AIDS IN EUROPE, STATUS QUO 1983
CONFERENCE AT AARHUS, DENMARK - 19/20 OCTOBER 1983

(WHO Europe in co-operation with the Danish Cancer Society and the European Organisation for co-operation in Cancer Prevention Studies (ECO))

I attend the above Conference. A report will appear in due course, but some of the findings are as follows:

1. Epidemiology

There are now 2,506 AIDS cases in the USA and 267 in Europe (see the papers already circulated). This was as reported on 19 October. Most countries (including the USA) still have a voluntary reporting system - and publicity has been such, that it is believed that the majority of cases are being reported.

The criteria used for inclusion in the AIDS Case Register are those used by CDC in most European countries - and it was generally agreed that the CDC criteria should be used in Europe. (All the UK cases have met with the CDC criteria). Several countries have included retrospective data - we have not. Our findings are very similar to those in the USA, Scandinavia, Holland and Germany.

Most of the cases arising in Europe and America have an attributable risk factor (in the 758 cases currently reported in New York only 1 per cent have no attributable risk factor). The African patients being treated in Belgium and France are from Central Africa (and noticeably not from West, East or South Africa) - they include women and children and the group does not contain significant numbers of homosexuals or drug addicts. Kaposi sarcoma has however been recognised in Central Africa since the 1960's (notably in Eastern Zaire which has the highest KS rate in the world). Recently in Zaire, the American-led investigating team (10 from NIH Bethesda together with staff from the Belgian Institute of Health and the Zairian Ministry of Health) have started looking at the epidemiology, clinical signs and immunology of Kaposi sarcoma in Zaire - and are doing both prospective and retrospective studies. They have also found a rise in certain opportunistic infections (eg cryptococcosis was recorded as one case per year in children with severe malnutrition between 1963 and 1980 - there have now been 27 cases in young adults since 1980).

Most of the Central African patients being treated in hospitals in Belgium and France are from a high socio-economic group (and can afford treatment overseas). It seems likely that KS also occurs throughout the social strata in Zaire and that the American-led team will find many more cases. The prodromal phase and the diarrhoea/wasting syndrome which is usual in AIDS cases here and in the USA also occur in Central Africa. It is possible that the studies in Central Africa - most particularly the clinical and epidemiological data - may lead to some answers as to whether the putative agent is indeed microbiological and is communicable in the normally accepted sense.
2. AIDS and Haemophilia

In both the United States and Europe there are haemophiliacs - with a much higher incidence in Europe. Nevertheless, the recorded incidence rate of AIDS in haemophiliacs currently stands at 1 per 1,000 haemophiliacs both in the USA and Europe. It was suggested by (Sweden) that all the countries in Europe should aim to become self-sufficient in blood products at the earliest possible date.

3. The suggestion from WHO Europe ( ) that there should be an 'AIDS Task Force' in Europe (similar to that in the United States) and also a European AIDS reference centre - both with full time staff - was considered. After some discussion, it was suggested that WHO should set up an AIDS Working Group and that a co-ordinating centre should be set up in a European country (unspecified so far). WHO are apparently unlikely to set up a WHO Reference Centre on AIDS during the present financial term.

The report and recommendations will be circulated in due course.

31 October 1983

MSD IMCD

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