

## EDITORIAL

## INTROSPECTION OF AIDS/HIV DEBATE

An article in the Kenyan newspaper, "Daily Nation" of 27<sup>th</sup> January 2000 page 5, under the heading "Council Opposes AIDS Vaccine Trials" caught my attention. It referred to an impending clinical trial of HIV vaccine developed jointly by British and Kenyan immunologists. It is currently undergoing phase I clinical trials in Oxford, England and is scheduled to undergo phase II trials in Kenya, starting in July, 2000. In the article the All African Council of Churches (AACC) General Secretary, Rev. Canon C.J. was quoted as having warned against the complications and ethical problem that could follow the planned HIV vaccine trials in Kenya. My immediate and spontaneous reaction was that the men of the collar have got it wrong, yet again. The first time is when the Catholic Church (not a member of AACC) opposed the use of condoms as a preventive measure in the spread of HIV/AIDS. Moslems also oppose the use of condoms.

AIDS pandemic was recognized as a distinct disease in 1981. Five years later, dideoxynucleoside derivatives were introduced in an attempt to effect radical cure of the viral disease. The first one was 3-azido-2-deoxy-thymidine (AZT). Others were Dideoxyinosine (DDI), Lamivudine (3TC), Zalcitabine, Stavudine and Alovudine. Dideoxynucleoside derivatives inhibit reverse transcriptase, an enzyme which converts the HIV (a retrovirus) to a linear DNA, the first step in the HIV replication cycle. In the second phase of HIV chemotherapy around 1990, protease inhibitors were introduced into clinical use. These drugs included the following: Saquinavir, Ritonovir, Indinavir and Nelfinavir. These drugs inhibit the assembly of viral protein coat, necessary to produce an infective viral particle. In the third phase of HIV/AIDS chemotherapy, a multidrug therapy was adopted, in which at least 3 antiviral drugs were combined. A common combination included AZT, DDI and  $\alpha$ -interferons.

None of the drugs or drug combinations has been found to cure AIDS but they have been shown to decrease the viral load significantly and delay the progression of HIV infection to full blown AIDS. Indeed, it is now generally recognized that a radical cure for AIDS/HIV is unlikely in the foreseeable future. This is not surprising since no drug has ever been shown to cure a viral disease. The closest the scientist came to finding a cure for a viral infection was Acyclovir, currently used in treatment of Herpes Simplex I and II. In contrast to chemotherapy, the immunotherapy (use of immunoglobins and attenuated live virus) has been very successful in preventing viral diseases as demonstrated by use of smallpox, measles, rabies, influenza, polio, yellow fever and hepatitis vaccines. From purely theoretical considerations, a HIV/AIDS vaccine is a distinct possibility and currently, several vaccine candidates are at different stages of development. If, as it appears now, the only hope for controlling the HIV/AIDS pandemic is immunotherapy, why would the man of the collar react negatively to a scientifically sound innovation. AIDS/HIV pandemic is multifaceted and virtually everybody is a stakeholder. Some of the moral and political dimensions of the AIDS/HIV pandemic are outside the scope of biomedical and clinical scientists. The problem with AIDS debate is that many people do not recognize their limitations and often extend their comments to issues outside their competence. Thus, for example, Rev. Canon C.J. may not be aware that ethical issues are always addressed during clinical trials of drugs and vaccines as set out in the Geneva Convention. It is also a prerequisite that phase I of the clinical trial must be done in the country where the drug/vaccine was developed.

Comments on AIDS/HIV which used to be spine-chilling a few years ago are now mere platitudes as people become inured to the problem, much the same way a mortuary attendant gets used to mutilated accident victims. Part of the problem appears to be the conflicting pronouncements by political and religious leaders. The current debate on AIDS/HIV can only be described as a farcical tragicomedy. In Kenya, senior doctors charged with the responsibility of HIV/AIDS control are themselves dying of the disease (physician heal thyself!). In America, the number of Catholic priests dying of AIDS is disproportionately higher than in the general population. In Kansas, the proportionality ratio is 4:1.

It is a fact that 70% of those infected with AIDS/HIV are in the sub-Saharan Africa. Why is it that the spread of AIDS/HIV in the industrialized countries of the West, where the use of condoms is widespread, has been tamed while the pandemic continues to spread like a bushfire in Africa. The message is clear; there is no room for prevarication or diversionary debates, which only generate much heat and little light. With due respect to the present day clerics and imams, it must be stated that both Mohammed and Jesus addressed the problems of the day pragmatically without resort to rhetoric and fanaticism. The banning of swine meat by Mohammed stands out as one of the greatest public health measure of all times, considering that pig is the only hoofed animal that will eat a diseased human body. Jesus response to the hypocritical question posed by the Pharisees, "Is it lawful to heal on a Sabbath?" was a practical affirmation to his teaching when he proceeded to heal on a Sabbath, a man who had a withered hand (Matthew 12:9 - 14).

Editor-in-Chief