of the National Foundation for Infantile Paralysis—founded by President Franklin Roosevelt.

Educators have not taken a similar responsible role in the AIDS epidemic. Rather than keeping abreast of current medical knowledge and discussing this with parents and students, some teachers are refusing to instruct AIDS students. Clearly, communicating well-founded information to the public would do much to disarm the current hysteria. The AIDS issue is indeed a challenge to educators.

AIDS Transmission

Contrary to what one might believe after reading the lay press, the issue of AIDS communicability is clear: no case of casual transmission of AIDS has ever been reported between family members, school children, or children in a day care center. Of seven detailed studies of 350 family members of adults and children with AIDS, infection has occurred only when the subject was in a known risk group for acquiring AIDS (DHHS/ CDC 1986). There is also a demonstrated low frequency of AIDS exposure after accidental needlestick by health care workers (DHHS/CDC 1986). Of the over 1,700 health care workers directly caring for AIDS patients, only two persons not in his known risk groups have tested positively for AIDS. Each case was an unusual circumstance involving a relatively large amount of blood-to-blood contact (Stricoff and Morse 1986). Of the over 17,000 AIDS patients reported to the Centers for Disease Control, no family members or other casual contacts have reported any signs of infection, and only two, which involved extraordinary circumstances, have shown laboratory evidence of exposure to the virus (DHHS/CDC 1986).

Population studies also support the case for noncasual transmission of AIDS. Over 29,000 cases of AIDS have occurred nationwide, and despite enormous increases in the number of casual contacts with these AIDS patients, the disease is not spreading beyond the well-defined risk groups (Sande 1986).

Basic lab research provides strong evidence against casual transmission as well. HTLV-III/LAV, the known cause of AIDS, is a blood-borne virus that lives in white blood cells—the cells that help the body fight infection. The fact that this virus is largely confined to the bloodstream accounts for the populations at risk of acquiring AIDS: recipients of blood transfusions, intravenous drug abusers, homosexual men, and newborns of infected mothers. The evidence is also increasing for heterosexual transmission of the AIDS virus; indeed, in parts of central Africa, this appears to be the primary mode of spread.

That body secretions such as saliva and tears have been reported to contain the AIDS virus has been the source of much hysteria about the theoretical transmissibility of AIDS. In optimal lab conditions, only one of 83 saliva samples from AIDS patients demonstrated the virus (Ho et al. 1985). And HTLV-III/LAV was isolated in only one of seven tear samples from AIDS patients (Fujikawa et al. 1985). As Dr. Anthony Pinching (senior lecturer in clinical immunology, member of the Department of Health and Social Services (DHSS) expert advisory group on AIDS, and secretary of Medical Research Council Working Party on AIDS in England) states, lab conditions are vastly different from conditions in the workplace, home, or school. In optimal lab conditions, only one of 83 saliva samples from AIDS patients demonstrated the virus (Ho et al. 1985). And HTLV-III/LAV was isolated in only one of seven tear samples from AIDS patients (Fujikawa et al. 1985). As Dr. Anthony Pinching (senior lecturer in clinical immunology, member of the Department of Health and Social Services (DHSS) expert advisory group on AIDS, and secretary of Medical Research Council Working Party on AIDS in England) states, lab conditions are vastly different from conditions in

"As transfusion-borne AIDS is eliminated, so too will be the majority of instances of younger children with AIDS. . . . The group that will become proportionately more significant is the older AIDS-afflicted student, and this is the population that educators need to assist."