IS THERE A NEED FOR EMERGENCY LEGISLATIVE CHANGE FOR THE CONTROL OF ALL COMMUNICABLE DISEASES INCLUDING HIV/AIDS WHICH ARE ENDEMIC OR PANDEMIC?

CONTROL OF HIV/AIDS & OTHER COMMUNICABLE DISEASES THROUGH MTC vs VCT

In this paper I will present arguments for and against Mandatory Testing and Counseling versus Voluntary Counseling & Testing for all communicable diseases which are currently Endemic or Pandemic.

At the moment in Africa and other developing countries anybody suffering from HIV/AIDS is segregated physically, morally and mentally from all groups from the non HIV/AIDS society. This is slowly changing with the help from Health Centres for testing and counseling for HIV/AIDS. In the Health Centres they are advocating full integration of people into the community suffering from HIV/AIDS. The real integration takes place outside the Health Centres.

Any disease is controllable if we the Community, Governments, Pharmaceutical Companies and Distributors want it controlled. We know enough about HIV/AIDS to understand the nature of the disease, i.e. the way it spreads, manifests itself mutates and progresses. It is the lack of control of the spread of the disease which is the major problem and not the disease itself. We are too busy putting Band-Aids over the problem, for example, handing out ARV drugs rather than fix the problem. In other words, we hand out Antibiotics and Antiretroviral Therapy (ART) rather than controlling the spread and the antidote for the disease. There is little or no research happening in most of the African Nations because of W.H.O handing out free drugs to HIV/AIDS patients. W.H.O and other Aide Agencies have to purchase the medicines from drug companies and in turn distribute the medicines to the developing nations. I agree
with W.H.O supporting Developing countries but not at the expense of stopping the spread of the disease and research into the disease. APTYH AT THE WORKFACE of Band-Aiding the disease is another issue which needs to be addressed.

The biggest one problem we in controlling the disease is, there is no mandatory disclosure of the person who infected or cross infected the new case of HIV/AIDS. The small clinics funded by the Government are not doing their job otherwise they would be monitoring the cases of HIV/AIDS especially in the usage and success of current drugs being used to maintain health of the patient.

If we go back in time and analytically look at the EPIDEMIC called the Black Plague (1655-1666) (Bubonic Plague) and how it was destroying the population of London (England). The Nobles of the day took the ‘self preservation’ step of getting rid of almost every rat in London by burning down most of the poorer areas of London. The Nobles succeeded in eradicating the Bubonic Plague. They killed the majority of infected rats and attached fleas, burnt every dead person, burnt every house where the infection had been. They isolated the sick and marked ‘infected houses’ with a red cross.

To get rid of HIV/AIDS or other Pandemic diseases in our modern society we cannot burn or kill or segregate every person suffering from HIV/AIDS.

There is also the need to control the small clinics eg. Clinic X in Makeni Rd in Zambia do not give their patients a written report, explain in a professional manner the drug contra-indications or insist that full disclosure of the person who has infected them or other people they have infected. Failure of the infected person to disclose then that person should be removed from the community into custodial care UNTIL THEY HAVE BEEN PROPERLY COUNSELED AND FULL DISCLOSURE HAS BEEN GIVEN. In most countries patients have access or can get a copy of the written report and a written treatment plan on their condition. Patient rights must be adhered to at all costs. The Clinic X gave medicines to a patient and they will not justify to her why they gave the medicines. Some of these medicines had contra-indications to each other and the doctors prescribing these medicines without knowing or neglected to inform the patient. It appears to be a general procedure all HIV/AIDS patients get medicines prescribed to them whether they need it or not? Another example of the Clinic X and their unprofessional behaviour is concerning a blood test, they
stated that they did not need to do the CD4 or CD8 tests to verify whether they needed to give the patient the ARV’s medicine. They gave the patient the ARV drugs not knowing whether she needed them or not at this point of time. The Ministry of Health should step in and close unprofessional facilities such as the Clinic X. There would be hundreds of these unprofessional clinics in each African Country. If the patient does not need ARV’s they should not be given them because the side effects of that group of drugs are worst that the disease itself. At sometime the patient will need ART when they encounter another infection of some description. They also never directed the patient how to take contra medicines they had prescribed. The medicines taken together deplete the already low HGC. Since the separation of these contra drugs the patients HGC has returned to normal. Selenium was introduced to this patient two weeks ago and it could be assumed that the CD4 would have already risen.

The Government of the day must bring the disease under control by ensuring people do not keep on spreading HIV/AIDS or other communicable diseases without thought and care of the people they come into contact with on a daily basis. The person suffering from the disease must be held responsible if they infect others if they know they have the infliction. The only way to ensure people do know they have a communicable disease is to have mandatory testing, reporting and counseling. The person who has been accused of infecting the new patient must undergo mandatory testing and counseling to ensure that no more people are infected by this person. Currently, there is no law to stop the offender to keep on infecting.

If this homogenous group commit an offence of deliberately spreading communicable diseases. We must have in place good counselors and control measures to assist people in regulating the epidemic.

**LEGISLATIVE CONTROL OF THE DISEASE**

As mentioned earlier Legislation needs to be introduced that every man, woman and child need to be Mandatory tested and counseled (MTC) for all communicable diseases which are epidemic or pandemic proportions and will affect the economy, and the future of the nation.

1. There is a two fold dilemma at hand, one is the right of the individual to consent to be tested. Everyone has the right to refuse a test, but the disease is
epidemic or pandemic proportions the person who has refused consent should be withdrawn from the community and counseled in the area of the seriousness of the disease and submit to testing.

2. The second issue is when there is an epidemic or pandemic such as HIV/AIDS (as it is currently throughout Africa and other developing countries and in particular Zambia and Uganda) the Government of the day should have the power and the right to eliminate the disease to ensure that innocent people are not infected by people or situations who knowingly pass on HIV/AIDS or any other communicable disease.

Active Rights Groups who try to enforce the rights of individual groups need to look at the rights of all people to live a full and healthy life. This must be a key element in deciding whether people should or not be tested (MTC) for communicable and transmittable diseases. Let us see if there would be a change of attitude if their child or other family member becomes infected with HIV/AIDS by an outsider.

DISCLOSURE OF COMMUNICABLE DISEASES

There are so many people with HIV/AIDS who do not disclose they have a life threatening disease which is highly transmittable to the people with whom they are interacting. Again, legislation should be introduced that anyone knowingly affects another with a life threatening disease should have a mandatory life sentence to life in a prison farm and grow vegetables for the underprivileged.

Zambia’s current estimate of their population is infected with HIV/AIDS is approximately 30%. In 5 years plus years time the economy will suffer when the youth workforce has been dramatically halved. If the true numbers of HIV/AIDS is revealed it may give Governments the necessary strength to bring down legislation to Jail deliberate spreaders of any communicable diseases. Most of the politicians would agree with paper but it would make them unpopular at election time.

The Zambian Government is currently ready to introduce Voluntary Counseling and Testing (VCT). VCT has proven to be a failure in most countries who are in the Third World Group. It is the mentality of the local people that refuse to accept they have the disease or they decide not to do anything about the control
of the disease. The same mentality of the people who are being treated is applied to the ones who are treating the infected patients.

The Tanzanian Government are currently ready to introduce such legislation to combat the Pandemic disease.

Today the stigma and isolating people because they suffer from a particular disease is over in Western Communities. Communities need to understand that it is man indirectly or directly who has created the majority of diseases in humans. The need to eradicate diseases is critical for the people who are already disadvantaged or who have been disadvantaged by circumstances because of them living in developing countries. Why should they have to die because the masses are spreading the disease without thought or caring of other individuals. Because of the epidemic proportions of the HIV/AIDS disease which is spreading rapidly it is essential that there is a need to understand and control the disease to bring back a healthy and prosperous society. There appears that there are few people in the field doing serious research or monitoring of the HIV/AIDS.

To bring the epidemic situation of HIV/AIDS under control so that all people in the society can lead a productive, safe and economical life, every man, woman and child must be tested for all communicable diseases. Because of some communities being isolated in small villages in remotes areas it is difficult to get reliable figures of who has HIV/AIDS and how to stop or control the spread of the disease. The majority of HIV/AIDS infected people continue to have sexual intercourse or share needles after they have been diagnosed or have become aware they are HIV positive. There should be legislation introduced that any person who is HIV/AIDS infected knowingly have sex or sharing needles with another person should have a life sentence in prison imposed on them on the basis of premeditated murder. By having sex or sharing needles with a non HIV/AIDS or causing cross infection in another person suffer, the infected person has knowingly sentenced that person to a possible horrible death. If you think this a drastic measure imagine what the parents of their infected children are thinking. If the Government knows who in their country has got HIV/AIDS and have given those people good counseling and explained the consequences of their actions there is no excuse for that infected person should be having sex, swapping needles or any sort of act which may transmit the disease to another person. The Ugandan Government claim they have only 6% to 12% of the
population has HIV/AIDS. WHO estimate 15% to 20%. It is more likely to be between 20% to 30%.

The Tanzanian Government is ready to introduce legislation to make voluntary testing and counseling for HIV/AIDS.

Ms Mwendwa said “as the diversity of the epidemic becomes more apparent, it becomes evident that a comprehensive legislative approach covering different public health aspect of HIV/AIDS is needed.”

She added: ”In this way, a legal framework will be established to support the national policy on HIV/AIDS and respond to the gaps in the national policy.

Legislative statutes have been reviewed, recommendations made and action is being taken.”

Issues contained in the proposal to enact HIV/AIDS Prevention and Control Act 2006 are, National policy on HIV/AIDS, Multi - sectoral responsibility, Mass education by schools and Media, Compulsory Blood testing, Compulsory Counseling (pre and post), Basic health and control and Confidentiality. Others issues for HIV/AIDS sufferers are Discrimination and stigmatization, Rights of the infected person, widows/widowers and the orphans, Research vaccination and treatment, Monitoring and Evaluation as well as Offences and remedies.

Also in the proposal are those related to combating harmful traditional practices, rights of workers with HIV/AIDS and employment, eliminate sexual harassment, identify rights of the children of HIV/AIDS infected persons, safe protection measures means in this case is avoidance of sex, identifying important amendments in the acts and minimizing conflicts among the acts.

She highlighted them as, importance of voluntary counselling and compulsory testing (VCT), abolition of customs and traditional practices that make individuals vulnerable to HIV transmission. The VCT approach will not work as people will not come forward voluntary.

Others are protection of the rights of PLHAs with special focus on prevention of stigmatization and discrimination, protection of the rights of women, men,
children and other vulnerable groups against vulnerability to HIV infection as well as institutionalizing (jail) deterrent measures against willful transmission of HIV.”

The Zambian HIV/AIDS population is estimated to be running at 30%.

Mandatory testing every year should help isolate people with the disease so that proper counseling over the next 10 years.

Australia already has laws in place for people who deliberately infect another with a communicable disease. Recently a woman who infected another person with HIV/AIDS received a 25 year non paroled jail term.

CANDIDIASIS AND HIV/AIDS

Candidiasis is usually found in exposed and moist parts of the body, such as the mouth and vagina. It can also occur on the male genitals, particularly in uncircumcised men. 77% of women suffering from HIV/AIDS have Candidiasis. The Candidiasis lowers the immune system down to the level where inhibits the immune system to clear diseases from the body. Dr Prakash Patel, a gynecologists and obstetrician at Fertility Endoscopy Clinic in Kampala, says Candida is a living organism that is always present in the mouth vagina or any other opening of the body. However, he says, an infection develops when Candida becomes too much in these sites. ‘All the openings of the body, the ears, the mouth, nose and vagina have good and bad bacteria, just like society has good and bad people,’ Dr Patel explains. ‘But when there is an overgrowth of the Candida, then an infection called Candidiasis develops.’

CEREBRAL MALARIA AND HIV/AIDS

Cerebral Malaria and HIV/AIDS mixed together is a lethal combination. Malaria is an endemic disease right throughout Africa even though it is not a communicable disease it habitats in many of the same regions of the body as HIV/AIDS. Malaria can also be controlled if the people were taught how to clean up the environment. Malaria episodes can kill the HIV/AIDS suffer very quickly.
Currently there appears to be a non seasonal outbreak of Cerebral Malaria. This could be due to the flooding of grass and gardens on a daily basis by over zealous gardeners in Zambia. This would give *Plasmodium falciparum* is the predominant parasite which causes CEREBRAL MALARIA.

MALARIA
The hope of global eradication of malaria was finally abandoned in 1969 when it was recognized that this could not be achieved. The product called DDT also failed after the mosquito built a resistance.

Ongoing control programs remain essential in endemic areas but not the DDT type of control.

Malaria is currently endemic in 91 countries with small pockets of transmission occurring in a further eight countries. If these countries cleaned up the drains, swamps and other breeding grounds of the mosquito Malaria could be drastically slashed as the biggest killer of all diseases.

More than 120 million clinical cases and over 1.5 million deaths occur in the world each year. 80% of deaths are children under 5 years old. 80% of the cases occur in tropical Central Eastern Africa, where malaria accounts for 10% to 30% of all hospital admissions and is responsible for 15% to 25% of all deaths of children under the age of five. Around 1,000,000 + children under the age of five die from malaria every year, making this disease one of the major causes of infant and juvenile mortality. Pregnant women are also at risk since the disease is responsible for a substantial number of miscarriages & low birth weight babies.

The Government and the people should be legally obligated to clean up the breeding grounds of the mosquito, (this law is in Australia and New Zealand). Malaria combined with AIDS is the biggest one killer disease in the world today.

TUBUCULOEOOUS AND HIV/AIDS

MENIGITIS AND HIV/AIDS

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