

Africa Report by Mary Lalevée

More children dying of AIDS

An article in the German publication AIDS-Forschung reveals more details of the spread of the pandemic.

Most medical authorities now admit that AIDS is very widespread in Africa, although the actual number of cases is unknown. The World Health Organization (WHO), after strenuously denying for years that AIDS represented any threat in Africa, now simply publishes "reported cases" from the individual African countries, totaling 10,997 cases in 50 countries. That this is a vast understatement of the horror gradually sweeping Central, West, and East Africa becomes clear from a recent report in the German publication *AIDS-Forschung*. In early 1987, we reported extensively on an anonymous article in the same magazine, which warned of the devastating consequences AIDS would have on the continent. One year later, more details are emerging of how the epidemic is spreading among children. There is still little clarity on exactly how the HIV virus is transmitted.

The author, Dr. Alan F. Fleming, from the London School of Hygiene and Tropical Medicine, writes that "Central and East Africa are the areas of the world worst affected by the pandemic of human immunodeficiency virus type 1 (HIV-1): There are a minimum of 1 million infected individuals and 10,000 cases of the acquired immunodeficiency syndrome (AIDS) per year; HIV-2 is absent or most rare. In West Africa there is a high prevalence of HIV-2, especially in Senegal and Guinea Bissau; HIV-1 has been introduced recently and frequency of infection has increased rapidly in Ivory Coast and Ghana. . . . The doubling time of prevalence of HIV-1 is var-

iously estimated, but is about one year. . . .

"A reasonable estimate of the current annual incidence of AIDS in towns of central Africa is 55-100 per 100,000 population. Peak age-specific incidence in Kinshasa [Zaire] was in the 30-39 age group, the annual rate being for men 78.6 and women 60.1 per 100,000: In other populations, for example Tanzania and Zambia, the peak of age-specific incidence for women occurs in the 20-29 age group. . . .

"Groups at greatest risk are female prostitutes, their customers, and patients with histories of recurrent sexually transmitted diseases (STDs). The highest frequency for pregnant women is 24% in Uganda. The criteria for diagnosis of transplacental infection remain uncertain: The rate of vertical infection has been estimated to be between 17% and 79% of pregnancies of HIV-infected mothers. . . . Blood transfusion is the third commonest mode of infection, because of the high rate of HIV-infection among blood donors and the high demands for blood transfusion arising from severe anemias in childhood and pregnancy, often due to malaria."

Fleming points out that it is difficult to tell how many children are actually infected with AIDS, as clinical determination is used, and the symptoms, a syndrome of failure to thrive, leading to malnutrition, diarrhea, pneumonia, fever, and anemia "occur commonly in African children not infected by AIDS."

Fleming stresses that the importance of transmission of HIV from pregnant women to baby (vertical

transmission) "is impossible to exaggerate." He writes, "Where 10% of pregnant women are seropositive, around 5% of all infants will be infected. Among African hospitalized patients, seroprevalence is highest in infants and young children; 11% of hospitalized children aged 2-4 years and 14% below 4 years were seropositive in Kinshasa: Nearly two-thirds of seropositive children aged less than two years had seropositive mothers, the remaining one-third being exposed to HIV through blood transfusion or redical injections."

Fleming goes on: "Pediatric AIDS is already an immense burden on the health resources of tropical Africa: In Kinshasa at least 15% of all pediatric admissions are HIV positive. The worst report is from Rwanda, where by the end of 1986, 705 patients with ARC [AIDS Related Complex] and AIDS had been reported, of whom 246 (35%) were children less than 15 years old. Whenever there is HIV-seroprevalence of 10% among pregnant women, around 5% of the newborn will be infected and 2% will die in the first year of life: This will increase the infant mortality and childhood mortality rates by 20 per 1,000, and wipe out the hard-won gains of child health programs in the last few years. Seroprevalence amongst pregnant women in Uganda has reached 24% already; as seroprevalence will certainly continue to rise before the epidemic is controlled, and as there will also be a decrease of female fertility in the population, a decline of population is inevitable."

An article in the Swiss daily *Neue Zürcher Zeitung* on April 18 warned of increasing "economic and political instability" on the continent due to the spread of AIDS, mentioning that especially Africa's productive population and economic and political elites were threatened with AIDS.