

# Symposium on Nutrition and AIDS

The Subcommittee on Nutrition of the United Nations Administrative Committee on Coordination sponsored a symposium on nutrition and AIDS at its meeting in Geneva, 22-26 February 1988. The purposes of the symposium were to review the current epidemiologic information on the spread of AIDS, to evaluate evidence of possible connections between nutritional status and the initiation or progression of HIV infection, and to consider the nutritional implications of the AIDS epidemic for households, communities, and nations.

The discussion focused on two questions: (1) Does nutritional status or nutritional intervention influence the course of AIDS? (2) Are there indications that the continued spread of AIDS will lead to nutritional problems by reducing supplies and services?

With regard to nutrition and the individual AIDS patient, at present there is no clear indication that poor nutritional status makes a person more susceptible to infection or affects the progression of overt disease, although these possibilities need further study. It was noted that AIDS results in malnutrition, since progressive wasting is a common sign of the disease. Therefore, it is likely that nutritional support for the AIDS patient will improve the quality of remaining life, but it is uncertain whether it will extend life.

In attempting to answer the second question, epidemiologic documentation was reviewed regarding the logarithmic growth of both HIV infection rates and the number of manifest AIDS cases in all

countries now reporting to WHO. The data make it clear that, regardless of any action taken now, the prevalence of clinical disease will continue to rise in the next 10 years. Unless effective methods of controlling the spread of infection or the development of disease are found, the probability exists that the loss of population from the most productive age group (young adults) will lead to major disruptions in production, distribution, and services in at least some countries. Families where one or more breadwinners are affected may face long-term difficulties in obtaining adequate food. This situation would necessitate strengthened local support for families, which might involve some type of food supplementation program.

In countries where the pattern of AIDS transmission is primarily heterosexual (in many developing countries, notably in Africa), an increase in the prevalence of AIDS in the adult population will lead to an associated increase in the prevalence of HIV infection in newborn infants because of transplacental transmission during pregnancy or transmission through blood at delivery. Current information suggests that the fatality rate among these babies during the first two years of life will be high, and in some countries AIDS may negate the reductions achieved in infant, young child, and maternal mortality during the past two decades. Regarding nutrition monitoring and surveillance, it was noted that in countries where the prevalence of AIDS is high, the use of low weight and high mortality as nutritional indicators in children will have to be reinterpreted.

While it is impossible to predict exactly how individual countries will be affected by the growing epidemic, certain scenarios represent strong possibilities. For

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Source: United Nations Administrative Committee on Coordination, Subcommittee on Nutrition. Report on the Symposium on Nutrition and AIDS, Geneva, 22-26 February 1988.

example, lack of manpower in agrarian societies may lead to reductions in agricultural production. The health systems will surely face major increases in the demand for services and may face this demand with reduced manpower and impaired infrastructures. Any of these outcomes will have major implications for food, nutrition, and health planning, and will increase the need for capital

funding while reducing the ability to repay debts. The Subcommittee therefore recommended that governments and the United Nations agencies monitor not only the development of the AIDS epidemic but also the evolution of its structural effects, so that national and international actions can be set in motion to compensate for the wide-ranging impacts on health and development.



## Measurement of Antibodies to Human Immunodeficiency Virus: An International Collaborative Study to Evaluate WHO Reference Sera

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Human immunodeficiency virus (HIV), the causative agent of the acquired immunodeficiency syndrome (AIDS) (1, 2, 3), is transmitted primarily through sexual contact or the injection of contaminated blood or blood products such as anti-hemophilic factors (4). Since 1985, the screening of blood donations for anti-

HIV has been instituted in many countries in order to minimize the risk of transmission of AIDS via blood transfusions or treatment with blood products. The detection of antibodies to HIV is also of major importance as a relatively simple and rapid determination of the extent and spread of HIV infections (5), and many commercial and "in-house" immunochemical tests are now in use throughout the world. At present, the most commonly used assays are based on enzyme-linked or radioimmunosorbence, immunofluorescence, immunoblotting, or immunoprecipitation, and variations in the specificities and sensitivities of the techniques reflect inherent differences between the principles of the assays as well as batch-to-batch variations in the preparation of reagents and kits (6,

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