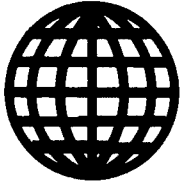


JPRS-TEP-92-020  
7 December 1992



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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

JPRS-TEP-92-020

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## ANGOLA

### **Kwanza-Norte Medical Personnel, Equipment Shortage, Epidemics**

*93WE0013A Luanda JORNAL DE ANGOLA in Portuguese 16 Sep 92 p 5*

[Text] Kwanza-Norte Province needs at least ten more physicians to provide basic medical and health care, according to what Provincial Health Commissioner Rodrigo Muachambi told ANGOP.

Rodrigo Muachambi, who is also the clinical director of the provincial hospital, said that the province had 14 physicians, 11 in Kazengo municipality and three in Kam-bambe, and that only three of them were Angolans. Two more Angolan physicians are scheduled to arrive, however.

According to data from January to July, the epidemiological situation in the province is characterized by a certain increase in malaria, with 18,000 cases reported, acute diarrhea cases numbering 3,748, and acute respiratory diseases recorded at 11,283 cases.

"Over 1,000 cases of trypanosomiasis, or sleeping sickness, were also reported, and there is an urgent demand for Arsobal, the drug used to combat this disease," the commissioner indicated.

He said that the province had recently acquired seven ambulances which will be distributed to several municipalities shortly.

Rodrigo Muachambi reported that part of the equipment in the X-ray, blood laboratory, clinical laboratory, and operating room in the provincial hospital was becoming worn out and needed to be replaced.

He indicated that equipment to measure hemoglobin and test urine was needed, as was a blood bank and "equipment to preserve blood."

"New surgical instruments such as pincers, shears, and anesthesia and recovery equipment are also needed in the operating room" of the provincial hospital, according to the health commissioner.

With a capacity for 125 patients, the hospital had 3,000 patients staying there from January to July, and performed over 400 minor and major surgical operations. Its inpatient capacity will increase to 193 with the inauguration of another pediatrics ward.

### **Fear of Cholera Epidemic**

*MB2111063292 Johannesburg SABC TV 1 Network in English 0500 GMT 21 Nov 92*

[Text] UNITA [National Union for the Total Independence of Angola] leader Jonas Savimbi is expected to meet UN officials at his stronghold near Huambo today, instead of attending a multiparty summit organized by the Angolan Government.

They are expected to discuss setting up a meeting between Dr. Savimbi and President Eduardo dos Santos, following

Dr. Savimbi's undertaking to accept the results of the September elections, which he lost.

Meanwhile, citizens of the war-torn country are struggling to survive in the wake of the heavy fighting between UNITA and MPLA [Popular Movement for the Liberation of Angola] supporters 3 weeks ago. The Angolan Government has begun an extensive campaign of aerial insecticide spraying to prevent disease. Many corpses left after the fighting rotted on the streets before they could be buried. There are shortages of food, medicine, and clean water, and fears of a cholera epidemic.

## ETHIOPIA

### **Harerge Residents Lack Medicine**

*EA0811192192 Addis Ababa Voice of Ethiopia Network in Oromo 1500 GMT 4 Nov 92*

[Excerpt] [Passage omitted] Many clinics in eastern Harerge area have not begun their functions, and even those few clinics which have done so do not have enough medicine. As there are many clinics which did not resume their operations and not enough medicine for those which did, people are suffering from disease and have demanded that urgent action be taken.

## GHANA

### **Oil Palm Disease Affecting Asutifi District**

*93WE0045A Accra PEOPLE'S DAILY GRAPHIC in English 8 Aug 92 p 16*

[Text] An oil palm disease, known as leaf miner broke out in the Asutifi District recently, is spreading fast.

Mr. Kwasi Boamah, Asutifi District Agriculture Extension Officer announced that over 1,500 hectares of palm plantations in the district have so far been destroyed.

Mr. Boamah told the Ghana News Agency in an interview at Kenyasi in the Brong Ahafo Region that farmers were finding it difficult to fight the disease because of the high cost of chemicals.

The disease had its name from the insect, leaf miner, which mines the leaves of an oil palm or sucks the chlorophyll thereby reducing the yield until the tree finally withers.

Mr. Boamah who said he had made a report to his regional office called on non-governmental organisations, especially the Adventist Relief Agency (ADRA), to provide the farmers with chemicals to supplement their efforts.

He advised the farmers to organise themselves into gangs to spray their farms in turns.

The district oil palm growers association should also organise members to assist the affected farmers saying the rate of destruction of the palm trees would affect the production of oil mill at Hwidiem which was financed by the European Community, he added.

**LIBERIA****UN Official Says Cholera 'Major Risk'**

*AB2810200592 Paris AFP in English  
0015 GMT 28 Oct 92*

[Article by Alain Bommenel]

[Text] Monrovia, Oct 28 (AFP) - The cramming of thousands of refugees into Monrovia's city centre, while intense fighting goes on in the countryside, has created a "major risk" of cholera, a U.N. official said here Tuesday [27 October].

Ross Mountain, the U.N. coordinator for aid to the war-shattered west African state, said the sanitary situation in Monrovia was now the agency's top priority.

Some 300,000 civilians are estimated to have flocked into the city, fleeing fighting between the main guerrilla faction, the National Patriotic Front of Liberia (NPLF) and a west African peace force, which is being backed by other guerrilla factions.

Mountain noted that water had been in short supply in the city since the latest round of fighting began almost two weeks ago.

A pumping station outside the city was recently captured by the NPFL, depriving the city of 15 million litres (four million gallons) of water daily, he noted.

The U.N. was now only able to distribute around a hundredth of that amount, and the city did not have enough tanker trucks to carry the needed water, he added.

Johan Hessinck, an official of the medical aid charity Medecins sans Frontieres (Doctors without borders) said that if cholera broke out, the situation would be extremely serious, since the overcrowded conditions meant that sick people could not be isolated.

Aid bodies were planning to bore wells to try and obtain more water. Meanwhile residents of the city formed interminable queues to obtain water at distribution points.

Hessinck noted that residents had until now been able to take advantage of heavy rainfall over the city. But from the middle of November, the dry season was due to start, he noted.

**MOZAMBIQUE****Beira Hospital Experiencing Staff Shortage**

*93WE0071B Maputo NOTICIAS in Portuguese  
10 Sep 92 p 1*

[Excerpts] The Beira Central Hospital is currently operating with only 21 of the 41 doctors who had been estimated as the minimum number capable of properly treating the patients who flock there every day. This information was given to NOTICIAS by Manuel Assane, administrator of that medical institution.

He said that treating a patient is a delicate matter, requiring constant attention on the part of the technical staff, and, in his opinion, it is not possible to accomplish

this with the 21 doctors currently available. "It is not possible to do a perfect job with this number of doctors, who are often forced to go from one area to another to handle emergency situations."

Manuel Assane stressed that there are many occasions when for purposes of urgency the hospital authorities are forced to get doctors out of bed while they are sleeping and afterwards those same doctors may find it necessary to complete their normal shift. "Naturally, in such a situation, the doctor in question cannot do a satisfactory job and treat the patient with the quality of service expected of him."

The hospital administrator also said that it is essential to change the procedure for hiring doctors at the Beira Central Hospital, since, for the reasons given above, the few remaining doctors cannot do an adequate job, despite their desire to do so.

**Avoidance of Previous Errors**

In the interview given by Manuel Assane to the reporting staff of our Beira delegation, he mentioned not only the worrisome question of the few existing doctors but also that of the shortage of nurses (both male and female) for whom he also recommends a judicious selection.

"We have not forgotten the errors committed during the first years of independence where we sought students in the schools, without a vocation or will to become nurses, and then submitted them to intensive nursing courses. Since, at that time, we did not follow the principle of free choice of profession, we were subsequently forced to suffer the consequences," said the administrator.

Meanwhile, again quoting Assane, "The health authorities of Sofala Province are taking steps to reinstate the procedure for selecting nursing candidates through free schooling, the objective being to find individuals with a true calling for that profession.

"An individual without a true calling," he says, "cannot properly treat his fellow man, since this is a delicate type of work; we recognize that there are some people in the medical profession who, even with difficulties of various kinds, manage to justify their accomplishments in that sector."

He asserted that in 1972 and 1973 a nurse's salary was 5,750 escudos, which corresponded to the remuneration of the head of an administrative post in the colonial era. According to Assane, "A nurse carried a heavy social weight and is currently considered to occupy the lowest social stratum, including one of the lowest levels of remuneration."

**Health Ministry Receives Swiss Aid**

*93WE0071A Maputo NOTICIAS in Portuguese  
19 Sep 92 p 1*

[Text] Yesterday the Swiss Confederation granted our country's Ministry of Health 2.8 million Swiss francs, about \$2.2 million, to strengthen the budget of that state institution. This sum, made available through the auspices

of a cooperative accord existing between the two countries, will be utilized until 1993, its purpose being to improve the operation of the health services in the country. The documents which formalized the granting of the above-mentioned deal were signed by Abdul Razak Noormahomed, national director of planning and cooperation in the Ministry of Health, and Peter Hollenweger, Swiss ambassador stationed in Maputo.

#### **Inhambane Vaccination Program 'Successful'**

*93WE0071C Maputo NOTICIAS in Portuguese  
26 Sep 92 p 1*

[Text] Expanded program was successful, according to local authorities.

Miguel Antonio Nicaiaapa, deputy provincial director of the Ministry of Health in Inhambane, termed the activities of the Expanded Vaccination Program [PAV], which took place during the first six months of this year, a huge success inasmuch as "most of the districts and cities" of that area of the country "accomplished their objective in more than half of the eight components of the program. There were even two districts—Inhassoro and Inharrime—which accomplished their objectives in all of the subdivisions involved," he said.

In the first six months of this year more than 95,600 children up to one year of age were vaccinated throughout Inhambane Province. In fact, with the BCG vaccine, a total of 18,473 children were inoculated and this, in the words of the deputy provincial director of the Ministry of Health in Inhambane, corresponds to 106 percent of the goal anticipated. A total of 15,770 children were immunized with the antimeasles vaccine and an additional number of children with a triple-dose vaccine, the first dose being administered to 17,874 individuals.

With further reference to the triple-dose vaccine, the third dose was administered to the PAV teams in Inhambane who managed to inoculate 14,828 children, and the anti-polio vaccine (multiple doses) was given to 16,654 children.

With regard to this vaccine, but speaking of the third dose, a total of 14,239 children were immunized. "Moreover," said Miguel Antonio Nicaiaapa, "with regard to tetanus, we managed to inject 29,647 students of first-class status—applying the first and second doses—as well as pregnant women and workers."

#### **Reasons for Failing To Achieve Objective**

In the opinion of the deputy provincial director of the Ministry of Health in Inhambane, although the PAV was "successful," we did not succeed in reaching the target group. He pointed out that one of the reasons for this situation was a delay in this year's budget distribution to the district directorates on the part of the sector's provincial directorate, exacerbated by a frequent movement of the administrative personnel in the districts; this resulted

in a breakdown among the freezers used in the PAV for lack of oil. "This situation caused an interruption in the operation of the vehicles and other motorized equipment used in transporting the PAV teams from one place to another, the reason being a shortage of gasoline, diesel fuel, lubricants, and spare parts. This further reduced the sphere of activity of the Ministry of Health organizations involved in the PAV—the main cause being the war," he said.

The irregularity in the supply of PAV vaccines stored in the central warehouse made it difficult to transport the medications from Maputo to Inhambane Province; this was another factor which affected the success of the PAV in that area of the country, the supply of certain stocks of vaccines having been interrupted. This particularly applied to the vaccines against polio and tetanus; but the warehouse needed and did not have adequate storage of fuel for the PAV itself.

#### **Relationship With Other Organizations**

According to the deputy provincial director of the Ministry of Health, the realization of these activities could certainly be termed difficult and could be attributed to the war and the prevailing socioeconomic conditions being faced by the province; that is why certain objectives of the PAV were not reached.

Meanwhile, and according to previous experience—particularly, door to door solicitation of the people, mobile units working with the PAV/SMI [expansion not given], and special medical assistance in localities in which health technicians are not operating, the PAV teams did their best to vaccinate the greatest number of people possible.

In conclusion, the deputy provincial director of the Ministry of Health in Inhambane said that another factor leading to the success of the PAV was the cooperation given by traditional midwives in assisting at deliveries in various outlying communities; he specifically mentioned the relationship of the departments of the Ministry of Health in carrying out the PAV in its entirety.

## **SOUTH AFRICA**

#### **Research Project: Vaccine Against Cervical Cancer**

*93WE0072A Cape Town THE ARGUS in English  
28 Sep 92 p 7*

[Article by Andrea Weiss]

[Text] A Cape Town-based research project aimed at developing a vaccine to prevent the commonest cancer in South Africa could all but eliminate deaths from the disease.

Professor Basil Bloch, vice president of the National Cancer Association, said cervical cancer was the commonest cancer in South Africa—accounting for 14,000 new cases a year.

According to Professor Bloch, an important factor in the development of cervical cancer is the human papilloma virus, a common sexually transmitted virus which sometimes causes genital warts. A vaccine against the virus would greatly reduce the risk of developing the cancer.

If caught early, the cancer is easily treated. However, if it is allowed to advance beyond the early stages the survival rate drops dramatically.

At present, the best way of detecting the cancer is by pap-smear tests. But in this country, there is no national screening programme and many women present themselves at hospital with the cancer so far advanced there is little that can be done.

Professor Bloch said 70 percent of the patients treated for cervical cancer at Groote Schuur Hospital already had advanced cancers of the cervix and had only a 30 percent chance of surviving five years down the line.

The aim of the research project, which has been funded to the tune of R300,000 by the National Cancer Association, is to develop a vaccine against the strains of the virus which are linked to cancer.

Once developed, the vaccine could be incorporated into a national health-care programme and routinely administered to women before they become sexually active.

The vaccine project follows another South Africa first when Professor Michael Kew of the University of the Witwatersrand led a project to develop a vaccine against Hepatitis B which is linked to liver cancer.

Doing the scientific legwork for this project is Dr. Annelize Williamson, a senior specialist scientist in the department of medical microbiology at UCT.

- The human papilloma virus is not the only trigger in cancer of the cervix, thus it does not necessarily follow that a woman infected by it will develop cancer. Other risk factors are smoking, other viral infections such as herpes, an unspecified hormonal link and a suppressed immune system.

## UGANDA

### Bovine Pneumonia Widespread in Masaka

93WE0043A Kampala THE NEW VISION in English  
17 Aug 92 p 17

[Article by Paul Tibemanya]

[Text] The District Veterinary Officer, Masaka, Dr. Paul Kanoonya, has reported a serious break-out of contagious bovine pleuro-pneumonia (BPP) and rabies in the district and the drugs for these deadly disease are scarce.

Kanoonya was briefing the District Development Committee (DDC) meeting in Ssaza Lukiiko Hall on 6 August.

He explained that the BPP was spread from Karamoja through Teso during the 1987 north-eastern insurgency. It has now spread to Mbarara, Rakai, Masaka, Luwero and Mpigi in that order, he said, adding that it spreads very fast like a common cold.

He said it affects the lungs of an infected animal to healthy ones especially at water points. Once infected, there is no cure for it, the only protection is vaccination which lasts for one year.

In 1990, 90 percent of the cattle were vaccinated. The 1992 drought caused large numbers to congregate at rivers which brought about massive infection.

Kanoonya said another source of infection is at cattle markets. "We have laboriously warned cattle farmers not to buy cattle from markets. The most affected areas are Lwengo and Mijwala. Animals do not die immediately. Their owners therefore are able to sell them off for slaughter immediately [when] they are aware of their infection. The question of carcasses lying about, according to current rumours is therefore not true," he said.

He said at present only 20,000 doses of vaccines are available for about 250,000 cattle. The vaccine is kept strictly to prevent overcharging. Each cow is vaccinated at Shs. 100/=.

Kanoonya said during a staff meeting with the Minister of Agriculture, Animals Industries and Fisheries, it had been recommended that a quarantine be imposed. In Mbarara the DDC had closed livestock markets unilaterally.

He however explained that infected cattle could be sold for slaughter from their ranches, but not from livestock markets.

**Zhu Rongji Meets American Project Hope President**

*OW2610113692 Beijing XINHUA in English  
1022 GMT 26 Oct 92*

[Text] Beijing, October 26 (XINHUA)—Chinese Vice-Premier Zhu Rongji met with William B. Walsh, president

of the Project Hope Health Sciences Education Center of the United States, and his party here today.

During the meeting Walsh briefed Zhu on the progress of the construction of a children's medical center in Shanghai, which is being jointly built by his center and the No. 2 Medical University of Shanghai, while Zhu gave an account of China's economic growth.

**SOUTH KOREA****Defense Ministry Recognizes Victims of Agent Orange**

*SK2310065092 Seoul YONHAP in English 0527 GMT 23 Oct 92*

[Text] Seoul, Oct. 23 (YONHAP)—The Defense Ministry has recognized 333 Vietnam war veterans believed to be suffering from ill effects of Agent Orange as the war wounded and notified the list to the Patriots and Veterans Affairs Agency.

Defense Minister Choe Se-chang told the National Assembly Thursday that as of Monday, the ministry completed screening 1,033 out of 1,878 veterans who had thought they were victims to the defoliant used by the U.S. Army during the Vietnamese war and applied to the ministry and the headquarters of the three armed services to get their status recognized as the war wounded.

Of the 1,033 people, 333 proved to be suffering from physical harm caused by the defoliant, the minister said.

"The ministry is making an all-out effort to help as many applicants as possible to receive government aid by ruling them to be the war wounded," Choe said.

"As far as I know, however, the Patriots and Veterans Affairs Agency is now working on a special law in a bid to help victims of Agent Orange receive substantial benefits," Choe explained. "If the law is enacted, the ministry plans to provide medical personnel and facilities to get them to go through thorough medical checks."

**LAOS****Luang Namtha Malaria Rate**

*92WE0704B Vientiane PASASON in Lao 25 Jul 92 pp 1, 4*

[Excerpt] According to local reports in the first six months of this year the public health service of Nale District in Luang Namtha Province sent medical cadres out to conduct operations in the district.

These operations involved taking blood samples to test for malaria among the cadres and people of the municipal area of the district. Blood samples were taken from 331 people of whom 170 were found to have malaria. By the beginning of July three people had died from malaria. The malaria in this district has spread to many areas, but the affected areas still do not have a plan to suppress and prevent the disease. [passage omitted]

**Sekong Unable to Treat Measles, Diarrhea, Malaria,**

*92WE0704D Vientiane PASASON in Lao 27 Jul 92 pp 1, 2*

[Excerpt] [passage omitted] Reports from Sekong Province indicate that as of 24 July measles, diarrhea and malaria still continued to spread in five villages of Dakcheung

District in Sekong Province. The spread of these diseases has caused the people of these villages to flee their villages to live in their fields.

Mr. Bounvon, the head of Dakcheung District, explained that they had not been able to stop the spread of these diseases because the public health officials of the district lacked the medicine to treat the diseases and lacked medical cadres. In addition these five villages were in the distant mountains where the roads were bad and the people were backward and superstitious.

Faced with this situation the district administration and the public health officials of the district and province sent medical cadres and medicine to help provide care and to stop the spread of these diseases.

**Falciparum Malaria Noted in Luang Prabang**

*92WE0704C Vientiane PASASON in Lao 1 Aug 92 p 1*

[Text] Local reports indicate that at present malaria is still a threat to the health of the people in the countryside of Luang Prabang Province. In the first six months of this year more than 360 people with malaria, generally the falciparum variety, have come to hospitals for care. This is because the people in the countryside here generally lack sanitation. Their dwellings are dirty, they do not sleep under mosquito nets, and they drink unboiled water. This is the primary reason for the spread of the malaria.

The sources also report that each year in these localities dozens of people die from malaria.

**Oudomsai Falciparum Malaria Rate**

*92WE0704A Vientiane PASASON in Lao 11 Aug 92 p 1*

[Text] Since the beginning of the year the public health service of Oudomsai Province has taken blood samples for malaria from 2,650 people in three towns. More than 8 percent were found to have the disease, generally the falciparum variety, which is serious and can kill those affected more easily than the other varieties.

In the past year 14.53 percent of the population of Oudomsai Province has had malaria, and 13 of the 423 people who came for care at hospitals died from it. Those responsible for public health in the province indicated that in 1992 the province encountered many difficulties. In particular, they lacked medicine and many kinds of medical equipment. Those who came to the hospitals for care had to pay almost 100 percent of their expenses.

**Malaria Outbreak in Champassak**

*BK2610101492 Vientiane KPL in English 0927 GMT 26 Oct 92*

[Text] Vientiane, October 26 (KPL)—Since September, malaria has been active at Thakwang village, Mounlapamok District, Champassak Province, and left three dead and 46 in critical condition.

Most of the infected are children under six. In this respect, local health personnel since October have launched a remedial and protective campaign that could keep the illness under control now.

Thakwang, a remote village, is inhabited by 75 families of ethnic minorities whose living conditions are poor.

## VIETNAM

### Repatriated Refugees Suffer From Communicable Diseases

*BK2610060792 Hanoi VNA in English 0535 GMT 26  
Oct 92*

[Text] Hanoi VNA Oct. 24 [date as received]—The Health Ministry reports that 950 among the 23,698 Vietnamese who have voluntarily repatriated from various refugee camps in Southeast Asia are affected by tuberculosis. In the first eight months of this year alone, 156 cases were diagnosed among the returnees. Sixty-eight cases are reported in Haiphong, 25 in Quang Ninh and 8 to Hanoi.

Next but more dangerous are the syphilitics who number 702 among the 16,099 repatriates. Some are children

under 13 years of age. There are 2,740 cases of skin diseases, or 17 percent of the returnees. These are fewer cases of mental diseases (22 cases). In Quang Ninh three serious cases were taken to hospital right on their return. Genito-urinary diseases are also quite common (310 cases).

Among the patients, some had caught the diseases before fleeing the country in hopes of curing them abroad. However, most contracted diseases during their stays in refugee camps.

Until now, even with the help of the Health Ministry, the local health services have been unable to cope with the situation. Only 12 tuberculosis sufferers have been admitted to hospital and very few syphilitics or mentals have received medical attention.

The planned return of several thousand more of refugees from Hong Kong will increase the workload of the health service. To cure the patients and prevent the spread of diseases brought back by repatriates is calling for more assistance from the local communities and world humanitarian organizations.

**BULGARIA****Zhelev Thanks German Red Cross Delegation for Aid**

*AU2910143692 Sofia BTA in English 1255 GMT  
29 Oct 92*

[Text] Sofia, October 29 (BTA)—Bulgarian President Zhelyu Zhelev today received a delegation of the German Red Cross led by its president Otto Wittgenstein, vice president of the International Red Cross. President Zhelev thanked for the aid granted by the German Red Cross when large groups of people in Bulgaria had faced starvation, the President's Press Office reported.

According to Prof. Saev, president of the Bulgarian Red Cross, the German Red Cross has released 41 million leva in aid to Bulgaria, the largest sum granted by a non-government organization (the sum may grow by the year's end). Owing to German aid, Bulgaria is producing Humana baby milk. For its part, the International Red Cross will help start the production of bottled mineral water.

The Bulgarian Red Cross may rely on the moral and political support of the Presidency in implementing these projects, President Zhelev said.

**Scientific Conference on Chernobyl Aftermath Opens**

*AU2910195292 Sofia BTA in English 1928 GMT  
29 Oct 92*

[Text] Sofia, October 29 (BTA)—A scientific seminar on the medico-biological consequences of the Chernobyl accident for the Bulgarian population opened in Sofia today. Discussions will centre on three major medical subjects: Forecasts on the risk of public health in similar accidents, analyses of the effects on public health in the first six years after the accident and trends of future studies.

The two-day seminar is held at the Military Medical Academy in Sofia. Bulgarian and foreign scientists, doctors, atomic power engineers and radiobiologists will present their researches on these subjects. The danger created by the Chernobyl accident has not yet disappeared. The symptoms of related diseases will be demonstrated on a larger scale by the year 2000, experts forecast. Bulgarian specialists, assisted by their foreign colleagues, hope to find some adequate forms for timely treatment of such diseases and protection of future generations.

**YUGOSLAVIA****Hepatitis Outbreak in Refugee Camp**

*93WE0033A Ljubljana DNEVNIK in Slovene 6 Oct 92  
p 24*

[Article by Miran Subic: "Hepatitis Rages in Hrusica"]

[Text] Jesenice, 6 Oct—Asked about the problem of heating the barracks where 463 refugees are housed, Branislav Petrovic, leader of the working group that manages the refugee center in Hrusica, said yesterday that the

weather knows no delays and has no consideration for bureaucratic snags and other such matters. The majority of the refugees are women and children. The center will be sealed off until 26 October because hepatitis has raged among the refugees, consisting mainly of women and children, for some time. This is a normal procedure to prevent the spread of an epidemic. At the same time, the community health service is issuing warnings about the critical health situation in the community. There is a definite threat of intestinal diseases; some symptoms already point to a possible typhoid fever outbreak. It is mentioned that 2,260 refugees, 1,003 of whom are children under 15 years, are registered in the community. Most of them live with acquaintances, friends, and relatives in Jesenice.

"We expect a visit by the representatives of the Republic Office for Refugees on Thursday. Some things will be cleared up then," Petrovic said. "A special report on refugees is being discussed today by the local government, which has already alerted the republic authorities about the situation in Hrusica, where up to now there has been no revolt. At the last meeting with barrack chiefs at the center, there were no emotional or other outbursts. The problem of heating and the beginning of school instruction (money is a problem) were brought to the attention of authorities. Refugees asked not to be separated because they have gotten used to each other," Petrovic said, emphasizing that their food supply has been guaranteed. However, there are no funds available for schooling or heating.

The conditions in Hrusica are not at all good. Caring for refugees in individual homes will also become more burdensome. All this aggravates the refugee situation in Jesenice. So far all solutions have been implemented too slowly. Bad weather with low temperatures has worsened conditions at the center, where there are over 20 hepatitis patients.

**Government Introduces Bread Rationing in Sarajevo**

*AU1811101092 Paris AFP in English 0949 GMT  
18 Nov 92*

[Excerpts] Sarajevo, Nov 18 (AFP)—Bread rationing is to be introduced in Sarajevo on December 1 because of a shortage of flour here, officials in the besieged Bosnian capital said on Wednesday [18 November].

The ration has been set at 250 grams (8.75 ounces) per person a day, and ration cards will be demanded in the bakeries. The amount compares with loaves of 750 grams (1.5 pounds) each person has generally been able to get until now. [passage omitted]

Medical authorities here said that in the 48 hours of fighting since Monday, 20 people had been killed and 102 wounded in the country.

### **Beginning of Typhoid Epidemic**

*AU1911165492 Paris AFP in English  
1651 GMT 19 Nov 92*

[Text] Geneva, Nov 19 (AFP)—The beginnings of a typhoid fever epidemic have been observed in Bosnia-Herzegovina, the World Health Organization announced here Thursday.

Some 25 cases have been detected in the war-torn former Yugoslav republic, but this figure is considered well below the real incidence of the disease, the WHO said.

The WHO representative in Zagreb, Sir Donald Acheson, said the outbreak in Bosnia was "almost certainly" due to infected water in Jajce.

The water of several contaminated springs in the region had been used as an alternative supply because of cuts in the drinking water system due to the fighting, the WHO said.

### **Medical Headquarters Urge Aid for Srebrenica, Gorazde, Zepa**

*AU2311141892 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 1300 GMT 23 Nov 92*

[Excerpt] The republican Headquarters for Social and Medical Welfare of the Bosnia-Herzegovina Citizens today again reported that medication and food aid is urgently needed for Srebrenica, Gorazde, Zepa, and Visegrad. If aid does not arrive a large section of the population in these towns will be threatened with death by starvation.

The hygiene and epidemiological situation in the republic and in Sarajevo continues to be very serious. Individual or epidemic cases of contagious diseases are being registered increasingly frequently. [passage omitted]

### **Travnik Health Official Denies Reports on Typhoid Outbreak**

*LD2311150392 Zagreb Radio Croatia Network  
in Serbo-Croatian 1400 GMT 23 Nov 92*

[Telephone interview with Dr. Velimir Valjan, head of the Travnik Croatian Defense Council health service, by Radio Croatian correspondent Vedrana Krstic-Ivanisevic; place and date not given—recorded]

[Excerpts] **Krstic-Ivanisevic:** Dr. Valjan, good afternoon. You are the head of the Travnik Croatian Defense Council health service, and you sent us a denial today. Namely, all the media in Croatia reported a report, published by the World Health Organization, that typhoid fever appeared in Travnik as well as in Zenica and other towns. You claim that this is not true. Could you please explain how this misunderstanding occurred?

**Valjan:** The fact that not a single case of typhoid fever has been registered in Travnik is certainly correct. [passage omitted]

**Krstic-Ivanisevic:** How did they then obtain that piece of information? It caused a lot of panic, did it not?

**Valjan:** Yes, it caused panic in Travnik as well, but what probably happened is that the information was obtained from I don't know where. Believe me, here in Travnik I was not contacted by anyone from any organization. Not a single case of stomach typhus has been registered in Travnik.

### **'Twenty-Five People Die of Starvation'**

*AU2511122292 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 1100 GMT 25 Nov 92*

[Text] Good day, esteemed listeners. The aggression on Bosnia-Herzegovina is continuing before the eyes of the United Nations. The towns of Srebrenica, Gradacac, Tuzla, Olovo, Trnovo, [name indistinct], Tesanj, Bugojno, Bihac, and Brcko are being destroyed. The confined and impeded residents of Zepa, Srebrenica, Gorazde, and Visegrad have started to die of starvation. So far, 35 people have died, including 14 children. The epidemic of typhoid fever [words indistinct] is not yet under control. Last week, [words indistinct] 92 people were killed and 654 wounded.

The UN humanitarian aid is on its way to Gorazde, while the convoy of 22 trucks carrying humanitarian aid to Srebrenica was stopped by Chetniks this morning at the bridge over the Drina, between Ljubovija and Bratunac.

## CUBA

**'Lowest' Tuberculosis Incidence**

*FL2710193792 Havana Radio Rebelde Network  
in Spanish 1800 GMT 27 Oct 92*

[Text] Cuba probably has the lowest incidence of tuberculosis on the continent, with a morbidity rate of 4.8 per 100,000 and a mortality rate of 0.4 per 100,000 inhabitants. Another Cuban achievement has been to lower the rate of incidence of this disease, especially among children.

## NICARAGUA

**Update on Measles Outbreak**

*93P40040A Managua EL NUEVO DIARIO in Spanish  
13 October 1992 p 2*

[Editorial Report] This year more than 2,000 people have been infected by measles. Most victims are between the ages of 5 and 14, and 90 people have died. The Ministry of Health has started a vaccination program in schools. A spray will replace syringes and needles to inject the vaccine into the skin.

## PALESTINIAN AFFAIRS

### Drinking Water Polluted Near Bethlehem

93WE0037C Jerusalem AL-TALI'AH in Arabic  
24 Sep 92 p 4

[Article: "Water Crisis in Jordan"]

[Text] The results of the water shortage in Jordan have started to appear very clearly. The green areas in al-'Azraq District have become semiarid desert as a result of the Water and Irrigation Ministry's decision not to use underground water for drinking and irrigation.

The Jordanians used to dig wells in the areas close to Amman in order to sell the water in the areas of the capital that suffer from water shortages, which prompted the ministry to establish water rationing hours that were as high as 16 hours per day.

A cubic meter of water carried in tanker trucks used to sell for five dinars. The government, within the framework of the so-called attempts to preserve the underground water, has banned the use of these wells for three years, until the completion of the studies to increase the supply and find alternative sources of water.

The Jordanians have failed to complete many dam projects because of financial reasons and reasons related to the political and military disputes with Israel, which prevented Jordan from using the water of the Jordan River.

## ALGERIA

### Minister on 'Crisis' in Health Sector

93WE0035A Algiers EL WATAN in French  
24 Sep 92 p 5

[Interview with Minister of Health and Population Mohamed Seghir Babes by Tayeb Belghiche; place and date not given: "The Crisis in Medicines Resolved...by End of October"; first paragraph is EL WATAN introduction]

[Text] *Mohamed Seghir Babes, minister of health and population, is speaking for the first time since he was appointed to that post. He discusses problems that the citizens are very aware of: medicines and their cost, medical treatment abroad, population growth, and so on.*

**Belghiche:** Mr. Minister, the government program places the health sector among its priorities. Why that priority at this time?

**Babes:** I am happy to see that you have noticed that priority. It concerns the health sector just as it also concerns social sectors that are said to be sensitive: housing and employment.

From our point of view, it is very obvious that in the current circumstances, there is a need to rehabilitate the national health system to make it more effective and thus place it in the service of the citizen under the most efficient conditions. For us, that question is quite basic, because we feel that the gains with respect to public health in Algeria are considerable in terms of the national's system's nominal capacities both from the standpoint of infrastructure

and equipment and from that of human resources. This just shows how necessary it is to rehabilitate the apparatus for providing and distributing health care, because in the crucial phase now being experienced by the country, it constitutes in fact one of the main links in the social network as understood in the broad sense.

**Belghiche:** In looking over the priorities adopted by this sector, we note that particular attention is being paid to medicines. Can we hope to overcome the crisis being experienced by that sector, and if so, how?

**Babes:** I really believe that the problem with medicines is a very acute one that the citizens have been experiencing for almost 18 months now, if not longer. The shortages of medicine, which are due in particular to the deterioration in the value of the dinar and a certain number of dysfunctions in the problems being experienced by the state-owned drug companies in terms of bankability with the national financial system, are causing this problem to become extremely acute, with the result that the appropriate authorities have set up an emergency team within the Ministry of Health. That team is responsible for investigating the concerns in this connection, and it has put in place the instruments and the organization necessary for overcoming the crisis in medicines. How will the crisis be overcome? I think it proper that in a situation marked by a scarcity of factors, it was necessary, based on the general information provided in the national nomenclature concerning the 1,485 products included in the regulations by the National Committee on Nomenclature, to adopt a kind of transitional emergency nomenclature that will comprise a list of the medicines considered essential and vital—a list to be drawn up by consensus among national experts.

But it remains clear that the only agency with jurisdiction in this matter is the National Committee on Nomenclature, which is going to be reactivated in the very near future.

In any case, the steps that have been taken at this stage enable us to feel that the crisis in medicines will be essentially resolved by the end of October, since deliveries in response to the purchase orders issued over these past three months are taking place every day. Quite obviously, it remains to see to it that there is a sensible and rational plan for distribution so that the medicines will reach their destination—that is, the patient.

**Belghiche:** Why not resume national drug production?

**Babes:** Clearly, the national pharmaceutical industry must be revived, but that is another problem. It is a weighty problem from the financial standpoint. It is obvious that being as dependent as we are in 1992—and our dependence can be called almost absolute—is absurd and unacceptable.

What needs to be pointed out is that we are directly dependent on the international pharmaceutical market for 85 percent of our requirements, because 85 percent of what

we consume is imported in the form of finished products. That leaves the other 15 percent, the domestic production of which is said to be the responsibility of Saidal, and we know that very serious problems exist in connection with that 15 percent because Saidal's domestic production is directly dependent to a large extent on the inputs, which very obviously are imported. That is why I say that the Algeria of 1992 is almost completely dependent on others. This suggests that the most massive efforts are already under way to reactivate a national policy regarding the pharmaceutical industry, and great importance will be attached to it by the government program and at any rate by the sectoral program that has gotten underway for its implementation.

**Belghiche:** There is also talk of a degree of anarchy in the prices charged by the three pharmaceutical firms. Just what is the situation?

**Babes:** It is true that in the case of some therapeutic products or families of products, disparities between regions have been noted depending on the firm involved—that is, the West, Center, and East pharmaceutical firms—and the result is that we on the emergency team have been asking questions about the ins and outs of those disparities.

So a very great effort needs to be aimed at the firms so as to involve them in stricter orthodoxy and tighter discipline with regard to the objectives and requirements adopted by the appropriate state health authorities.

**Belghiche:** Does this mean that we can expect a drop in prices? And if so, how much of a drop?

**Babes:** Expecting prices to drop in the immediate future seems most risky, because it is necessary to set up appropriate mechanisms for causing those prices to drop. It is a matter of standardizing the approach to foreign suppliers.

It is a matter of establishing contractual clauses and conditions involving mutual responsibility as far as the rights and obligations of the firms and the Ministry of Health are concerned and leading to reductions in the cost of imports. In turn, the state will then be able to influence distribution costs—that is, to adjust wholesale and retail profit margins and the middleman mechanisms (by setting up mutual pharmacies and pharmacies under the national health system to have a moderating influence, and so on). At any rate, to begin with, special steps will be taken in connection with pilot projects concerned with therapeutic families of medicines used for chronic illnesses.

In addition, I would like to point out that the government's action program aimed at introducing a multiple exchange rate may assign a relatively special place to imports of medicines. This will also make it possible to influence import costs.

At any rate, an ad hoc committee has been set up in cooperation with the Ministry of Trade to consider the conditions for implementing the measures contemplated in the government's action program for controlling and rationalizing import prices and the consumer cost of medicines.

**Belghiche:** The private sector is also involved in the importation of medicines. What kind of contribution is it making in this area? It is also noted that the prices charged by the private sector are very different from those set by the state-owned drug companies. Why?

**Babes:** I do think it is a good thing in principle that under the concessionary system, private firms should be involved in the policy for importing medicines, but not only in that import policy, because a certain number of obligations arising under the concessionary system are the responsibility of the certified firms, particularly as regards the actual launching of the embryo of a pharmaceutical industry.

Concerning those firms, the state—the public authority—intends to adopt a unitary view—a nondiscriminatory view. The conditions and contractual clauses linking the state, the ministry, and the state-owned drug companies will also serve as the basis for regulating relations between the state and the private firms so that the special conditions adopted by the state especially for imports of the sensitive product which medicines are will have the same impact with respect to any firm or any legal status applied in connection with the implementation of a unitary policy at the national level.

**Belghiche:** The CHU's [university hospital centers] are posing big problems in management and experiencing serious financial difficulties. What solutions can be foreseen for dealing with that situation?

**Babes:** The CHU's are experiencing serious management problems. I will go even farther than you and say that all of the country's medical facilities are experiencing serious management problems. There are problems that we can consider structural and others that can be seen as due to economic conditions. We know what the economic conditions are.

They have hit every sector head-on. They are reflected in the budget restrictions and the entire series of financial disruptions experienced by our country over the past few years. The fact remains that as far as management of the medical and hospital structures in general is concerned, we need to take a rather thorough new look at the status of those hospital establishments and turn them into genuine "machines" for producing health services.

To do that, it is necessary to set up mechanisms and establish methodological instruments; it is necessary to inject management, organization, and management ability into all the hospital establishments so that we can expect more flexibility and more efficient management from them.

It is very obvious, then, that the CHU's are experiencing management problems to an even greater extent than the basic or peripheral hospital establishments in the health sectors, since the truth is that because of the real failure to regulate the distribution of care and strike a proper balance among the components of that care, the CHU's are under extraordinary pressure from the standpoint of handling patients. That pressure is out of all proportion to their

basic and fundamental purpose, which is to serve as reference points and centers of excellence producing not only care but highly specialized care: care that is generated by high-level university training, pedagogical supervision, and technical capabilities.

The CHU's have been completely diverted from their basic mission and have been used as a dumping ground for the indiscriminate unloading of every kind and degree of pathology. Very obviously, it is necessary to revise all the mechanisms linking the health care establishments with each other: to revise them from the ground up and to organize a system that will give structure to the distribution of health care and strike the proper balance among its components.

**Belghiche:** The government program mentions the runaway rate of population growth in Algeria. Is there a plan of action?

**Babes:** Population is the key problem if we look at it from the standpoint of the medium- and long-term future. It is a major constraint that the country is going to face in coming years.

The very name of the Ministry of Health and Population is a good indication of the government's political will to firmly begin a reactivation of its policy for controlling population growth. I say "reactivation" because the first program for controlling population growth, adopted in 1983, is going to be revised and adopted in the light of new data on the population issue. For that purpose, a special program will be drawn up and adopted by the government.

The program in question will include a number of measures which, while respecting our society's moral and ethical values, will specifically restart the program for controlling population growth.

The gaps between population pressure and the ability to provide social services are quite impressive.

Between now and the year 2000, for example, it will be necessary to build a new basic school every three days. As far as employment is concerned, and considering that the active population will rise to about 9 million by the year 2000, it will be necessary to create an average of 250,000 jobs per year.

**Belghiche:** Another of the citizen's concerns has to do with the severe restrictions on sending people abroad for medical treatment.

**Babes:** Altogether and in overall cost, the volume of expenditure is very high, since it is in the neighborhood of 500 million or 600 million French francs per year, or from 50 billion to 60 billion centimes annually. It is not possible to continue at that rate. That is why the health sector, under the terms of the program submitted to the government, intends to pursue very quickly a policy for reducing transfers for treatment abroad. This must not have a negative effect on the way in which patients are cared for, and patients must not feel the effects of the current financial restrictions automatically or on account of Malthusianism.

The result is that a gradual plan rationally designed by national experts will be aimed at improving conditions for handling patients and reducing the constraints affecting medicines and other consumables so that it will be possible in the short term to care for patients properly in Algeria, thus reducing the number of transfers abroad.

The dignity of the country, the doctor, and the patient is at stake.

So it is a very considerable problem, and we are currently paying particular attention to dealing with it properly, keeping in mind such macroeconomic considerations as the need to reduce our expenditure of foreign exchange.

**Belghiche:** Are you optimistic as to future developments in this sector?

**Babes:** I am completely optimistic—with moderate optimism, to be sure, but I am optimistic. The country possesses extremely sizable material and human resources and endogenous capabilities.

I believe that Algeria has demonstrated its ability in the health field in the past and that its system can be properly ranked among the most advanced systems existing in countries with intermediate incomes.

When all is said and done, the final reason for optimism resides in the absolute confidence I personally feel in the ability and commitment of health personnel.

#### CHU Union Suspends Strike Plans

The strike notice issued on 14 September 1992 by the Union of Instructors and Docents in Medical Science was suspended yesterday by that same union following the agreements reached among the various parties concerned.

According to the union's president, however, the suspension is temporary and will last until the end of October 1992, that being the date set for compliance with demands.

#### Typhoid Fever Epidemic in Tiaret

93WE0049A *Algiers ALGER REPUBLICAIN in French*  
30 Sep 92 p 6

[Text] The Youcef Damerdji Hospital has been on full alert since the beginning of this week when the health services detected a typhoid fever epidemic.

Examinations and analyses confirmed 47 cases among 157 persons admitted to the hospital.

"Emergency measures have been enacted," we were told by the health director, Mr. Salah Laafani, in a telephone conversation yesterday.

The sites of the outbreak were quickly determined. All those who have contracted the disease are residents of the Chaieb Mohamed and Zaaroura housing complexes, which have 405 housing units.

Mr. Salah Laafani explained that "these residents drank water from polluted sources and wells." "However," he added, "there is no shortage of potable water, and water-treatment operations continue uninterrupted."

The polluted sources and wells have been blocked off. At other wells, lime has been added and other forms of treated have been performed.

We were told by Mr. Laafani that the situation is now completely under control. "As a preventive measure," he informed us, "the ill will be kept under watch for a period of 15 to 21 days so that we can give them proper care and prevent the spread of this disease."

Preventive measures have been enacted and health authorities have asked the residents of Tiaret to use the potable water supply network.

"An ounce of prevention is worth a pound of cure," the director noted. "Each patient's care costs the hospital about 1,800 dirhams a day," he told us.

### Working Conditions Cause Specialists To Leave

93WE0076A Algiers *EL WATAN* in French  
12 Oct 92 p 5

[Text] The Dr. Damerджи University Hospital Center in Tlemcen is faced with an unusual situation as medical specialists, citing a variety of reasons, are quitting the public health sector in growing numbers, hospital administrators told the APS.

In all, about 10 staff members have already resigned their positions, affecting several medical departments at the university hospital. The intensive care unit has lost two; tuberculosis and respiratory diseases, two; gynecology, two; the trauma unit, one; gastroenterology, one; and clinical hematology, one. Five others have given notice that they will soon be leaving the hospital.

In a statement to APS on Sunday, the general manager of the university hospital center, Professor Mokhtar Benkalfat, confirmed the trend among specialized doctors, attributing it in large part to working conditions in the public health sector and to the personal preferences of some doctors who leave the hospital in order to set up a private practice. "We have devoted enormous efforts to medical training in all areas of specialization (150 specialists in 10 years), but unfortunately, we are now seeing that the public sector is no longer attractive," he remarked.

That aspect of the problem—one of the primary reasons for the declining staff numbers—is fundamental, according to Mr. Benkalfat. "A career in public health has less to offer than a private practice. The average salary of a university hospital doctor is 15,000 dirhams a month or 500 dirhams a day, which is what a private physician would earn in one hour. That is unfortunate," he said, going on to note that "it takes 30 years to train a staff member; it takes on six months to lose them."

Another serious consequence of the staff drain at the university hospital is that the Institute of Medical Sciences at the University of Tlemcen, which has been in existence for 12 years, will soon see a reduction in its training personnel, and the training of new doctors will suffer as a result.

According to Mr. Benkalfat, in order to stop the hemorrhaging of the medical staff, doctors must be given better working conditions (salaries, housing, documentation, etc.) so that a public hospital career will be more attractive, because our children's future is at stake here."

## INDIA

### Cholera Deaths in Amritsar District

93WE0019A Bombay *THE TIMES OF INDIA*  
in English 2 Sep 92 p 10

[Article by Ajay Bharadwaj: "26 Die in Cholera in Amritsar District"]

[Text] Bhindi Saidan (Amritsar), Sept. 1. Twenty-six persons, including children and women, have died of cholera and gastro-enteritis in this remote village over the past two months. More than 100 people are still ailing. Curiously, till the matter was brought to its notice by the vidhan sabha speaker, Mr. Harcharan Singh Ajnala, the government was unaware of the deaths. The village falls in Mr. Ajnala's constituency.

The health department woke up to the situation on August 23, when seven villagers died of gastro-enteritis. Subsequently, two more persons, including a six-year-old child, died, causing panic. The two employees of the local dispensary stated that none of the villagers had approached them.

The village, located close to the Indo-Pakistan border, has to rely only on a few wells for drinking water, the water of which has been found to be muddy and greenish by the health department.

Pritam Singh, a farmer, who lost seven members of his family in the epidemic, alleged that no doctor was available at the dispensary whenever he visited it. A few days later he went to Ajnala, about 10 km from here, where the doctors asked him to bring along the patients. He failed to do so and lost members of his family.

In three other families, children died in similar circumstances. Gurbeer Singh, a farmer, living in a thatched house, lost his two grandsons who could not be taken to town for treatment.

The chief medical officer and a team of doctors have since visited the village. A medical camp has been set up and an inquiry ordered into the alleged negligence of the health department.

The doctors said it was the ignorance of the people which kept the news of the epidemic from spreading. They said a doctor had visited the dispensary thrice a week but no case was brought to his notice.

The villagers, on the other hand, alleged that the dispensary staff always put them off by saying that they did not have adequate medicines.

The chief medical officer has however denied any cholera death in the village. He said, so far 28 cases of cholera had been reported in the district and all were being treated at the civil hospital.

He admitted that the health department had failed to detect the cases in the village.

### Progress in Eliminating Polio, Tetanus

93WE0018A Madras *THE HINDU in English*  
11 Sep 92 p 11

[Article: "Outstanding Progress in Immunisation"; quotation marks as published]

[Text] New Delhi, Sept. 10. The eradication of polio and the elimination of neo-natal tetanus in India by the year 2000 or a few years later is a distinct possibility. This is the conclusion arrived at by a team of 12 international experts who have completed a review of the Universal Immunization Programme in the country and have been pleased with the 'outstanding progress' made and have confirmed over 90 percent coverage of all new-born infants in several districts and nearly 60 percent coverage in the more backward areas.

In the districts where the immunization is nearing 90 percent, the government plans to introduce a surveillance programme for reporting of all poliomyelitis and neo-natal cases for intensive immunization around the reported cases to stop an outbreak. The Ministry of Health and Family Planning has reported that from 28,000 reported cases of poliomyelitis in 1985, the number has come down to 6000 last year, with only 1000 cases in 10 states and union territories.

The impact of the immunization programme has been felt directly on the declining infant mortality rate, down from over 100 per 1000 live births in 1985 when the programme was introduced to 90 per 1000 in 1991. If the pace of the programme is kept up the Ministry is hopeful of reducing the IMR [Infant Mortality Rate] to 60 by the year 2000.

Dr. Nick Wad, a World Health Organization expert based in Geneva, headed the review team. Five states—Tamil Nadu in the South, Maharashtra in the West, Haryana in the North, Orissa in the East, and Madhya Pradesh in the Centre—were chosen for the review and the international team then selected the districts to be reviewed in those states. Some of the most backward areas were selected and the names announced days before the review was to begin, thus eliminating the possibility of a last minute whitewash by the state authorities.

Talking to the press here, Dr. Wad said that his team was very impressed with the programme, that in Madras and Bombay he could say that the programme was 'better than the immunization facilities in New York.' Another expert who had visited Jind and Kurushetra in Haryana was equally impressed with the polio eradication work and felt that the procedures adopted by the health authorities compared well with those in Latin America where polio had been eradicated. Mrs. Vineeta Rai, joint secretary in the Ministry of Health, and state health secretaries of Tamil Nadu, Madhya Pradesh and Haryana were also present at the press conference.

Almost everywhere the team found that almost all the children had been vaccinated at least once, the vaccine was

being received by them very early in life, from birth to six months of age which is critical for its success, that the cold chain was in place ensuring the potency of the vaccine at the time of delivery.

### Waterborne Diseases on Increase in Bombay

93WE0021A Bombay *THE SUNDAY TIMES OF INDIA in English* 13 Sep 92 p 3

[Article by Sapna Bajaj Sawant: "Water-Borne Diseases on the Rise"]

[Text] Bombay, September 12. An upward trend in air and water-borne diseases afflicting Bombayites this monsoon has been noted, though the health authorities and medical practitioners shrug it off as the season for epidemics. The high humidity is seen to be conducive for the proliferation of bacteria and viruses.

In the last two weeks, the city seems to have been attacked by a viral fever, "which does not seem to respond to antibiotics," results in the patient getting fever with the temperature as high as 104°F, cough, cold, headache, bodyache, and weakness. Some doctors have registered 10 to 12 patients a day with similar symptoms.

But, according to Dr. A. Braganza from Mahim, there is nothing unusual about the fever, which lasts for four to five days. A number of patients have recovered without medication.

"The victims are largely from the slum areas since they live in unhygienic conditions and are always more susceptible. Most of them cannot afford antibiotics, which are anyway given as a precaution to see if they have any reaction. It was an airborne infection, he said, and was widely prevalent during the monsoon."

The Bombay Municipal Corporation's public health department has recorded a marginal increase in enteric fever (typhoid), the number being 99 in July this year against 77 last year.

There was a sharp rise in infectious hepatitis (jaundice), a water-borne disease, which is indicative of the contamination in water supply. In June, there were 173 jaundice victims on record compared to last year's 76. In July the figure shot up to 243 against 58 in 1991 and in August, there were 232 cases. However, according to the health authorities, the disease has been controlled this month. There were only 25 cases to date. Gastroenteritis cases, according to the health registers, have not touched an alarming degree. There were only 71 cases in August.

"We have been successful in checking the diseases," says Dr. B. K. Dhir, assistant health officer. He claims that health precautionary warning to the public regarding drinking boiled water, abstaining from eating unwholesome food seems to have had a good effect.

"On our part we have taken remedial measures," he assures the public. "We have been vigilant about drinking water samples from all the 23 municipal wards. Six to ten samples are taken daily from each ward. We then intimate our various departments to check the pipelines."

The "unseasonal" rise in hepatitis cases is attributed to a cycle every three to four years. "The same goes for polio.

There were 274 cases of polio, 93 of which were "imported" from other states.

He said that his department had noted a downward trend in diarrhoea, cholera, dyptheria and meningitis, measles and mumps have been brought under control.

### Gastroenteritis Out of Control in Tribal District

93WE0022A Bombay THE TIMES OF INDIA  
in English 15 Sep 92 pp 1, 11

[Article by Uma Prabhu: "Gastro Epidemic Plagues Thane"; italicized words as published]

[Text] Jawhar (Thane district), Sept. 14. At the fag end of the monsoon, Thane district's tribal belt wears a deceptive air of festivity with wild lilies and crystal-clear streams. But recently, it has witnessed a tragedy.

During the past two months, the rural pockets of Jawhar Morkhada, Wada, Shahapur and Palgarh tehsils have witnessed several deaths from gastroenteritis, locally known as *zada-wanti*. While the district collector, Mr. Madhukar Patil who identifies viral fever as another cause of the deaths puts the toll at 98, villagers say it is closer to 125.

This discrepancy, notes Mr. Ramesh Mahadeo Bhanushali, a resident of Vikramgad in Jawhar tehsil (about 160 km from here), arises because official figures only include deaths that have occurred in the area's primary health centres (PHCs). "What about those who have died for want of proper medical care?" he demands vehemently.

A tehsil spilling over with lakes and lilies, Jawhar, which accounts for more than 48 percent of the victims, is by far the worst hit. Two of its sleepy hamlets, Dadada and Kharoda, have seen 41 deaths.

"There has not been a single family here that death has not struck," says Mr. Deepak Keshav Alasi, a local shop-keeper, then asks a knot of villagers standing nearby, "Tell her how many people died in your family." Of the ten people in the group, only one says, "*ajun maza number lagla nahi* (our turn has not yet come)."

The tragedy has turned these people cold and emotionless.

Mr. Vinu Jadhav More, a farm-hand somewhat detachedly recalls his father's death a week ago. His father, also a farm-hand, returned from work at high noon, and fell ill. He could not be treated immediately as the next ST bus to the PHC at Kurze, about 35 km away, was only at 8 a.m. next day. By then it was too late. Mr. More died in the bus.

Mr. Dharma Lakhma Dhumale's grand-daughter, Ms. Tai Shantaram Dandelkar, 25, a resident of Chapki Talawali, developed cramps in her legs and an unbearable ache in her abdomen soon after lunch. The medical attendant at a nearby camp that had been established in the wake of the epidemic gave her, "some sort of *sui* (injection)," and tablets.

"She died the same evening. Her one-year-old son passed away five days after," says the grand-father. "The infant had been discharged from hospital after a prolonged stay. However, he soon developed complications."

The disease has yet to be controlled, claims the Jawhar tehsil BJP [Bharatiya Janata Party] president, Mr. Kashinath Patil. Despite goodwill visits by ministers and well-meaning schemes, the epidemic continues to take its toll. Ten people succumbed on Friday and Saturday.

Meanwhile, those who have contracted the disease are in a pitiable state. Under most trees lining the road from Vikramgad to Jawhar, one encounters dehydrated villagers writhing in agony.

Forty-year-old Lakshmi Yeshwant Pagi served her five children lunch as usual on Saturday, but developed stomach cramps soon after. She cried out for medical help only after she had passed some 25 stools within an hour. She set out for the nearest health centre at Vikramgad, 12 km away at 1 pm.

Severely dehydrated, she collapsed under a tree after covering about 6 km on foot. Her husband, who was trying to resuscitate her with water from a nearby pond, said they had been waiting for a state transport bus which was due at 3.30 pm. The bus hadn't come till 4 pm, and if this reporter had not dropped her to the hospital in the TIMES vehicle, she would have remained there all evening, and perhaps have died.

It is common to see people carrying their sick relatives on their backs to clinics. Mr. Mahadu Dhaklya Gathale, from Wakrim, who was carrying his nine-year-old son on his shoulders, says, "I have left my work today to travel 16 km to and fro to get my son medical aid." As a construction worker, he will lose his daily Rs [Rupees] 30, and perhaps will have nothing to feed his ailing son in the night.

At a recent press conference, the collector, Mr. Patil denied that the administration had been callous. He rattled off statistics—about 1,600 patients were treated at health centres for different ailments, 4,600 vaccinated, 264 wells disinfected and 184 water samples analysed.

The residents and local political bigwigs however, squarely blame the state government's crumbling public health services.

There are only 84 health officers as against a required 122 for the 73 zilla parishad health centres in the district. Of the required 455 nurses, 60 posts are vacant, and 37 have not reported to work. Half the 82 vehicles are out of order.

Mr. Kashinath Patil of the BJP emphasises that villagers from Dadada and the surrounding areas have to go to the centre at Kurze, about 35 km away instead of Vikramgad, which is only 6 km away. Each centre attends to about 10,000 people. The annual quota of medicines worth only Rs 30,000—decided a decade ago—is inadequate. Besides, the medicines are often substandard, he alleges.

The Vikramgad centre, the site of the most deaths, has only one doctor instead of the required three. Dr. Philip

Vaz, who examines about 1,500 patients a month—40 percent of whom suffer from gastroenteritis—says it is difficult to cope.

Doctors are not ready to attend to villagers, locals point out. Apart from quarters with flaking plaster and leaking roofs, they do not get any other facilities. As the water pressure is inadequate to fill the overhead tanks, resident doctors have no option left but to instal asbestos sheets on the roof to collect rain to use for washing. One suspects that rain water is used even for patients.

### Spread of Malaria in Bombay Deplored

93WE0040A Bombay THE TIMES OF INDIA  
in English 30 Sep 92 p 3

[Article by Sapna Bajaj Sawant. First four paragraphs were in a boxed in area of the article.]

[Text] Cases of cerebral malaria, caused by the rare *Plasmodium falciparum*, also carried by the *Anopheles*, were recently detected in the city—five cases at the Breach Candy hospital and four at the Parsee General.

"If not controlled on time, this could spread throughout the city. So far, we have received cases from the upper class localities. One can imagine the number of cases in the slums," said a senior-physician.

According to a doctor at Bombay hospital, where no such cases have been admitted, the disease was known to occur and if not diagnosed on time, could lead to death since the vital organs, especially the brain, were affected. The parasite travels through the blood, gets trapped in the brain cells, and causes inflammation.

The symptoms include high fever (107-108° F), confusion and deliriousness. Treatment involves administration of quinine, sometimes intravenously, and chloroquin. However, for patients who are deficient in the enzyme G6PD, chloroquin could cause haemolysis of the red blood cells, so an alternative drug, Camoquin, is used.

Bombay, 29 September: The state government's indifference has led to a rise in malaria in the city despite an existing programme and infrastructure for its control.

By December, the Bombay Municipal Corporation expects the number of recorded malaria cases to shoot up to 6,700—the highest in the last five years. In 1991, 5,300 cases were recorded, in 1990 and 1989, 3,200 and in 1988 there were 4,000 cases.

A senior official at the BMC attributes the rise of the disease to the shortage of adequate insecticides supplied to the corporation and a general lethargy in complying with the norms of the malaria control programme.

There has been a drastic cut in supply of essential pesticides by the state government in the last two years. These include mosquito larvicidal oil, a basic pesticide, Fenthion, a phosphorous compound to control ground-water mosquito, Themephos, a pesticide used in potable

water, Benzene Hexachloride, which performs the same function as DDT and which is crucial for spraying in construction sites.

Important drugs for treatment of malaria patients like quinine, chloroquin and primaquin should also be supplied free by the government to the BMC. Last May, the government, however, suddenly ceased supply of primaquin and banned its use without offering a substitute.

A BMC source added that people were misinformed about the effectiveness of "fogging," which was useless unless conducted indoors, with compulsory addition of a pyrethrum extract. "This again is in short supply."

Fogging is more effective within construction sites where malaria cases abound and must be done for three days consecutively to suitably affect the female mosquito which is responsible for the spread of the disease.

The common malaria vector (carrier) in Bombay is the "*Anopheles stephensi*" mosquito which incidentally never breeds in dirty water but requires a clear medium. It is generally found in water cisterns, construction sites wells and containers.

Says a senior BMC official, "Malaria in Bombay is man-made. We don't have natural sources of mosquito breeding."

In fact, compared to other cities, Bombay still records the least cases of malaria. In Delhi, 30,000 patients were registered last year, Madras had 63,000 cases and Ahmedabad, 40,000.

The BMC's malaria control programme includes reduction of the source (removal of the disused tanks and inverting of empty drums), engineering measures like mosquito-proofing of tanks, hermetic sealing of wells and appropriate storm-water management, biological control, legal action and insecticide treatment.

The *Anopheles stephensi* can enter any container through even a 1/16th inch gap. Thus, the undetected holes on the sides of a tank can become breeding grounds.

Although high-density polyethylene tanks (HDPE) are permitted by the BMC, no white coloured tank is permitted since this material has been found faulty, allowing a slimy layer to form within.

Wells, which were once the primary breeding ground for the *Stephensi*, should be sealed with reinforced cement concrete slabs (RCC) and cast-iron lids. However, people often remove these lids.

Access to roof gutters where storm-water invariably accumulates, is a major problem. These roof gutters are meant to be cleaned prior to the monsoon but this is hardly ever done. Moreover, coal tar treatment alters the designed slope of the roof gutters leading to waterlogging.

The new fashion of water fountains is a dangerous luxury since these are an extensive breeding ground for the *Anopheles*. The official says that permission should be sparingly granted and cases have already been lodged against unauthorised construction of fountains.

The state government, BMC and the Bombay Port Trust (BPT) are major land-owners in Bombay, yet they are immuneto caution notices and refuse to act according to directions. Violators include the CPWD, PWD, Railways (both), MTNL, and hospitals. There is a legal provision under section 381 of the BMC Act which empowers the BMC to prosecute offenders.

## IRAQ

### Health Ministry Asks WHO, UNICEF To Provide Vaccines

*JN0311133092 Baghdad Republic of Iraq Radio Network in Arabic 1130 GMT 3 Nov 92*

[Text] The Ministry of Health has asked WHO and UNICEF to provide vaccines for the children of Iraq, especially a vaccine for German measles, which Iraq lacks because of the continued unjust blockade.

In letters addressed to the two organizations, the ministry said that it has been suffering from lack of vaccines for two years, and that this will cause congenital defects in newborns.

The ministry appealed to WHO to provide the vaccine for the children of Iraq who will be born with these defects if their mothers do not receive the vaccines before they deliver their babies.

### UN Medical Aid Arrives; Health Situation Reported

*JN0911151092 Baghdad INA in English 1330 GMT 9 Nov 92*

[Text] Baghdad, Nov 9, INA—A plane loaded with vaccines and other medical supplies arrived at al-Habbaniyah Airport on Thursday night, a UNICEF source told the English language newspaper 'THE BAGHDAD OBSERVER'.

The 750,000 dollar worth supplies represent the first batch of U.N. aid to Iraq in accordance with the memorandum of understanding signed in New York some two weeks ago.

All items will be tested at the Ministry of Health's laboratories before being distributed throughout the country, namely Baghdad and Dahuk, the source added.

The vaccines are prepared for the first round of the national campaign for vaccinating Iraq children against measles due to start on November 23 by the Ministry of Health in cooperation with the United Nations Children's Fund (UNICEF).

Two more rounds of the national campaign will take place at the last week of December and of January, 1993.

The drive comes as fruit of the U.N. plan of action to be implemented for six months October 1992-March 1993 to help alleviate the impact of sanctions imposed on Iraq.

According to the U.N. programme, all Iraqi children under the age of five will be vaccinated against measles, polio, diphtheria, whooping cough and tetanus.

A Ministry of Health source said UNICEF has promised to offer six million syringes to cover the campaign's three stages and another five million syringes for Iraq's hospitals and medical centres in addition to needles of BCG vaccines, two million doses of measles vaccine and other requirements needed to make the campaign a success.

The Ministry of Health urged unions, children's support societies. Iraq's Red Crescent Society and authorities are concerned to do their utmost to support the campaign which is aimed at reducing infant mortality rate high recorded in Iraq after the imposition of the sanctions. [as received]

According to health statistics, Iraq suffers from an acute shortage of syringes as the Babylon syringe factory was destroyed by the U.S.-led war against Iraq, a thing that resulted in reusing the available syringes for more than one time in the Iraqi hospitals, thus causing health problems and blood transfer diseases.

The accord which has been agreed upon includes aid worth 200 million dollars to be distributed throughout the country.

Executive director of UNICEF, James Grant, who finalised the deal in Baghdad, believes the aid meets essential needs.

During his four-day visit to Iraq, Mr. Grant toured a number of northern provinces and traced high cases of measles in Mosul Province, the number of measles cases in Mosul increased from 14 in the first nine months of 1989 to 2,600 in 1992, he said.

He explained that UNICEF's concern for the health of children and their families is clearly reflected in the humanitarian programme of the new U.N. plan of action.

The U.N. plan also covers water purification, food, agriculture and education programmes.

## JORDAN

### Water Shortage Leads to Cutoffs, Restrictions

*93WE0037B London AL-WASAT in Arabic 28 Sep 92 pp 44-45*

[Article: "How Do People Drink in Artas?"]

[Text] People in Artas village (populations 4,000), which is 3 km south of Bethlehem, have complained about the contamination of the Artas well with water from the sewage system. The well is considered to be a principal source of drinking water and water for home use.

The people who are disgusted about this contamination said that this phenomenon has been going on for the last two years and has caused diseases, especially among the children.

Some sources said that the contamination may be due to a leakage in the sewage system from the collection holes in the houses around the well, starting from al-Balu' area in al-Khudar village to al-Kassarata area in al-Dahisha camp.

Another reason, according to the sources, is that people throw garbage into the sewage system

## MOROCCO

### Health Minister Responds to Press Attacks

93WE0017B Rabat L'OPINION in French  
23 Sep 92 pp 1, 33

[Text] A two-day conference to study ways of improving hospital services was held on 18 and 19 September in Mohamedia under the auspices of the ministry of public health.

The health ministry's purpose in organizing the conference was to arrive at an assessment of the situation and raise the problems faced by hospitals to determine the principal reasons why they are not functioning as they should and the most effective solutions to their problems and to enact and monitor the application of those solutions.

In his opening remarks, the minister of public health, Mr. Abderrahim Harouchi, noted the public health department's efforts in recent years in the areas of prevention, maternal and infant health care, and disease control. However, despite these efforts, the public continues to have a negative image of public health services.

The minister pointed out that the disease control and prevention programs are not immediately visible to the public. It is only in the event of an illness, he noted, that the public comes into contact with the health care system (in particular, the hospitals), at which point they discover the flaws and deficiencies of the system.

On the subject of follow-up indicators, the minister remarked that within the past 20 days, 90 articles critical of the kingdom's health care system have appeared in the press.

Turning to conditions within certain hospital structures, he stated that surprise visits to a number of hospitals have revealed poor management practices, carelessness on the part of the staff, and mediocrity in the delivery of care.

He went on to state that when one client receives poor care, at least 100 other persons react with discontent and indignation. This has resulted in a poor public image of public health care at hospitals.

For that reason, the policy of the public health ministry is focussed on two priority areas: emergency care and improved hospital services.

To improve the quality of emergency care, the minister noted, instructions on the reorganization of emergency wards have been issued to all chief doctors in the prefectures and provinces.

It should be pointed out that two study groups were recently formed. The first of these will examine the ministry's emergency care policy, while the other will study the training medical and nonmedical personnel. Their findings will serve as a foundation for the next stages that will focus on infrastructure and on equipment and services.

Following the health minister's remarks, presentations were given by Mr. Belkheiri and by Dr. Zahi.

The first presentation focussed on the various mechanisms of hospital management and the primary causes of dysfunction, and raised new ways of organizing the hospital sector.

The second presentation described the current state of affairs in hospitals, emphasizing the various shortcomings and difficulties that patients encounter from the time they are admitted until the time they are discharged.

It should be noted that the number of hospitals has risen from 52 in 1960 to 98 in 1991, an increase of 46 hospitals in relation to 1990 [as published].

The number of hospital beds in the public health care system rose from 15,523 in 1960 to 25,974 in 1991 in general and specialized care facilities and to 2,060 in rural hospitals.

General medicine accounts for the largest share of hospital beds, with 17.5 percent of the total. Of the remainder, 14.8 percent are allocated to general surgery, 9.1 percent to obstetrics-gynecology, 7.1 percent to pediatrics, and 51.5 percent to other types of specialized care.

It should also be noted that 29.6 percent of hospitals were built less than 20 years ago and 43.9 percent were built less than 30 years ago; 56.1 percent were built more than 30 years ago and 28.6 percent more than 50 years ago.

On the other hand, 63 percent of public health service doctors were working in hospitals in 1991.

Among them, 3.3 percent were working in the eastern region, 43.3 percent in the northwestern region, and 75.8 percent in the center and northwestern regions combined.

The number of doctors per 10,000 inhabitants ranges from 0.27 in the Tensift region to 1.43 in the northwestern region. The national average is 0.69.

### Lack of Equipment at Children's Hospital Noted

93WE0017A Rabat L'OPINION in French  
25 Sep 92 pp 1, 3

[Statement by the doctors of Children's Hospital in Rabat: "Overworked Emergency Care Doctors and a Hospital in Disarray"]

[Text] The doctors<sup>1</sup> of Children's Hospital in Rabat met on Wednesday, 23 September 1992 from 1000 until noon to discuss the state of emergency care at their hospital.

For the past few years, the standard practice in pediatric emergencies has been as follows: Sick children are examined by a doctor on arrival at the hospital, and while some may be prescribed medication and released, other cases may require examination by the pediatrician on duty between the hours of 1800 and 0800 on week nights and 24 hours a day on weekends. Another pediatrician—whether a full professor, assistant professor, or qualified pediatrician—remains on call to monitor patients two or three times a night or to administer emergency care if needed.

This system does not always work well.

The ever-present medical team, from faculty members to interns, frequently encounters problems such as the following:

1. A child seems feverish but his temperature cannot be monitored for lack of a thermometer.
2. A child arrives at the hospital with swelling in his lower limbs and blood in his urine. There are no test strips, no sphygmomanometer for determining his blood pressure. Another child develops coldness in his extremities, but there is no way of determining whether he is entering a state of collapse.
3. A newborn arrives in critical condition, but there is no heated bed or other equipment needed for his care. Neonatal mortality figures here are alarmingly high.
4. A child appears to have meningitis but there is no laboratory to perform an analysis of his cerebrospinal fluid. The Avicenne Hospital can perform the analysis, but only before 11 p.m. Even so, the results are meaningless if the sample has been held up for several hours at Children's Hospital. The Renault 4 that supposedly serves as an ambulance is often in need of repair or out of gasoline.
5. Blood products needed for transfusions often take hours or days to arrive. How many children have died as a result? Again the main culprit is the dysfunctional ambulance.
6. There is no biochemistry lab to perform metabolic analyses (sodium, calcium levels, etc.) at all hours of the day. How many children have died for the lack of one?
7. Before they can treat a neonatal icterus, the doctors on duty lose hours of time searching all five floors for surgical thread, scalpels, scissors, etc.
8. We have not even mentioned the shortages of nurses, nurses' aides, janitors, emergency medications, hospital beds, showers, toilets, etc.

In view of these massive problems, how does the new health minister expect his much-touted residential duty program to solve the emergency care crisis? These good intentions are nothing more than fortuitous demagoguery. Instead of addressing the real problems, he has placed the cart before the horse.

Being asked to examine an average of 200 children every day without the proper means is like working in present-day Somalia. It is an outrage that the first of Morocco's only two University Hospitals for Children does not have the means to conduct clinical or laboratory tests. It is possible that some remote health center is better equipped than our hospital. Occasionally you may find a thermometer or blood pressure monitoring device in the emergency room, but you can never be certain that you will find them the next time.

Despite these many difficulties, the members of the night-time and weekend medical team at Children's Hospital in Rabat have performed their work for years and years with

great dedication and sacrifice, but also with a sense of bitterness at being a part of a system that tolerates astoundingly mediocre conditions.

The members of the off-hours medical team are high dedicated:

1. They work long days, running from floor to floor responding to urgent calls. Because the elevator is shut down at night, jogging at all hours becomes a part of their job.
2. They witness needless deaths due to a lack of resuscitation equipment nearby in the general pediatric wards.
3. There are no beds, toilets, or wash basins for their own use.
4. There is no cafeteria available to them.
5. There are not enough beds for all incoming patients.
6. To top it all, they receive no special compensation for night or weekend duty. The public mistakenly believes that doctors are paid for every consultation; in reality, they receive no payment at all.

By what right and on what moral or logical grounds are doctors asked to be on call 24 hours a week without pay? In any other country, doctors who perform night or weekend duty are paid for their services.

Given their long years of study, their medical responsibilities and long hours of work, the doctors of the public health system and at universities are the least well-paid of all professions. That is yet another injustice!

The new minister has first-hand knowledge of this. He himself planned to resign from the university hospital system and set up a private practice (according to Channel 2M's broadcast "The Man In Question").

Moreover, there is no reason why doctors in private practice should not assume a share of night and weekend duty at public hospitals. If doctors of the public health system are required to volunteer their services, all doctors should be required to do so.

In addition to the deficiencies mentioned above, Children's Hospital of Rabat is the most underequipped of all the sections that make up the Ibn Sina Hospital Center. It lacks a workable telephone, telex, and fax system. Because the doctors of Children's Hospital wish to draw the attention of officials to the massive problems at their institution, they cannot support the reform proposed by the health minister until the following conditions are met:

1. Adequate emergency care facilities must be provided.
2. An independent department of hospital emergency care must be set up.
3. Medical personnel must be paid 1,000 dirhams for week-night duty and 1,500 dirhams for weekend duty.

The doctors of Children's Hospital are not inflexible. They are prepared to abandon claims for compensation of services rendered in past years.

In the meantime, they will continue to practice the current system of night and weekend duty which, for all its flaws, is still the most effective.

Signed, the doctors of Children's Hospital of Rabat.

**Footnote**

1. Interns, assistants, assistant professors, pediatricians DNS [expansion not given], MC candidates.

**SAUDI ARABIA**

**First Medical Association To Be Established**

*92WE0461A Jeddah 'UKAZ in Arabic 18 Apr 92 p 13*

[Article: "For First Time in Kingdom: Arab College of Family, Society Medicine"]

[Text] Dr. Muhammad Sa'id al-Ghamdi, supervisor of Research and Higher Studies in Jiddah and coordinator of the Arab College for Family and Society Medicine with the Health Affairs Department of Jiddah, has ratified the names of male and female physicians approved for membership in family and society medicine programs as part of the combined family and society medicine program at al-Nuzhah Health Center in Jiddah.

Some 47 male and female physicians from various parts of the kingdom, representing a wide range of medical practices, applied for membership in the program. [passage omitted listing members]

Dr. Muhammad Sa'id urges the above physicians to promptly contact the Center for Higher Studies at al-Nuzhah Health Center in order to take care of preparatory formalities.

Classes in the family medicine program began last Saturday, [11 April] and those in society medicine will begin on Saturday, [25 April] at the medical school of King 'Abd-al-'Aziz University in Jeddah.

The two programs are offered in cooperation with the Jiddah Health Affairs Department of Jiddah, the medical school at King 'Abd-al-'Aziz University in Jiddah, King Fahd Armed Forces Hospital in Jiddah, and the Health Services Department and King Khalid National Guard Hospital in Jiddah.

**SYRIA**

**Government Lifts Livestock Transit Ban**

*TA2509141092 Ankara ANATOLIA in English 0956 GMT 25 Sep 92*

[Text] Gaziantep, Sept 24 (AA)—The Syrian Government has lifted an 11-month ban on the transit of Turkish livestock through its territory to the Middle East and the Gulf, export officials said on Thursday.

"The Syrian ban has caused a loss of over one trillion lira (133 million dollars)," Ali Sahindal, head of the Exporters' Union of Southeast Anatolia, told AA.

Sahindal said livestock exports through Syria would resume on Monday. Syria imposed the ban last November to prevent the spread of a bovine plague that entered Turkey through Iran and Iraq and infected thousands of cattle.

The Agriculture Ministry managed to successfully fight the plague by destroying more than 5,000 cattle and vaccinating many others in a nationwide campaign.

### Rise in Fungal Infections and Syphilis

92WE0587D Moscow IZVESTIYA in Russian  
29 Mar 92 Morning Edition p 7

[Interview with Russian Academy of Medical Sciences Academician Yuriy Konstantinovich Skripkin, director of the Institute of Dermatology and Venerology, by Georgiy Melikyants; place and date not given: "The Situation Isn't Fatal, But It's Time to Sound the Alarm"]

[Text] An explosion of fungal diseases and syphilis occurred in Kamensk-Uralsk in recent months. The dermatological-venerological clinic was closed here: The building had fallen apart. Patients still under treatment had to fend for themselves.

And some more food for thought: One out of every 13 Russians is perpetually fighting allergens in the atmosphere, water, food and medicines. And scabies, which we seem to have forgotten about, has returned, being responsible last year for 78,000 registered patients.

Yuriy Konstantinovich Skripkin, director of the Central Scientific Research Institute of Dermatology and Venerology of the Russian Ministry of Health, asserts that today's disheartening growth of dermal and venereal diseases is a consequence primarily of the society's way of life. And the catastrophic degeneration of morals is but one of the results of our general disorder. Let me repeat, only one of many! Another terrible calamity is the increase in the number of bums, refugees and migrants: It is becoming increasingly more difficult and expensive to reveal sources of infection. To our shame, we are having to confront pediculosis once again. How could this be, in our enlightened times? But half a million such "carriers" have already been noted in Russia.

However, it is not enough to admit to all of this. We need to realize that real diseases of the individual—the singly considered individual, in whose destiny the general decomposition of social ties sometimes manifests itself quite tragically, are becoming the clearly unavoidable and direct result of the society's disease. After all, if the elementary drugs are lacking, even the most hopeful government decree will be of no help.

**Melikyants:** Does this mean, then, that the situation is fatal?

**Skripkin:** God forbid. Many illnesses are treated successfully. For example our scientific research institute has developed new treatment systems, dosages, physiotherapeutic treatments and medicines, most of which are available because our country produces them. I personally am an optimist, but it is precisely because of this that I feel it is time to sound the alarm. It would be most regrettable to be late. After all, "our" diseases occupy the leading place in frequency among others, because the skin and mucous membranes reflect literally all disturbances of the nervous system, the endocrine glands and the internal organs, as well as the "ecological trouble" surrounding us. Something else we need to know is that besides the five known venereal diseases for which registration of patients is mandatory (syphilis, gonorrhea, soft chancre, rare cases of

inguinal lymphogranulomatosis in our country, and one more which luckily has not been imported from Africa—frambesia), there are what are known as sexually transmitted diseases. There are 18 of them, and some of them are extremely severe. Chlamydiosis for example: easy to catch, but hard to live with. Possessing no swiftly proceeding symptoms, it is terrible in the rapid development of complications: It is believed that 40 percent of infertile marriages are the result of this infection.

**Melikyants:** You must agree, Yuriy Konstantinovich that having revealed the flaws that truly exist in the system and in the established order of things, we often relax and sit back in anticipation of global changes. What are the real possibilities for changing today's situation that your science and our public health sector possess?

**Skripkin:** I already mentioned the new systems, treatments and medicines. In particular our institute has perfected a drug against lice and scabies—benzylbenzoate. We are trying to organize its production in the needed amounts with the help of Rosfarmatsiya. Given the way things are today, when the demand for medicines to treat dermal and venereal diseases is only 28 percent satisfied, all of this is important.

There are diagnostic laboratory complexes abroad that can carry out hundreds of the most complex tests in just a single day. Our possibilities are far more modest. But there are some things that we can do. For example, the Central Scientific Research Institute has developed immunoenzymatic testing methods.

**Melikyants:** How can we get in touch with you at the institute?

**Skripkin:** The telephone number of our "Gomo" polyclinic is 941-39-41. The numbers of the registration office are 964-39-55 and 199-66-17.

**Melikyants:** Do you provide services to all CIS states, or just to Russia?

**Skripkin:** Just to Russia. But patients from the independent states can apply to us for a fee—one that is reasonable and within their means. But if the patient is from Russia, then even if he is impoverished he can count on treatment free of charge.

**Melikyants:** Who makes this decision?

**Skripkin:** The patient himself, with regard for recommendations of the treating physician. A complex examination making use of, for example, ultrasound and modern immunological procedures would have to be paid for. But so-called routine tests are carried out without money.

But on the whole, I would have to admit that our possibilities are minimal. There are many things that need to be changed in regard to the dermatovenerological service, which people have avoided with embarrassment for too long a time, and in the best case, have feigned surprise: What, you mean we have syphilis in our country too? The remainder principle on the basis of which we were financed even in the "best" years now seems to be something from a fondly treasured past. Because given the

miserly budgets, our clinics are resorting to paid treatment, so as to get at least some money for equipment.

**Melikyants:** But it would be important here to select a path which would be in keeping with the well known commandment "Do no harm."

**Skripkin:** Of course. Today, a person could go to several dispensaries, pay for an examination, and receive treatment without having to confess any intimate details. Of course, most venerologists feel that such a practice will ultimately break the chain of contacts and make containment of the focus of infection difficult. It would be more logical to go to a clinic operating on an alternative basis: There, under strict observation of medical confidentiality and of individual rights, the patient would undergo examination and treatment under a code name. This would mean an increase in the number of cures, because a patient who is guaranteed confidentiality will be more open with his doctor: There must be a more trusting relationship between doctor and patient in the interests of the effort. It was precisely this breaking of confidentiality that we have feared so much.

**Melikyants:** For the moment, however, the law still punishes for deliberate infection.

**Skripkin:** In my opinion the individual must be made responsible to some degree for his acts in this sphere, which is usually closed to those outside it.

But let's return to the question of material support to our service. I am convinced that under the conditions of a market economy we need to allow scientific research and therapeutic institutions to earn money. But honestly. That is, by offering treatment at a level corresponding to the accomplishments of science and practice. Here's the paradox (or is it a joke?): According to the statistics, syphilis is on the rise while gonorrhea is on the decline. The secret is simple: Treatment of syphilis is lengthier and more complex, and physicians are reluctant to treat it secretly, while gonorrhea "fits" well to a significant extent with cooperative and private practice. As a result our institute winds up analyzing the grossest violations of treatment methods, which is why I have been proposing (unsuccessfully as yet) that we be given the right to maintain scientific control over the activities of physicians in such cooperatives.

And so, the honest path is to provide treatment according to the rules of science and morality. In this case we are obligated to return to treating venereal diseases, and especially syphilis and gonorrhea, absolutely free of charge at the first opportunity. As far as our wages are concerned, no matter what the case they must depend on something other than fees collected from patients. This is generally a different question, but treating it briefly, in regard to scientists I would introduce the awarding of patents for new methods. And when it comes to physicians, I would pay them an amount equal to the level of their qualifications.

**Melikyants:** Isn't there a discrepancy here? A person catches influenza—he is infected by a virus while riding a bus—and he must pay for his medicine. But you can't catch syphilis on the bus, so why should it be treated free

of charge? What we are dealing with, after all, is not inexpensive influenza-treating drugs, but expensive antibiotics employed in large doses and over a long period of time.

**Skripkin:** Diseases that bear the nature of epidemics, among which I include influenza and syphilis on an equal basis, must be treated free of charge. But our state will be perpetually experiencing a shortage of money for public health. The time will come when this society will be able to allocate sufficient assets for this. There is no way we can get around the fact that in squandering the "gifts of nature," Chernobyl and other phenomena of this sort have increased afflictions of the skin and mucous membranes. Moral restraining factors have also dropped to a critical mark. When the economy will permit, the state will have to pay its debt to the individual.

What conclusion can we make from this interview, which still leaves many questions unanswered? To behave more carefully if you wish to remain healthy? This of course will be of some benefit at the personal level. But at the level of society.... Let me repeat what Academician Yu. Skripkin said: It's time to sound the alarm. We are tardy in many things, but what would be most regrettable is to be late irreversibly.

#### **Seven Hospitalized After Outbreak of Tick Encephalitis**

*LD2406104792 Moscow RIA in English  
0647 GMT 24 Jun 92*

[Text] Vladivostok, RIA—Seven people, who are down with tick encephalitis, have already been delivered to hospitals. Another person has died. These statistics were disclosed by the Vladivostok-based Sanitation-Epidemiological Control Center. Its experts have asked people to stop cultivating their dacha plots until August. At present Vladivostok suburbs have been invaded by an unprecedented number of ticks. As of June 24, emergency aid had been administered to 20 local residents.

#### **Dollars Against Diphtheria**

*PM2809100192A Moscow ROSSIYSKAYA GAZETA  
in Russian 24 Sep 92 First Edition p 1*

[Text] By decision of the Russian Government it is planned to allocate hard-currency appropriations to ensure children's survival, protection, and development. Roughly \$195 million will be allocated to buy imported medical equipment to treat children and ease childbirth and materials to support national production of mass-use vaccines against such childhood illnesses as tuberculosis, measles, poliomyelitis, whooping cough, diphtheria, and tetanus. A Russian Government Resolution "On Urgent Measures To Improve the Position of Children in the Russian Federation" makes provision for these and a number of other measures.

### Protocol on Medical Cooperation Signed With Britain

*PM2809100192B Baku Radio Baku Network in Azeri  
1700 GMT 29 Sep 92*

[Summary from poor reception] Minister of Health Rakhim Guseynov has received a visiting delegation of British businessmen. A protocol was signed during the meeting in connection with the agreements reached between Azerbaijan and Britain for mutual cooperation in the medical field. The sides also examined the possibility of Azerbaijan receiving assistance in finding financial resources to buy pharmaceutical drugs and modern medical equipment.

### Increased Water Pollution Poses Threat for Lipetsk

*PM2311160592Moscow Russian Television Network  
in Russian 1700 GMT 18 Nov 92*

Article from the "Vesti" newscast: Video report from Lipetsk by I.Gubin and A. Vayman, identified by caption; figures in brackets denote broadcast time in GMT in hours, minutes, and seconds

[TEXT] (Video shows nameplate on wall)

**Gubin:** Stop the construction in the city of all apartment-blocks, enterprises, and other installations without delay—that was the amazing decision adopted by the Oblast

Health and Hygiene Inspection Center. An extreme measure, but then the circumstances are exceptional too. The existing sewage treatment works are working flat out. The bacteriological pollution caused by sewage discharged into the Voronezh River already exceeds the permitted norm hundreds of times over. As usual, the construction of other treatment plants is being delayed. Meanwhile the appearance of potential new pollutants in the water poses a very real threat to people's health and lives.

### Kuzbass Dysentery Outbreak Caused by Sewage in Water Supply

*PM2110142392 Moscow PRAVDA in Russian  
20 Oct 92 p 4*

[Report by Stanislav Vtorushin: "Dysentery in the Kuzbass"]

[Text] Kemerovo—For the umpteenth day now people suffering from dysentery are continuing to arrive at the hospital for infectious diseases in the mining city of Kiselevsk. There are roughly 200 of them, 70 of them children, moreover.

The city sanitary and epidemiological station has rapidly established the cause of the infection. Namely sewage effluent from the city entering the water supply system.

Medics are successfully combating the highly dangerous epidemic. It has hitherto proved possible to save everyone who has come to the hospital.

## REGIONAL AFFAIRS

### Pharmaceutical Firms Active in Baltic States

93WE0012B Helsinki HUFVUDSTADSBLADET  
in Swedish 15 Sep 92 p 6

[Finnish News Agency (FNB) report: "Tamro Selling Drugs in Baltic Countries"]

[Text] The biggest pharmaceutical wholesale dealers in Finland and Sweden, Oy Tamro AB and ADA AB, will form a distribution firm for pharmaceutical products in each of the Baltic countries. The joint venture will be based on a long-standing cooperative exchange of expertise that has been engaged in by the two companies and some other Nordic wholesale firms in the pharmaceutical branch.

Tamro's executive director, Matti Elovaara, and ADA's chairman of the board, Ake Hallman, said the reason for the cooperation was that pharmaceutical plants and other businesses in the branch had inquired whether the companies could also take care of distributing their products in the Baltic countries.

Based on an analysis by Tamro and ADA of the drug needs and distribution in the Baltic lands, Elovaara and Hallman think the best solution is for each country to have its own western-developed company that combines the Nordic distribution networks in the Baltic lands.

Tamro will own 51 percent of the Baltic companies and will also be responsible for operational management. Heikki Sarekoski, who most recently served as executive director of Tamro's subsidiary, Logistiikkapalvelut Oy, has been appointed as head of the Baltic operation.

## FRANCE

### Low Flu Vaccination Incidence

93WE0034A Paris LIBERATION in French  
2 Oct 92 p 24

[Article by Beatrice Bantman, filed from Courchevel: "Flu Vaccine Declined by the French"]

[Excerpt] *Those inoculated number only 18 percent, whereas the epidemic caused 14,000 deaths in 1989-1990. The Health Insurance Fund launches a campaign to protect itself against an illness with a high social cost.*

Courchevel—Do we need to repeat once more this year that the flu is not a harmless illness and that, among people at risk, its consequences are often serious? Do we need to repeat once more that its social cost, in terms of absenteeism and sick leave, is colossal? Do we need to add that the flu vaccine is a dependable and cheap (approximately 55 francs [Fr]) means of avoiding all these worries? In any case, that is the meaning of the message sent this very day by the National Health Insurance Fund to urge the French to get their shots up through 31 December.

It is apparently necessary, since the last flu epidemic in the winter of 1991-1992, characterized as "small-average" by the specialists, kept 2.5 million Frenchmen in bed and resulted in a loss of 7 million work days for society. The flu

had been much more severe the previous winter, costing society Fr10 billion. Depending on the years and its virulence, flu is still the first or second cause of death by infectious disease, after tuberculosis. To be sure, in 10 years, vaccination has made some progress. Last year, 18 percent of the French people were inoculated, but among the elderly, who are most at risk from the complications of the disease, this rate remains at a standstill and is even regressing slightly. Last winter, 66 percent of the French people over 75 years of age were inoculated, but only 55 percent of those over 70. Yet, since 1988, health insurance has covered the cost of inoculation for people over 70 years of age and for patients of all ages affected with eight chronic diseases (including AIDS, diabetes, and myopathy); it hopes to get the age limit set at 65, but it does not hide that extending these measures to the entire French population is out of the question. The cost of the vaccines covered by Social Security is already estimated at Fr138 million, but it is obviously not enough to attract the majority of those concerned. It is too bad: In 1989 and 1990, the flu killed 14,000 Frenchmen over 75 years of age, and specialists are convinced that this figure is underestimated. On the other hand, they know that, owing to the vaccines, 8,000 people were saved that same year. [passage omitted]

## IRELAND

### New Meningitis Vaccine Introduced

93WE0066A Dublin IRISH INDEPENDENT  
in English 29 Sep 92 p 6

[Article by Eilish O'Regan]

[Text] Parents were strongly urged yesterday to have their child immunised with a new vaccine against meningitis—an infection dubbed the "silent killer" which cost the lives of three babies this year.

Introducing the new Hib (Haemophilus-Influenza Type B) vaccine which protects against a form of bacterial meningitis, Health Minister John O'Connell warned of a rise in reported incidence of this strand of the infection which has a mortality rate of 5 percent.

It can also cause permanent damage to the central nervous system in 10 percent of youngsters.

The vaccine, being introduced simultaneously in Britain, is effective against half of all bacterial meningitis cases and is targeted at the age group in which 90 percent of the infection occurs.

The programme will begin next Thursday and will be administered through public health clinics and general practitioners.

The Minister said he was spurred to introduce the vaccine after a mother who lost her child to the infection phoned him, urging him to take action. "The statistic of three deaths may seem small but one death would be enough. If this increased there would be public alarm.

Meningitis struck in the Cork region early this year, claiming the lives of an eight-year-old boy and a six-month-old girl and causing alarm among parents who inundated the Southern Health Board with 500 calls a day at the peak of its outbreak.

The vaccine will be offered at the ages of two, four and six months. It will be administered with DPT and polio, except at six months.

### **Contagious Poultry Disease Forces Slaughter**

*93WE0025A Dublin IRISH INDEPENDENT in English 19 Aug 92 p 5*

[Article by Claire Grady]

[Text] Department of Agriculture investigations into an outbreak of a "highly contagious" poultry disease, which forced the slaughter of more than 8,000 birds in north Co Dublin, were continuing last night.

A spokesperson said it had not yet established the source of the outbreak of Newcastle Disease but officials were satisfied it was an isolated incident.

Parts of north Co Dublin and east Co Meath, within a 10-kilometre radius of the outbreak, have been declared "an infected area" with restrictions on all movement of poultry and poultry products now in place.

The disease, which can cause a high level of mortality in poultry, poses no threat to humans, the spokesperson stressed.

The Department's actions were praised by the Irish Farmers' Association and the Irish Poultry Processors' Association who said the high health status of poultry and other farm animals in Ireland had to be protected.

"When a thing like this happens, we adopt a slaughter policy, in the rest of the EC, they have a vaccination policy which masks it," said Alo McGrath, Director General of the processors' group.

While the virus poses no risk to humans, the "drastic action" taken by the Department to deal with the outbreak was necessary to maintain Ireland's status as a "white list" nation with an "excellent" health record for farm animals, said the IFA.

The entire flock of some 8,025 laying hens hit by the disease has been slaughtered, and the flock owner compensated by EC and State funds. All poultry units in the infected area—comprising Co Dublin north of the River Tolka and the adjoining section of Co Meath east of Clonee and Ratoath—will now be monitored until the danger of spread of the disease has passed.

Movement of poultry will be under licence from the Department and the hunting and shooting of wild birds in the area is prohibited.

Two outbreaks of Newcastle Disease were recorded in Ireland in Spring of last year and two other incidents in autumn 1990—prior to that, the last outbreak occurred in 1956.

The virus can be transmitted through water, feed, contact and birds and the Department has not ruled out the possibility that the most recent outbreak could have been caused by wild pigeons.

Flock owners and producers have been issued with a list of precautions to be taken, including the provision of protective clothing and footwear, the use of disinfectants in key areas, and other vital hygiene measures.

### **Newcastle Disease in Dublin Flocks**

*93WE0062A Dublin IRISH INDEPENDENT in English 22 Sep 92 p 7*

[Article by Willie Dillon]

[Text] Six poultry flocks in North Dublin have been sealed off because of fears of an outbreak of Newcastle Disease—which resulted in 8,000 birds being slaughtered last month—may have spread.

A strict ban on the sale or purchase of live birds has been imposed in the affected areas as the Department of Agriculture awaits blood test results.

The shooting of all wild birds also has been forbidden.

The flocks concerned are in Balbriggan, Ballyboughal, Naul, Rathoath, Skerries and Griffith Avenue. The largest numbers 115 birds, but several are considerably smaller.

The latest alert came after blood tests proved positive on six birds.

The virus can be transmitted by wild birds and through food.

The Dublin District Veterinary Office stresses there is no danger to humans from Newcastle Disease.

### **Fight Against Bovine Tuberculosis to Continue**

*93WE0065A Dublin IRISH INDEPENDENT in English 2 Oct 92 p 13*

[Article by Joseph Power]

[Text] If Ireland had persisted in the fight against bovine tuberculosis it would have been eradicated by now, a Dail Committee heard yesterday.

Prof. Seamus Sheehy, an agricultural economist at UCD, told the committee of Public Accounts the situation now is that the scheme will go on costing the Exchequer £42m a year.

Moreover, with present technology, it is unlikely it will ever be cleared up—and the fight must continue, he added.

Despite the allegations of the past 30 years, the confusions and illusions, together with expenditure of £1.5bn—if the scheme was not there chaos would have raged in agriculture, and in the economy generally declared Prof. Sheehy.

He was satisfied no more could have been achieved. There was no "magic crozier" that could have been waved and the disease made go away.

Asked by Sean Calleary how it was the disease could be eliminated in countries like Denmark and the Netherlands, but not Ireland, the professor said one reason was the Danes did not have the same casual attitudes as Irish farmers and vets.

No other country in the world, he told the Committee, has the same cattle movement as Ireland, or problems with wild life such as badgers, allegedly carriers of the TB virus.

Ninety-nine percent of the national herd is disease-free.

A joint report on the cost-benefit analysis and bovine tuberculosis eradication schemes before the Committee says that whatever others might or might not have achieved, the Republic had to solve its own problems.

If that solution was to be eradication, then it required two ingredients—a radical change in attitudes, and new technology.

## SWEDEN

**European Unity Seen Increasing Salmonella**  
*93WE0012A Stockholm SVENSKA DAGBLADET*  
*in Swedish 27 Sep 92 p 9*

[Article by Henrik Ennart: "Risk of Salmonella After EEA (European Economic Area) Agreement Takes Effect"]

[Text] Swedes may suffer from diarrhea as Sweden moves closer to the EC. There is a risk that the strict Swedish salmonella controls that have virtually eliminated this complaint for 35 years will be abolished when restrictions on border trade are lifted.

In contrast the prevalence of salmonella bacteria has risen sharply in recent years in other European countries, with the exception of our neighbors, Finland and Norway.

"It is very urgent that we safeguard Sweden's uniquely low levels of salmonella. As long as we do not receive written notice to the contrary we assume that our border control of slaughterhouse products will continue when the European Economic Area (EEA) agreement goes into effect," said Hakan Stenson, a lawyer with the National Food Administration.

The controls can be challenged under the EEA agreement by foreign meat producers who regard the regulations as a barrier to trade.

In an effort to strengthen the bargaining position with the EC toward the very end the Food Administration will publish a directive next week that formalizes in detail the practice that has guided its position so far.

### Less Than One Percent Infected

The controls have resulted in a salmonella infection rate of less than 1 percent in animal carcasses in Swedish slaughterhouses, a very low level; in other countries 40-70 percent of animals often harbor salmonella bacteria.

When the Food Administration recently tested 552 pieces of meat from 36 slaughterhouses, it did not find salmonella in a single sample!

An important reason for the low levels is the sampling of imported meat that occurs at the border and results in barring between 5 and 10 percent of the meat from coming into the country.

"It would be very unfortunate if salmonella is allowed to spread in Sweden again. In the rest of Europe salmonella is the most common cause of food poisoning. Those who are affected have diarrhea but in severe cases salmonella can cause joint inflammation and in the worst cases it can be fatal," said Martin Wierup of the Farmers' Meat Marketing Association.

### More Diarrhea in EC Lands

During his time veterinary consultation with the National Food Administration Wierup was strongly involved in combating salmonella.

We asked if other Europeans really have more stomach upsets than we do in Sweden.

"Yes, there are definitely more upset stomachs in the EC. In Germany alone there are 90,000 cases a year and the incidence is increasing alarmingly all over Europe. This fact actually works to our advantage in the negotiations, a growing number of countries now realize that they must also do something to check the spread of this infection," Wierup said.

The only control measure at slaughterhouses in the EC countries today is that animals suffering from salmonella are weeded out, which can be compared with Sweden where infected livestock are stopped before the animals actually become ill.

The infection spreads most rapidly among chickens where often the entire flock is affected. But at the same time this means that the infection can be detected more quickly than it can among cattle and swine.

**Link Seen Between Chlamydia, Infant Deaths**  
*93WE0028B Stockholm SVENSKA DAGBLADET*  
*in Swedish 7 Oct 92 p 10*

[Unattributed article: "Chlamydia Behind Sudden Death"]

[Text] Chlamydia bacteria were found in the lung tissue of one out of every five children who died of sudden infant death. This is shown in a Danish study. The information could bring researchers closer to an explanation of why apparently healthy infants suddenly die.

"The information is clearly interesting. We will soon start our own study," says Prof. Per-Anders Mardh at Academic Hospital in Uppsala. The infection is likely to be transmitted in connection with the birth, and neither the mothers nor the children usually show any symptoms.

## UNITED KINGDOM

### Meningitis Inoculation Campaign Launched

93WE0059A London *THE DAILY TELEGRAPH*  
in English 1 Oct 92 p 5

[Article by Peter Pallot. Words in italics, as published.]

[Excerpt] A meningitis vaccine, expected to save 65 lives a year and prevent many cases of deafness and brain damage, was launched by the Government yesterday.

Every child under four should be immunised during the next 12 months, Dr. Kenneth Calman, the Government's chief medical officer, said in London.

The vaccine is effective against *Haemophilus influenzae B* (Hib), which accounts for about half of serious meningitis cases, but is no use against other strains of the infection.

But Dr. Calman said he hoped to introduce over the next few years vaccines against those organisms, including the meningococcal and pneumococcal strains.

One child in 600 under the age of five gets one of the severe forms of the disease, which inflames the membranes covering the brain and the spinal cord.

The infection also permanently brain-damages 150 children and causes 1,300 hospital admissions a year.

The new vaccine will be added to the routine childhood injections for diphtheria/tetanus/pertussis vaccine at the age of two, three and four months.

Dr. Calman said worldwide 20 million children had received Hib vaccine—which was “killed” and therefore could not infect anyone with meningitis.

The only side effect might be a slight red rash at the injection site, he said.

He said: “Over the next year, we aim to protect all children under four, a major challenge for all health professionals.”

The Health Education Authority is promoting the vaccine in a £1.25 million campaign. [Passage omitted detailing meningitis symptoms]

### Varroasis Spreading to Kent Beehives

93WE0064A London *THE DAILY TELEGRAPH* in  
English 25 Sep 92 p 20

[Text] The bee disease varroasis, caused by blood-sucking mites which attack live bees, has struck in Kent for the first time.

There have been 157 confirmed cases in Britain this year and the Ministry of Agriculture is now planning to check hives across the country.

### Salmonella Increases 68 Percent in Year

93WE0060A London *THE DAILY TELEGRAPH*  
in English 9 Oct 92 p 7

[Text] Reported outbreaks of salmonella food-poisoning have risen by 68 per cent in the past year, according to Government figures this week.

In the first nine months of this year, there were 23,428 cases of sickness related to salmonella poisoning, compared with 13,985 in the same period last year, according to the Communicable Disease Surveillance Centre's statistics.

### Official Noted Drop in Mad Cow Disease

93WE0069A London *THE DAILY TELEGRAPH*  
in English 10 Oct 92 p 9

[Article by David Brown]

[Text] Cases of mad cow disease will fall sharply from their current peak of 40,000 to 2,000 a year by 1996, Government scientists said yesterday.

Mr. John Wilesmith, Head of Epidemiology at the Central Veterinary Laboratory near Weybridge, Surrey, said he was happy with the strategy adopted by the Ministry of Agriculture since the fatal brain disease bovine spongiform encephalopathy was discovered in 1986.

So far, more than 70,000 cattle have been destroyed and farmers paid more than £45 million compensation. Cases are running at about 750 a week. A steep rise was expected this year as the disease reached its peak.

Mr. Wilesmith told the British Veterinary Association Congress in Harrogate he was optimistic because cases were down by a fifth among cattle born after the July 1988 ban on feeding them animal remains.

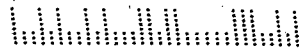
Scientists believe BSE was caused by cattle eating food contaminated with the remains of sheep infected with scrapie.

The theory is that unless BSE can spread from mother to calf or among cattle, the disease will die out.

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