 560 002.



FOREWARD

"AIDS - COMMUNITY COMMITMENT"

The HIV infection has gained a foothold in India and the infection is spreading very rapidly. Though only 194 cases of AIDS have been reported, it is estimated that there may be over 2700 AIDS cases in the country. This discrepancy may be due to under recognition and under reporting of the cases.

The problem of propagation of AIDS is going to multiply where by the number of cases in the developing countries shall soon outstrip those in the developed countries. This problem will be further compounded as there will be more cases amongst women and children thereby wiping out the gains achieved regarding child survival. There will be tremendous adverse impact on the socio-economic front. Also, the already strained health services may face the brink of collapse.

Our study of the medical students and in-service doctors identified certain gaps in their knowledge regarding HIV infection. It was, therefore, decided to organise an awareness session for the Junior Doctors of this institution to help them cope up with the challenge. The objective of this session is to provide an update on AIDS problem in the State and the Country and to sensitise the participants in following specific guidelines for safety measures in relation to the known methods of transmission of AIDS.

The trained health man-power shall form the backbone of health services and shall address themselves to the critical issues of creating community awareness with continued commitment.

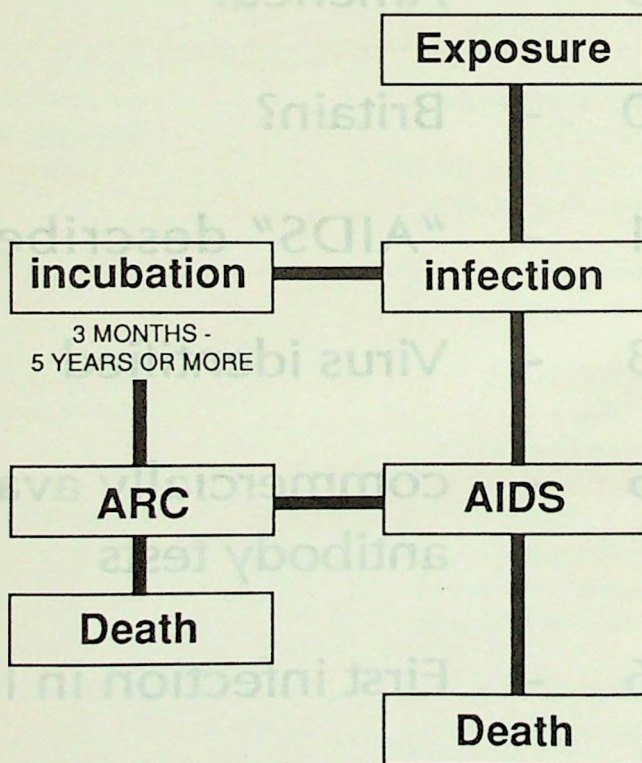
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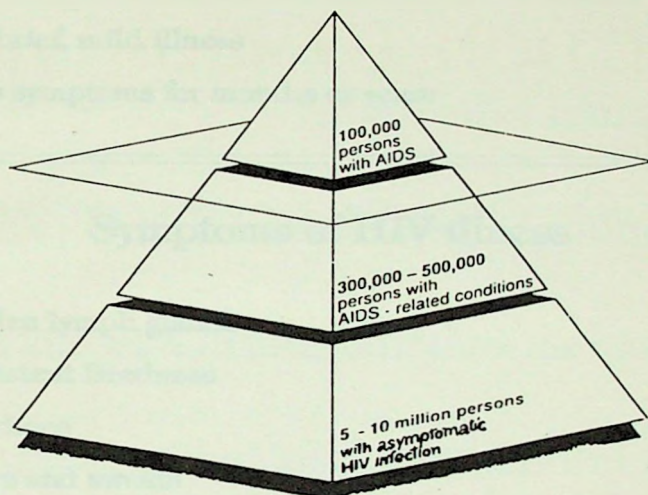
History of HIV

- 1959 - found in Central Africa?
- 1969 - America?
- 1980 - Britain?
- 1981 - "AIDS" described
- 1983 - Virus identified
- 1985 - commercially available antibody tests
- 1986 - First infection in India
- 1987 - First case in India

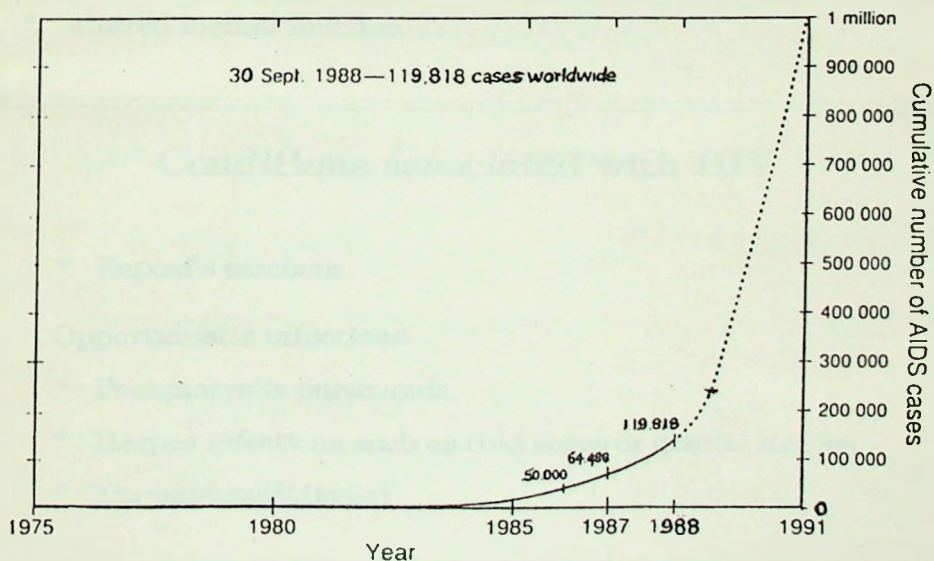
POSSIBLE OUTCOMES OF INFECTION BY AIDS VIRUS



AIDS – the hidden epidemic



AIDS Cases Worldwide (estimates) 1975–1991



HIV Infection may initially cause :

- * a brief, mild illness
- * no symptoms for months or years

Symptoms of HIV illness

- * swollen lymph glands
- * persistent tiredness
- * diarrhoea
- * fevers and sweats
- * recurring infections such as herpes, shingles and thrush
- * unexpected weight loss
- * shortness of breath and dry cough
- * altered mental function

Conditions associated with HIV

- * Kaposi's sarcoma

Opportunistic infections

- * *Pneumocystis pneumonia*
- * Herpes infections such as cold sores or genital herpes
- * Thrush (candidiasis)

HIV is passed on by

- * Sexual intercourse
- * contaminated blood & blood products
- * from an infected mother to her baby
- * from receiving infected body organs

HIV is not passed on by

- | | |
|----------------------------|------------------------|
| * normal every day contact | * Sneezing or coughing |
| * donating blood & | * Toilet seats |
| * kissing | * Using telephone |
| * insect bites | * Swimming |
| * sharing utensils | * Food or water |

People can avoid HIV infection by :

- * celibacy (that is, not having sex)
- * having one stable, faithful relationship
- * having safer sex by using condoms
- * not sharing needles, syringes and equipment

Hygiene measures and HIV (Health Workers)

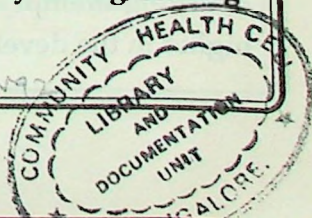
- * cover open wounds with an impermeable dressing
- * avoid contact with blood or body fluids
- * wear disposable gloves
- * after any contact with body fluids, wash hands and fore-arms and any other affected part thoroughly with soap and water

Hygiene measures of HIV (equipment and materials)

- * dispose or burn contaminated materials
- * cover blood with bleach and then mop up
- * wash carpented areas with soap and water
- * apply disinfectant to equipment then wash by boiling/soaking in bleach.

DIS-325

05802



FOR WHOM THE BELLS TOLL - AIDS

Dr. (Mrs.) M. K. VASUNDHRA

Professor and Head
Department of Preventive and
Social Medicine
Bangalore Medical College
Bangalore - 560 002

AIDS has emerged as an unprecedented pandemic spreading throughout the world without recognising geographic, social or economic barriers (Figure - 1). No one is immune to AIDS. About 5000 new infections are occurring every day.

The first case was detected in 1981 in USA and in 1985 in South East Asia in Thailand. The infection crossed our doorstep in 1986 and the first case was reported in India in 1987. The mid-1992 figures indicate 501361 cases in the world with 428 from South East Asia. In India 8308 persons were detected seropositive and 194 cases were reported. However, there is gross under recognition and under reporting. World Health Organisation has estimated that there are about 10-12 million adult cases (7 million-male and 5 million female) and 1 million pediatric cases. In India, there may be 2 to 3 million infected persons and 1,79,000 cases. By 2000 A.D., it is estimated that about 2-3 million cases will die annually in the World. Our slogan of "Health for All by 2000 A.D." is already endangered.

The trend of disease is changing fast. The virus shows antigenic drift defeating attempts at development of vaccine. The number of cases shall be higher in the developing countries as compared to the developed coun-

tries. The cases shall claim the already vulnerable section of the community i.e. women and children. One third of babies borne to infected mothers will be diseased and die before 5 years of age. The chance survivors face hazards of neglect as they will be orphaned. All efforts at securing child survival shall be neglected.

HIV infection is unique in many ways. Once infected, a person is infectious for lifetime. For every case detected there would be 25-50 infected persons depicting typical Iceberg phenomenon (Figure-2). The infection creeps in silently, chips away at immune system increasing the susceptibility to opportunistic infections cripples and kills all within 5-10 years. It claims young economically productive adults 20-40 years of age creating a havoc. Since its is related to prostitution, honosexuality and drug abuse it is shrouded in ignorance myths and misconceptions. It results in guilt, shame, fear, discrimination and denial of social justice. Infact those infected persons in Manipur, most of whom are in 13-30 year age group are treated as criminals and put behind bars. The trend of disease has also changed from increased infections among homosexuals to drug users to hetero sexuals 2/3rd of the current cases are heterosexually transmitted which will be a mode of transmission for 75-80% by 2000 A.D.

In India, the male patronage at prostitution, high rate of sexually transmitted cases, low usages of condoms and injections of illicit drugs are the major factors facilitating spread of HIV infection. In the developed countries the survivability for a case is 1 years as against about 2 years in the developed countries. The only measures available is prevention for which we have to arm the people with knowledge for their responsibility in prevention of AIDS. All partners of health have to work now and work on warfooting basis as HIV infection is a biological timebomb ticking away at time.

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ಪ್ರವಾಸೋದ್ಯಮ ಪ್ರವರ್ತನೆ ದೃಷ್ಟಿಯಿಂದ ರಾಜ್ಯದ ಎಲ್ಲ ಜಿಲ್ಲೆಗಳಲ್ಲಿಯೂ ಪ್ರಸಕ್ತ ವರ್ಷದಿಂದ ಆಯಾಯ ಪ್ರದೇಶಗಳ ವಿಶಿಷ್ಟ ಕಲೆ, ಸಾಂಸ್ಕೃತಿಕ-ಸಾಹಿತ್ಯ ಉತ್ಸವಗಳು.

ಬೆಂಗಳೂರು ಗ್ರಾಮಾಂತರಕ್ಕೆ ಕೆಂಪೇಗೌಡ ಉತ್ಸವ, ಕೋಲಾರದಲ್ಲಿ ನಂದಿ ಉತ್ಸವ, ತುಮಕೂರಿನಲ್ಲಿ ಗುಬ್ಬೀ ವೀರಣ್ಣೋತ್ಸವ, ಕೊಡಗಿನಲ್ಲಿ ವಸಂತೋತ್ಸವ, ಹಾಸನದಲ್ಲಿ ಹೊಯ್ಸಳೋತ್ಸವ, ಚಿಕ್ಕಮಗಳೂರಿನಲ್ಲಿ ಜೈತ್ರಶ್ರೀ, ಶಿವಮೊಗ್ಗದಲ್ಲಿ ಸಹ್ಯಾದ್ರಿ, ಮಂಡ್ಯದಲ್ಲಿ ಕಾವೇರಿ ಉತ್ಸವ, ಬೆಳಗಾವಿಯಲ್ಲಿ ರಾಣಿ ಚೆನ್ನಮ್ಮೋತ್ಸವ, ಗುಲ್ಬರ್ಗದಲ್ಲಿ ನೃಪತುಂಗ ಉತ್ಸವ, ಎಂಟುಬಾಗಿ ಸ್ಥಳೀಯ ಮಹಿಮೆಯುಳ್ಳ ಹೆಸರುಗಳಲ್ಲಿ ಇವು ನಡೆಯಲಿವೆ. ದಕ್ಷಿಣ ಕನ್ನಡ ಮತ್ತು ಉತ್ತರಕನ್ನಡ ಜಿಲ್ಲೆ ಕರಾವಳಿ ಉತ್ಸವವೇ ಮುಂದುವರಿಯಲಿದೆ. ಅಲ್ಲದೆ ಬಿಜಾಪುರದಲ್ಲಿ ಪಟ್ಟದ ಕಲ್ಲು ಉತ್ಸವ, ಬಳ್ಳಾರಿಗೆ ಹಂಪೆ ಉತ್ಸವ, ಮತ್ತು ಮೈಸೂರಿನ ದಸರಾ ಉತ್ಸವಗಳು ಹಾಗೆಯೇ ಮುಂದುವರಿಯಲಿವೆ.

ಸೌಲಭ್ಯ ಮತ್ತು ರಿಯಾಯಿತಿಗಳು :

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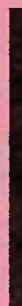
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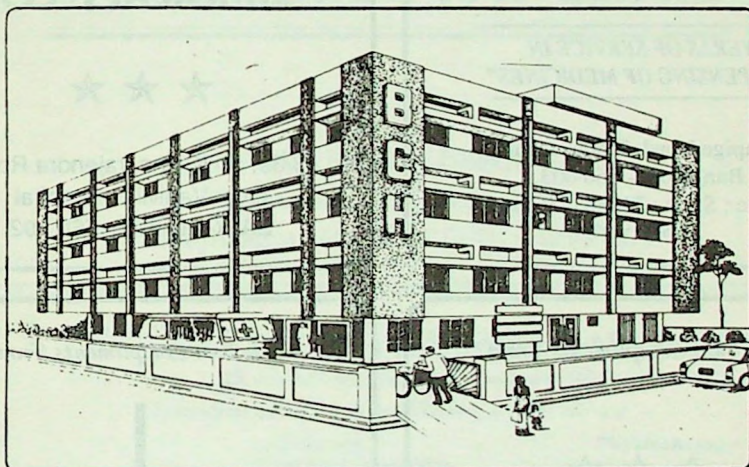
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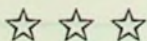


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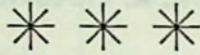
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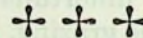


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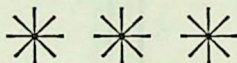


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