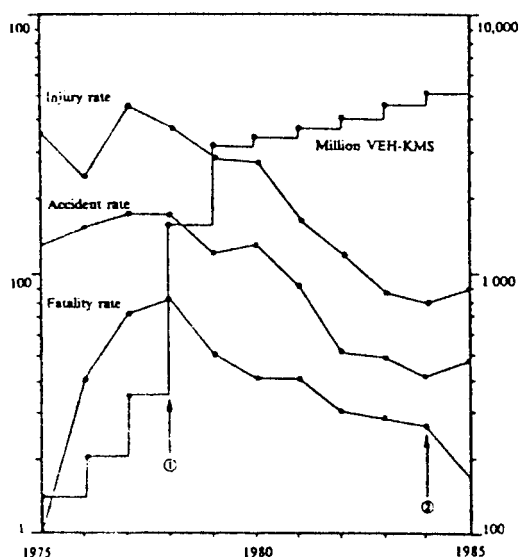


programs? 3) If the mandatory seatbelt law were expanded to the whole island, what proportion of the population would voluntarily comply with the law, and what impact would it have on MVA injury and fatality rates? 4) What proportion of MVA mortality is due to motorcycles, and how much of this could be prevented by a mandatory motorcycle helmet law? Obviously, there is still much to be done in the area of preventing MVA morbidity and mortality in Taiwan. The first step towards solving these problems after recognizing their importance, is to begin devoting manpower and resources to accident research and prevention.

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- 4 Ministry of Communications Taiwan Area National Freeway Bureau annual report 1985; p31

Figure 4. Accident, injury, and fatality rates (per million vehicle-kilometers) on the north-south freeway, 1975 to 1985.



Update on the Acquired Immunodeficiency Syndrome – Taiwan

On October 21, 1986, a 38 year-old American male homosexual was hospitalized at the Taiwan Adventist Hospital with fever, chills, and dyspnea of 24 hours duration. On physical examination, the patient was thin, cyanotic, and appeared both chronically and acutely ill. Chest auscultation revealed bilateral rales. A chest x-ray showed diffuse infiltrates in all lung fields. Bronchoscopy yielded no diagnosis, however, an open lung biopsy showed *Pneumocystis carinii* pneumonia (PCP). Treatment with trimethoprim-

sulfamethoxazole (TMP-SMX) was begun. While receiving this therapy, the patient developed oral candidiasis and herpes-like lesions in the groin and inguinal areas. A serum specimen was positive for antibody to the human immunodeficiency virus (HIV) by enzyme immunosorbent assay (EIA). He was diagnosed as having the acquired immunodeficiency syndrome (AIDS) and transferred to the National Taiwan University Hospital (NTUH). At NTUH, HIV antibody was confirmed by both EIA and Western blot. The patient's white blood count was $9,700/\text{mm}^3$ with an absolute lymphocyte count of $800/\text{mm}^3$. No T-helper cells were detected on lymphocyte studies. Treatment with TMP-SMX was continued, however, his condition worsened, and he required endotracheal intubation and mechanical ventilation. TMP-SMX was discontinued due to an anaphylactoid reaction, and treatment was changed to intravenous and aerosolized pentamidine isethionate. Despite this therapy, the patient remained hypoxic and was placed on positive end expiratory pressure (PEEP) ventilation. He developed bilateral pneumothoraces and expired on November 9, 20 days after hospitalization. An autopsy confirmed persistent PCP and cytomegalovirus infection secondary to AIDS.

The patient's past medical history was unremarkable except for recent weight loss of more than 10 kilograms and mild diarrhea in the past two months. He was unmarried and engaged in exclusively homosexual relationships. In the past five years he had only one sexual partner. However, before 1981, he had numerous sexual partners. In the past two years, he had made seven visits to Taiwan, but denied having sexual contact with any Taiwan residents during these trips.

Reported by Taiwan Adventist Hospital, National Taiwan University Hospital, Taipei City Health Department; Bureau of Disease Control and the AIDS Advisory Committee, Department of Health, the Executive Yuan.

Editorial note: This patient fulfilled the U.S. Centers for Disease Control's case definition for AIDS^{1,2} and had a typical clinical course. He is the third case of AIDS diagnosed in Taiwan, and the second case diagnosed in a foreign visitor³. During his hospitalization, the patient required intravenous medications, open lung biopsy, endotracheal intubation and mechanical ventilation, multiple arterial and venous blood samplings, and blood transfusions. In both institutions where he was hospitalized, there was concern and confusion about the risk of HIV transmission to health care workers (HCWs).

All available evidence has shown that AIDS is a bloodborne, sexually transmitted disease that is not spread by casual contact or by airborne exposure. Infection control precautions for AIDS patients are the same as those for patients with any bloodborne infectious disease (e.g., hepatitis B). The following precautions should be taken by HCWs when handling blood, secretions, excretions, and other body fluids from patients having or suspected of having AIDS, or patients in high risk groups for AIDS (e.g., male homosexuals, hemophiliacs, and intravenous drug abusers)⁴:

1. Sharp items (needles, scalpel blades, and other sharp instruments) should be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries.
2. Disposable syringes and needles, scalpel blades, and other sharp items should be placed into puncture-resistant containers located as close as practical to the area in which they were used. Needles should not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
3. When the possibility of exposure to blood or other body fluids exists, routinely re-

commended precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or equipment contaminated with blood or other body fluids, or may also require gowns, masks, and eye-coverings when performing procedures involving more extensive contact with blood or potentially infective body fluids, as in some dental or endoscopic procedures or postmortem examinations. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood.

4. To minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predictable.
5. Pregnant HCWs are not known to be at greater risk of contracting HIV infection than other HCWs; however, if a HCW develops HIV infection during pregnancy, the infant is at increased risk of infection resulting from perinatal transmission. Therefore pregnant HCWs should be especially familiar with precautions for preventing HIV transmission.

The Department of Health is planning a one-day seminar to discuss the infection control management of AIDS patients in hospitals. Anyone interested in attending this seminar should contact Ms. Huang Bi-Hwa at the Bureau of Disease Control (TEL: 02-321-0151 ext. 263).

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