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# Concerning the early and current spread of human immunodeficiency virus type 1 and the scientific burden of proof versus the burden of current human immunodeficiency virus incidence†

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The following points were made during the Discussion that followed the paper by Brian Martin.

**Keywords:** early Zaire–Haiti HIV spread; early Caribbean labour-force spread; burdens of proof versus action now

## **1. CONCERNING THE EARLY AND CURRENT SPREAD OF HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 FROM KINSHASA TO PORT-AU-PRINCE**

Some ten years' investigation led to the hypothesis that human immunodeficiency virus type 1 (HIV-1) must have reached Haiti as early as the early to mid-1960s. In a massive scheme of UN cooperation (administered by the UNESCO, Paris), many scores of Haitian teachers and other technical personnel were replacing for many years the close to 2000 Belgian teachers/technical staff that left abruptly around independence (mid-1960). The teachers had yearly leave and could thus have carried the virus during the 1960s straight to Haiti. Both the Caribbean and that African area in question have the same HIV-1 type C. Haiti was then probably the starting point of the Caribbean silent HIV spread via labour-force movements. While depending on very unequal and most deficient acquired immune deficiency syndrome (AIDS)

reporting, a reconstruction effort of minimal HIV incidence for the late 1970s ('1978') leads to additional observations and reasoning (AF 4 00, available on request from the author).

## **2. CONCERNING THE BURDEN OF SCIENTIFIC PROOF VERSUS THE BURDEN OF CURRENT HUMAN IMMUNODEFICIENCY VIRUS INCIDENCE**

Since the prevention of new infections is the crying necessity now, I compare the two burdens. While we were loftily discussing in London for two days the origin of HIV and the AIDS epidemic, there were around 35 000 new HIV infections. Assuming there were 350 lucky participants, this would lead to a participant-to-new infection ratio of 1:100 or 1:200 if adding the travel days. In a balanced manner both burdens have to be kept in mind, as there is urgency for additional action now.

† Additional contribution.