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HIV/AIDS: Yesterday, Today and Tomorrow

S LaGuardia Airport on December 1, I was forcibly reminded that it was World AIDS Day as I watched a lengthy CNN report about the desperate plight of AIDS sufferers in Africa.

HIV/AIDS is devastating sub-Saharan Africa, where early detection is almost unheard of and most cannot afford treatment. While Canada is affected much less dramatically, Health Canada has estimated that at the end of 2002, more than 56,000 Canadians were either infected by HIV or suffering from AIDS. Most shocking is the estimate that almost one-third of infected Canadians did not know it.

Early detection and treatment of HIV is transforming the quality of life and life expectancy of people afflicted by the virus. While there is still no cure and much ignorance surrounds the condition, you are more and more likely to see people with HIV/AIDS in your office. For this reason, Dr. Joel Epstein and colleagues at the University of Illinois at Chicago have 4 articles in this issue which update dentists on HIV/ AIDS and its significance in dental practice.

When I began practising in 1980, I seldom wore gloves or facemasks and routine sterilization of handpieces was unknown. Suddenly, AIDS arrived on the scene and there was a lot of fear about this acute mystery disease. The dental profession, with CDA at the forefront, showed great leadership in adopting precautions designed to make all patients feel they could be treated safely in dental offices and to make dental care workers feel safe dealing with all patients.

Leadership in times of uncertainty can be a lonely furrow to plough; detractors said the likelihood of AIDS transmission in dental offices was very low and that universal precautions were unnecessary and too expensive. Over time, universal precautions became standard as a new generation of dentists came to naturally expect infection control practices.

HIV/AIDS is now considered a chronic condition. The profile of sufferers has changed over the past 25 years, with far more women and members of minority communities affected. The pattern of oral lesions associated with HIV infection — often the first signs of infection — is also changing. The overall messages in the HIV/AIDS articles are that dentists have a vital role to play in providing equitable health care to these patients, we must be well informed about the disease and be on the lookout for signs that could lead to early detection.

While in New York, I attended a very interesting lecture by Dr. Anthony Vernillo of New York University predicting that dentists may be at the forefront of early detection of HIV infection in the future. With the US Centers for Disease Control and Prevention (CDC) urging easier means of getting consent for HIV testing, with the emergence of rapid testing for HIV through swabbing oral exudates and with oral care providers being seen regularly by many patients, Dr. Vernillo believes the dental office is an ideal location for rapid detection of HIV infection, with follow-up referral to a physician for definitive diagnosis.

While there may be many hurdles to overcome before that becomes reality, Dr. John Molinari's Point of Care article (p. 911) reminds us that serious infectious diseases can be transmitted from patient to patient in the oral health care setting. There is an old saying that "success breeds failure," especially when we become complacent in our practices. Dr. Molinari's article reinforces that there can be no grounds for complacency when it comes to the implementation of standard precautions in dental practice.

To coincide with World AIDS Day, I gave myself an early holiday gift. I became a member of the Organization for Safety and Asepsis Procedures (www.osap.org) for just \$100 US. This non-profit organization with close links to CDC and other international leaders in infection control is the only organization truly dedicated to keeping the oral health community up-todate on infection control. I felt good knowing I was doing a little bit to advance safety for dental patients and my colleagues in the oral care sector.

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