plications and for patients requiring specific advice such as suitability for surgery.[3-5]

Much still needs to be learnt about epilepsy in the community. More information is needed about the phenomenology of newly diagnosed epilepsy, the temporal patterns of seizure recurrence, the social and psychological impact of epilepsy, and the adequacy of health care provision. A nationwide community based investigation of epilepsy — the National General Practice Study of Epilepsy — was initiated several years ago to address these questions. A network of about 250 general practitioners throughout the UK is currently gathering medical and social information on 1200 patients with newly diagnosed epileptic seizures, followed prospectively from the time of diagnosis. This is the biggest cohort study of epilepsy yet carried out. With such research data, it is hoped to provide a detailed description of the clinical features, management and course of newly diagnosed epilepsy in the community, and to identify patterns of seizure recurrence and prognostic indices. It is only with this sort of data that health care provision can be rationally planned.

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INFECTIOUS DISEASES UPDATE: AIDS

In 1982 the Communicable Disease Surveillance Centre of the Public Health Laboratory Service for England and Wales and the Communicable Diseases (Scotland) Unit set up a national surveillance system for the acquired immune deficiency syndrome (AIDS). Since then these units have received reports, provided voluntarily by clinicians, on all AIDS cases in the United Kingdom. The definition of each case is based on the criteria of the Centers for Disease Control, US Public Health Service and the World Health Organization for the diagnosis of AIDS.

By the end of November 1987 a total of 1170 cases of AIDS had been reported in the UK of which 665 were known to have died. Males accounted for 96.5% of cases and this is attributable to the majority (986) belonging to the category of homosexual/bisexual transmission. There have been 68 haemophiliac patients and 24 blood-recipient cases, of whom eight received infected blood from abroad. Forty-three cases (3.7%) have been identified as having become infected through the heterosexual route, though 34 of this group were possibly infected outside the UK. Only 34 (2.9%) have been directly associated with intravenous drug misuse and half of these were also homosexual. Thirteen children of a human immunodeficiency virus (HIV)-antibody positive or high-risk parent have been identified as having AIDS.

By comparison, the USA had reported 47 298 cases of AIDS; more than any other country in the world. In addition to having a far greater number of cases, there are trans-atlantic differences in distribution of cases within individual transmission categories. For example, 11 371 (24%) have been directly associated with intravenous drug misuse and consequently the proportion of homosexual and bisexual cases is less compared with that in the UK. It is interesting that the proportion of heterosexual cases in the USA (3.9%) is similar to that in the UK and likewise, many of these cases might have been infected in other countries.

These Centers for Disease Control figures from the USA give us guidance as to where we might be heading over the next few years. AIDS in intravenous drug misusers in the UK generally is not a major problem at present but since at 30 September 1987 16% of our 7537 known seropositives were intravenous drug misusers, with the majority from Scotland, it is likely that by the beginning of the next decade we will see a similar trend to that seen in North America. Secondary spread of HIV infection into the heterosexual community in the USA is gaining momentum but this has not yet led to a proportional increase in the number of AIDS cases in this transmission category. In the UK therefore, we are unlikely to see the effect of HIV infection on the heterosexual population for some time. Indeed, there is still the opportunity to minimize such spread by concentrating our efforts on methods of risk reduction for intravenous drug misusers. This should be considered a major priority.

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