AIDS in California **Proposition causes PANIC**

San Francisco

Do THE people of California know better than state health officials how best to control the spread of acquired immune deficiency syndrome (AIDS)? Supporters of Proposition 64, an initiative on the California ballot in the November elections, believe they do. If the proposition commands a majority in November, it will require the state to extend to AIDS the regulations now applying to other infectious diseases. Meanwhile, the proposition is opposed by health care professionals and the opponents of the extreme right.

According to the proposition's sponsors, the ballot initiative merely "extends existing public health codes for communicable diseases to AIDS and AIDS virus carriers". But opponents of the measure, including many state officials and health care professionals, believe the proposition is deceptive, and may only increase the threat of AIDS.

Among those who have arranged that the proposition should appear on the November ballot are the followers of Lyndon LaRouche, a right-wing political extremist. Brian Lantz, a spokesman for the Prevent AIDS Now Initiative Committee (PANIC), says his group filed a petition with 680,000 signatures to get Proposition 64 on the ballot. Lantz says people are worried that health officials do not have all the answers about AIDS, and are not doing enough to protect the public from the disease.

As an example of persisting uncertaintes about the transmission of the AIDS virus (HIV), Lantz points to the cluster of cases in Belle Glade, Florida. So far, he says, there has been no adequate explanation why Belle Glade should have so many AIDS cases.

It is unclear exactly what health officials will be required to do if Proposition 64 passes. Certainly, more people will be subjected to antibody tests, and those found positive may be prevented from working in schools, health care facilities and food service occupations. Supporters of the measure say that, while it may not be mandatory that carriers of the virus should be put in quarantine, that avenue should be left open. Indeed, PANIC regards quarantine as an acceptable and possibly necessary option for controlling the spread of AIDS. The proposition would also require reporting of carrier status to state health officials.

Proposition 64 has provoked tremendous opposition from the Californian medical and public health communities. James Chin, chief of the infectious disease branch of the State Department of Health Services, calls the proposition "absurd", saying that public health officials are already taking the necessary steps to control the spread of AIDS. He denies that there is uncertainty about the transmission of AIDS, and that although adding virus envelope may change with time, its infectivity is unlikely to undergo dramatic changes.

Chin does, however, admit the possibility that the virus could radically change in time, but says that should not be the basis for establishing public health policy. "You could play those 'what-if' games endlessly," says Chin.

Paul Volberding, chief of the AIDS activities division at San Francisco General Hospital, which pioneered the treatment of AIDS patients, also believes that the evidence that HIV is not a casually infectious agent is "overwhelming".

The reporting requirements of Proposition 64 are especially troubling to health officials. Mervyn Silverman, director of the AIDS health services programme at the University of California, San Francisco, worries that the social stigma of the disease and the possibility of quarantine will keep patients out of the health care system at the early stage of the disease when they could be helped. Lack of confidentiality about carrier status would dissuade people from voluntarily submitting to blood tests, making it harder to keep track of the spread of HIV. Opponents of Proposition 64 hope to raise \$8 million to defeat the initiative. Silverman agrees the proposition must be defeated, but is dismayed at having to spend money that would be more useful for research or education.

Most voters are opposed to the proposition. A poll by the *Los Angeles Times* published on 13 September showed 51 per cent opposed, 35 per cent for and 14 per cent undecided. A *San Francisco Examiner* poll in early September had 41 per cent opposed, 17 per cent for and 42 per cent undecided.

Even if Proposition 64 is defeated, unless it is lost by a large margin, Silverman says "we've got big troubles." Silverman worries that anything but a crushing defeat in California will encourage LaRouche supporters elsewhere to introduce similar propositions.

Among politicians, opposition to the proposition cuts across traditional political lines. Both Republican and Democrat candidates for Governor and Senator have opposed it, as does the director of the state's Department of Health Services. But Lantz says politicians opposed to the proposition are out of touch with the body politic. He believes that the voters in California are not satisfied with glib assurances that they have nothing to fear from AIDS. Opponents of the proposition agree that fear is indeed the issue. They hope to convince voters not to let their good sense be overcome by PANIC.

Joseph Palca

AIDS in Japan

Test-kit market opens up

Tokyo

FROM this month, Japan's will screen all blood donors in Japan for acquired immune deficiency syndrome (AIDS) and adult T-cell leukaemia (ATL). The decision opens up a huge market for makers of antibody test kits with an estimated budget of Y5,000 million (£22.5 million) for the screening programme. So far, 6 carriers of AIDS antibodies have been found among about 900,000 donors in the Tokyo and Osaka areas. The official number of AIDS cases in Japan has risen to 21, 13 of which have proved fatal.

There have been calls for mandatory AIDS and ATL screening of blood donors in Japan since last year when the first AIDS cases were reported and the dangers of ATL infection through blood transfusion became apparent (*Nature* **318**, 306; 1985). But the Health and Welfare Ministry decided to introduce only partial screening earlier this year.

ATL seems to pose a more immediate threat to the nation's blood supplies than AIDS. More than 33,000 people with antibodies to the ATL retrovirus (HTLV-1) have been found among about 700,000

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donors in Kyushu in southwestern Japan since the Red Cross began screening in February. And in several other parts of the country the occurrence of carriers exceeds 1 per cent. Although only about 1 in 2,000 carriers develop the disease, it is almost invariably fatal.

Japan's Red Cross will use enzymelinked immunosorbent assay (ELISA) tests developed by Abbott Laboratories of the United States and by Organon of the Netherlands for AIDS screening. But other tests will be considered; one likely candidate is the gelatin particle agglutination method developed by Fuji Rebio of Japan.

The principle of Fuji Rebio's method is simple. Micrometre-sized particles of gelatin and arabic gum are coated with dead viral antigen. A suspension of the antigen-coated particles is then mixed with the test serum and allowed to settle. Clumping of the particles indicates the presence of antibodies. The method has already been successfully used for ATL screening and the company has applied for approval of its AIDS test based on the same method. David Swinbanks