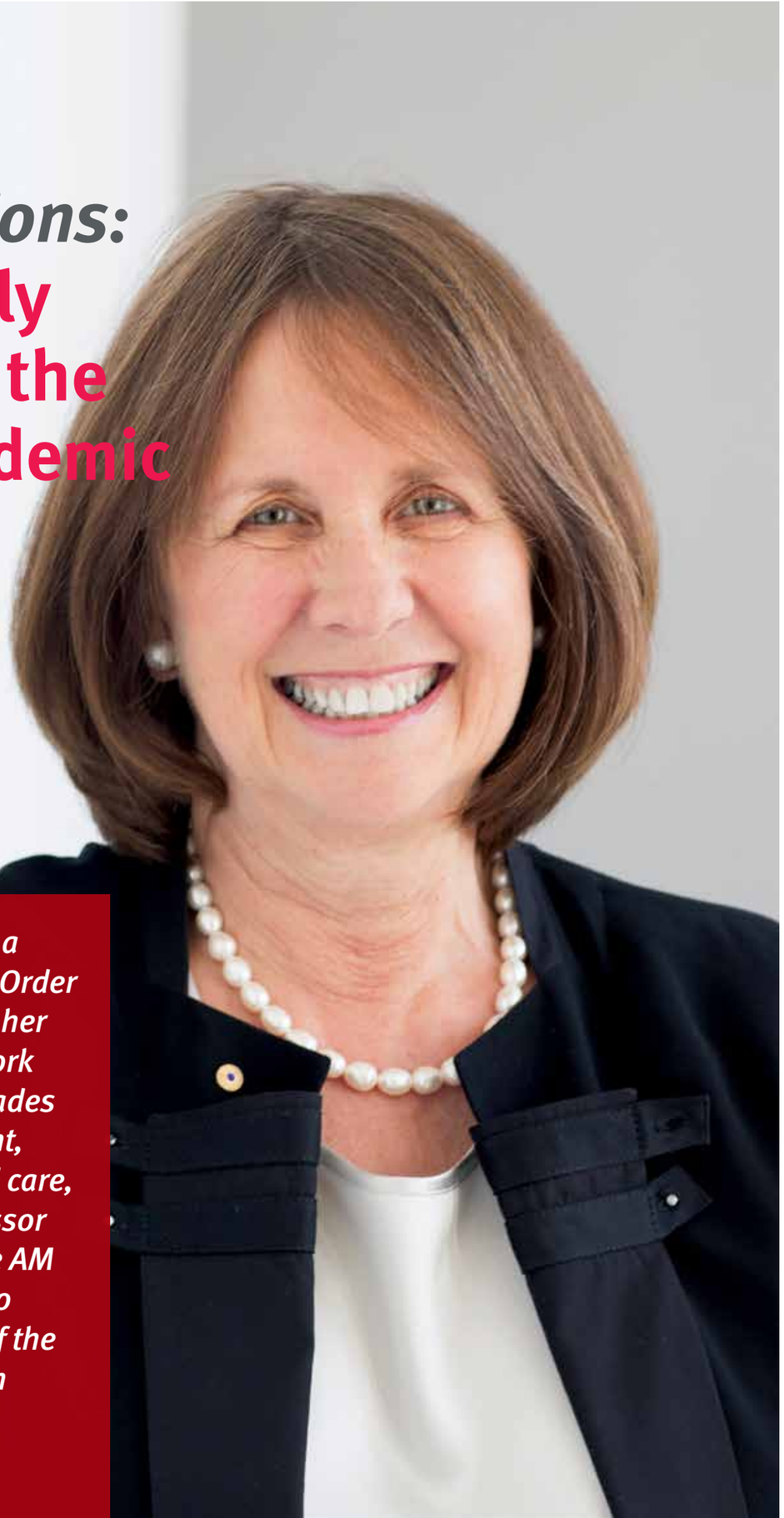
Reflections: The early days of the HIV epidemic

By Professor Suzanne Crowe AM



Honoured with a Member of the Order of Australia for her outstanding work over many decades in HIV treatment, prevention and care, Burnet's Professor Suzanne Crowe AM takes us back to the very start of the HIV epidemic in Australia.

Dr Ron Lucas, Professor Suzanne Crowe and Associate Professor Anne Mijch at Fairfield Hospital in 1991.

Back in 1984 when my close colleague and friend Associate Professor Anne Mijch OAM and I set up the first HIV clinic in Melbourne, based at Fairfield Hospital, there was an enormous sense of frustration. This is our reflection on those early days.

We started the clinic after Dr Ron Lucas, a senior infectious diseases physician at Fairfield Hospital and his wife Jo, a Fairfield nurse, visited the Centers for Disease Control in the USA in mid 1984. They learned about this new disease that seemed to be attacking gay men. Ron recognised similarities to hepatitis B and being man of few words said: "This is going to be important. Contact the homosexual community and get on to it."

As clinicians at Fairfield we had early access to an HIV test established in the Virology laboratory at Fairfield Hospital by Professor Ian Gust AO and his colleagues, but we didn't know what the results meant. Would the test stay positive for life? Would all those who tested positive go on to develop AIDS? Could the body eradicate HIV? We learnt to diagnose and treat and sometimes prevent many of the unusual infections and cancers but at that stage there was no treatment for the virus.

At the clinic initially about 25 per cent of patients turned out to be HIV-positive, probably because those who came to the clinic were aware of their risk or already sick. We used to go to funerals all the time. It was hard not to get involved with our patients. All young, virtually all of them grateful for the culture of care they received at Fairfield Hospital, many retaining their sense of humour and community spirit despite terrible illness.

Australia didn't have much money to spend on HIV research in those early days and the focus was really only on education, prevention and care. The Grim Reaper advertisement was one particularly effective early example. It depicted a bowling alley with grandmothers, pregnant women, infants and schoolchildren all being bowled over, presumably by HIV. While it received enormous criticism for being alarmist and inaccurately portraying the general population as being at risk of infection it led to people talking about HIV.

Our success in keeping the epidemic controlled in Australia was the result of a very involved gay activist movement that quickly formed an alliance with clinicians, the government and media. This coupled with strong education campaigns and focused interventions (safe blood supply, condoms, clean needles and eventually antiviral treatments) should give us great pride. It is amazing how the landscape has changed since those days.

The HIV epidemic has been a continuum: initially no treatment with a diagnosis of HIV was considered to be a death sentence, then sequential development and early availability of drugs to treat HIV, with combinations proving to be effective in controlling the virus making it a chronic controllable illness.

These days most of our patients are well with very low levels of HIV in their blood and strong immune systems. Many are working and even able to have children. There is very early research underway to determine whether by eradicating the virus, a cure, might be possible in the future.

Whilst initial efforts focused on treating HIV-positive patients in wealthy countries over the past decade there has been scaling-up of treatment in the developing world. This is largely where my efforts are now focused. My work includes coordination of education programs for doctors and other healthcare workers on HIV clinical management in India, Myanmar, Laos and Indonesia, as well as transferring the technology to do lab tests to monitor HIV infection in these resource-limited settings.

I am very proud of the contributions my PhD students are making to understanding how HIV impacts health in their countries of Papua New Guinea and Malaysia. I am also working with my colleague Associate Professor David Anderson and his team on a point-of-care test (Visitect® CD4) to monitor the immune system of people with HIV who live in remote parts of developing countries. This test will be used to determine when a patient needs treatment.

I have been involved in access to viral monitoring for these same healthcare sites with resultant prevention of mother-to-child transmission and better use of therapy for people with HIV in many neighbouring countries.

Whilst it is less common to see people with late-stage HIV infection/AIDS, many young people with HIV infection are prematurely developing diseases normally associated with the elderly. Younger HIV-positive people have an increased risk of developing heart attacks, diabetes, strokes, cancers, and kidney and bone disease. It appears that HIV prematurely ages the immune system and our studies are trying to determine the precise cause and also understand how these serious conditions can be prevented.

There is still a lot of work to be done in HIV and we can't become complacent.

Recollections from Fairfield Hospital were co-written by Associate Professor Anne Mijch OAM.