

Reflections on 30 Years of AIDS—Part 1

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Kevin DeCock] I'm Kevin DeCock. I'm the director of The Center for Global Health at the Centers for Disease Control and Prevention in Atlanta, reflecting on 30 years of the AIDS epidemic.

It was 30 years ago, in June, 30 years ago, in 1981 that CDC, in its weekly publication called the Morbidity and Mortality Weekly Report, published the cases of five gay men in Los Angeles who had presented with an unusual form of pneumonia, which at that time was referred to as *Pneumocystis carinii* pneumonia, an unusual infection, so unusual that it drew the attention of the health authorities. And that little report 30 years ago was the first description of what later became called AIDS and the recognized beginning of the pandemic of HIV/AIDS that has resulted in more than 30, around 30 million deaths and 60 million or more infections worldwide. All of that 30 years ago this June.

I joined CDC in 1986 and pretty much worked on HIV from the very beginning of my time here. But two colleagues were very important in my professional development. Harold Jaffe was one of the epidemiologists working on the outbreak as it then appeared, working on HIV/AIDS from the very beginning. And Dr. Jim Curran who led the, what was called the “task force” that back in 1981 was set up to look at this problem, and subsequently became director of the growing group that dealt with HIV/AIDS over the following years. And both of these, friends now, but both of these colleagues, really, influenced my own career considerably.

As I ask myself, y'know, what are the main things that stick in my memory looking back over these 30 years, there are several. Firstly, the extraordinary first few years of the recognized epidemic were quite remarkable. The rate at which new knowledge was gathered, the way that new information would come in and the implications thereof just seemed to be so astonishing and broad, the fear that people had, the concern. It really was a remarkable experience in those first few years, the way that epidemiologic information came together in a story. The disease itself, it was such a completely new disease. It was so clinically impressive in its relentless progression, the awful opportunistic infections that we seem to be unable to really treat successfully, the clinical picture of people wasting away, the association with tuberculosis. It was all quite extraordinary. It was something new, it was, really hadn't been seen before.

In 1996, a fundamental change occurred when it was realized that combinations of antiretroviral drugs could control the progression of the disease, and it was [an] absolute game changer. In the early 2000s, after much global discussion, the president's emergency plan for AIDS relief was launched, the global fund was established, and we, quite remarkably, saw therapy for HIV/AIDS being delivered across the world in low- and middle-income countries. And the science has continued to progress over the years, including, just recently with the recognition that AIDS

treatment, in fact, lowers people's ability to infect others, and how to move forward with that is probably the dominant theme of discussion today. There are so many issues around the AIDS epidemic that merit more discussion: its association with tuberculosis, with other sexually transmitted infections, the way that HIV/AIDS and program scale-up has affected global health, in general. There is just so much to discuss.

And yet we remain with substantial challenges. We do not have a vaccine. And ultimately, if we had a vaccine, that would be the most important preventive intervention. But we do have very significant tools at our disposal now. Firstly, male circumcision is an effective--partially effective--way of preventing men becoming infected in heterosexual epidemics. And this whole question of how best to use antiretroviral therapy. Whether to treat very early and treat as many people infected as possible to limit infection, or how best to use these drugs for prevention, as well as treatment, for individual health and the public health is probably the dominant question we face today. And behind all this, of course, other major challenges, the continued stigma and discrimination, particularly facing men who have sex with men and injecting drug users. And the whole question of how to insure that there is adequate funding as we move forward and as other needs in global health become apparent.

[Sarah Gregory] Dr. Kevin DeCock's entire article, Reflections on 30 years of AIDS, is in the June 2011 issue of Emerging Infectious Diseases and online at www.cdc.gov/eid. If you'd like to comment on this podcast, send an email to eideditor@cdc.gov. That's e-i-d-editor – one word - at c-d-c-dot-gov.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.