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STATEMENT OF

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

COMMITTEE ON FOREIGN RELATIONS

U.S. SENATE

December 9, 1987

Mr. Chairman and members of the Committee, I am here today to discuss the Centers for Disease Control's (CDC) activities in this country and internationally which are directed toward preventing and controlling AIDS and the spread of HIV infection.

## BACKGROUND

In the United States, more than 47,000 cases of AIDS and nearly 27,000 deaths have been reported since 1981. We estimate that there are between 1 and 1-1/2 million people infected with human immunodeficiency virus (HIV), and we project that by the end of 1991, there will be 270,000 cases of AIDS in the United States that will have caused 179,000 deaths. Sixty-five percent of the cases have been among homosexual and bisexual males, and twenty-five percent among people who abuse intravenous (IV) drugs. The number of cases among heterosexual adults is increasing; however, the proportion has remained a stable 4 percent. Because the epidemic continues to grow and because we have no vaccine and only one drug of limited effectiveness, AIDS has been declared public health enemy number one. The epidemic is not spreading like "wildfire," but that is no reason for complacency. The spread of HIV infection and disease worldwide is still by the three routes of transmission initially described; and in this country, the disease still affects primarily homosexual and bisexual men and IV drug abusers. It is contracted through

sexual contact, inoculation of blood largely through sharing of contaminated needles, and perinatally by infants from infected mothers. Spread of infection through blood transfusions, clotting factor concentrates, and organs which was once a major concern has been nearly eliminated. The infection cannot be contracted casually through normal household or workplace contacts or by being bitten by a mosquito.

## CDC PREVENTION EFFORTS

CDC activities fall into two major categories: first, research to learn about the natural history, distribution, and spread of the disease; and secondly, prevention and control efforts that rely on information, education, and risk reduction activities.

### Surveillance Activities

Surveillance of AIDS cases began in 1981. As a result of diligent efforts by State health departments with support from CDC, AIDS has been one of the most completely reported diseases in this country. However, a person can be infected with HIV for many years before coming down with AIDS. A considerable body of information has been collected on the extent of AIDS, the distribution of HIV infection, and the modes of HIV infection. Now that we have a

well-proven licensed HIV antibody test which is in wide use, we are launching more widespread surveillance of HIV infection. We will be using data collected from 30 sentinel metropolitan areas and data on special ongoing studies to provide information about the prevalence and trends of HIV infection in this country. Portions of the comprehensive HIV surveillance program are now in place and full operation will be reached by May 1, 1988. A report on this subject was given to the Domestic Policy Council on November 30, 1987; and I would like to provide a copy for the record.

## Information, Education, and Risk Reduction Activities

Since the beginning--as far back as 1982 when the first AIDS guidelines were published--the PHS has been engaged in information and education activities. There has been cooperative work with State and local health departments and other organizations such as the American Red Cross. The PHS "Information/Education Plan to Prevent and Control AIDS in the United States" was issued in March 1987. With the addition of new initiatives, all the major components of the program--activities directed toward the public, school- and college-aged youth, persons at increased risk or infected, and health workers--were in place in 1987.

CDC has funded a variety of AIDS prevention programs directed primarily at persons at increased risk or who are infected. CDC supports 59 State and local health department AIDS prevention programs including the establishment and maintenance of community health education/risk reduction programs. Another element is support of counseling, testing, and partner notification programs. Through counseling and testing, it is possible to deliver risk reduction messages directly to infected individuals and those at risk of becoming infected. Testing of people whose behavior increases their risk of HIV infection is encouraged in sexually transmitted disease (STD) clinics, drug treatment facilities, women's health clinics, tuberculosis treatment clinics, and in other medical facilities.

A cornerstone of the program directed toward the public was the intensive National Public Information Campaign that was initiated in October as AIDS Awareness and Prevention Month. This campaign which will continue during 1988 includes the distribution of public service announcements to television networks and radio stations across the country, the distribution of brochures and materials, and mobilizing active involvement in public and private organizations in the AIDS prevention efforts.

A school health education program to prevent the spread of AIDS was initiated in 1987 to help local school boards, parents, and school personnel plan,

implement, and evaluate educational efforts to prevent morbidity and mortality due to HIV. It incorporates principles of AIDS education approved by President Reagan to enable schools and other organizations to determine AIDS education strategies that are consistent with community values and needs. In 1987, cooperative agreements were established with 42 national, State, and local education agencies and other organizations to help schools and other organizations to implement AIDS education for youth.

A special minority initiative exists because nearly 40 percent of reported AIDS cases occur among blacks and Hispanics. In 1987, CDC supported 41 State and local health departments community-based initiatives to prevent AIDS among minorities who are at risk of infection. During 1988, we will provide funds to as many as 30 national minority organizations for AIDS education and prevention activities.

CDC has provided health workers with guidelines and information to assist them in effectively participating in the fight against AIDS. To inform health workers about AIDS and HIV transmission, CDC provides scientific/technical information, training in the use of HIV laboratory tests, AIDS health education/risk reduction, counseling and testing, and providing information about AIDS in the workplace.

## INTERNATIONAL ACTIVITIES AND RESPONSIBILITIES

### Cooperation with the World Health Organization (WHO)

The urgent need for a global effort to combat AIDS is clear. The 1986-87 World Health Assembly charged WHO to provide leadership in the global struggle against AIDS. The CDC AIDS Program has been designated as one of the WHO Collaborating Centres for AIDS and HIV. In FY 1987, CDC AIDS Program staff, at the request of WHO, made 14 trips to WHO headquarters in Geneva to provide technical assistance.

### Study of HIV Infection and AIDS in Africa

CDC is heavily involved in a major AIDS study in Kinshasa, Zaire which has led to a fuller understanding of the epidemiology of AIDS in Africa. This project is a collaborative effort between the Government of Zaire, CDC, the National Institutes of Health, the Armed Forces Institute of Pathology, and the Belgian Institute of Tropical Medicine. The project, which maintains a surveillance system and conducts epidemiologic studies, has determined how the disease is spreading in Central Africa.

The Zaire study has clarified the modes of transmission of HIV infection in infants, children, and adults in Africa. It has been determined that

heterosexual contact accounts for 80 percent or more of the cases, blood transfusion and reuse of needles for 5-15 percent, and mother to child transmission for 5 percent or less. Identification of the quantitative importance of blood transfusions in the spread of HIV infection, particularly to children, has resulted in effective prevention programs to protect the blood supply in the largest city in Africa.

We have examined HIV strains isolated from different geographic locations. Genetic analysis of virus isolates from Zaire, the U.S. and other countries may be valuable in selecting strains for vaccine development.

The Zaire project implemented a protocol in September 1987 for evaluating the safety and efficacy of immunizations (BCG, DTP, OPV, measles vaccine) in HIV-infected and uninfected children. This has worldwide significance since inadequate immune response to vaccine antigens in these children could affect control of other infectious diseases.

## International Technical Assistance and Collaborations

Other nations look to CDC as a source of expert technical assistance in disease prevention and control. The prevention and control of HIV infection is no exception. During 1987, CDC provided assistance in the development of

national AIDS plans for a number of countries including Columbia, Haiti, Panama, Rwanda, and The Sudan. In Rwanda we provided consultation in helping develop AIDS laboratory testing capability. We assisted the Pan American Health Organization by investigating the prevalence of HIV infection in plasma collected from paid donors in Mexico. We have collaborated with WHO in developing prototype protocol and data collection instruments for use in planning national programs to measure high-risk sexual behaviors in various populations. Training in AIDS surveillance was provided to Australia, Canada, France, and the United Kingdom. We have conducted training in serodiagnosis of HIV infections in Brazil, Mexico, and Egypt.

CDC has worked closely with scientists and public health officials from other nations. These activities include cosponsoring and participating in the first three international AIDS symposia in Atlanta, Paris, and Washington and international conferences on AIDS in Africa conducted in Naples and Narobi. Scientific collaborative efforts are underway or near completion with scientists in France, Canada, Brazil, Zaire, Ivory Coast, and other countries.

## Immigration Responsibilities

Under the authority of the Immigration and Nationality Act and the Public Health Service (PHS) Act, the PHS has promulgated the Medical Examination of Aliens Regulations. These regulations outline the scope of the medical

examination and identify the communicable diseases which are included on the list of "Dangerous, Contagious Diseases" for purposes of determining eligibility for visas. On August 30, 1987, the regulations were amended by adding HIV infection to the list of "Dangerous, Contagious Diseases." This action was approved by President Reagan. As a result, the Department of State will deny visas, and the Immigration and Naturalization Service will deny admission of aliens with HIV infection who are subject to medical examination (such as persons seeking permanent residency). The screening of foreign nationals seeking entry into the United States for permanent residence began on December 1, 1987.

I will be happy to answer questions that you and the other members of the Committee may have.