The clinical symptoms

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The clinical expression of HIV infection appears to be increasingly complex. It includes manifestations due to opportunistic diseases, as well as illness directly caused by HIV itself. It seems that each year between two and eight per cent of infected individuals progress to AIDS, with no apparent decrease in the rate of disease progression as time goes by. We can subdivide HIV infection into at least five different stages, which are not necessarily present in all patients and may not occur consecutively. These stages are acute illness; latency phase; persistent generalised lymphadenopathy; AIDS-related complex; and AIDS. A precise understanding of the natural history of HIV infection is not only essential for predicting the further courses of the AIDS epidemic, but also for developing and evaluating measures for prevention and treatment.

The acute phase may occur as early as one week after infection, and usually precedes the appearance of antibodies in the blood (seroconversion). The latter occurs usually between six and twelve weeks after infection, but may take as long as eight months. The clinical manifestations include fever, lymphadenopathy, night sweating, headache and cough. One-third to half of the people who develop antibodies to the virus report at least one symptom, and there have been cases of acute encephalopathy.

The latency phase is characterised by an absence of illness and symptoms.

Persistent generalised lymphadenopathy is defined when a patient with HIV infection has lymph nodes larger than one centimetre in diameter, in two or more sites other than the groin, for periods of at least three months' duration and in the absence of any current illness or drug use known to cause this condition. About one-third of these patients show no symptoms.

Patients with AIDS-related complex (ARC) have similar symptoms, signs and immunological defects to those of AIDS patients but they are less severe. These patients do not show any opportunistic infections or malignancies, but they may have weight loss, malaise, fatigue and lethargy, anorexia, abdominal discomfort, diarrhea with no specific cause, fever, night sweating, headache, itching, amenorrhea, lymphadenopathy and enlarged spleen. Lesions of the skin and mucous membranes are often

Large areas of skin discolouration are symptoms of Kaposi's sarcoma—often seen in severe stages of HIV infection.

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The virus can be transmitted from any infected person to his or her sexual partner (man to woman, woman to man, and from man to man). But it is also spread by contaminated blood—in transfusions, on needles, or on any skin-piercing instruments. Also, an AIDS virus-infected mother can transmit the virus to her child before, during or shortly after birth.

At a variable period of time after infection, some individuals develop HIV-related disease; per year, some two to eight per cent of HIV-infected individuals develop AIDS, apparently regardless of the route of infection or the lifestyle. The risk of developing AIDS apparently does not decrease with the duration of infection.

Why do some infected individuals develop AIDS within five years, and why do others remain healthy? This is a basic question that is frequently asked, but we tend to forget that the answer is unknown for virtually all other infectious diseases.

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