

Report from New Delhi by Susan Maitra

Six AIDS cases turn up in Tamil Nadu

A systematic surveillance effort has turned up the first indication of the deadly virus in India.

On April 29, Union Health Minister Mohsina Kidwai told the Parliament that nation-wide surveillance studies initiated by the Indian Council of Medical Research (ICMR) had identified six women in the southern state of Tamil Nadu who have been infected by the AIDS virus. The women, known for promiscuous heterosexual behavior, tested positive for the antibodies to the AIDS virus, a sign that the virus has made an appearance.

Mrs. Kidwai also announced that instructions had been issued to stop the import of blood and blood products without certification of freedom from AIDS contamination.

At the meeting of the National Development Council on the same day to consider the government's new education policy, Prime Minister Rajiv Gandhi drew the attention of the assembled representatives of all the states to the AIDS threat, and exhorted them to exercise extreme care and take all steps needed to apprehend and deal with the problem immediately.

As Minister Kidwai emphasized, the situation in Tamil Nadu is under close surveillance. Whether the infected women are actually carrying the virus or whether any or all of them will actually succumb to the disease is not yet known.

Mrs. Kidwai reported to the legislators that the ICMR had already established AIDS surveillance centers in seven cities—Pune, Vellore, New Delhi, Delhi, Srinagar, Madras, and Calcutta—and that the number would be immediately increased to cover all

parts of the country. A separate cell was being established in the Directorate-General of Health Services to work in close coordination with the national task force headquartered at ICMR.

Detection of the six cases in Tamil Nadu was the result of an aggressive program adopted by Indian medical authorities in October 1985, when the ICMR set up a national task force on the AIDS threat, headed by ICMR director V. Ramalingaswami.

A three-level strategy devised at that time put a surveillance system into motion through the medical colleges and medical professions to produce regular reports for the central task force on any condition which resembled AIDS from different parts of the country. This system will be expanded now to include 25 centers.

The second level of the strategy involves establishment of a laboratory testing capability initially centered in the National Institution of Virology (NIV) in Pune and the Christian Medical College at Vellore, and later extending to other institutions.

A serological survey for AIDS antibodies was begun by early 1986 among members of the "high-risk" groups—homosexuals, drug users, prostitutes, blood donors, hemophiliacs, etc. This work, initiated in Madras, led to the recent detection of the six cases.

In Tamil Nadu, blood samples were collected from 600 persons. Of the 126 samples subjected to intensive examination at the Christian Medical Colleges, 11 tested positive. These

samples were referred to the ICMR in Delhi, which in turn referred them to the U.S. National Institute of Health, where six of the cases were verified as positive for the AIDS infection.

The third aspect of the national strategy is an educational drive aimed most at mobilizing medical personnel and alerting the general public.

As Dr. Ramalingaswami recently pointed out, an important part of the overall strategy is the fact that ICMR scientists have made AIDS a "thrust area" for research. Indian medical professionals are collaborating with their U.S. and European counterparts to develop the most effective methods for testing and identification of the disease, as well as analysis and understanding of its properties, etiology, and potential antidote. India will soon begin manufacturing test kits, which have so far been imported, for use in the surveillance centers.

Newspaper reports from Madras indicate that the surveillance team in the state will now be taking up a larger-scale screening program there. If this is now also done in centers such as Bombay, Calcutta, and Delhi, doctors say, it is quite possible that more cases will come to light. Also, according to the same reports, a special effort is now underway to trace the possible sources which brought this infection into India.

The Indian effort is being coordinated in the subcontinent with a similar national task force set up in Bangladesh by the Institute of Post-Graduate Medical Research there, headed by Prof. N. Islam. The Indian task force keeps itself abreast of development in the rest of Asia, in particular. To date, the only cases identified in the region were in Bangkok, Thailand, involving five foreigners and two Thais who had been in close contact with the foreigners.