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JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

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5 June 1991

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ANGOLA

Official Discusses AIDS Figures

91P40260A Maputo NOTICIAS in Portuguese
18 Apr 91 p 4

[Excerpt] A source from the Angolan Ministry of Health informed LUSA that close to 211 cases of AIDS were registered in Angola in December 1990. According to the director of the National Anti-AIDS Program in Angola, Elsa Montez, the number does not necessarily reflect the real situation since many cases are not reported and many patients do not come to the hospital. Zaire and Cabinda Provinces are the most affected because they border on Congo and Zaire, two countries with a high rate of AIDS cases. Luanda is the province with the highest number of registered cases.

Elsa Montez said that, in Angola, the 20-39 age bracket shows the highest incidence—77.3 percent. In addition, the director of the National Anti-AIDS Program announced the imminent creation of a documentation center in Luanda where people could receive more information on the disease and appealed to national and international groups to take part in the fight against AIDS. [passage omitted]

BOTSWANA

'Up To 67,000' Infected With AIDS Virus

MB3005144591 Johannesburg South African
Broadcasting Corporation Network in Afrikaans
1400 GMT 30 May 91

[Text] Up to 67,000 of Botswana's 1.3 million people could be infected with the AIDS virus.

The coordinator of Botswana's AIDS control program, Dr. Machetso Mmudi, says if the spread of AIDS continues at its present rate, 135,000 people could be infected with the virus by the end of next year.

CAMEROON

Over 200 New AIDS Cases Reported

AB1205203391 Yaounde CRTV Radio Network
in French 1900 GMT 12 May 91

[Excerpt] The latest figures on the assessment of AIDS cases in Cameroon were released this morning. Over 200 new cases were recorded for the January through 30 April period alone, which brings to 400 the total number of AIDS cases detected in our hospitals. The Cameroonian Ministry of Health has just given this figure to the WHO. As for the seropositives, they currently make up two percent of the population, which, unfortunately, foretells an ever increasing number of patients in the months ahead. [passage omitted]

AIDS Prevention Committee Reorganized

AB2505204191 Yaounde CRTV Radio Network
in French 1900 GMT 23 May 91

[Excerpt] In order to step up the fight against AIDS in Cameroon, the National Committee for the Prevention of AIDS has been reorganized by a decision by Public Health Minister Joseph Mbende. Executive and consultative groups have been created within the committee. The service has become a combat unit which will henceforth operate within the directorate of the department of preventive and rural medicine. This reorganization will help to perpetuate efforts to fight AIDS in Cameroon. [passage omitted]

KENYA

Official Says Over 17,000 AIDS Cases in Country

EA0306090691 Nairobi Kenya Broadcasting
Corporation Network in English 1600 GMT 29 May 91

[Text] Kenya currently has over 17,000 confirmed Acquired Immune Deficiency Syndrome, AIDS, sufferers. About 700 children of below five years old have also been proved of suffering from the deadly disease. The director of medical services, Prof. Joseph Oliech, decried the growth as shockingly unbearable since the discovery of the first AIDS sufferer in the country in 1984. Giving a breakdown of recorded cases per province, the Coast Province has stood in the first place with 7,985, followed by Nyanza having 3,848; Nairobi, 2,542; Western, 1,054; Eastern, 663; Central, 632; Rift Valley, 594; while Northeastern Province comes last with 22 reported cases.

The medical director gave the revelation to the press in his office today. He noted that the AIDS virus was transmitted through sexual intercourse and appealed to Kenyans to refrain from promiscuity. Noting that blood transfusion also contributed to the transmission of the disease, Professor Oliech appealed to all medical workers in the country to see that blood was strictly screened before transfusion. He said campaigns against the scourge would continue and warned that currently there was no cure for it, but for people to exercise prevention measures.

MOZAMBIQUE

Fifteen AIDS Cases in Cabo Delgado Province

MB2005123891 Maputo Radio Mozambique Network
in Portuguese 1030 GMT 20 May 91

[Text] The number of people in Cabo Delgado Province affected by AIDS has risen to 15. In addition to the nine AIDS cases confirmed by the national laboratory, six cases were reported recently.

NAMIBIA**Official Releases 'Shocking' AIDS Statistics**

*MB1205060691 Windhoek WINDHOEK OBSERVER
in English 4 May 91 p 1*

[Unattributed report: "AIDS Shock"]

[Text] Shocking statistics on the total number of AIDS cases registered in Namibia since the beginning of this year have been released. Mr. Stephen Titus, an epidemiologist at the Windhoek State Hospital, told the Observer that the number of Namibians who were tested positively for the disease during the first three months of this year, equalled about two thirds of the total number of AIDS cases registered in 1990.

He described the situation as being "alarming" and said people who were tested HIV-positive would possibly suffer from full-blown AIDS within five-to ten years. He added that a positive HIV-test was a death certificate.

A total of 220 HIV-positive cases were identified between January and March this year, compared to 47 during the same period last year. Of these, three were children not older than four years of age.

Altogether 99 HIV-infected cases were registered in the Central part of Namibia during the past three months. This includes Windhoek, Swakopmund, Omaruru, Okahandja, Otjiwarongo, Outjo, Tsumeb, Grootfontein, Gobabis. Another 71 cases were registered in the North-east of Namibia, 34 in the North-west and 15 in the South.

NIGERIA**AIDS Conference Postponed Due to Lack of Funds**

*AB2305235091 Lagos Radio Nigeria Network
in English 0600 GMT 23 May 91*

[Text] The national conference on AIDS and the other sexually transmitted diseases planned to be held in Jos on the 28th of this month to the fourth of next month has been postponed indefinitely due to inadequate financial support. In a statement, the chairman of the local organizing committee, Professor Bendel, regrets any inconvenience caused to intending participants.

SOUTH AFRICA**Health Official: AIDS Threat to Cape Town**

*91WE0307B Cape Town THE ARGUS in English
12 Mar 91 p 1*

[Article by Clive Sawyer: "AIDS a Grave Threat to Cape Town—Popkiss"]

[Excerpt] AIDS was a grave threat to Cape Town, according to Dr. Michael Popkiss, City Council Medical Officer of Health.

But Dr. Popkiss said preventive education could still help.

In his annual report he said that by last June there were 551 known HIV-infected people in the Western Cape and 71 with AIDS.

The City Council AIDS Training, Information and Counselling Centre had about 2,000 incoming calls a month and distributed more than 170,000 pamphlets in English and Xhosa. Afrikaans pamphlets will be sent out this year.

Should Stay a Priority

Dr. Popkiss said AIDS should remain a priority of the council, the State and the private sector.

Excluding syphilis and gonorrhoea, the number of new cases of sexually transmitted diseases increased by 51.23 percent in 1989/1990. [Passage omitted]

ANC Launches AIDS Education Campaign

*91WE0307A Johannesburg SUNDAY TIMES
in English 17 Mar 91 p 7*

[Article by Sipho Ngcobo: "ANC Spearheads Big AIDS Action Drive"]

[Text] The ANC has launched a mass house-to-house campaign to educate people about the dangers of AIDS.

Campaign committee head Mzwai Piliso said this week that the AIDS education campaign was part of a number of mass campaigns launched by the ANC.

Others included the education crisis campaign, the campaign for the release of political prisoners and a signature campaign.

Urgent

The signature campaign kicks off this week with countrywide newspaper advertisements which have cost the organisation an estimated R120,000.

Its aim is to mobilise the masses to campaign for a constituent assembly and an interim government.

The AIDS campaign started in Natal with seminars by the ANC's health secretariat and will later be "taken into every house" by the organisation's branches.

Said Mr. Piliso: "the ANC sees the AIDS issue as something that needs urgent attention. The education of the masses is of vital importance."

Mr. Piliso said the ANC was concerned about the spread of AIDS and the complacency among South Africans—particularly the youth.

He said it was alarming that many South Africans continued to ignore the killer epidemic.

"This is a deadly virus that cannot be ignored. We feel we have to educate our people about the dangers of the disease," Mr. Piliso said.

The ANC's AIDS campaign comes at a time when the heterosexual spread of AIDS has reached alarming proportions.

According to the National Health and Population Development Department, 446,000 South Africans are expected to be HIV positive by the end of this year.

By late last year, the number of reported AIDS cases had increased to 554. The number of deaths was 250—a 45 percent fatality rate.

Of the total number of cases, 422 were men and most cases (198) occurred in the 20-39 age group.

The department said the virus was taking a heavy toll on the most economically active age group.

According to the World Health Organisation, about 45 percent of South Africa's workforce could be HIV-positive if nothing is done to prevent the spread of the disease.

Orphans

At least one HIV-infected baby is born in South Africa every day.

At Soweto's Baragwanath hospital alone, 300 HIV infected mothers gave birth last year—a threefold increase on 1989.

WHO estimates that by 1992 more than four million children will have been born to infected mothers and an additional 10-million children will be orphaned as their parents die of the disease.

The organisation estimates that between eight and 10 million people world-wide are already HIV positive and about 1.2 million men, women and children have full-blown AIDS.

HIV Incidence Among Pregnant Women Surveyed

91WE0307C Cape Town THE ARGUS in English
18 Mar 91 p 7

[Text] Pretoria—Dr. Rina Venter, Minister of National Health and Health Services, has announced that the highest incidence of HIV positive pregnant women in South Africa occurred in the Natal/Kwazulu region.

Dr. Venter was announcing the results of the first national HIV survey of women attending ante-natal clinics.

In the survey conducted during October/November 1990, tests were done on 14,376 blood samples taken from anonymous pregnant women attending ante-natal clinics.

A positive geographic distribution was also found.

The highest incidence of HIV infection was found in Natal/Kwazulu (1.61 percent), followed by the Free State and Transvaal (0.58 and 0.53 percent respectively). The lowest incidence occurred in the Cape (0.16 percent).

The sample was selected from pregnant women because they are believed to be most representative of the general population.

Extrapolations from the results gave an estimated total of 73,948 HIV -infected people in South Africa at the end [of] last year.

The figures resulting from the survey, which will be repeated annually and will probably be extended to include the TBVC [Transkei, Bophuthatswana, Venda, Ciskei] regions, are necessary for the planning of programmes to manage and monitor the incidence of AIDS in South Africa, Dr. Venter said.

AIDS Statistics Released 16 May

MB1605201691 Johannesburg SAPA in English
2006 GMT 16 May 91

[Text] Pretoria May 16 SAPA—Altogether 292 people out of a total of 722 AIDS-infected cases reported in South Africa from 1982 to 1991 have died, bringing the case-fatality rate to 40 percent.

These figures, based on anonymous data supplied by the SA [South African] Institute for Medical Research, were released in Pretoria on Thursday by the Department of Health and Population Development.

Of the 722 reported cases, 535 were males ranging in age from up to nine years to more than 70 years, and 184 females in the same age group.

According to the report, the majority of cases—deaths in brackets—as at May 6 this year occurred in the Transvaal, 355 (185); Natal, 220 (30); the Cape, 121 (64); and the [Orange] Free State, 236 (13). Johannesburg, Cape Town, Durban and Bloemfontein—in that order—had the most cases.

Transmission categories were given as homo/bisexual, 314, heterosexual, 270, haemophiliac, 16, blood transfusion, 20, paediatric, 101, and intravenous drug use, one.

Transmission by ethnic groups, male and female, were blacks, 356, whites 336, "coloureds," 22 and Asians, five.

Government Reports 'About 100,000' AIDS Carriers

MB2105145091 Johannesburg South African Broadcasting Corporation Network in Afrikaans 1400 GMT 21 May 91

[Text] There are already about 100,000 AIDS carriers in South Africa. The head of the AIDS division in the Department of National Health and Population Development, Dr. Amanda Holmesworth, said in Pretoria that up to 300 people are infected with the AIDS virus daily.

She denied reports that the department is concealing the true AIDS situation.

Dr. Holmesworth appealed to the media to approach reports on the subject with sensitivity and not to sensationalize the issue.

SWAZILAND**WHO Director General Shocked at AIDS Statistics**

MB0305082491 Mbabane THE TIMES OF SWAZILAND in English 3 May 91 p 1

[Report by Vusie Ginindza: "AIDS May Wipe Out 80 Percent in Five Years"]

[Text] Director General of the World Health Organisation, Dr. Hiroshi Nakajima, has said over 80 percent (about 600,000 people) of the Swazi population will be AIDS infected by 1996 if the present spread is not halted.

He said that he is shocked at the statistics on sexually transmitted diseases recorded by the Mbabane Government Hospital. "I've been told that most of the cases of syphilis in the report have tested HIV positive," he said.

Speaking during an exclusive interview with THE TIMES before he left the country Dr. Nakajima stated that he was very disappointed at the way surveys on the prevalence of AIDS were being conducted in the country and said as far as he could see, the number of cases nationwide is probably three times the figure that has been reported.

The director general disclosed that an AIDS cure might be available in the country in five years' time, that is 1996.

He said a few candidate medicines have already been picked for the final tests and they may confirm the best in about four years.

"But even if the medicine comes, there would be no one left here if Swazi people carry on like this," he said.

He expressed grave concern at the high incidence of tuberculosis [TB] and sexually transmitted diseases and explained that TB has now been confirmed a disease that attacks HIV positive people.

"But I have been made to believe that most people in Swaziland die without being tested.

"This is very dangerous because all the people that a victim might have infected before his death will never know it until they have infected many others," he said.

Dr. Nakajima emphasised that AIDS carriers should not be revealed and condemned other countries that have resorted to revealing such patient.

"Revealing them is not the solution but awareness in an individual is important. Afterall, there is a 10 year period between the contracting of the disease and death," he said.

Health Workers 'Alarmed' at rise in AIDS, Homosexuality

MB1505085891 Mbabane THE TIMES OF SWAZILAND in English 15 May 91 pp 1, 24

[Report by Vusie Ginindza: "Increasing Homosexual Cases Cause Concern, Spread AIDS"]

[Text] Health workers yesterday expressed alarm at the fast increase in the number of homosexuals in this country.

Speaking at a conference on women and health, various health field workers said they had noted with concern that the practice of sodomy which is a relatively new trend in the kingdom, was rising among young people and fuelling the dreaded spread of AIDS.

Homosexuals, according to international health experts, are the most susceptible to the killer disease.

The speakers said the practice had been found mainly among prisoners and school children.

A spokesman for Care International Project Mrs. Noma-joni Ntombela disclosed that out of 35 full blown AIDS cases presently reported in Swaziland, 15 were found to be prisoners.

This, she said, was believed to be associated with acts of homosexuality among inmates.

A total of 576 prisoners had been tested during the survey, she said.

Mrs. Ntombela was one of the two speakers who made presentations during the seminar which started on Monday and ends today.

Participants were women from different companies, government and non-governmental organisations in the country.

Chief Nursing Officer, Mrs. Nester Shongwe, agreed with Mrs. Ntombela and pointed out that it has long been known that prisoners who have been starved of some form of sexual release for a long time, engage in

what is known as 'Emantanyula' [homosexuality] in which the inmates have anal sex with each other.

In such cases, it has been explained, the AIDS virus can be spread through abrasions or cuts caused by the forced entrance and friction.

"During the mini-national survey we made recently we talked to school children who made it clear that they also resort to anal love making to avoid pregnancy.

"But this, instead is giving rise to the killer disease—AIDS," she said.

In response to this report, one participant wanted to know what is being done to curb the situation in prisons since, she observed, people are sent there for rehabilitation and not to get diseases.

A National AIDS Council representative stated that prisons have been listed among the target areas to be visited for counselling this year.

Meanwhile, in five different schools, she said, two AIDS cases were identified from 319 samples. Eight of the 117 samples taken from hospitals were found to be AIDS cases.

The rest were randomly taken from factories and companies in the country.

Mrs. Ntombela said the following behaviours are high risk for AIDS:

- Anal sex with or without a condom with an infected person (because it gets torn in the process)
- Vaginal sex with someone who injects drugs.
- Sharing syringes, razor blades, etcetera.
- Sex with someone you don't know well or with someone you know has several partners.
- Unprotected sex (without condoms) with an infected person.

TANZANIA

Kagera Region Reports 30,000 AIDS-Related Deaths

EA1005142691 Dar es Salaam Radio Tanzania Network in Swahili 0330 GMT 9 May 91

[From the press review]

[Text] AIDS has already caused the death of some 30,000 people, and left over 20,000 orphaned children. This news item was given prominence under the headline: AIDS kills 30,000 People in the Kagera Region. The Chama Cha Mapinduzi [CCM, Revolutionary Party] secretary for Kagera region Comrade Paul Kimiti, issued these figures when presenting the development report to Comrade Horace Kolimba, the CCM secretary general,

who arrived in Bukoba yesterday for a six-day visit to the region. Comrade Kimiti told the CCM secretary general that besides the known figure of AIDS patients' deaths, many patients were dying without being taken to hospital, thus increasing the number of deaths resulting from AIDS.

Concerning the orphans, the regional secretary said proper investigations were being carried out in the whole region in order to determine the actual number of children who had lost their parents due to AIDS. He added that the CCM regional committee, after considering the plight of such orphans, had launched an official fund to aid the children, called the Kagera Trust Fund, and that up to now it has collected a total of 7,359,347.75 shillings.

The CCM secretary general was informed that the money was being used to assist orphans in, for example, school fees, clothes and school equipment, and that the CCM headquarters has contributed 5 million shillings to the fund.

ZAMBIA

Over 4,000 AIDS Cases Reported in Zambia by Dec 1990

MB1005145091 Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 9 May 91

[Text] Minister of State for Health, Alexis Luhila, has praised efforts by the National AIDS Control Program, saying their work showed Third World countries were not just sitting idle about solving the AIDS problem. Speaking at the Ministry of Health's offices in Lusaka today, Comrade Luhila said since there was no cure for AIDS, which has had 4,038 reported cases up to December last year in Zambia, people must change their sexual habits.

He was speaking when the mid-term plan internal review committee of the National AIDS Control Program called on him to present a draft report on achievements and concerns they faced over the last year.

Speaking earlier, Review Committee Chairman Dr. Gavin Chivamba said 14,000 AIDS-related diseases had been recorded in Zambia by December last year, and there was need for increased communication and educational AIDS programs.

ZIMBABWE

Bulawayo Report Says AIDS Kills 27 in March 1991

MB1505175491 Johannesburg Radio RSA in English 1500 GMT 15 May 91

[Text] Reports from Zimbabwe say 27 people, eight of them children under the age of four, have died of AIDS or HIV-related diseases in Bulawayo during March this year.

A Bulawayo City Council report said 16 of these were males and 11 females.

The 27 deaths represented 8.4 percent of the total number of deaths in Bulawayo for the period concerned.

Altogether 720 AIDS cases were reported in Zimbabwe during the first three months of this year. Most of them were in the 20 to 39 age group.

HIV Positive Study Shows Male Prevalence

91WE0344A Harare *THE HERALD* in English
27 Mar 91 p 7

[Text] The doctor in charge of research into the killer disease, AIDS, in Zimbabwe, Professor Adam Latif, says most people who are HIV positive in the country are men in the sexually active age group of 20 to 40 years.

Presenting a paper entitled: The Clinical Features, Transmission and Progression of HIV Infection, to the 16th general assembly of the Federation of African Medical Students' Association at the University of Zimbabwe's School of Medicine, Prof. Latif said a study he had conducted had shown that generally more men were HIV positive than women in Zimbabwe.

The study also showed that most of the females who are HIV positive are in the 15 to 19 years age group, indicating that girls become sexually active earlier than boys.

Between 1986 and 1990, a total of 4,222 cases of AIDS had been diagnosed in Zimbabwe. The disease was twice as prevalent among males than females.

Between the 25 and 29 years age group, a total of 1,091 of the HIV positive cases are males while females number much less at 333.

Out of 100 married couples examined, 61 percent of the men were HIV positive compared to 39 percent women.

Prof. Latif explained that most of the HIV positive people, while infected, have no positive signs as the disease will not be at an advanced stage.

Among factors associated with HIV infection are the history of a person's sexually transmitted diseases during the previous two years and the history of his or her genital ulcers in the same period, Prof. Latif noted.

According to Dr. Timothy Stamps, the Minister of Health, more than 400,000 people will have died from AIDS by the year 2000 in Zimbabwe because many people are already infected by the HIV virus.

An Epidemiological Study on HIV Infection in Ruili County, Yunnan Province

54004805B Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 12 No 1, Feb 91 pp 9-11

[Article by Zhang Jiapeng [1727 1367 7720], Cheng Hehe [4453 0149 5440], et al.; Yunnan Province Sanitary and Anti-Epidemic Station, Kunming]

[Abstract] The study of 2,530 persons in Ruili county for HIV infection showed that the high-risk population were drug users and the wives of infected persons. The intravenous drug users (IVDUs) have been seriously infected by the highest rate of 67.98 percent. The sexual transmission male to female have occurred, and two out of 64 wives of infected husbands (3.13 percent) were affected. Seventy five bums were examined and 10 (13.3 percent) were positives. No positive was found in other population including prostitutes, waiters and waitresses of hotels, doctors, clinic patients and blood donors.

VD, AIDS Spreading Widely

91CM0288A Hong Kong MING PAO YUE KAN [MING PAO MONTHLY] in Chinese No 302, Feb 91 pp 33-35

[Article by Huang Chin (7806 2516): "VD and AIDS: China's New Problem"]

[Text] In 1964 the Chinese Government, led by Mao Zedong, announced to the world: Venereal disease (VD) has basically been eliminated in China. Like the pride of the party of a country that claimed it "had neither external nor internal debt," the pride of the CPC in this achievement did not last long. The Chinese Government now "possesses" several tens of billion U.S. dollars in external and internal debt, and, since China opened up to the outside world in 1979, VD has again quietly entered through China's wide-open gates and is spreading throughout the country.

VD Stages a Comeback

Before 1987, although there were VD cases reported in China, they did not draw the attention of governments at all levels, and thus there were no surveys and statistics. After the beginning of 1987, interchange between China and foreign countries expanded, and reports of cases of various kinds of VD constantly increased. From that time on VD prevention and treatment organizations, formally set up by officials, have appeared in China and have compiled statistics on VD.

Data from the Disease Prevention Department of China's Ministry of Public Health shows that, in the 10 years since the late seventies, when the first case of venereal disease was discovered, there have been more than 204,000 cases reported, and they have extended to all provinces, municipalities, and autonomous regions.

According to statistics from "VD monitoring centers" set up by the Disease Prevention Department in 16 key cities in China, the incidence of venereal disease in these cities is 2.1 in 1,000 on average. In some cities it is even as high as 33.6 in 1,000, which is the high level of the incidence of VD in Western countries. For China as a whole, the incidence of VD in 1989 increased by more than 105 percent as compared with that in 1988. It must not be overlooked that all of the above-mentioned statistics are based on officially controlled data. However, experts estimate that, because of a lack of special organizations to treat VD and because of the widespread psychological attitude of hiding the sickness for fear of treatment, in reality the number of people infected by venereal disease is probably two or three times higher than the number in the official statistics.

VD Penetrates All Places

The Beijing Skin Disease Prevention and Treatment Research Center, set up in early 1987, was Beijing's first organization for the treatment and prevention of VD. According to its statistics, 427 cases of VD were reported in 1987; this figure rose to 525 in 1988, and in 1989 it exceeded 1,000. The center also estimates that the number of people infected with VD in Beijing, at the very least, is more than 50 percent higher than the recorded figure.

In China's largest city, Shanghai, the first case of acute gonorrhea was discovered in the autumn of 1979, after which the number of people infected with VD increased at an annual rate of 4.2 times. A characteristic of VD in Shanghai Municipality is that the proportion of infected teenagers is constantly rising. This rise is especially evident in teenage disciplinary centers, as well as in work-study schools and other organizations for the reeducation through labor of juvenile delinquents. Among young girls guilty of sex offenses, the proportion infected with VD is as high as 47 percent. When six young girls who had committed sex offenses were given physical examinations on arriving at a work-study school, five were found to be infected with VD. They were only about 15 years old.

In a public speech the director of the Sichuan Skin Disease Institute said that there have appeared two clearly opposite trends in the growth of the two main infectious skin diseases in China: one trend is that leprosy has been brought under control; the other trend is that the incidence of VD is constantly rising. In the Women's Training Academy, set up by the Women's Federation in Chongqing City, Sichuan, of the 370 women taken into the academy—women who were prostitutes or who had been sexually promiscuous—119 were found to be infected with VD, about a third of the total.

In the interior province of Shanxi, which has always been regarded as a fairly "closed" area, a high proportion of women are infected with VD. In the Health Care Institute for Women and Children in Shanxi Province, in 1988 and 1989, of the 2,617 patients in the Women's

Outpatient Department, the proportion of them found to be infected with VD was as high as 34.6 percent, and among them there were not a few girls under 15 years old.

Why Is the VD Problem Becoming More Serious With Each Passing Day?

The Chinese media blame the VD problem, which is becoming more serious with each passing day, on "bourgeois liberalization." The media maintain that the opening up of China's society to the outside world led to an inundation of "bourgeois ideas" and "bourgeois lifestyles," which caused the appearance in China of prostitution, sexual promiscuity, and other phenomena that run counter to socialism, and which caused VD to become rampant.

VD is really caused by prostitution and sexual promiscuity, but it is not necessarily related to the "bourgeoisie." In any society, no matter whether it is capitalist or socialist, these social phenomena exist, with the only difference being whether they are public or not, acknowledged or not.

More than 10 years ago China initiated the policy of reform and opening up to the outside world. Air from the outside world, through this gradually opening crack, slowly blew into China, which had been sealed off for many years. The masses on the Chinese mainland gradually widened their horizons, and they came to understand that outside China's borders there existed a wonderful world unlike China. Out of curiosity and a sense of novelty, they did not distinguish the good from the bad in all the things flowing into China. They took in all of them. A large number of official traders and individual households that had become wealthy, as well as drivers of automobiles who emerged with the development of the economy, "dressing warmly and eating their fill, their thoughts turning to lascivious desire," naturally sought carnal pleasure. A number of women who pursued money and a life of pleasure willingly engaged in business with their "capital," which they exchanged for wealth, honor, and vanity. Growing swiftly in this kind of soil in society, VD staged a comeback in China.

Countermeasures Taken by Authorities

To deal with this serious social problem, China's Ministry of Public Health established the VD Experts Advisory Committee and set up some VD monitoring network points throughout China. At the same time VD is no longer handled as a closely guarded secret. Over the organizations called "skin disease institutes" the banner directly naming them "VD prevention and treatment centers" has been raised. In Beijing Municipality there are VD prevention and treatment centers in the majority of districts and counties, and six or seven hospitals have opened special VD department outpatient services.

However, the treatment of VD is still inactive and passive. The authorities in Beijing are preparing to invite experts to draw up some laws that will basically solve the

problem by dealing vigorous blows to prostitution and other behaviors that transmit VD. It is reported that the Ministry of Public Health will convene the second session of the VD Experts Advisory Committee, which will emphasize the discussion and formulation of some laws, regulations, and management methods concerning VD and rules for the statistical monitoring of it.

Invasion of AIDS

While VD was becoming widespread and prevalent in China, another more fearsome sexually transmitted fatal illness—AIDS—quietly slipped into the country. Several years ago the shadow of AIDS enveloped Western countries, and the Chinese people were seemingly unaffected by it. At the most it was only a topic for conversation over a cup of tea or after a meal, because they thought that this fearsome, incurable disease was so far away from China that it seemed to be on another celestial body.

In June 1985 an Argentine with U.S. citizenship who was traveling in China died of an illness in Beijing's Xiehe Hospital. In the report on his death, the doctors for the first time put down in writing the name of the dreaded disease AIDS. This was the first case in history of AIDS being discovered on the Chinese mainland. Its fearful shadow had finally been cast over the land of China. For several years afterward, the constant stream of foreigners entering China were examined, and some were found to be infected with AIDS; as of 1989, a total of 23 foreigners, because they were infected, had been given a deadline to leave the country.

In September 1988, a number of foreign students who had just started their studies at Zhejiang University were given routine physical examinations. A student from Africa had a positive reaction to the AIDS antibody, and the departments concerned became extremely nervous. Beijing sent personnel to reexamine the student, and the result was an unambiguous confirmation that left no room for doubt. The authorities in Hangzhou City immediately tightened their control of the student's activities, notified his country through diplomatic channels, and told him to leave China. However, this African, who was close to death, for the sake of "indulging in pleasures while there was still time," went so far as to lose even the most rudimentary and intuitive knowledge of ethics. In the two or three days before leaving China and returning to his own country, using gold necklaces as a lure, he had sexual contacts with two women. Fortunately, China is a country in which everything that happens must be registered and filed. The relevant organization, consulting the "register of visitors" at the dormitories for foreign students studying in China, investigated and found these two Hangzhou women. It promptly sent them to a hospital for examination. Even though the result of the examination was negative, because the incubation period for AIDS can be as long as a dozen years, no expert could say with certainty that they had luckily avoided disaster.

The fate of a male salesclerk in Beijing was even more unfortunate than that of the two Hangzhou women. On 31 October 1989, Cao Qing [2580 1987], deputy director of the Disease Prevention Department in the Ministry of Public Health, appeared on a news hookup program of Beijing Central Television. Solemnly he told 300 million Chinese viewers: The first Chinese residing on the mainland to be infected with AIDS has been discovered. The patient was a male salesclerk in a Beijing shop. Addicted to homosexuality, he caught this fatal disease of the century from a foreign sexual partner. Taking the place of a reporter, the government official broadcast the news that in all probability this was not the only case on the Chinese mainland, and that it showed how much attention the Chinese Government was paying to the matter. From this time on, everyone understood that China was no longer a "pure land" free from AIDS.

Statistics in Western countries show that there is a direct ratio between the incidence of VD and the incidence of AIDS. In recent years the incidence of VD has shot up, providing an ominous signal that AIDS could become prevalent on the Chinese mainland. According to Ministry of Public Health statistics up to the end of 1989, on the Chinese mainland there were 194 reported cases of people infected with AIDS, of which 41 were foreigners and 153 were Chinese. Of the 153 Chinese, 146 were addicted to heroin, and all 146 were discovered in Yunnan!

That is to say, 21 times more persons were infected with AIDS by the injection of heroin into their veins than by sexual contact. This unexpected result means that the campaign "to wipe out pornography," which is being waged to prevent VD, will only be able to have a small effect. Another, more dreaded way to transmit AIDS—taking drugs—has now become the objective that needs to be dealt with even more.

Wanding, Ruili, Luxi, and Longchuan, respectively one town and three counties in western Yunnan that border on Burma, for geographical, nationality, and even historical reasons, have always had close ties to Burma. The "Golden Triangle," a famous drug base, is not far from them, and so drug smuggling is rampant there and drug addicts are numerous. In addition, the educational level is low and hygiene is poor. It is easy for AIDS to be transmitted when drug addicts indiscriminately inject heroin into their bodies.

The discovery of a large number of AIDS cases in Yunnan shocked and drew the serious attention of governments at all levels in China. On one hand, they are strengthening measures to stop and punish drug smuggling in order to control drug addicts and make them give up drugs. On the other hand, they stepped up the monitoring of AIDS so that it would not be transmitted to such an extent that it would become a disaster.

The "AIDS prevention and treatment leading group," already set up in Yunnan Province and for which Vice Governor Chen Liying [7115 4539 5391] is responsible,

has now assigned medical experts in all localities to prevent and treat AIDS. The central government has allocated 27 million yuan in renminbi to enhance the monitoring of AIDS in Yunnan. In the three years from 1990 to 1992, key examinations of 100,000 persons are to be completed, representing 33 times the amount of work done in this respect in the past. WHO has even expressed its concern about the situation in Yunnan, and has sent experts to provide support and to draw up a three-year medium-term prevention and treatment plan. However, by October 1990 a total of 446 persons in China had been discovered to have had a positive reaction to the AIDS antibody. Of them 68 were foreigners and the remaining 378 were Chinese citizens. And of the 378 persons, 368 had been monitored in Yunnan.

An American AIDS expert, Fu-si [1381 2448], thinks that the disease is not yet a serious problem in China, but that, since one of the ways that AIDS is transmitted is either by the transfusion of blood or the injection of blood products, it is now a task of top priority to examine all blood donors in China for the AIDS virus. Fu-si said that in China the testing for AIDS should not be limited to some of its cities, but should be carried out nationwide. In light of this, the relevant departments in China have strengthened AIDS prevention and treatment. All provinces, autonomous regions, and municipalities have now begun to monitor the disease. The Ministry of Public Health has set up three laboratories for the authenticating of AIDS as a first step in systematizing its prevention and treatment.

In contrast to the various types of VD, which are relatively controllable, AIDS is the "fatal disease of the century" and the greatest threat to mankind. On 20 January 1988, WHO held in London a conference on AIDS, the declaration of which pointed out that AIDS had become a serious problem for the entire world, and called on the governments and peoples of all countries to make strenuous efforts to deal with it.

Concluding Remarks

VD and AIDS are not necessarily in direct proportion to the degree of China's reform and its society's opening up to the outside world. If the relevant quarters in China would regard them as social problems and not "ideological problems," and would do some more effective, actual work on them, I believe this would be more advantageous for the control and for the prevention and treatment of VD and AIDS.

Report Notes Over 1,000 AIDS Virus Carriers in Yunnan

HK1105051791 Hong Kong MING PAO in Chinese
4 May 91 p 6

[Report: "Number of AIDS Virus Carriers Estimated Around 2,000 in Yunnan"]

[Text] In October 1989, positive HIV (or AIDS virus carriers) was first discovered among drug addicts in

Ruili County, Yunnan Province. In the last two years, it was found that drug addiction continued to become widespread in the areas inhabited by minority nationalities in Yunnan Province. A research institute of a central medical academy found in a preliminary survey in early 1990 that the number of people infected with HIV stood between 1,000 and 2,000, and AIDS patients would appear in the next few years.

In early 1990, a certain research institute of the National Academic of Preventive Medicine joined the Yunnan Provincial Sanitation and Antiepidemic Station and the Ruili County Sanitation and Antiepidemic Station in conducting a survey by visiting the families of 225 drug addicts among the county's 346 drug addicts known to the authorities. It was found that the drug addicts were mostly male peasants of Dai and Jingpo Nationalities. Apart from a very small number of people who had taken drugs for more than 40 years, 70 percent of the drug addicts began to take drugs after 1985. Only 20 percent of them took opium. However, the proportion of those who took heroin through intravenous injection increased rapidly from 4 percent in 1984 to 13 percent in 1988 and 31 percent in 1989.

The drug addicts were poorly educated on the whole, and lived in unsanitary conditions. Of these people, 51 percent had no personal syringe, and 88 percent often shared syringes with other people. They used water from wells and streams to dissolve the drugs, and mostly did not sterilize the syringes after injection. Through the use of the reagents supplied by an American company, it was found that 80 percent of the addicts who took drug through intravenous injection were positive HIV. The rate of positive HIV among drug addicts in Yunnan was on average 23 percent, against 25 to 30 percent in the high-incidence areas in Thailand and the United States.

Another reason for the rapid increase in AIDS virus carriers was the poor preventive means in their sex acts. According to the statistics collected through the above-mentioned family visits, 32 percent of unmarried people conceded that they had sex; and 43 percent of married people admitted that they had extramarital sex.

Although the authorities worked hard to promote the use of contraceptives, only 2 percent of those people used condoms.

The survey also showed that over 80 percent of those people often crossed the frontier and procured drugs abroad. People infected with HIV in the adjacent country increased rapidly in recent years, and this had an impact on the appearance of some 600 infection cases in Ruili County.

People who are infected with HIV generally undergo an incubation period of seven to eight years. Those who have strong resistance to disease may even healthily live over 10 years after being infected with the virus. Therefore, the experts expected that AIDS patients would appear successively in a number of years to come.

First Case of AIDS Found in Sichuan

HK1305151991 Beijing ZHONGGUO XINWEN SHE in Chinese 1211 GMT 12 May 91

[Report by correspondent Su Bing (5685 0393): "Sichuan Discovers Its First AIDS Virus Carrier"]

[Text] Chengdu, 12 May (ZHONGGUO XINWEN SHE)—The director of the Sichuan provincial public health department Yin Dakui [3009 1129 1145] revealed to the press yesterday that the first AIDS virus carrier has been found in Sichuan Province, indicating that the AIDS virus has entered this major inland province of China.

This middle-aged virus carrier is an male service laborer who came back from overseas in early April. In mid-April, the Sichuan provincial sanitation and antiepidemic station used three different methods to check this man, and all serum tests proved positive. The provincial sanitation and antiepidemic station then had some of its staff take the serum to Beijing for testing. The tests conducted by the AIDS Virus Testing Center of the research department of the Chinese Preventive Medicine Academy finally confirmed that this middle-aged man is an AIDS virus carrier.

BURMA

Prevention of AIDS Viewed as National Priority

91WE0343A Rangoon *THE WORKING PEOPLE'S DAILY* in English 13 Apr 91 pp 7, 12

[First paragraph is source-supplied introduction]

[Text] Committee Chairman SLORC [State Law and Order Restoration Council] Secretary-1 Maj. Gen. Khin Nyunt tells health personnel to carry out educative and preventive work against AIDS as national task.

Yangon, 12 April—Union of Myanmar National Health Committee held its seventh meeting in the meeting hall of the Universities Central Council this afternoon.

Chairman of the National Health Committee SLORC Secretary-1 Maj. Gen. Khin Nyunt attended the meeting and delivered an address.

He said that educative and preventive work against AIDS disease must be accelerated more than at present, that the infection of the disease in border areas becomes widespread through cross-border trade and so, educative work needs to be carried out to effect changes in social relations and activities in the areas, and that health personnel in these areas are to carry out the educative and preventive work as a national task.

Then, member of the National Health Committee Minister for Health and for Education Chief Commanding Officer of the Universities Training Corps Col. Pe Thein explained that international organizations are ready to render help in educative and preventive work on the disease and personnel concerned are to carry out the task as a national duty.

He said that other expanded immunization programmes are gaining success and in this connection, the Tatmadaw will render help in areas not yet covered by the programmes.

Then, Secretary of the National Health Committee Director-General Dr. Aung Tun Thet of the Planning and Statistics Department of the Ministry of Health explained matters relating to the tasks to be carried out.

Members of the National Health Committee, the Deputy Attorney-General and Director-General of the Attorney-General's Office participated in the discussions.

Then, the Secretary-1 Maj. Gen. Khin Nyunt delivered the concluding speech.

He said that prevention of the AIDS disease is to be carried out as a national task by the entire mass that as a first priority, projects are to be laid down for border areas, and then, the task is to be extended throughout the country, and expressed pleasure for he has found out that

activities concerning health, carried out under the guidance of the National Health Committee are gaining momentum.

He said that all kinds of health personnel will be trained and turned out to enable the health activities to gain success, and that a Nurses Training School should be opened in Mandalay to increase the number of nurses as more nurses are needed.

The meeting was attended by Minister for Home & Religious Affairs and for Information and for Culture Lt. Gen. Phone Myint, Minister for Agriculture & Forests and for Livestock Breeding & Fisheries Lt. Gen. Chit Swe, Deputy Attorney-General U. Khin Maung Aye, Director of Medical Services of the Ministry of Defence Brig. Gen. Kyaw Win, Director-General U. Thaung Nyunt of the Attorney-General's Office and OSD Lt. Col. Pe Nyein of the SLORC Chairman's Office.

The meeting then adopted resolutions and ended at 3:30 p.m.

SINGAPORE

Four More Singaporeans Infected With AIDS in March

BK1305150491 Singapore *THE SUNDAY TIMES* in English 12 May 91 p 14

[Text] Another four male Singaporeans were found to be infected with the AIDS virus in March, bringing the total number of Singaporeans who have been infected with the AIDS virus to 73.

According to the latest issue of the Epidemiological News Bulletin, one of the four had full-blown AIDS.

Of the 29 [as published] Singaporeans who have contracted AIDS, 18 have died.

The bulletin, a publication of the Committee on Epidemic Diseases, also said that the incidence of dengue fever and dengue haemorrhagic fever remained high in March, with a cumulative total of 198 cases reported.

Health Ministry Says Four More Men Infected With AIDS

BK3105071291 Singapore *THE STRAITS TIMES* in English 29 May 91 p 18

[Text] Four more Singaporean men were last month found to be infected with the AIDS virus.

The Health Ministry said that one of the four had already developed AIDS when he sought medical treatment. The men are believed to have contracted the virus through unprotected sex with multiple partners.

The latest cases bring to 77 the total number of Singaporeans infected with the human immunodeficiency virus (HIV).

This number includes 30 AIDS cases of whom 19 have died. Of the others, one has AIDS-related illnesses and 46 are carriers.

Another foreign female prostitute, who has since been counselled and sent home, was also found to be HIV-infected last month. So far, 11 foreign prostitutes have tested positive.

The ministry advises the public to refrain from unprotected sex with casual partners and prostitutes, both here and abroad.

THAILAND

Profile of AIDS Victims in Lampang

91WE0311A Bangkok DAO SIAM in Thai 5 Mar 91
pp 14, 13

[Text] Dr. Nopphadon Sombun, the Lampang provincial health officer, revealed that the Lampang provincial public health office has learned, from having monitored people with the AIDS virus, that the number of people with AIDS has increased to 1,030. This is the largest number in the north. Of these, 448 are prostitutes. Most of the others are men who like to frequent places of entertainment. What is most disturbing is that the number of housewives with the virus is increasing. Actually, preventing this disease is not difficult, because the virus can be spread only through fluids and impure blood. If prostitutes, men who like to frequent places of entertainment, and intravenous drug users take proper precautions, such as using sterile needles and using condoms when having sex with a prostitute, this will help reduce the spread of this disease.

The public health units will continue to monitor things and search for people with the AIDS virus in order to find a way to control this. What must be done immediately is to carry on public relations activities and educate the people about this, because they still do not understand how to protect themselves. Another thing that must be done is to coordinate things with the mass media and have the mass media help in carrying on public relations activities in order to inform the people on a broad scale about how to prevent this terrible disease.

However, what is most distressing is that it is very difficult to protect prostitutes, because these people move about frequently. Little has been achieved in monitoring those who earn their living as waitresses in restaurants. The incidence of AIDS among these people is very high. This is because many men think that girls who earn their living this way are free of the AIDS virus. But the truth is quite different. Today, the spread of this disease can be controlled at established brothels. But it is very difficult to control this among girls who work at restaurants. Another group about whom there is much concern is housewives, because they are usually unwilling to cooperate if they contract AIDS. They are afraid that if people find out, they will become social

outcasts. This is a major problem, because the disease is spread by the husband. In the end, children often end up with the disease. This is a great danger. It is thought that the AIDS virus will continue to spread. Today, this is a major concern in Lampang Province.

Chiang Mai Expert Views AIDS Spread

91WE0311E Bangkok SIAM RAT in Thai 11 Mar 91
p 5

[Excerpt] [passage omitted] Dr. Wichan Withayasai, an AIDS expert with the Faculty of Medicine at Chiang Mai University, talked about the AIDS situation. He said that the actual number of people with AIDS is higher than the number cited. This is because some people with this disease have not reported in. The official figure today shows that there are 20,000 AIDS patients. These people have the virus but do not exhibit any symptoms. Making some calculations, within the next five years, 30 percent of these people will show symptoms of AIDS and die within one year. But this figure is lower than the actual number. It is estimated that the actual number is 10 times higher, that is, it is estimated that approximately 200,000 people have AIDS.

Dr. Wichan said that 54 percent of the people contracted the disease from having sexual relations, such as during initiations, which is common behavior among Thai youths from the age of 13 on up when they enter secondary schools and universities. In the past, this did not pose any danger as far as contracting a disease was concerned. But today, this can easily lead to contracting a disease. Men also like to travel to other provinces and visit the prostitutes in those provinces. There is also the custom of junior government officials providing senior government officials with the services of a prostitute. As a result, the spread of AIDS from sexual relations is increasing. On the other hand, the spread of AIDS from the common use of needles used to inject drugs is declining.

"Today, 44 percent of the prostitutes have the AIDS virus. In Chiang Mai Province, the incidence of AIDS among prostitutes is higher than in any other place in the country. This is true for prostitutes who practice their trade both openly and in secret. The number of men with the AIDS virus, who are discovered to have the virus when they have their blood checked for venereal disease, is the highest in the country. The number of blood donors here found to have the AIDS virus is also the highest in the country. But the incidence of AIDS among drug addicts has declined. Among army recruits in the north, 53 percent have AIDS, which is the highest rate in the country," said Dr. Wichan.

Dr. Wichan added that AIDS is spreading quickly through sexual intercourse. In particular, prostitutes in all areas have tested positive for AIDS. But the risk of contracting AIDS from a prostitute is related to the price of the prostitute's services. Seventy percent of those who sell themselves for a low price have the disease. The rate drops to 66 percent for those who sell themselves for a

higher price, and for those who charge 100-500 baht, the rate is 16 percent. Unless resolute action is taken to control AIDS, it is thought that the number of people with AIDS will quadruple this year.

Education, Health Ministries To Cooperate on AIDS

91WE0311C Bangkok DAO SIAM in Thai 11 Mar 91
pp 1, 8

[Excerpt] [passage omitted] In his capacity as vice chairman of the Committee To Facilitate the Project To Develop Educational Activities To Control AIDS, Dr. Withun Saengsingkaeo, the deputy undersecretary of public health, stated that this committee feels that the incidence of AIDS will continue to rise. Many people in the five- to 20-year-old age group, which means the school-age population or the nation's youth, have AIDS. Thus, controlling this disease among this group is urgent, because the youth of today are the people who will run the country tomorrow. The Ministry of Education feels that the spread of AIDS among children and youths can be controlled.

The Committee To Facilitate the Project To Develop Educational Activities To Control AIDS is composed of senior administrators from the Ministry of Education and AIDS experts from the Ministry of Public Health. They have joined to discuss ways to control AIDS in schools in accord with the Ministry of Education's 1991 AIDS Control Program.

Mr. Somchai Wuttipricha, the deputy minister of education, who serves as the chairman of the above committee, said that the goal of the Ministry of Education's AIDS control program is to increase readiness on the administrative front, control the spread of AIDS among youths more effectively, make public and private schools throughout the country aware of the importance of this problem, inform youths about the danger of AIDS, and promote wholesome habits and views that will help prevent youths from contracting AIDS. The Ministry of Education will hold seminars for senior administrators to inform them of the policy and educational measures aimed at controlling AIDS. It will also hold training seminars on how to control AIDS at schools, produce materials for use at the seminars, and develop training manuals and other materials. Activities got underway at the beginning of fiscal year 1991.

The deputy minister of education said that the manuals on controlling AIDS in schools, from the primary level to the secondary level, are expected to be ready in time for the 1991 school year.

Medical Official Views IV Drug Use, AIDS

91WD0656E Bangkok DAO SIAM in Thai 16 Mar 91
p 5

[Text] Ever since the first case of AIDS in Thailand was reported in 1984, surveys have frequently been done

among those groups most at risk of contracting this disease. The groups with the highest incidence of AIDS are IV drug users and those who contract the disease from engaging in sexual relations. These people can also transmit AIDS to others. Thus, initial efforts to control AIDS focused on these two groups. Later on, when studies were conducted on the spread of AIDS in Thailand, it was found that the incidence of AIDS in Thailand can be categorized as follows:

Those who have contracted the disease from having sexual relations. IV drug users. Those who have received a blood transfusion. Those who have received the virus from their mother. Those whose risk factor is unknown.

At the same time, the incidence of AIDS is probably still highest among drug users. But what is interesting is that the number of those who have contracted the disease from having sex is increasing. Thus, efforts to control AIDS among drug users are focused on IV drug users, which is the group that is most at risk because they share needles.

Principles in treating drug addicts:

The 1979 Narcotics Act states that establishment of narcotics addicts rehabilitation centers must be approved and announced in the government gazette. There are presently 163 clinics nationwide that provide drug rehabilitation services (another 17 are awaiting announcement in the government gazette). Of these, 102 are subordinate to the Ministry of Public Health, 12 are subordinate to the Ministry of Defense, two are subordinate to the Ministry of the Interior, 20 are subordinate to Bangkok, two are subordinate to the Office of University Affairs, and 25 are private clinics.

The regulations on establishing such clinics have divided these clinics into three types:

1. Outpatient and inpatient clinics that provide treatment in all stages, that is, preparation, detoxification, rehabilitation, and monitoring.
2. Outpatient and inpatient clinics that handle preparation and detoxification services.
3. Outpatient and inpatient clinics that provide rehabilitation and monitoring services.

As mentioned, the treatment and rehabilitation of drug addicts is divided into four stages [as published]:

1. Preparation before treatment: This includes obtaining a personal history, gathering data on the person's use of drugs, and encouraging the addict to get treatment. Ministry of Public Health Regulation No. 6 on Narcotics (1980) stipulates that this must be done within seven days.
2. Detoxification: This includes using alternative drugs, treating the detoxification symptoms, or having the addict simply stop taking any kind of drug. This stage is limited to 45 days.

3. Rehabilitation: This includes focusing on changing and improving the person's behavior, boosting his morale, and giving advice so that the drug addict can return to society and live a happy life. This stage must not last longer than 120 days.

Health Official on AIDS Budget, Foreign Help

91WE0311D Bangkok DAILY NEWS in Thai
18 Mar 91 p 3

[Text] In an interview, Dr. Thira Ramsut, the director-general of the Department of Communicable Disease Control, discussed the results of the conference on "Mobilizing the Help of the Other Countries To Control and Prevent AIDS." Very good results were achieved. In particular, the representatives from the 17 international organizations and countries concerned suggested four things that will benefit Thailand:

- 1) The AIDS Act, which is now under consideration and which will be submitted to Parliament, should not limit or restrict the rights of people and it should not express any ill-will toward those who have AIDS, because that could affect the help provided by foreign organizations.
- 2) The data and other statistics that are collected and analyzed on AIDS should be made public. The data should be reliable, and the data of the private and public sectors should match, because various organizations need to have data when considering ways to help.
- 3) As for policy and the methods used to take action, there should be close, systematic, and clear cooperation between the Ministry of Public Health and the units concerned, including private sector units. In particular, both public and private sector units should play a role in formulating plans and implementing national-level AIDS control and prevention programs. Meetings should be held with foreign organizations every year.
- 4) It must be possible to actually implement the plans. The public and private sectors should join forces, and plans should be coordinated at the national level in order to resolutely control and prevent AIDS.

Dr. Thira said that the 11 organizations will be happy to continue providing support through the AIDS program. They will provide personnel and technical help in order to control and prevent AIDS. As for the 1991 operating budget, the plan has set a budget of approximately 392 million baht for the period April 1991-March 1992. From this conference, it is thought that foreign organizations will provide approximately 175 million baht. The other 217 million baht will come from the Thai Government. The money will be spent to control the spread of AIDS in Thailand, said Dr. Thira in conclusion.

AIDS Sampling Shows Diversified Risk Groups

91R 121 To Bangkok THE NATION in English
19 Mar 91 pp 21, 2

[Article by Janset Jahn]

[Excerpts] AIDS in Thailand is rapidly becoming an equal opportunity disease.

Blood tests of pregnant women at Bangkok hospitals have revealed that the number of people infected with the HIV virus which leads to AIDS is skyrocketing amongst the general population. One hospital found that the number of women who tested positive tripled in the second half of 1990 compared with the first half.

The women tested were not members of traditional high-risk groups such as prostitutes and intravenous drug users (IVDUs). The findings, which have been backed up by nationwide statistics recently released by the Public Health Ministry, indicate that the AIDS epidemic in Thailand is being spread by men who catch the virus by visiting prostitutes and then infect their wives, who in turn pass it on to newborn babies.

"The pattern is changing," says Dr. Wimon Siriwasin of Rajawithi Hospital's Department of Obstetrics and Gynecology. "When we first started testing, most of the positive cases were from high-risk groups like intravenous drug users. Now most of the positive cases are housewives or labourers in the general population." [passage omitted]

To date, the Ministry has claimed that only 25,000 cases of AIDS exist in Thailand, but sources at the Population and Community Development Association (PDA) suggest that public health officials may soon radically revise their estimate. These same sources assert that the actual number of Thais infected by the HIV virus is closer to 200,000.

Ramathibodi

Ongoing tests at Ramathibodi found that the number of pregnant women who have HIV infection jumped three-fold in the second half of 1990: from a prevalence rate of 0.056 percent (0.56 seropositive cases per 1000 patients tested) in the first six months of the year to 0.164 percent (1.64 seropositive cases per 1000 patients tested) in the latter half.

While the sample of women tested is relatively small, Drs. Samarn Phiromsawat and Mayuree Jirapinyo of the Department of Obstetrics and Gynecology, called the results "significant" in showing the rapid growth of infection in the general population.

The sampling was carried out as part of the hospital's Ante-Natal Care (ANC) Programme, under which all women who use Ramathibodi Hospital's facilities to give birth must sign up in advance and attend training

classes. Testing for diseases which can affect babies—such as hepatitis, syphilis and AIDS—is part of the programme.

Testing at Ramathibodi began in early 1990, yielding two positive cases out of 3,568 pregnant women tested in the first half of the year. In the second half, the number of positive cases climbed to nine out of 5,455 patients. Four more women have already tested positive in the first seven weeks of 1991.

Twenty to 40 percent of all babies born to HIV-infected mothers contract AIDS within two years of birth and eventually die.

Ten of the women who have tested positive are now under counselling at Ramathibodi. Interviews have revealed that while the hospital's patients are generally middle-class, most women who test positive come from lower-middle class or working-class backgrounds, either earning low wages at menial jobs or working as housewives.

Eight of these women originally came from rural areas and migrated to Bangkok for economic reasons. Seven of the eight came from the Northeast.

Although the women themselves do not exhibit high-risk behaviour, their husbands generally do: most of the husbands reportedly have frequent contact with prostitutes and refuse to wear condoms, saying they "don't want to."

Eight of the women's husbands have also tested positive for HIV infection. The other three are the second husbands of the seropositive women, who probably contracted the disease from their previous spouse.

Sentinel Survey

The rate of growth in HIV infection as indicated by Ramathibodi's testing results is even less than that found by a sentinel survey conducted by the Ministry of Public Health. Accumulated data from ANC clinics all over Thailand showed that prevalence rates among pregnant women jumped from 0.21 percent in June 1990 to a staggering 0.81 percent in December.

If the data is extrapolated to the Thai population at large, it would mean that one out of every 125 Thai women of childbearing age (about 15 to 40) is now infected with the HIV virus that leads to AIDS. No one knows when the growth rate for this group will level off, but if it continues as is for another six months, then roughly one out of every 40 young Thai women will be infected.

Prevalence rates among blood donors have also increased, from 0.60 percent in June to 0.95 percent in December. Data from some provinces is not yet available for both blood donors and pregnant women.

The latest prevalence rates among high-risk populations are even more alarming. About 35 percent of all intravenous drug users are infected with HIV, as are six percent of all males with other sexually transmitted diseases (STDs).

Among lower-class prostitutes, HIV prevalence has jumped from 13.8 percent to 17.3 percent, while infection among upper-class prostitutes has gone from 2.73 percent to 4.22 percent.

The PDA points out that the numbers get even worse if one looks at specific provinces, since the epidemic tends to be extremely severe in certain locales. For instance, prevalence rates for prostitutes in Bangkok, Phayao, Chiang Mai and Lampang respectively are 18.9 percent, 42.4 percent, 45.6 percent and 46.1 percent.

These figures are mirrored by HIV prevalence rates among men who go to STD clinics, indicating that the spread of AIDS is largely caused by the tendency of Thai men to go to prostitutes.

Finally, the PDA reports that a survey of over 600 Thai males conducted by Deemar—a social research organization—revealed that 75 percent of Thai men have had sex with prostitutes; 44 percent of the men had their first sexual experience with a prostitute (at the average age of 18); 26 percent of men have had multiple female partners in the last six months; 59 percent of men never use a condom; and 86 percent of Thai men felt there was very little likelihood of catching AIDS.

Rajawithi

[Passage omitted] A more serious concern at the moment are mothers who gave birth elsewhere (where no screening tests for HIV are given), but find their babies are continually falling ill from diseases like, diarrhea and measles. So far, three such cases were found to be a result of a weakened immune system caused by AIDS (two have been confirmed).

"Who knows how many babies born in the next few years will contract HIV infection before coming to a hospital that can test for it?" asked Yupin.

Rajawithi Hospital is run by the Public Health Ministry and largely caters to Bangkok's lower classes. According to Dr. Manoon Chandavimool, chairman of the Department of Obstetrics and Gynecology, it delivers more babies every year (around 18-20,000) than any other hospital in Thailand.

It has been testing all its pregnant women patients since last May and has witnessed a higher overall prevalence rate of its patients—0.22 percent—than that recorded at Ramathibodi (which caters to a somewhat wealthier clientele).

In January, it registered a prevalence rate of 0.45 percent. Of the nine pregnant women patients found to be infected, two caught the virus from husbands who frequent prostitutes, another two had multiple sex partners

(but were not prostitutes). It could not be determined where the other five caught the virus.

Dr. Wimon noted it was often hard to find out conclusively the details of patients' lifestyles. But of the 51 positive cases the hospital has seen among pregnant women since May three were IVDUs, 17 had husbands who frequent prostitutes and 12 patients' pasts could not be determined.

This means that 50-75 percent of the pregnant women at Rajawithi who tested positive for HIV infection were not members of traditional high-risk groups.

Army Doctor Comments on HIV Surveys, Behavior Trends

91WE0336 Bangkok *THE NATION* in English
22 Mar 91 p A2

[Article by Danaiya Usher and Mukdawan Sakboon]

[Text] The ease with which drug addicts are able to be tested in Bangkok and conventional beliefs about urban sexual mores are causing policy-makers to misdirect their AIDS prevention efforts to big cities while the disease spreads uncontrolled in the countryside, a doctor said yesterday.

In an interview with *THE NATION* during the Public Health Ministry's National AIDS Conference, Dr. Thaweesak Nopkeson urged that Acquired Immune Deficiency Syndrome, or AIDS, is spreading the fastest in the provinces, particularly the northern region.

"Policy-makers and the whole society must hurry up and accept the realities of sexual behaviour in Thailand...the situation is changing every six months and AIDS is not waiting for anyone," he said.

Ministry officials speaking at this week's conference projected that by 1994 there would be 50,000 people sick from the incurable disease in Thailand, while a World Health Organization study from last year estimated that the number of Thais infected with the AIDS virus (without symptoms) could reach 1.6 million by 1995.

"In two or three years, you doctors will be inundated with more patients than you can handle...so you must try to teach people in your communities so they will change their attitudes and behaviour as soon as possible," said speaker Dr. Chanouanthong Thanasukarn of Mahidol University yesterday morning.

Doctors and public health officials from all regions of the country are attending the conference, which ends this afternoon. Several expressed exasperation about the growing number of infected people in their provinces, and concern about how to handle the coming deluge.

Thaweesak, who works at a Third Army Hospital in Phitsaruloke province, feels that one key is to correct widespread misconceptions about sex.

"We like to believe that because there are more motels and discotheques in Bangkok, young city people are more promiscuous, while innocent rural youths must be protected from urban ways—but this seems to be totally false.

"Rural men seem to be having more sex before marriage," he said.

Thaweesak's conclusions concur with a study completed last year by Dr. Werasit Sittitrai of Chulalongkorn University's Institute of Population studies.

Last June Thaweesak conducted a detailed survey of sexual behaviour among young poor northern men being conscripted into the army.

Questioning all 200 randomly drafted men in a single battalion, most of them about 20 years old, Thaweesak learned that 97 percent of them already had sexual experience, 50 percent before age 16, and 73 percent of the group had their first sex with a prostitute.

A growing number of these draftees is being turned away due to AIDS.

Half-yearly surveys of draftees from the North since late 1989 show that the rate of infection in this group is steadily rising from 1 to 5 percent in December 1989, to 2 to 10 percent in May 1990, to 5 to 14 percent in December last year. (The higher end of the range refers to Chiang Mai, Chiang Rai, Lampang and Phayao provinces, while the lower end is from less "touristic" Northern areas.)

Thaweesak stressed that the interviewees serve in the army for only two years, and that the 200 are a representative sample of the general "low socio-economic level male youth" population in the North.

His numbers compare with Bangkok studies, which suggest that young urban men are also sexually active, but less so than their rural counterparts.

One survey of Ramathibodi Hospital medical students indicated that only 61 percent had sexual experience, only 8 percent before age 16, and 53 percent had their first experience with a prostitute.

Though it is much more difficult to do accurate surveys of sexual mores among young Thai women due to shyness and reluctance to talk about their private lives, the survey of young draftees may partially reflect the real picture.

"We found that 40 percent of all those interviewed have had sex with female students. This suggests that young rural women are also much more sexually experienced than most of us believe," he said.

Thaweesak hypothesized that rural men may engage in more sex before marriage than urban youths, but become more monogamous as they get older, while wealthier city men may become more promiscuous as they age.

Other studies show that heroin use is far less common in the North than in Bangkok. Thaweesak said because addicts eventually come for treatment at government clinics and are easy to test for AIDS, the apparent high prevalence of infected drug-users has twisted the overall picture.

"The numbers are fooling us because we've been looking at this from the wrong perspective...the real danger of AIDS is in the rural areas, where 70 percent of the population lives. We must direct our efforts there before it is too late," he said.

HIV Incidence in North Reviewed

91WE0335 Bangkok BANGKOK POST in English
9 Apr 91 p 3

[Text] Chiang Rai—More than 3,000 people tested for the AIDS virus here have been found HIV positive.

More than a third are prostitutes.

Public Health Ministry permanent secretary Uthai Sudsuk said yesterday the number of HIV positive victims had gone up to 3,429 with 1,842 being prostitutes, 599 farmers and 362 having other jobs.

More prostitutes have become HIV carriers and only 30 percent of their customers used condoms.

Teenagers and labourers rarely use condoms, Dr. Uthai said.

The number of HIV victims in the northern province has risen by 100 to 200 per month, he said.

The permanent secretary told local people to stop selling sex.

Men were urged to use condoms.

Over 9,000 Test HIV Positive in 3 Northern Provinces

BK1705040791 Bangkok THE NATION in English
17 May 91 p A5

[Article by Nirundon Suchari]

[Text] Chiang Mai—AIDS is wreaking havoc in three northern provinces where more than 9,000 people have been found carrying the deadly Human Immunodeficiency Virus (HIV) and authorities are sounding the alarm about a possible heterosexual AIDS epidemic.

Thirteen monks and 20 babies are among a total of 4,283 people found infected in Chiang Mai, where prostitutes make up 40 percent (1,700) of the carriers, according to Dr. Anan Lapsomtop, the province's chief public health official.

Farmers, government officials and students are also among those infected, fuelling fear about a proliferation of heterosexual infection, Anan said.

AIDS so far has killed three people in Chiang Mai, while 10 others have developed full-fledged symptoms, Anan said. Sixteen more people have shown AIDS-related symptoms.

"AIDS is spreading fast in the outer districts, indicating we need tougher prevention measures," he said.

Sixty-five percent of the carriers in Chiang Mai contracted HIV, which causes Acquired Immune Deficiency Syndrome, through sexual intercourse. Most of the rest were infected because of intravenous drug use, the doctor said.

"Some men who have been infected are living a promiscuous life. They are visiting prostitutes without using condoms," he said.

He said authorities, despite the discouraging trend, were continuing their educational campaign, focused on prostitutes. Tough action is being taken against brothels where prostitutes do not encourage customers to use condoms, he said.

Anan said "disguised" inspectors were visiting brothels occasionally and "bribing" prostitutes to avoid using condoms.

"If prostitutes agree, we ask police to act against the brothels," the doctor said.

In Chiang Rai, Dr Chamnan Hansutthisetchakun, a senior public health official, said AIDS has infected 3,967 people. One victim has died.

"The trend is going up. AIDS is spreading in every precinct in the province," Chamnan said.

As in Chiang Mai, prostitutes are the biggest group of carriers, followed by farmers and workers. Sexual intercourse is the main course of infection.

"We are facing great difficulties in our preventive efforts," Chamnan said. "People are not so cooperative."

Lamphun's chief public health official Dr. Anuson Sitthirat said 1,029 people in his province were carrying HIV. The majority of the carriers are young people aged between 15 and 24.

"What worries us the most is the fact that people as young as 15 years old are getting AIDS through sexual intercourse or drug abuse," he said. "We are afraid that the disease will spread to every level of people in Lamphun."

Nearly 300,000 Thais HIV Positive

BK2705060591 Hong Kong AFP in English 1548 GMT
26 May 91

[Text] Bangkok, May 26 (AFP)—Nearly 300,000 Thais have contracted the deadly virus that causes Acquired

Immune Deficiency Syndrome (AIDS) disease, a senior Thai government official said Sunday.

Michai Wirawathaya, minister attached to the Prime Minister's Office, told reporters in a televised interview that according to the latest statistics the number of carriers of the AIDS virus has risen dramatically to nearly 300,000 all over the country.

According to a recent survey, about 200 Buddhist monks have contracted AIDS, as well as an increasing number of teenagers, the majority of them college and high school students, Mr. Michai said.

Mr. Michai, Thailand's leading anti-AIDS activist who has been successful in his family planning campaigns in the past decade and is fondly known here as the

"condom king," said the government must seriously consider curbing illegal prostitution in the country as a means to slow down the spread of the disease.

The minister said the majority of the AIDS infected people would eventually become full-blown cases in about 10 years, and that they would die of the disease in about one year after developing symptoms.

Official figures released by the Thai Public Health Ministry claim there are only 80,000 AIDS cases in Thailand, and that 69 of 86 people known to full-blown cases have died in the past three years.

The number of AIDS cases compiled from 159 countries as of March 1 by the Geneva-based World Health Organisation (WHO) totalled 334,315 worldwide.

REGIONAL AFFAIRS

Sweden Helping East Europe Fight AIDS

91476018B Stockholm SVENSKA DAGBLADET
in Swedish 24 Mar 91 p 5

[Article by Anna-Lena Haverdahl: "HIV Is Spreading East in the East; Swedish Help to Poland, Hungary, and Yugoslavia"]

[Text] Parts of East Europe are in for an explosion, a spreading of the HIV infection paralleling the one that occurred in the West in the mid-1980's.

This is especially true for countries such as Poland and Yugoslavia where rapid spreading of the infection among drug addicts has become a cause for concern. In the course of one year, from the end of 1988 until 1990, the number of HIV-infected drug addicts in Warsaw rose from 12 to 417.

"The AIDS epidemic in Poland is on the point of changing character. Every third female drug addict prostitutes herself for money to support her habit. It is very disturbing to think how the infection is spreading to the remaining population," said Frants Staugaard, coordinator for WHO's AIDS program in East Europe.

Swedish Help

Immediate contributions from the West, including Sweden, are being sought to assist these countries, both in the struggle against the infection and for care of the already sick and dying.

At a seminar arranged by the Ministry of Health and Social Affairs, a number of proposals for cooperative projects between Sweden and East Europe were presented. For example, affiliates of Noah's Ark will set up on a trial basis in Poland, Hungary, and Rumania. The object is to offer to the sick and the infected care in a homelike atmosphere as an alternative to already heavily overburdened medical care facilities.

Inside Medical Care

Special mass media seminars will be organized in Sweden for journalists from these countries in order to give them support and tips on how popular opinion can be influenced on these issues. Care personnel will be invited to Swedish hospitals and research establishments in order to learn more about caring for the sick. Representatives for the Swedish Physicians Association against AIDS will visit Warsaw in order to explain the needle-exchange program and to talk about the struggle against AIDS among Swedish addicts.

"The pattern of spreading of the infection in East Europe diverges somewhat from that of West Europe, but the rate of increase is the same as it was in West Europe 5-6 years ago," said Frants Staugaard. While it is the drug addicts which account for the majority of AIDS cases in Poland and Yugoslavia, most of the AIDS cases in the

Soviet Union are infected through medical care. Today in the Soviet Union there are a total of 500 cases of infectious infection, of which 250 were infected through medical care. In Romania 235 of the 999 diagnosed cases of AIDS are confirmed infected through the infamous medical institutions or board of children institutions. Bulgaria are predominantly heterosexually infected, and Czechoslovakia predominantly homosexually infected.

In many of these countries, with the exception of Poland and Yugoslavia, the circumstances surrounding infection are still relatively favorable, at least on the surface. Of the total number of AIDS cases in Europe, amounting to 47,432, only 1,513 originated in Central and East European countries.

CZECHOSLOVAKIA

AIDS Statistics From Czech Republic

AL2705121691 Prague RUDE PRAVO in Czech
21 May 91 p 3

[Text] Prague—As of 30 April, 112 citizens of the Czech Republic tested positive for the AIDS virus. Of these, 21 persons became ill, and 12 of them died.

In addition, 63 foreigners who tested positive for the AIDS virus were found in the territory of the Czech Republic, one of them already in the illness stage. All these people left our territory.

POLAND

AIDS Incidence Among Drug Users Increasing

AU1405144191 Warsaw GAZETA WYBORCZA
in Polish 10 May 91 p 2

[Unattributed report: "Who Is Suffering From AIDS"]

[Text] "One cannot talk about an explosion of AIDS cases in Poland," says Professor Wieslaw Magdzik, head of the Epidemiology Department at the State Institute of Hygiene. According to State Institute of Hygiene statistics going back to 1985, 57 people have been registered as having the illness in Poland, 33 of them have already died, and 1,448 people are registered as being infected.

Prof. Magdzik believes that the epidemiological situation in Poland is not as bad as in other countries in Western Europe. The greatest problem is the rapid increase in infection among drug addicts since 1988. Currently, between 70 and 80 percent of those infected with the HIV virus are drug addicts. A survey of a group of almost 15,000 drug addicts revealed 1,100 carriers.

According to Marek Kotanski, chairman of the Young Peoples Movement To Combat Drug Addiction, the true number of carriers of the HIV virus among drug addicts is probably even more alarming. According to Kotanski, more than half of Poland's 100,000 drug addicts are infected with the virus.

ARGENTINA

Five Hundred AIDS Deaths During 1982-90

*PY0205172491 Buenos Aires TELAM in Spanish
0016 GMT 1 May 91*

[Summary] Buenos Aires, 30 Apr (TELAM)—During the 1982-90 period, 500 deaths caused by AIDS were reported in the country while the number of proven AIDS cases totaled 920. This was announced by Jose Luis Urrursuno, the head of the national program for the prevention of sexually communicated diseases and AIDS. Urrursuno also explained that 99 cases were reported during the first quarter of this year and that there are between 50 and 100 healthy carriers for every AIDS patient.

BRAZIL

AIDS Rising Among Sao Paulo Drug Users

*91WE0320A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 18 Apr 91 p 16*

[Article by Neldson Marcolin: "AIDS Spreading in Sao Paulo State"]

[Text] A radio program unprecedented in Brazil will premiere on 25 April in Sao Jose do Rio Preto, in the interior of Sao Paulo State. The program is entitled "Everything you wanted to know about AIDS and were afraid to ask," borrowing from the Woodie Allen film ("Everything you wanted to know about sex and were afraid to ask"). Broadcast over Radio Independencia once a week, from 1230 to 1250 on Thursdays, the 20-minute program will be devoted to clearing up questions about AIDS, a disease that has been gaining alarming proportions in the Sao Paulo interior.

According to nephrologist Horacio Ramalho, president of the Medical Society of Sao Jose do Rio Preto, there is little precise knowledge about the profile of the drug addict in the interior. The only certainty is that 40 percent of those who are infected with the HIV virus have been or are intravenous drug users.

Record Seizures

Drug consumption in general has been on the rise throughout Sao Paulo State. Last year the State Department of Narcotics (Denarc) broke the record for cocaine seizures: 286 kg. "If there are more drugs in the state, naturally consumption rises," pointed out Deputy Renato D'Andrea, of the Information Division of the Denarc. This increase coincides with the large number of individuals infected by contaminated needles in other cities in the interior, such as Araraquara, Taquaritinga, and Votuporanga, in the western part of the state.

"The radio program will help to inform more people in the interior about the forms of transmission of the

disease," announced Wander Ferreira da Silva, Jr., professor of biology at the University College, who conceived the project. He has been working since 1987 on AIDS education programs, aimed primarily at adolescents. During the 20-minute program, he will answer questions about AIDS, collected from boxes that will be placed throughout the city. The project is sponsored by the University College and by Radio Independencia.

Consumer Market

Sao Jose do Rio Preto, a municipio of 300,000 inhabitants, located 440 km from the capital, became aware of AIDS for the first time in 1986, when 22 cases were reported. Four years later, in 1990, the number had jumped to 414. The wealth of the interior, the growth of the middle class, and industrialization have led to the expansion of the consumer market for drugs.

According to Maria Luiza Diniz, owner of a homeopathic pharmacy in the city, the home has become simply a reference point for the young people, who are at loose ends. The mother of four sons, aged 13, 20, 22, and 28, Maria Luiza said that "people who live in the same house often see one another only at meals and at bedtime."

Some clues can lead to the wrong conclusions, such as the notion that only those who are financially well off can afford drugs. Each gram of cocaine is worth an estimated 5,000 cruzeiros. When cut, the price of the cocaine drops to 3,000 cruzeiros per gram. According to Irineu Luiz Maia, professor of infectious-contagious diseases in the Sao Jose do Rio Preto Faculty of Medicine, some time ago the traffickers found a means to extend drug consumption to adolescents with limited purchasing power. "The young people perform small services in exchange for drugs," he explained.

The most visible result of this easy access to drugs is observed in the AIDS rate in the Rio Preto region. In 1990, there were 30 new cases of AIDS diagnosed per month. This year the monthly average should go up to 40, according to dermatologist Tania Regina Bardon, coordinator of the AIDS program of the Regional Health Office, which is responsible for 28 cities in the region.

Health Ministry Provides AIDS Update

*PY1705222891 Brasilia Radio Nacional da Amazonia
Network in Portuguese 1000 GMT 17 May 91*

[Summary] The Health Ministry has confirmed that there are 17,373 AIDS cases in Brazil. According to the Health Ministry AIDS Coordinating Board, by the end of 1995 there will be 90,000 confirmed cases of AIDS in the country.

CHILE

Minister Voices 'Concern' Over AIDS Increase

*PY0505004091 Santiago Radio Chilena Network
in Spanish 1700 GMT 3 May 91*

[Excerpt] [passage omitted] Health Minister Jorge Jimenez de la Jara has expressed concern over the increase in carriers of the AIDS virus in Chile. The total number of AIDS patients, however, remains stable, according to the minister. He reported that there are officially nearly 300 AIDS patients in Chile. [passage omitted]

CUBA

Update of AIDS Cases, AIDS-Related Deaths

*FL2405194491 Havana Radio Progreso Network
in Spanish 1625 GMT 24 May 91*

[Text] Eighty new cases of Acquired Immune Deficiency Syndrome, AIDS, carriers were reported in the country this year between the months of January and May. This information was provided by the Ministry of Public Health's Epidemiology Department. So far, the number of AIDS carriers in the country has climbed to 605. Of these, 433 are males and 172 are females. It was also reported that, of the 73 patients with AIDS symptoms, 44 have died. The average age of AIDS patients is 24 years. To this day there is only one way to prevent infection—prevention by selecting an adequate partner and using prophylactics.

HONDURAS

Alarming Increase in AIDS

*91WE0322A Tegucigalpa LA TRIBUNA in Spanish
15 Mar 91 p 11*

[Text] In Public Health Region No. 3 AIDS continues to increase progressively, as it is also doing in Regions 5 and 6. This was stated by representatives of each of these regions in the course of the Third Pan-American Teleconference on AIDS, which is being held in San Pedro Sula.

Delia Tercero, an epidemiologist from Region 3, stated that between 1984 and December 1990 some 688 cases of AIDS were recorded. She pointed out that the areas most affected are San Pedro Sula (79 percent increase), El Progreso (86 percent increase), Puerto Cortes (6 percent increase), and Santa Barbara (2 percent increase).

She emphasized that smaller areas, such as Yoro and Santa Cruz de Yojoa, are recording cases of AIDS, although for the moment the situation is not alarming. She said that in the areas most affected during 1990 52 percent of the cases (157) affected women, while 48 percent (146) affected men.

She attached importance to the fact that, beginning with the fourth quarter of 1990, the detection of AIDS

through the presence of HIV among prostitutes who go to be examined at the "Miguel Paz Baraona" Health Center has increased since the AIDS Counseling Clinic began to function in the center.

Doctor Tercero stated that the age group most affected by AIDS is between 15 and 30, "which is a negative development since, in addition to being the economically most active category, it is also the age group having the most children. This will have a negative impact on the mother and child indicators."

Regarding the distribution of cases by risk factors, heterosexuals amount to 66 percent; prostitutes account for 90 cases (13 percent); homosexuals, 9 percent; and bisexuals, 7 percent. In terms of death among all cases, 29 percent of the patients have already died and 39 percent are still alive. The present condition of 32 percent of the cases is unknown.

Finally, Dr. Tercero said that in the course of 1990 and 1991 activities involving the study of death from the disease have increased. As an alternative solution a counseling clinic for infection with HIV was opened in September 1990. The objective was to improve the attention given to patients and to carry on improved control and follow up of AIDS cases among people found to be HIV positive and in high-risk groups, such as prostitutes and homosexuals.

For their part Drs. Ricardo Leonel Dominguez and Arturo Escobar from Health Region 5 stated that, according to statistical tables, 145 cases have been recorded until the present, of whom 74 percent are between 20 and 39 years of age.

The communities most affected are Santa Rosa de Copan, La Entrada, Florida, Copan, and San Marcos de Ocotepeque. Among risk groups in these areas 62 percent are heterosexuals and 21.3 percent are prostitutes. Of the 145 patients infected with AIDS, 52 persons have already died, which amounts to 35.8 percent.

To prevent the spread of this fatal illness, the region is carrying out strategies involving a controlled follow up. This program includes radio and television messages directed at all of the areas covered by this public health sector. Furthermore, educational workshops are being held for community leaders, deputy mayors, teachers and students from schools and colleges, and army personnel.

Like the conditions in Regions 3, 4, and 5, the AIDS situation in Region 6 is also alarming, according to Dr. Luis Gustavo Amaya, who on 15 March will present a discussion of the situation in his health region in this regard.

PANAMA

Health Ministry Records 266 Cases of AIDS, 161 Deaths

PA12505023 91 Panama City EL SIGLO in Spanish
22 May 91 p 12

[Article by Jose Gonzalez]

[Text] The Health Ministry's Department for the Control of Sexually Transmittable Diseases has recorded 161 AIDS related deaths as of 21 May.

According to a department source, the latest figures of people afflicted with the AIDS virus in the whole country amounts to 266 cases, most of which are males between the ages of 20 and 44.

The source also added that a certain number of those afflicted are within the 15 to 19 year-old group which would seem to indicate a lack of sexual education and preventative measures within this age group.

The department pointed out that 191 recorded cases are due to contagion by sexual contact, the majority of which are homosexuals and bisexuals, and to a lesser extent heterosexual individuals.

According to a department official, AIDS transmitted through blood transfusions has been declining over the past few months due to modern techniques used in analyzing blood samples.

The Health Ministry's Epidemiology Department has organized an anti-AIDS committee comprising members of different institutions whose task is to instruct all public employees on how to prevent this illness from spreading.

ST. VINCENT & THE GRENADINES

Three New AIDS Cases Recorded

FL1405135691 Bridgetown CANA in English
1243 GMT 14 May 91

[Text] Kingstown, St. Vincent, May 14, CANA—St. Vincent and the Grenadines recorded three new cases of the deadly Acquired Immune Deficiency Syndrome (AIDS) between November 1990 and April this year, health officials here said. Up to the end of April, 67 persons had tested positive for the HIV virus which

causes AIDS. Forty-eight were men and 19 were women. Of that number, 27 had developed full-blown AIDS and 25 had died. A senior official at the Kingstown General Hospital said. At the end of last November, 59 persons here had tested positive, 26 of them had developed full-blown AIDS, with 21 recorded deaths.

URUGUAY

Eighty AIDS Fatalities Confirmed; Many Infected

PY0405025891 Madrid EFE in Spanish 0108 GMT
3 May 91

[Summary] Montevideo, 2 May (EFE)—With the death of a young man in Artigas, a town on the Brazilian border, the number of fatal AIDS cases in the country has increased to 80. Public Health Ministry Director Eduardo Lasalvia has reported that the number of people carrying the AIDS virus, although many are still unaware of it, could total 10,000.

VENEZUELA

Health Ministry Reports 637 People Victims of AIDS

PA1005231291 Madrid EFE in Spanish 2135 GMT
8 May 91

[Text] Caracas, 8 May (EFE)—According to statistics released today by the Ministry of Health and Social Welfare (SAS), AIDS has claimed the lives of 637 Venezuelans.

Spokespersons for SAS indicated that there are 1,217 cases of AIDS in Venezuela, of these 1,115 are men, that is, 91.62 percent.

The SAS statistics show that there are over 4,000 people in Venezuela infected with the virus that causes the disease.

The SAS states that there are 22 children under 10 years of age suffering from the disease and 29 new cases have been reported this year alone.

BANGLADESH

AIDS Problem Needs Urgent Attention

91WD0772 Dhaka *THE NEW NATION* in English
15 Apr 91 p 5

[Editorial: "AIDS in Bangladesh"]

[Text] Since the detection of the highly contagious AIDS virus the entire world has been found awestricken. Billions of dollars are being spent in the western countries to devise a cure and prevent it from taking human toll. Anyone found to be affected by this killer virus called HIV is treated there with special care and the patient is not allowed to keep physical contact with others. But this world-wide consternation and sensible precaution seem to have the least impact in our country where such a fatal disease goes almost unnoticed, untreated or untreated despite timely warning by the virologists and medicine experts.

One of the two AIDS victims repatriated from abroad has reportedly died recently at his home in Noakhali and the other hailing from Chittagong has been living at large. The diagnoses were made in Papua New Guinea and Dubai and both of the patients at their first appearance in the country raised eyebrows of many. They were, however, treated at the P.G. Hospital and were released after one month without cure or improvement despite the warning of the experts against the potential danger of infection if they are not quarantined. But the Ministry of Health paid no heed to it and turning down the suggestions of the Bangladesh AIDS Committee the patients were set free to infect hundreds, as the experts fear, through sexual contact, optical or nasal mucus, urine or vomited and excreted contents, the needles and utensils used by the patients.

Even the issue was brought up at the Jatiyo Sangsad of General Ershad in June last year and a heated discussion followed but it was of no avail as no positive steps were taken to treat the patients already affected and quarantine them nor the inmates of families of the AIDS patients were checked. No measures were passed to undertake a diagnosis operation intended to minimise susceptibility or importation of the disease from outside.

Both the Sangsad of Ershad and the Ministry of Health have deliberately evaded their responsibilities endangering public health. With this is admitted that there are countless diseases and deaths caused which go unnoticed and untreated and the Ministry of Health has proved its fecklessness to take measures to resist them. Diarrhoea, for instance, has recently broken out almost in epidemic form in the coastal regions of the country and the people are dying in hundreds untreated as no saline or preventive measures are available. The Ministry has no onus but to say the stock is exhausted.

Killer disease like AIDS calls for urgent attention of the conscious section of the citizens and the issue is worth discussion with right earnest to stall the infectious virus

as far as our expertise and limited capabilities allow. The representative government of the country is expected to work out a policy that should be feasible enough to alleviate the long protracted health grievances and unpardonable negligence and deliberate evasion of duties be dealt with harshly so that these do not recur. This delta country has been historically a disease prone region of the subcontinent and it deserves priority to have the strongest and the most effective health ministry to take up ameliorative steps to stave off all sorts of diseases including AIDS before we are taken hostage unaware.

PAKISTAN

AIDS Testing Center Established at Port Office

BK1305024691 Karachi *DAWN* in English 12 May 91
p 3

[Text] Karachi, May 9—A centre for testing AIDS disease has been set up at the Port Health Office in Keamari where compulsory blood analyses to detect human immunodeficiency virus (HIV) among the sailors are being carried out.

The centre has been established by the National Institute of Health [NIH], Islamabad and the World Health Organisation (WHO), at which it will be mandatory for the Pakistani sailors to under go tests. This is the first such mandatory testing centre in the country.

The centre was opened by Dr. Syed Mohsin Ali, director, Jinnah Postgraduate Medical Centre [JPMC]. The Director of Central Health Establishment, Dr. Nafis Bano was also present.

Designated as AIDS Sentinel Surveillance Centre, it has been in operation for the past 45 days where 30 sailors are being examined every day, under a plan for compulsory medical check.

Dr. Sarwar Habibur Rahman, the Port Health Officer said that one reactive HIV detected out of the large number of sailors tested and the samples are being sent to the National Institute of Health in Islamabad for 'confirmation.' The people who man this centre have been trained at NIH.

Dr. Rahman said after detecting positive virus the patient would be informed properly about it without giving him any psychological trauma and told to live with the killing disease.

The tests will be carried out free of cost.

Dr. Rahman said so far 84 HIV positive cases have been detected in the country at the JPMC, NIH and at the Aga

Khan University Hospital out of which 14 cases were such they had to be notified to the WHO.

The Director of Central Health Establishment, Dr. Nafis Bano said at present testing for AIDS disease were available at National Institute of Health in Islamabad,

the Aga Khan University Hospital, the Jinnah Postgraduate Medical Centre and the latest at the Port Health Office.

She said a proposal was being considered to set up a centre at Karachi Airport.

Compulsory AIDS Insurance Introduced for Health Workers

LD3004214791 Moscow TASS in English 1807 GMT 30 Apr 91

[Text] Moscow April 30 TASS—A Soviet Government resolution, made public here today, envisages compulsory state insurance of medical workers against infection with the Acquired Immune Deficiency Syndrome (AIDS) virus during the performance of their duties as well as against disability or death of AIDS. The resolution is put into effect from May 1.

"Insurance will be effected at the expense of the union budget. The resolution envisages a premium of 2,000 roubles to the insured medical worker in case of infection with the AIDS virus.

Should the insured person is incapacitated owing to AIDS, he or she will receive 10,000 roubles. In case of death of AIDS, the inheritors of the insured would be paid 20,000 roubles.

Over 600 Soviets, 586 Foreigners With AIDS Virus

LD0305053391 Moscow All-Union Radio Mayak Network in Russian 0030 GMT 3 May 91

[Editorial Report] Moscow All-Union Radio Mayak Network on 3 May carries a five-minute correspondent's report on the "first international conference on self-destructing syringes," recently held in the United States.

After hearing the chairman of the Battle Against AIDS Association, who took part in the conference, explain why such syringes might be of use in the USSR, the correspondent reports: "Five hundred and eighty-six foreigners and 623 Soviets carrying the AIDS virus have now been uncovered in our country. Every week, on average, four or five people are added to this list."

Nine AIDS Cases Reported in Latvia

LD0705224891 Riga Radio Riga International in English 2030 GMT 7 May 91

[Text] Nine inhabitants of Latvia are infected by AIDS virus, Latvian Health Ministry informs. One patient, the first in Latvia, has already died of AIDS.

News AIDS Treatment Said To Outperform U.S. Drug

PM2405214191 Moscow KOMSOMOLSKAYA PRAVDA in Russian 25 May 91 p 2

[Report by V. Sanatin report: "Comrade, Believe! A Treatment for AIDS Has Been Found"]

[Text] Sverdlovsk—The sensational rumor that an effective preparation for treating AIDS has been developed in the Urals has been confirmed. It appears that the Urals branch of the USSR Academy of Sciences has been looking long and hard for a means to combat the "plague of the 20th century." The scientists' quest was not advertised in the press. But work was under way with the licorice plant, which is common in the Urals and well known to folk medicine. From this plant, which belongs to the leguminous family, potent components of anti-tumour drugs were extracted in the past. Now there is hope that licorice is capable of saving mankind from immune deficiency.

I was unable to establish the name of the new preparation. But I was told at the Chemical Institute of the Bashkir Scientific Center of the USSR Academy of Sciences' Urals Branch that the new Soviet preparation, having undergone initial tests, has proved many times more effective than the U.S. AZT drug.

Our scientists and pharmacutists are only to be envied. If we are the first on the "anti-AIDS" market, it will be a world sensation and a magnificent success. All that is needed it to give the "green light," just once, to the originators of the preparation, and its tests and manufacturers. Then they may have the chance to become billionaires!

We must not forget that the sophisticated organic synthesis laboratories across the ocean are no worse than ours. And that licorice grows not only in the Urals but also in America's subtropics, in North Africa, and in Australia.

Will we let the fire-bird escape?

REGIONAL AFFAIRS

EC To Adopt AIDS Action Plan

91AN0235 Luxembourg OFFICIAL JOURNAL OF
THE EUROPEAN COMMUNITIES in English
No C13, 19 Jan 91 pp 6-11

[“Proposal for a Decision of the Council and the Ministers for Health of the Member States Meeting Within the Council Adopting a Plan of Action in the Framework of the 1991 to 1993 ‘Europe Against AIDS’ Programme”—COM(90)601 final]

[Text] The Council and the Ministers for Health of the Member States, meeting within the Council,

Having regard to the Treaty establishing the European Economic Community,

Having regard to the proposed decision submitted by the Commission,

Having regard to the opinion of the European Parliament,

Having regard to the opinion of the Economic and Social Committee,

Whereas the increase in the AIDS epidemic is of major concern to Member States and the Community;

Whereas the resolution of the European Parliament of 30 March 1989 on the fight against AIDS called on the Commission for action in particular in the fields of information and training of health professionals;

Whereas the resolution of the representatives of the governments of the Member States, meeting within the Council of 29 May 1986, on AIDS, requested the Commission to organize an exchange of information and experience;

Whereas the resolution of the Council and of the Ministers of Education meeting within the Council of 23 November 1988, concerning health education in schools, expressed concern about the high incidence of AIDS, and invited the Commission to undertake a series of actions at Community level;

Whereas the conclusions of the Council and Ministers for Health of the Member States, meeting within the Council of 16 May 1989, regarding the prevention of AIDS in intravenous drug users, requested the Commission to prepare and submit to the Council a programme in this area;

Whereas the conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989, on the improvement of the general system for collecting epidemiological data, including the application of the new definition of AIDS cases, asked the Commission to compare the system for recording notifications of AIDS cases at national and Community level in order to pinpoint where the

improvement of coverage can take place, as well as the reliability and the comparability of the data used;

Whereas the conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 16 May 1989, regarding future activities on AIDS prevention and control at Community level called upon the Commission to examine the possibilities for harmonization with regard to condoms and HIV self-testing kits;

Whereas the resolution of the Council and Ministers for Health of the Member States, meeting within the Council of 22 December 1989, on the fight against AIDS, requested the Commission to develop exchanges of information and experience defining in priority the details and contents of an action plan integrating appropriate measures to prevent and control AIDS;

Whereas the conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council of 17 May 1990, on medical and psycho-social care services in relation to the AIDS epidemic, requested the Commission to examine the feasibility of developing a consistent approach to costing the management of care for HIV seropositive persons;

Whereas the present plan of action for the programme “Europe Against AIDS” contains the aforementioned requests; whereas it also contains other measures intended to contain the AIDS epidemic,

Have decided as follows;

Article 1

1. The Commission shall implement the 1991 to 1993 action plan set out in the Annex in close coordination with the competent authorities of Member States.
2. The Commission will cooperate with international organizations active in this field such as the WHO and the Council of Europe.
3. The Commission will regularly publish technical information on the progress of the action plan.

Article 2

1. The Community funds required for the work to be undertaken under this Decision shall be determined by the budget authority within the context of the appropriations available for each year.

Article 3

1. The Commission will continuously assess the action undertaken and the priorities taking into account emerging urgencies.
2. The Council and the Ministers for Health of the Member States meeting within the Council will carry out an evaluation of the effectiveness of the actions undertaken. To this end the Commission will submit a report on the subject during the second half of 1992.

ANNEX

Chapter 1: Information and Health Education in the Prevention of HIV Infection

The importance of prevention cannot be stressed enough as there is no vaccine nor effective treatment available. The Member States have been active for several years in promoting information and health education for the general public in this field. It is of fundamental importance to continue this work in order to ensure the success of prevention efforts.

Different approaches are used in the Member States in preventive strategies and prevention intervention methods are under development and evaluation. This diversity of approach can be used to maximum benefit if there is an interactive knowledge of what is being done. Therefore, exchanges of information are necessary and need to be promoted.

A key role at Community level is to facilitate exchanges of experience, to evaluate results, and to promote new approaches, so that the most effective approaches can be promoted taking into account local needs and characteristics.

Health education in schools is an essential part of health promotion, and within the limits of specific national educational policies and structures, appropriate arrangements should be made for coordinating health-promotion measures, so that health education can be seen by children as a practical part of their lives.

Repeated efforts are necessary for prevention messages to be retained by the public and relevant target groups. This will help them develop a real understanding of AIDS problems and their consequences, in order to contribute to a change in their attitudes.

Simple messages can increase the general public's awareness and improve the efficiency of an AIDS prevention information campaign, in particular by the use of a European code against AIDS which will take into account the work already carried out in the Council of Europe.

Objectives:

- To prevent the spread of the epidemic by providing information on HIV risk factors, and therefore to avoid discrimination and stigmatization of HIV-seropositive persons;
- To monitor attitudes towards AIDS in the general population of the Community.

Action 1: Informing the Public About AIDS Prevention Campaigns

Member States have already gained valuable experience in the use of publicity campaigns to inform the public about AIDS. A survey of current AIDS prevention

campaigns will be carried out with a view to improving the existing campaigns and to designing more effective ones in the future.

At Community level, a publicity campaign will need to take into account the experience of the Member States in order to ensure maximum impact on the general public, resulting in increased awareness. This campaign will also aim at providing information to prevent discrimination against HIV-seropositive persons and AIDS sufferers.

The public and private organizations involved in the fight against AIDS will be closely associated with the preparation and implementation of this action. Broad coverage will be given to the results of the actions.

With the help of appropriate experts, the Commission will establish a European code against AIDS and ensure its transformation into layman's language. Dissemination of the code will be made in all appropriate fora, including schools and the workplace.

Action 2: Prevention of HIV Infection and Health Education in Schools

Exchanges of information will be encouraged and supported within the framework of health education in schools. Specific seminars for teachers from the Member States will provide not only an opportunity for exchanging experiences and knowledge, but also lay down the foundations for broader cooperation.

Where appropriate, exchanges of teaching materials produced in Member States on health education related to AIDS and HIV infection will be promoted and supported.

Action 3: Eurobarometer Surveys on AIDS and Its Prevention

Repeated monitoring of public opinion and attitudes is necessary in order to assess the effectiveness of prevention efforts.

Regular updating of Eurobarometer surveys will be carried out in close cooperation with European specialists in this field so as to determine to what extent Europeans are informed about AIDS issues and prevention.

Chapter 2: Prevention and Treatment, Social Care, and Counselling

Clinical trials have shown that the available treatments do not cure the disease although they do appear to delay its onset. New approaches are under development and evaluation. Persons with AIDS need specific care, in particular the rapid treatment of multiple infections due to immunodeficiency.

Counselling is an important element in both care and preventive strategies. Intravenous drug users are a high-risk group for which treatments and social care are of particular importance.

Objectives:

- To improve medical and psycho-social support to HIV-positive and AIDS-symptomatic drug users;
- To make counselling more accessible to all HIV-positive people;
- To prevent the spread of HIV infection among drug users, their sexual partners, and offspring;
- To reduce HIV transmission in blood and blood based products.

Action 4: Exchanges of Experience on Counselling and Treatment Services

Accessibility to counselling services, as well as telephone directories and other telephone information systems, are necessary to assist both HIV-seropositive persons and AIDS sufferers.

Crisis intervention help lines are increasingly available in Member States. The first European Conference on AIDS hotlines, which took place in Amsterdam (April 1989), has demonstrated their effectiveness not only in providing support in cases of crisis but also in serving as an anonymous personalized information system.

This could lead to the establishment of a Community-wide directory of help lines. This should be done in close coordination with drug help lines, since HIV-seropositive and AIDS-symptomatic drug users may have recourse to both systems.

With the growing mobility of people in the European Community, there is a need to promote exchanges of experience between health care professionals on treatment services and medical care, so that they can cope better with an increasing number of patients coming from different cultural backgrounds.

Appropriate means will be established for exchanges of experience, and to develop effective treatment methodologies. That could lead to a European guide of medical care and treatment facilities, which can be used further by Member States and the Commission to promote exchange visits.

Action 5: Development of Models for the Costing of the Management of AIDS

It is foreseen that there could be 150,000 persons with AIDS in the European Community in 1992. The average yearly cost for an AIDS patient has been estimated as being of the order of ECU 20,000 for medication, hospitalization, home care, and psycho-social support. Thus, ECU 3 billion will be required in 1992 to cover these costs, and this amount could be expected to increase yearly as the number of AIDS victims rises.

The Commission will examine the feasibility of developing models for the costing of the management of AIDS, taking account of the available findings of the

WHO report on costs, and the conclusions of the European Health Committee with regard to the impact of AIDS on the organization of health care.

Action 6: Reduction of HIV Transmission in Blood and Blood-Based Products

In the past, a cause of AIDS was the transmission of HIV in blood and blood-derived products. Several measures have now significantly reduced the risk of transmission.

Selection of blood and plasma donors and screening of their donation for HIV antibodies is now systematically carried out, in accordance with the recommendations of the Council of Europe. Also, Directive 89/381/EEC relating to medicinal products derived from human blood and plasma lays down requirements for manufacturing and purification processes to ensure, insofar as technology permits, the absence of specific viral contamination.

However, the risk of transmission can be reduced still further. The attainment of European self-sufficiency in blood and blood-derived products has become a Community objective, through the promotion of voluntary unpaid blood donations. The Commission will examine carefully the current situation and evaluate how best these objectives can be achieved, bearing in mind its current cooperation with the Council of Europe in this field.

Chapter 3: Epidemiological Assessments

Although statistics are available on the numbers of AIDS cases, there are no reliable statistics for HIV seroprevalence.

Prevention, treatment, and risk reduction strategies and the corresponding allocation of resources require knowledge of the patterns and trends of the AIDS epidemic.

Objectives:

- To ensure and improve the availability and comparability of data on AIDS, and HIV seroprevalence;
- To provide, through epidemiological studies on AIDS/HIV, appropriate information for preventive policies.

Action 7: Improvements to the System for Gathering the Data on AIDS

The European Centre for the Epidemiological Monitoring of AIDS (WHO-EC Collaborative Centre in Paris) is playing a major role in gathering and analysing epidemiological data on AIDS.

In order to improve the quality of the data, support will be given to national monitoring systems; to the accessibility of the Paris Centre's data base; and to improving epidemiological information on the disease.

Proposals will be made on the establishment of a Community-wide system, with a view to facilitating exchanges of information.

Action 8: Common Methodological Approaches To Ensure the Availability and Comparability of Epidemiological Data on HIV Seroprevalence

HIV seroprevalence is becoming a central issue in developing strategies for prevention and care. The present lack of knowledge is not a sufficient basis on which to establish sound health policies.

As a first step, a methodology should be agreed at Community level.

A survey will be made on current approaches determining HIV seroprevalence in the European Community, in order to provide information on the epidemiological situation regarding HIV transmission.

Chapter 4: Manpower Training and Development

The development of the actions contained in this programme in terms of prevention, treatment, risk reduction, socioeconomic integration, as well as epidemiological data collection and evaluation, requires the presence of adequately trained personnel.

Adaptation and improvement of training for health and social care professionals can be ensured through exchanges of experience.

Objectives:

- To provide health and social care professionals with an adequate knowledge of AIDS prevention and primary care of AIDS patients and HIV-seropositive persons;
- To develop an adequate core of specialists in AIDS prevention, treatment, and psycho-social care of people with HIV or AIDS.

Action 9: Systems of University Training for Health Care Workers; Mobility of Medical and Nursing Students

Universities and bodies involved with professional training courses for health and social care should become more involved in the fight against AIDS with adequate information and training on AIDS issues being provided.

To accelerate the education and continuous training of professionals, the development of appropriate teaching materials and supports is necessary.

A survey will be made on the training and instruction given in university education and training, and exchanges of experience will be organized.

A survey on existing teaching materials will be carried out and, if appropriate, the promotion of exchanges of materials, as well as the development of additional training material.

DENMARK

Funds for Home Care of AIDS Patients

91WE0308A Copenhagen BERLINGSKE TIDENDE in Danish 5 Feb 91 p 3

[Article by Jens-Arne Sorensen: "Additional Funds for Care of AIDS Patients"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Until now, AIDS patients who wanted to die at home had to remain at Hvidovre Hospital. Criticism has now resulted in 800,000 additional kroner for the care of the terminally ill.

The much praised Hvidovre project, in which AIDS patients can be cared for at home in the final months of their lives, was about to come to a complete standstill for want of money.

Yesterday the project was allocated 800,000 additional kroner by the City of Copenhagen. Dr. Jens Ole Nielsen, the head of Hvidovre Hospital's infectious diseases department, which has approximately 20 AIDS patients, said:

"It is regrettable that patients have to wait to go home when they have so little time left to live. So we requested 800,000 kroner for additional home care. I have just been informed by Jorgen Frederiksen, the deputy mayor in charge of hospitals, and by the hospital's administration that the funds have been granted."

Some AIDS patients at Hvidovre Hospital can now fulfill their wish to die at home. For this they can thank the National Federation of Gays and Lesbians (LBL).

"We could not accept this inhumane treatment of dying patients. For that reason it is gratifying that the city has stepped in, but at the moment this cannot satisfy the need. The relevant fact is that it certainly does cost more to hospitalize people than it does to care for them at home. The human costs haven't been taken into account and in this context I would mention, for example, that a single AIDS patient died at the hospital before he could return home because of the project's poor funding. A second patient, contrary to his own wish, was forced back into the hospital after having been discharged, but there was no money for home care," said Jakob Haff, LBL's AIDS coordinator.

Until now, 1.2 million kroner were designated for the home care project at Hvidovre Hospital. On an annual basis, that covers approximately 10 hours of daily care from home care workers and nurses for two patients.

Study of Prostitution, AIDS Link

91WE0329B Copenhagen BERLINGSKE TIDENDE in Danish 21 Mar 91 p 2

[Text] Odense—Men who buy sex from prostitutes in Odense want to have the goods without a condom. The

customers are willing to pay double the price without a condom—even at the risk of getting AIDS. Besides this, AIDS information to prostitutes is not clear enough, according to a study of female street prostitutes in Odense made by Fyn County. The county's AIDS committee wanted to find out whether the prostitutes know enough about HIV-infection and AIDS, and what information they need. Fyn County is now trying, together with the county's treatment center and the YWCA's shelter house, "Dueslaget," to help narco-prostitutes especially.

Greenland AIDS Information Project Debate

91WE0308B Nuuk GRONLANDSPOSTEN in Danish
22 Mar 91 p 6

[Unattributed article: "AIDS Debate in a Workshop"—first paragraph is GRONLANDSPOSTEN introduction]

[Text] Klavs Find, the chief district medical officer in Tasiilaq, is informing his colleagues in other agencies about the AIDS campaign in town.

Nuuk—"The AIDS campaign which Paarisa conducted two to three years ago is no longer having much of an effect."

"It's as if people are forgetting its message. So we're thinking about setting up an informal, operational workshop which will provide, translate, interpret, and advance existing knowledge about AIDS."

So said Klavs Find, Tasiilaq's chief district medical officer, after concluding that the incidence of sexual diseases in Greenland is rising.

"The idea about an operational workplace has been well received by staff at the hospital, and we think we'll work with newspaper clippings, posters, discussions, scripts, and plays, and of course with tapes and videos," said Klavs Find, who went on to say:

"The aim will be to increase our all-round knowledge about the deadly disease and, in the light of this knowledge, [learn] what the prospects are in Greenland's society. I have also proposed that young people in town can be involved in this informal work, so they can take a tape recorder to the elderly in town and interview them about their views on life, etc. In this way the young can also feel they want to speak freely about everything. We see ourselves holding an open house once a week, and each time one or two people with professional expertise can inform the people about AIDS and its effects," said Klavs Find, who is also providing information about the idea to other agencies he will be working with.

"Our working method will be informal, I would like it to be cheerful, and we want to have music with it. For this reason we're providing information to our colleagues in the schools, the social service administration, the trade school, hobby classes, clubs, the Greenland Trade, and many other places, who can be active participants and

act as sponsors. We lack a place in which we can carry out such activities. We will need various things such as coffee makers, paper, scissors, typewriters, photocopiers, and other similar materials as well," explained chief district medical officer Klavs Find, who hoped everyone would be interested and help out.

Agency Acts To Protect Blood Supply

AIDS-Risk Donors Screened

91WE0328A BERLINGSKE TIDENDE in Danish
24 Mar 91 p 3

[Article by Jesper Olsen: "Sex-Buyers Must Not Give Blood"—first paragraph BERLINGSKE TIDENDE introduction]

[Text] The Health Administration has expanded the AIDS-risk group because of an increasing number of HIV-positive prostitutes. This means stricter rules for blood donation.

Beginning 1 April the Health Administration will no longer accept blood from persons who have been in close contact with a prostitute. The Administration has expanded the circle of AIDS-risk groups—those that must not give blood—to include Danes who have "consulted" the easy ladies of the street.

Before having blood drawn, all donors must now read and sign a new pamphlet that says, among other things, that blood donors must not have had sex with a prostitute within the past year.

The Health Administration's new guidelines go into effect 1 April and replace the Administration's previous definition of risk groups that was set in January 1988.

Dr. Michael von Magnus from the Health Administration told BERLINGSKE TIDENDE about the rule change: "The risk that Danish prostitutes will transmit the disease is not very great. At any rate, the number of infected prostitutes is not rising. However, we know that the transmission of the disease from this sector is very high abroad—particularly in Africa and Southeast Asia. But in the definition of a risk group we cannot differentiate between visits to various prostitutes. Therefore we would rather be on the safe side and let the risk group include all customers of prostitutes."

The Health Administration does not know whether the expansion of the risk group will mean a fall in the number of blood donors. Each year 400,000 units of blood are donated to the country's blood banks.

Minister Issues Order

91WE0328B Copenhagen BERLINGSKE TIDENDE
in Danish 23 Apr 91 p 1

[Article by Sten Tolderlund: "Minister Orders All Donor Blood Checked"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The Health Administration was ordered yesterday to begin a check of donor blood as soon as possible throughout the whole country for the dangerous virus hepatitis C.

Health Minister Ester Larsen (Radical Liberal Party) stepped in immediately yesterday in the matter of the dangerous virus hepatitis C. This occurred after the revelation of the matter in BERLINGSKE TIDENDE Sunday. It is feared that between 2,000 and 5,000 Danes are already infected.

"I have asked the Health Administration to take steps to begin a screening of all donor blood in Denmark for the hepatitis C virus as rapidly as it can be done," Larsen said after a hasty meeting with the Health Administration yesterday afternoon.

"The important thing for me is for the country's citizens to retain confidence in donor blood. In the meantime we cannot assure full safety against all transfusion-transmitted hepatitis C virus, but a new test will be able to prevent the transmission of a good bit of it."

The Health Administration now intends to establish guidelines for blood banks in all the country's hospitals—in the same way it was done previously for hepatitis B and the AIDS virus.

The guidelines are expected to appear shortly, but before they can be put into practice, new equipment will be purchased.

"The original methods of detecting the virus were quite imprecise. Therefore the Health Administration will delay its screening to await the arrival of more accurate methods," the minister said. She finds no reason to criticize the fact that the matter has been before the Health Administration for a year. She does not think that Denmark is behind many other countries.

Larsen said that she knew nothing of the matter until BERLINGSKE TIDENDE wrote about it: "I am distressed that I was not told of the matter when we in the Health Ministry received the report from the Health Administration in February."

It will cost 15 million kroner a year on a national basis to check donor blood for hepatitis C, and the minister said that she will now consult with the County Council Association on where the money will come from.

Measures Seen Adequate

91WE0328C Copenhagen BERLINGSKE TIDENDE
in Danish 24 Apr 91 p 5

[Article by Sten Tolderlund: "All Blood May Not Be Checked For Deadly Virus"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] A majority in the Folketing's Health Committee has called in Health Minister Ester Larsen for another consultation today. During consultation the minister

could not answer yesterday whether the donor blood that is already in the blood banks will also be checked for hepatitis C.

Several members of the Folketing's Health Committee are quite dissatisfied with the report on the blood virus hepatitis C that Health Minister Ester Larsen (Radical Liberal Party) gave yesterday.

Immediately after TV journalist Bill Rathye on Channel 2 and BERLINGSKE TIDENDE raised the issue Sunday, the Health Committee decided to call in the minister for consultation on Tuesday.

But after the meeting yesterday the members of the committee said that the minister could not answer whether the blood presently in the blood banks will also be checked for the hepatitis C virus.

Therefore a majority of the committee, consisting of members of the Social Democratic Party, the Socialist People's Party, the Christian People's Party, and the Democratic Center have called the minister in for a new consultation today to clear up whether "old" blood will be screened.

On Monday the minister ordered the Health Administration to begin screening "all donor blood in Denmark." But there is still the question of whether this only applies to the donor blood that will be drawn in the future or not.

The Health Committee asked the health minister in yesterday's meeting whether blood that has already been drawn is being used without screening.

"When the minister says to the press that the country's citizens are to have complete confidence in donor blood, this must obviously also apply to the existing blood in the blood banks. Otherwise people must expect to become sick or to have their operations postponed," the chairman of the Health Committee, Kopke Christensen (Progress Party) said.

"I don't feel that we got a clear answer, and I am also dissatisfied with the fact that the minister could not answer how long it will be before the screening begins."

Birgitte Husmark (Socialist People's Party) said: "It is not satisfactory that the minister could not say how soon the screening could begin, just as she could not answer whether it will include the blood that is already in storage.

"I am also critical of the long treatment of the matter in the Health Administration and in the Health Ministry. The minister says that only recently have more accurate methods for detecting hepatitis virus C appeared. Nevertheless, the National Hospital and the Aalborg Hospital have screened blood since December 1989 and found several cases of infected donors."

Refused To Answer

Karen Højte Jensen (Conservative Party) reported that the Health Administration in its report to the Health Ministry did not take a position on whether the blood that the blood banks have at present should be tested or not.

"The Health Administration must now give a supplemental opinion on this, but I am surprised that they have not already done so," Jensen said.

Torben Lund (Social Democratic Party) said: "The minister refused to answer factual questions on why such a long time has gone by. The only explanation was that there was such a pressure of work in the ministry. Now more time will be taken up in making guidelines, and a quite unnecessary sense of insecurity is being created in the population."

Health Minister Ester Larsen said after the meeting that the guidelines for the blood banks will come "in a very short time."

Concern Over Hepatitis C

91WE0328D Copenhagen BERLINGSKE TIDENDE
in Danish 27 Apr 91 p 1

[Article by George Hilton: "Eight of Ten Hemophiliacs Have Gotten Dangerous Virus"—first paragraph BERLINGSKE TIDENDE introduction]

[Text] Danish hemophiliacs are thought to have been infected with the feared liver sickness, hepatitis C, before 1986 when heat treatment of all hemophiliac medicine was introduced.

About 300 of Denmark's 350 hemophiliacs are thought to have been infected with the feared liver inflammation, hepatitis C, which all donor blood will now be tested for.

About 150 hemophiliacs are at risk of developing chronic liver inflammation that can lead to cirrhosis of the liver and liver cancer with fatal results.

Dr. Theis Bacher of the blood bank at Slagelse Central Hospital estimates that about 85 percent of the hemophiliacs have gotten the hepatitis C virus in their bodies.

They have gotten it from hemophiliac medicine, which is made of blood from up to many thousands of donors.

A total of between 2,000 and 5,000 Danes are infected with hepatitis C.

"Half of those who are infected with the severe form of liver inflammation, hepatitis C, become acutely sick, but recover and regain their health. The other half get chronic liver inflammation, which is feared because in many cases it leads to various forms of liver damage or to liver cancer after 10-15 years.

"Seven or eight years ago liver inflammation was the most common cause of death among hemophiliacs in the

United States. But how many died specifically of hepatitis C is not known, since it could not be tested. Now this can be done, and there is no doubt that hepatitis C is a big problem," Dr. Bacher said.

The infected hemophiliacs are all thought to have been infected before 1986, when an AIDS-test of donor blood was introduced and at the same time heat treatment of all blood medicine was begun to stop the AIDS infection.

"The treatment is effective for many different forms of virus. Therefore we do not think that the hemophiliacs have been infected with hepatitis C after the virus-inactivation was initiated," Bacher said.

Today AIDS is the most common cause of death among hemophiliacs. Ninety Danish hemophiliacs were infected with AIDS before control of blood medicine was introduced five years ago. Up to now, nine Danish hemophiliacs have died of AIDS.

Agency Issues Report on AIDS, Drug Link

91WE0331A Copenhagen BERLINGSKE TIDENDE
in Danish 28 Mar 91 p 6

[Ritzaus Bureau report: "Three Hundred Copenhagen Addicts HIV Positive—Fewer Than in Other Major Cities"]

[Text] (RB)—Between 250 and 300 drug addicts in Copenhagen have been diagnosed as HIV positive. But as a number of addicts do not want to be tested for the infection it is estimated that there may be over 300 infected substance abusers in the capital, according to the Public Health Administration's publication, AIDS-NYT.

Copenhagen, which has between 2,000 and 3,000 drug addicts, is not nearly as hard hit as other major cities, however. Studies show that close to 65 percent of New York's substance abusers are infected with HIV, due especially to the fact that hypodermic needles are not sold freely because of drug policy.

It is estimated that 40 percent of the heroin addicts in Stockholm are HIV positive. This may have something to do with the fact that in Sweden hypodermic needles and syringes can be obtained only with a prescription.

In Copenhagen needles and syringes—known as tools—are distributed free of charge to drug addicts. Currently this involves 50,000 needles a month.

"We estimate that in the years ahead we will have a constant case load of at least 20-30 substance abusers with AIDS who require treatment," said chief public health physician Joel Fallov, who heads the Social Services Administration's AIDS work.

The large number will lead to some problems as infection/medical wards have a top quota of eight drug abusers at one time for fear of changing the nature of the wards.

Job Site AIDS Program Presented

91WE0329A Copenhagen BERLINGSKE TIDENDE
in Danish 17 Apr 91 p 1

[Article by Anette Juul-Madsen: "Struggle Against AIDS at Job Site"—first paragraph BERLINGSKE TIDENDE introduction]

[Text] Public and private job sites will have their own AIDS policy so that a person knows how he is to react if a fellow worker gets AIDS. A widely organized working group is about to mount a campaign that will begin next fall.

Next fall the authorities intend to begin an AIDS campaign in the country's job sites, both public and private, and as many as possible.

The campaign is being organized by a working group with representatives from, among other places, the Health Administration, the National Association of Communities, the Trade Union Federation and the Danish Employers Association, the County Councils Association, and the National Association of Homosexuals and Lesbians.

In the Danish Employers Association, Section Leader Jens Andersen says that AIDS is not considered the biggest problem at the job site, "but if we can help to get rid of a few myths, we would like to do so."

The goal of the campaign is to get every single job site to form its own AIDS policy so that everyone knows how to react if a fellow worker is infected or gets AIDS—to make it easier for the HIV-positives and for those with AIDS to "put their cards on the table" and to get rid of myths and unnecessary fear.

"It is important for HIV-positives and for those with AIDS to be able to keep their jobs as long as possible.

"With the campaign we want to try to remove the fear and trembling that can force those with the disease out of the work place," the head clerk in the Health Administration, Henning Jorgensen, said.

A CBS program on TV introduces the campaign, and the job sites will be offered videos that raise a series of questions such as: Is it infectious to use the same cups and silverware? What shall we do in case of a bloody accident at work? Should a person admit at his job site that he is infected?

The videos will stop just before the conclusion is to be reached and put the question up to debate.

"They will be supplemented with a newspaper, which is not an answer sheet, but which contains a reasonable guide to provide for a serious discussion," head clerk Jorgensen said.

FINLAND

Increased Funding for AIDS Centers

91WE0277C Helsinki HELSINGIN SANOMAT
in Finnish 15 Feb 91 p 7

[Text] During the question and answer session of the Parliament, Minister of Social Affairs and Health Mauri Miettinen [Conservative] straightened out some publicity on the financial problems of the AIDS support centers.

According to Miettinen, people have been given a skewed idea of the situation. It has been claimed that the support centers will meet with financial difficulties because the Ministry of Social Affairs and Health cut their funds for 1991.

"The support centers will get a total of 3.35 million markkas in funds for 1991. This is 1.45 million markkas more than in 1990—that is, an increase of 76 percent," Miettinen pointed out.

Out of the 3.35 million, 2.95 million will come through the Finnish Slot Machine Association, and the rest—400,000 markkas—from the Ministry of Social Affairs and Health.

The Slot Machine Association had proposed a total budget of 4 million markkas.

Miettinen said that the budget submitted by the Slot Machine Association was only a proposal. He pointed out that the AIDS centers have already received the over 700,000 markka cut out from the Association proposal. Four hundred thousand markkas were given in the form of a Christmas gift collection by the Parliamentary groups, and the rest has been provided "previously as payments of deficits."

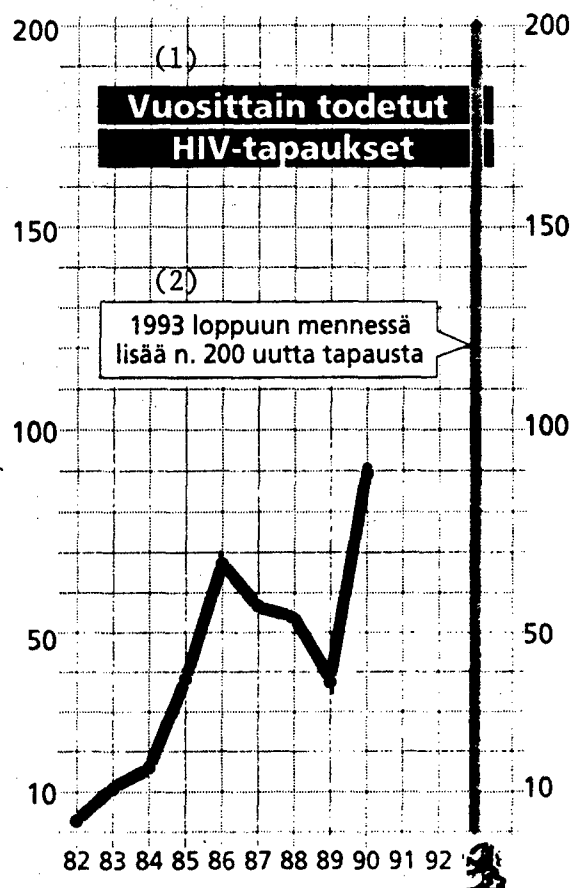
New Projection Model for AIDS Cases

91WE0290A Helsinki HELSINGIN SANOMAT
in Finnish 16 Mar 91 p A 13

[Text] The first model considered dependable in projecting the spread of the HIV virus has been developed at Helsinki University by Markku Loytonen, an assistant professor in the Department of Geography. A projection based on this model indicates that, within the next two years, Finland will have 200 new HIV cases, and the disease will spread to all parts of the country.

Loytonen's research has attracted worldwide interest. The Annals of the Association of American Geographers, the leading international series in geography, recently published Loytonen's article.

Loytonen's method is based on the use of socioeconomic and demographic statistics to determine variables. To predict Finnish trends, he uses five groups of variables.



Key: 1. Reported HIV Cases—2. 200 new cases by the end of 1993

Among the variables depicting spatial interaction [population movements], Loytonen includes Finnish vacation travel to foreign countries, foreign tourism to Finland, and internal Finnish migration.

The following variables indicate the rate of risk behavior: the number of gonorrhea cases, the number of suspected drug offenses, and the number of people who live alone.

As an indicator for the commonness of safe sex, Loytonen uses the number of condoms sold.

The general welfare of the population is represented by the figures on the consumption of alcohol, the number of unemployed, the number of people treated for intoxicant abuse, and taxable income levels.

The degree of urbanization is represented by the numbers of people living in population centers and by the numbers of employees in financial and banking services.

According to Professor Loytonen, predictions by epidemiologists have gone amiss mainly because they have

been based on the incubation period of the virus. However, the time estimates have continued to change, and incubation is now thought to take longer. Nowadays nobody dares to make very definite predictions about incubation periods.

Loytonen's projection model has proved workable at least so far. It was quite accurate in predicting the explosion in the number of HIV infections in Finland last year.

The model can be applied to other countries, as well, said Loytonen. Of course, the characteristics peculiar to each geographic area will influence which variables will be used in making the projections.

If Loytonen's projection model proves as reliable as it has been up to now, it will provide officials battling the HIV virus with guidelines on how to use their limited funds. AIDS campaigns based on earlier models have been targeted at sexual minorities and drug addicts, but the most recent statistics for Finland show that the disease is spreading among heterosexuals and women more rapidly than in any other European country.

Chief physician Olli Haikala from the environmental division of the Ministry of Social Affairs and Health considers Loytonen's model better than any other presented so far. According to him, investigating the effects of Loytonen's variables could lead educators to the right risk groups.

"If any of the variables—travel, for example—expands significantly at the same time that the number of HIV cases goes up, we know of at least one group to which educational effort should be directed."

As far as the spread of AIDS is concerned, 1990 was the darkest year in Finland's history. In the previous two years, the number of new infections had already seemed to be declining, but in 1990, a record number of 91 new infections were detected. All in all, 382 cases have been recorded in Finland.

During January and February of this year, 11 new cases were reported, which indicates a possible annual total of about 70 cases. According to Haikala, the number of new infections varies greatly according to the time of year, so one cannot draw any firm conclusions on the basis of the figures reported early in the year.

Dispute Over Funding of AIDS Center

91WE0290B Helsinki HELSINGIN SANOMAT
in Finnish 18 Mar p. 4 9

[Text] The AIDS Support Center and the registered association SETA [Sexual Equality] have requested the parliamentary ombudsman to conduct a speedy investigation of the legality of the conditions set on the AIDS center funding.

The government had allotted SETA a total of 2.95 million markkas for the AIDS center from the funds of

the Finnish Slot Machine Association on condition that the center be separated from SETA by the end of the year. However, the Slot Machine Association did not specifically request at any point for changes to be made in the juridical status of the AIDS center.

Also, a 400,000-markka allotment by the Ministry of Social Affairs and Health had the condition that the AIDS center become independent. However, the condition was not justified in any way before the allocation was made.

Minister Tuulikki Hamalainen [Social Democrat] expressed a dissenting view on setting any conditions.

The AIDS center was established at the initiative of SETA.

In the opinion of those requesting the inquiry, overseeing the use of the funds allotted to the center is quite simple because the executive committee of the center, the yearly agenda, the estimated budget, and the balancing of the accounts are kept separate from SETA's other activities.

IRELAND

Continuing Spread of AIDS Reported

Actuaries' Report

91WE0325A Dublin IRISH INDEPENDENT
in English 21 Mar 91 p 1

[Article by Eilish O'Regan: "AIDS To Push Up Cost of Life Cover"]

[Text] A new report warns of substantial increases in the cost of life as AIDS continues to spread among the general population.

It confirms that the disease is spreading more rapidly among heterosexuals than homosexuals or drug abusers and predicts large rises in long-term life assurance premiums if the trend continues.

The Society of Actuaries report—compiled by experts who forecast insurance risks—shows that insurance companies paid £499,396 in 24 suspected AIDS-related death claims last year.

It says more heterosexuals are contracting the disease while on business or holiday abroad, or from contact with drug abusers, although the overall number at the moment is relatively low.

Last night National AIDS Co-ordinator Dr. James Walsh agreed with findings. He revealed that the percentage of heterosexuals infected has risen from three percent to seven of total cases in just two years.

"It is steadily rising in the general population and requires the closest observation," he said. A large proportion of heterosexuals affected are women.

The spread among homosexuals is slowing down thanks to major changes in their habits and sexual behaviour. But the report predicts a rise in the number of infected drug users over the next few years because of the extent of drug abuse in the early 1980s.

The trends in general have major implications for the insurance industry, the report says. Already the incidence of AIDS in the general population has prompted life assurance companies to increase premiums for term assurance—that is, where cover is taken out for a fixed period at a cheap rate.

Some companies have withdrawn the option of extending a policy without a medical examination. A number have inserted a question on AIDS in their proposal forms while others ask specifically for marital status.

But these measures alone will not be enough, the report warns. Actuary Society spokesman Tom Collins insists that if the spread of the disease among the general community continues apace, then life premiums for traditionally non-high-risk groups will inevitably increase.

At the end of 1990 there were 179 reported cases of the disease; 61 of these were in the 25 to 29 age group, while five were heterosexuals.

The number of children born HIV-positive is twice as high in Ireland as in the UK, but the prevalence of the disease is not as high as in most European countries.

Ninety one heterosexuals have tested HIV-positive, and three heterosexual males and seven females in this group developed AIDS.

The largest group of deaths—26—was in the homosexual-bisexual community.

Latest Statistics

91WE0325A Dublin IRISH INDEPENDENT
in English 19 Mar 91 p 3

[Article by John Foley: "Heterosexual AIDS Increase Alarms Cabinet"]

[Text] Growing cabinet alarm over the impact here of the AIDS epidemic has been increased by new data supplied to Ministers by the National AIDS Campaign, which shows worrying new trends emerging.

Ministers' concern has increased as a result of the figures from the country's AIDS co-ordinator Dr. James Walsh, showing a continuing increase in the incidence of the disease amongst heterosexuals.

As well as disclosing a doubling of cases in two years, figures from Dr. Walsh confirmed outbreaks in Kerry, Donegal and other western counties.

Disclosure that the epidemic is clearly spreading into the heterosexual population increased concerns at the existing levels of protection.

Fourteen cases have occurred amongst members of the heterosexual population with five deaths. While ten deaths have taken place of 17 cases amongst haemophiliacs.

These figures were especially of concern to Ministers and lay at the basis of agreement that the condoms issue had to be confronted.

And Mr. Haughey was about to announce a Government initiative before the Circuit Court doubled fines in the Virgin Megastore appeal, government sources confirm.

Latest figures show that 190 cases of full-blown AIDS had been confirmed by March 6 last, of which 79 have already died.

Most of them are amongst the homosexual/bisexual community (72 cases with 27 deaths) and intravenous drug abusers with 69 cases and 22 deaths.

Seven cases and six deaths have now been recorded amongst a group classified as homosexual/bisexual/drug abusers.

And there have also been seven cases and five deaths among babies born to intravenous drug abusers, Cabinet members have been told.

The collection of data on AIDS after the epidemic was discovered in the United States and Africa.

These and earlier figures have convinced Ministers that argument against condoms on moral grounds had to be disregarded in favour of protecting the population.

And while individual ministers may differ on the age of availability, all are now believed to be convinced of the role of condoms as a public health instrument.

SWEDEN

'HIV' Man Reincarcerated by Authorities

91WE0318C Stockholm DAGENS NYHETER
in Swedish 21 Apr 91 p 12

[Unattributed article: "'HIV Man' Back in Germany: Escorted by Public Health Doctor to the Border"—first paragraph is DAGENS NYHETER introduction]

[Text] The so-called HIV man has left Sweden and gone back to Germany. He was taken into custody for police observation in Goteborg on Wednesday.

Incarceration occurred after the public health doctor received information that the man had resumed using amphetamines.

"He requested permission to go to Germany," said public health physician, Dr. Per Haglind.

The 47-year-old man, charged with sexually assaulting boys, had been previously incarcerated in Sweden. Several weeks ago, he flew on a chartered plane to Germany, but came back shortly afterwards to Goteborg. On Wednesday he was apprehended in accordance with the law concerning institutionalized psychiatric care and was taken to the hospital for further examination.

The man, a German citizen, requested to go to back to Germany, and did so on Friday afternoon. How the return trip happened, Per Haglind declined to say, only that he followed the man to "the edge of the Swedish border."

The public health doctor has come to the conclusion that there were no grounds for intervention on the basis of the public health laws.

"I have also ascertained that there were not any grounds for interference from the public prosecutor's office. The man is not regarded as having committed any crime. On the psychiatric side, there were no grounds for proceeding on the basis of the law on institutionalized psychiatric care. Nor were there grounds for proceeding on the basis of the law on treatment of drug addicts.

"He behaved in a manner which, from the point of view of society, in so far as it pertained to Friday, must be regarded as acceptable. Thus, he may do as he pleases and he has chosen to go back to Germany."

The 47-year-old man was the first in Sweden to be taken into custody for the purpose of preventing the spread of infection. He had been moved around to a number of hospitals in Goteborg and Stockholm.

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