

JPRS-TEP-91-018
27 AUGUST 1991



JPRS Report

DISTRIBUTION STATEMENT 4
Approved for public release;
Distribution Unlimited

Epidemiology

AIDS

19980506 030

DTIC QUALITY INSPECTED 3

REPRODUCED BY
U.S. DEPARTMENT OF COMMERCE
NATIONAL TECHNICAL
INFORMATION SERVICE
SPRINGFIELD, VA 22161

Epidemiology

AIDS

JPRS-TEP-91-018

CONTENTS

27 August 1991

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

SUB-SAHARAN AFRICA

ANGOLA

Lack of AIDS Awareness Worries Authorities [*Helio Belik; Lisbon PUBLICO, 30 Jun 91*] 1

CONGO

Health Minister on Government Anti-AIDS Measures
[*Brazzaville Voix de la Revolution Congolaise Network, 12 Jul 91*] 1

KENYA

AIDS Drug Said Approved for Testing, Use
[*Michael Otieno; Nairobi KENYA TIMES, 3 Jun 91*] 2

Forged AIDS Test Certificates Said Available
[*Muthuri Nyamu; Nairobi KENYA TIMES, 27 Jun 91*] 2

NAC: Job Applicant Screening Illegal [*Murigi Macharia; Nairobi SUNDAY TIMES, 30 Jun 91*] .. 3

MALAWI

Government Criticizes Report of 'Chaos' From AIDS [*Johannesburg Radio RSA, 8 Jun 91*] 3

MOZAMBIQUE

Ministry Announces Official AIDS Figures [*Maputo NOTICIAS, 6 Jul 91*] 3

AIDS Prevention Taught in Displaced Persons Camps [*Maputo NOTICIAS, 18 Jul 91*] 3

Health Ministry—Number of Registered AIDS Cases 233 [*Maputo Radio Maputo, 27 Jul 91*] 4

NIGERIA

Organization Launches AIDS Awareness Campaign [*Luanda JORNAL DE ANGOLA, 3 Jul 91*] ... 4

SOUTH AFRICA

Impact of AIDS on Work Force Worries Business Sector
[*Johannesburg FINANCIAL MAIL, 24 May 91*] 4

HIV Incidence Increasing at Baragwanath Hospital [*Cape Town THE ARGUS, 28 May 91*] 6

Institute Criticizes State's, ANC's Anti-AIDS Efforts [*Johannesburg SAPA, 29 May 91*] 6

KwaZulu Health Minister on Projected AIDS Mortality Rate [*Johannesburg SAPA, 6 Jun 91*] 7

Union Urges AIDS Awareness for Truck Drivers
[*Jennifer Pogrand; Johannesburg THE WEEKLY MAIL, 14-20 Jun 91*] 7

Health Minister Reveals 100,000 People HIV Positive
[*Johannesburg South African Broadcasting Corporation Network, 9 Jul 91*] 8

Health Department AIDS Statistics Show Transvaal Highest [*Johannesburg SAPA, 25 Jul 91*] 8

Researcher Notes AIDS Deaths Predictions [*Johannesburg SAPA, 6 Aug 91*] 8

SWAZILAND

Ten AIDS Cases Reported April - June [*Mbabane Radio Swaziland Network, 31 Jul 91*] 9

ZAMBIA

Health Ministry Confirms 4,690 AIDS Cases [Johannesburg SAPA, 6 Jul 91] 9

ZIMBABWE

Official on Tuberculosis Program, AIDS [Johannesburg SAPA, 19 Jul 91] 9

CHINA

Health Ministry Holds Seminar on Fighting AIDS Epidemic [Beijing XINHUA, 22 Jul 91] 10
AIDS Cases Show Increase in Guangdong [Hong Kong ZHONGGUO TONGXUN SHE, 25 Jul 91] 10

EAST ASIA

BURMA

Health Department Cites AIDS Cases in 1985-1991 [Rangoon Radio Burma, 23 Jun 91] 12

HONG KONG

Rapid Increase in AIDS Incidence Expected
[Ursula Yeung, Harald Bruning; Hong Kong THE HONGKONG STANDARD, 29 May 91] 12

KIRIBATI

First AIDS Victim Confirmed [Melbourne Radio Australia, 23 Jul 91] 13

MALAYSIA

HIV Carriers Increase by 42 Percent to 1,212
[Kuala Lumpur Radio Malaysia Network, 2 Aug 91] 13

PAPUA NEW GUINEA

Health Report Reveals 21 AIDS Deaths [Melbourne Radio Australia, 12 Jul 91] 14

THAILAND

AIDS Detection Methodology, Trends Discussed
[Wichai Chokwiwat; Bangkok MATICHON, 30 Mar 91] 14
Chiang Rai AIDS Survey, Public Education Efforts [Bangkok DAO SIAM, 13 Apr 91] 15
Epidemiology Chief Wants AIDS Notices Posted [Bangkok SIAM RAT, 13 Apr 91] 16
Doctor Views Phayao AIDS Situation, Countermeasures [Bangkok SIAM RAT, 19 Apr 91] 16
Statistics Show AIDS Infection Among Teenage Students
[Bangkok BANGKOK POST, 19 Jul 91] 17
More HIV Positive Cases in Northern Provinces [Bangkok BANGKOK POST, 22 Jul 91] 17
Official—Over 32,000 AIDS Carriers in Country [Bangkok THE NATION, 30 Jul 91] 18
Health Ministry Says 247,000 May Have AIDS Virus [Bangkok THE NATION, 3 Aug 91] 18

VIETNAM

VNA Reports Continued Efforts Against AIDS Threat [Hanoi VNA, 8 Aug 91] 19

EUROPE

POLAND

WHO Will Fight AIDS in Poland [Warsaw RZECZPOSPOLITA, 16 Jul 91] 20

LATIN AMERICA

REGIONAL AFFAIRS

CANA Feature on AIDS Challenge to Region [*Colin King; Bridgetown CANA, 7 Jul 91*] 21

ANTIQUA AND BARBUDA

Reported AIDS Cases Not 'True Reflection' of Disease [*Bridgetown CANA, 9 Jul 91*] 22

BAHAMAS

Over 300 AIDS Deaths Recorded Since 1985 [*Bridgetown CANA, 22 Jul 91*] 22

Ratio of AIDS-Infected Men to Women Almost Equal [*Bridgetown CANA, 1 Aug 91*] 22

BERMUDA

Since 1981—145 AIDS Deaths; 177 Cases Diagnosed [*Bridgetown CANA, 19 Jul 91*] 22

BOLIVIA

AIDS Figures Announced [*La Paz EL DIARIO, 2 Jul 91*] 23

First Patient Diagnosed With AIDS Dies in Sucre [*La Paz PRESENCIA, 28 Jul 91*] 23

BRAZIL

AIDS Among Women Shifts from Drug Users [*Brasilia CORREIO BRAZILIENSE, 3 May 91*] ... 23

AIDS Rising in Sao Paulo's Poorer Areas
[*Mario Magalhaes; Sao Paulo O ESTADO DE SAO PAULO, 18 May 91*] 23

CHILE

AIDS Cases Over Eight Years Total 314 [*Santiago Radio Chilena Network, 1 Aug 91*] 25

HONDURAS

Minsap Reports 78 New AIDS Cases [*San Pedro Sula LA PRENSA, 30 Apr 91*] 25

Official Reports 418 AIDS-Related Deaths [*Panama City ACAN, 4 Jul 91*] 25

Health Ministry Reports Increase of AIDS [*Paris AFP, 1 Aug 91*] 25

JAMAICA

Official Estimates 'Thousands' Infected With HIV [*Bridgetown CANA, 8 Aug 91*] 25

PERU

Trujillo Reports 800 AIDS Cases [*Lima LA REPUBLICA, 18 Jun 91*] 26

URUQUAY

Twenty AIDS Deaths This Year [*Madrid EFE, 26 Jul 91*] 26

NEAR EAST & SOUTH ASIA

AFGHANISTAN

Doctor Details AIDS Laboratory's Work [*Zahir Ayobi; Kabul THE KABUL TIMES, 10 Jun 91*] . 27

INDIA

More Positive HIV Tests in Calcutta [*Calcutta THE STATESMAN, 4 Jun 91*] 27

AIDS Problem Discussed at Bombay Meeting [*Bombay THE TIMES OF INDIA, 15 Jul 91*] 28

IRAN

Statistics on AIDS, Hemophilia [Tehran IRNA, 28 Jul 91] 28

PAKISTAN

AIDS Cases Said Increasing [Lahore NAEA-I-WAQT, 14 Apr 91] 28

SRI LANKA

Five-Year Plan Launched To Combat AIDS [Colombo LANKAPUVATH, 10 Jul 91] 29

SOVIET UNION

Leningrad—40 Cases of AIDS [Moscow INTERFAX, 1 Aug 91] 30
AIDS 'Spreading Fast' in Large Cities [Moscow Radio Moscow World Service, 10 Aug 91] 30

WEST EUROPE

IRELAND

Health Department Gives AIDS Statistics [Dublin IRISH INDEPENDENT, 31 May 91] 31

NORWAY

Statistics on Sexually Transmitted Diseases
[Ole Martin Bjorklid; Oslo AFTENPOSTEN, 10 Jul 91] 31

PORTUGAL

December 1990 AIDS Statistics [Lisbon SABADO 14-20, Jun 91] 31

SWEDEN

Immigrants Seen Main Factor in HIV Spread 32
Physician: Redirect Resources
[Sten Iwarson; Stockholm DAGENS NYHETER, 17 Jun 91] 32
Free Testing Offered [Stockholm DAGENS NYHETER, 25 May 91] 33

UNITED KINGDOM

Secret AIDS Watch on Visitors to UK
[Victoria Macdonald, Valerie Elliott; London THE DAILY TELEGRAPH, 7 Jun 91] 33

ANGOLA

Lack of AIDS Awareness Worries Authorities

91WE0432A Lisbon PUBLICO in Portuguese
30 Jun 91 p 27

[Article by Luanda correspondent Helio Belik]

[Text] A new war is underway among the Angolans—namely, the “discovery” of AIDS, a scourge which must be urgently combated. In addition to a lack of awareness of the risks, it must be considered that the statistics do not correspond to reality.

According to Angola's Ministry of Health [MS], 211 cases of AIDS were reported throughout the country in 1990. This figure is far from reality inasmuch as the report covers only those patients who were admitted to public hospitals in an advanced stage of the disease.

“In Luanda alone there must be five times that many cases reported by the ministry for the country as a whole,” asserted biologist Maria Olivia Torres, president of the Angolan Association for the Combat Against AIDS, founded last May and headquartered in the vault of Luanda's Museum of Natural History. There are no statistics or control over the number of people infected by the AIDS virus, nor is it possible to determine how many people have already died as a result of the syndrome.

Also according to the official figures, the capital is considered the area most affected, with about 71 percent of the cases, followed by the provinces of Cabinda and Zaire, with 7 percent each. The groups most affected by the syndrome are those between 20 and 39 years of age, with about 60 percent of the cases, and those between 40 and 59 years of age, with about 23 percent. The proportion of infected men is three times greater than that of infected women.

Maria Olivia Torres is afraid that AIDS will soon become a public calamity and stresses the immediate need to take measures designed to enlighten the people and prevent the disease from gaining a still greater foothold among the sectors of the Angolan population least affected until now. “If we do not take immediate steps to combat AIDS, within five years we could have a situation in Angola similar to that of Zaire where it is estimated that about 40 percent of the residents of the capital, Kinshasa, are carriers of the HIV positive, the AIDS virus,” asserts the biologist. To obtain an idea of the extent of AIDS in the Angolan capital, the laboratory of the National Blood Center [CNS], an organization subordinate to the MS, reports that it receives an average of two to three cases per day of blood contaminated by the AIDS virus.

According to the president of the Association for the Combat Against AIDS—an autonomous group which works entirely on a voluntary basis—the groups considered high-risk to be affected by AIDS are, in order of

importance: prostitutes, truck drivers, soldiers, prisoners, and seafaring people in general. In addition, there is an increasing number of cases where the AIDS virus has been transmitted through blood transfusions. Maria Olivia stresses the lack of control of blood used in transfusions as the most worrisome problem in the combat against AIDS. “At the CNS the situation is quite serious. Imagine then what is happening in the provinces farther from Luanda. I know that the problem of contaminated transfusions is serious in Vigo,” says the biologist.

In Luanda there is an official program for combating AIDS, promoted by the MS under the direction of Dr. Elza Montez. This program has been designed to arrange seminars and awareness campaigns among the people. But according to news commentator Joana Teixeira of Angola National Radio [RNA], the people are virtually unaware of methods for preventing AIDS, such as the use of contraceptives and sterilized needles.

Joana Teixeira, who gives a daily radio broadcast on public health, believes that certain traditional customs among Angolans, such as polygamy, are contributing to the spread of the AIDS virus. Another problem is the lack of the people's acceptance of the use of contraceptives: “AIDS is only one of a number of diseases sexually transmissible. There are others in Angola whose indexes of contamination are also continuing to grow,” adds the news commentator.

However, in the opinion of some observers, the combat against AIDS is not a priority issue in Angola, since malaria, diarrhea, respiratory diseases, and cholera are killing many more people. In 1990 a total of 46,723 cases of cholera were reported throughout the country. About 45 percent of the deaths which occurred last year were caused by infantile diarrhea, 26 percent by paludism (malaria), and 10 percent by tuberculosis. In view of this picture, AIDS appears to be an insignificant problem; but without control or awareness on the part of the people, it can only continue to grow and eventually reach the alarming levels being experienced by Zaire and Uganda.

CONGO

Health Minister on Government Anti-AIDS Measures

AB1307181691 Brazzaville Voix de la Revolution
Congolaise Network in French 1830 GMT 12 Jul 91

[Excerpt] The AIDS situation in our country is becoming increasingly alarming. In fact, AIDS prevalence is estimated at 11 percent in Pointe-Noire, 6 percent at Loubomo [words indistinct], and 7 percent in Brazzaville. The killer disease has thus become a real public health issue. How does the transition government plan to revive the struggle against this disease in our country? Health Minister Paul N'Douna has given clarifications to our reporter, Ngosso Eleme. [Begin recording]

Health Minister N'Douna: At this stage, no scientific research has led to the development of a drug that can be put at the disposal of the public. So research has not yet lived up to expectations. We must therefore initiate very vigorous preventive actions. In this vein, the national AIDS commission [words indistinct] has initiated a campaign to educate and protect our population. We are planning to extend such actions to cover the provinces. We have set up regional committees to educate our people on preventive measures. [passage omitted] [end recording]

KENYA

AIDS Drug Said Approved for Testing, Use

91WE0404 Nairobi KENYA TIMES in English
3 Jun 91 pp 4, 19

[Article by Michael Otieno]

[Excerpts] The Ministry of Health has approved for test and use in Kenya of a new drug—Immunex—said to be effective in the clinical management of AIDS and other viral diseases, the KENYA TIMES established.

Immunex, like Kemron, is based on the natural human protein—Interferon—which is produced in the body when there is a viral attack.

The new drug is produced by an Australian firm—Encarich Development Limited of Victoria and a local firm—the Medikem International Limited of Nairobi which has the sole rights for the distribution of the product in Kenya and in Africa. [passage omitted]

According to a brief on the drug, Immunex has 16 sub-species of interferons while the natural animal body produces 20. Kemron has 9 interferon sub-species. Dr. Kariithi was quick to add: "Immunex has a broader spectrum since its sub-species closely relate to the human situation."

Dr. Kariithi explained to the KENYA TIMES that the interferons on which the drug is formulated are from Wellcome Kenya Ltd.

"Encarich Development does not manufacture interferons but their innovation is a development of a stable delivery system for the interferons. An injectible form of the interferons in Immunex have been in the market for a long time in an injectible form—Welferon," he said.

Dr. Kariithi explained further that like Kemron, Immunex will be taken sublingually or as a lozenge, and the patient must massage the drug in the mouth until it dissolves but must withhold saliva in the mouth for four to five minutes before swallowing. It should be taken 30 minutes before or 30 minutes after meal.

He said that the tablet will be taken sublingually (below the tongue) since scientists had discovered that the

oral-pharyngeal area of the mouth had a high number of interferon receptors which were activated by very low dosages of interferon.

He paid tribute to the Kemri innovation of the use of low dosages of interferon for medical purposes unlike the higher dosages employed in the past: "Immunex contains only 200 international units of interferon as compared to the injectible form which has three million international units of the protein in one vial." [passage omitted]

In Kenya, the DMS [Department of Medical Services] only last week revealed that the number of AIDS cases in the country increases at a staggering 5,000 new cases each year and it now stands at 17,260. [passage omitted]

Forged AIDS Test Certificates Said Available

91WE0460A Nairobi KENYA TIMES in English
27 Jun 91 p 5

[Article by Muthuri Nyamu]

[Excerpts] The Director of Medical Services, Professor Joseph Oliech, yesterday promised to investigate press reports of an organised syndicate at the Kenyatta National Hospital dealing in fake AIDS tests certificates.

At the same time, India's High Commission in Nairobi yesterday clarified that Kenyan students travelling for further studies in India are not required to undergo a mandatory AIDS test at the hospital although they are required to undergo a mandatory AIDS test in selected hospitals once in India. [passage omitted]

He said that foreign students in India once found to test positive to the HIV virus are immediately repatriated to their countries.

Mr. Ramesh said that before the students get travelling visas from the mission they sign particulars binding them to undertake AIDS tests under the supervision of the Indian Government doctors.

Prof. Oliech said that he had just read press reports revealing the syndicate and was waiting to be briefed so that he could hold a meeting with Dr. Agata to consider what action to take.

Dr. Agata was said to be in the meeting throughout yesterday.

Yesterday, the DAILY NATION reported that its reporter, pretending to be a student travelling for further studies managed to get an AIDS-free certificate after paying Sh300 through a middle woman who, within 15 minutes, managed to produce the certificate with a hospital address, official stamp, a reference number, date and a signature purportedly the work of a doctor.

The revelation comes in the wake of foreign countries demanding that students from Kenya must produce an

AIDS-free certificate before enrolling as students in such countries. [passage omitted]

NAC: Job Applicant Screening Illegal

91WE0460B Nairobi SUNDAY TIMES in English
30 Jun 91 p 3

[Article by Murigi Macharia]

[Text] The National AIDS Committee (NAC) yesterday issued a strong statement warning that it was both illegal and unethical for any employer of organisation in the country to screen its employees for the killer disease AIDS.

The committee further said that such a move was totally against the Ministry of Health and the Kenya Government policy on AIDS control in the country.

In a signed statement, the AIDS Committee said that screening of employees for AIDS was also against the World Health Organisation (WHO) and the global programme on AIDS control policy guidelines.

The chairman of the AIDS committee, Dr. Sobbie A.Z. Mulindi, said in the statement that any affected employees or individual had the right to appeal.

The AIDS committee was reacting to press reports in the last one week that employers should screen prospective employees.

A leading Nairobi psychiatrist, Dr. Samuel Gatere last Thursday suggested that all employers should carry out intensive tests and that those found with the disease should not be offered employment.

Dr. Gatere, while addressing a meeting of the Institute of Personnel Management in Nairobi, was quoted as saying that all persons and especially those for senior posts should be made to undergo all three mandatory AIDS tests, that is, Elias, Western Blot and Luminal Fluorescent Assay, before being considered for employment.

The Kenya Medical Association (KMA) reacted sharply to Dr. Gatere's suggestions dismissing the move as "unethical, discriminatory and unjustified."

The KMA chairman Dr. J.A. Aluoch said Dr. Gatere's suggestions went beyond the medical profession's ethics and "was equally misleading."

"As medical practioners serving the people of Kenya, KMA feels that the statement was misleading, Dr. Aluoch said in a statement.

The AIDS National Committee yesterday said that nobody should be discriminated against or denied employment, housing, treatment or schooling simply because she or he tests HIV positive.

"The Kenya Government has not allowed compulsory screening or isolation of AIDS infected individual," said the national AIDS body.

The AIDS national body said the WHO declaration on AIDS prevention emphasised the need for AIDS prevention programmes to protect human rights and human stigmatisation of HIV infected people.

MALAWI

Government Criticizes Report of 'Chaos' From AIDS

MB0806153691 Johannesburg Radio RSA in English
1500 GMT 8 Jun 91

[Text] The Malawian Government has criticized a report in a London newspaper, THE DAILY TELEGRAPH, saying the country is facing chaos as a result of the spread of AIDS.

The Malawian Health Ministry said it was not acceptable to Malawi to have the suggestion made that there was chaos over a health problem like AIDS. The ministry said it was irresponsible journalism.

The newspaper report quoted World Health Organization figures, saying more than 7,000 Malawians had AIDS while nearly 3 million, or 37 percent of the population, were carriers of the disease.

The report said most of the AIDS sufferers were in the army, police, and government circles, and that the disease threatened to cause a complete breakdown of government and law and order in Malawi.

MOZAMBIQUE

Ministry Announces Official AIDS Figures

91P40369A Maputo NOTICIAS in Portuguese 6 Jul 91
p 1

[Text] The number of people infected by the AIDS virus in the country has risen to 216 following the report in May of an additional seven cases. The Health Ministry's top official, Carlos Matsinhe, who informed our paper of the fact, said that the 216 reported cases in the country have already been divulged to the World Health Organization. He added that the last seven cases were reported in the province of Maputo (four) and Manica, Zambezia, and Nampula, with one case each.

AIDS Prevention Taught in Displaced Persons Camps

91P40395A Maputo NOTICIAS in Portuguese 18 Jul 91
p 2

[Text] From 1990 to the present, approximately 15,000 persons accommodated in various camps for displaced war victims throughout the country received instruction in prevention of sexually transmitted diseases in general, and AIDS in particular. This information was acquired from a Mozambican Red Cross (CVM) annual report presented at the closing of the second national seminar

for coordinators of the AIDS Information and Prevention Program, which took place recently in the country's capital.

During the above-mentioned seminar, which took place in the Health Development Regional Center (CRDS) in Maputo, the 11 delegates from the Mozambican provinces reported that 220 activists in displaced persons camps were trained in AIDS prevention. Adelino Maliquela, the CVM national coordinator for the AIDS program, told our reporter that many complexes existed within the displaced persons camps which hindered open discussion among men and women or among people of different age groups. Therefore the activists organized talks among people of the same sex or age.

Meanwhile, during the first year of the program, the coordinators of the AIDS Prevention Program were confronted with various problems such as the reluctance of people to use condoms during occasional sexual encounters. Nevertheless, the source continued, at least 15,000 people received instruction in AIDS prevention by attending talks and theater presentations given on that topic.

Another problem encountered by this program was the insistence by almost everyone on seeing an AIDS victim. Adelino Maliquela believes that in 10 years everyone who is presently living will have seen at least one AIDS victim, that is, if prevention methods are not rigorously applied. We refer to a recent communique from the health minister's office which states that the number of people infected by the AIDS virus has risen to 216.

Health Ministry—Number of Registered AIDS Cases 233

*MB2707132091 Maputo Radio Maputo in English
1100 GMT 27 Jul 91*

[Text] The number of notified cases of the killer disease AIDS in Mozambique has risen to 233. This is according to the AIDS Coordinating Center in the Health Ministry in Maputo. About half of those diagnosed as suffering from AIDS have already died. Cases have now been reported from all 10 of the country's provinces, and from the capital, Maputo.

The largest number of cases diagnosed have been in Maputo, but it is believed that this reflects the greater availability of medical facilities in the capital, rather than a greater degree of infection.

The health authorities in Mozambique have warned that the real incidence of AIDS is probably considerably higher than the figures suggest. The destruction of much of the rural health network by Renamo [Mozambique National Resistance], and other difficulties caused by the war means that many cases are never diagnosed.

NIGERIA

Organization Launches AIDS Awareness Campaign

*91P40377A Luanda JOURNAL DE ANGOLA
in Portuguese 3 Jul 91 p 10*

[Text] Lagos— The Nigerian association "Stopaids" launched a comprehensive AIDS awareness campaign on public transportation systems. The "jiffy" transport serves 75 percent of the country's population and the realization of this campaign should have tangible results. Pearl Nvashili, the coordinator of the "Stopaids" project, believes that, in view of the fact that the majority of the people are uninformed about this terrible disease, this awareness campaign and the means by which the information is disseminated will be an important contribution in the struggle against the illness. She urged the government of Nigeria to channel more resources toward awareness campaigns in this area. According to Pearl Nvashili, at least five million Nigerians have AIDS or are carriers of the virus. The "scourge of the 20th century" will become a real nightmare for the most populous country in Africa.

SOUTH AFRICA

Impact of AIDS on Work Force Worries Business Sector

*91WE0420 Johannesburg FINANCIAL MAIL
in English 24 May 91 pp 30-33*

[Text] Like cancer, AIDS is not considered a pretty dinner-table subject. That's fair enough—but those who exclude the problem from the boardroom as well put their business at risk.

The outcome of full-blown AIDS is death—but the dramatic symptoms of the Acquired Immune Deficiency Syndrome do not appear overnight after infection by the virus (HIV) which causes it. So one of the problems with AIDS is that it's not readily visible as a mass phenomenon, as yet.

Though thousands of South Africans—among them not a few executives—are already HIV-positive, which is to say, infected, for most people the syndrome has not yet crossed any personal threshold of awareness.

This will change. On certain analyses, South Africans will soon be dying of AIDS-related causes at the rate of 320,000 a year; and population growth will be zero if not negative. But those are overall estimates—AIDS will largely claim its victims from the black community.

That goes straight to the hub of the problem of perception. Managers of SA companies, largely, can separate themselves personally from the issue. They belong to that stratum of society permeable to preventative information, and it will be their work forces which are the main victims. Clearly it will be difficult to formulate

manpower practices and policies which embrace a culture which is often misunderstood. Promiscuity is a major vector of the disease—and sexual practices are different for different sections of our society.

Business spends much time planning for VAT [value added tax], for new political dispensations, for the re-introduction of foreign capital. But any scenario which does not consider the potential impact of AIDS is valueless.

What to do *now*, in the workplace, is the problem.

The position is that some aspects of the AIDS pandemic are understood, and some figures are considered reliable within rather wide parameters. But there is no model which reliably tells employers how to draw up a manpower plan.

This week, the Department of National Health & Population Development called a media indaba to involve the press and electronic media in publicising the AIDS issue. But, publicise what? The businessman wants to know whether there will be an educated or trainable labour force available in five or 10 years' time. And while some projections are available, they are nebulous to a manpower planner.

The spread of the disease across Africa was sketched out in 1988 when Keith Edelston wrote "Countdown to Doomsday," a work widely regarded as sensationalist then but which, in the light of later actuarial research, is being seriously re-examined now. In one highly illustrative passage, Edelston said: "Most of Africa's exports are moved to the coast on trucks...truck drivers make frequent stops for tea breaks at which they can satisfy their physical needs with the local girls for little more than the price of a cup of tea and leave a deadly trail of HIV infection as they go..."

The alarming concentrations of AIDS in SA are, indeed, in port cities—and to give perspective, Edelston never suggested truck drivers were the only or prime carriers of HIV.

But if Edelston was frightening, some life office actuaries are becoming increasingly gloomy in their own predictions. Metropolitan Life's Peter Doyle has published a study suggesting that 27 percent of South Africans will be HIV-positive by the year 2005, given no change in general sex practices.

They will be mainly in the age group 25-40—the core of the trainable working population. Most will be urban blacks but AIDS observes no social boundaries. It does, however, appear to observe educational boundaries—provided the information is clearly, convincingly and widely available. The disease was first noted in 1981 in California, among the gay community. That community is, broadly, an educated one. Once the dangers were appreciated, the community took protective measures.

The literature on AIDS now available means no one who can read should be in danger. The British Consulate in

Johannesburg gladly passes on leaflets explaining safety precautions for acupuncturists, tattooists, hairdressers and others who were once seen to be in high-risk occupations. But back in SA, Old Mutual chief actuary Theo Hartwig thinks Doyle's model optimistic. Excessive population growth was seen as a threat until recently. Now Hartwig says: "We estimate that population growth will have ceased by the turn of the century."

If he is right, the implications are startling. From a scenario of too many unemployables (the result of poor education), we change to one where there will be a progressively smaller base of employables supporting a progressively larger group of the retired and unemployable.

The need to put training resources into making insufficiently educated people productive in the workplace has been recognised. Now it becomes an imperative. So does care of the aged and care of those who are prematurely removed from the workplace because of AIDS.

Though incidence of HIV doubles every eight months or so, its visible effects are discernible only over a fairly protracted period. But Hartwig expects the general population to have the same statistical profile by 1996 as Zimbabwe has now—and in Zimbabwe, more than 20 percent of the economically active population is HIV-positive. To be HIV-positive means to be dead within, at most, 10 years. There's no sign yet of an effective, low-cost vaccine.

The economic impact on SA will be small in the next five years. Bosses and strategists fall into the low-risk groups, so there's a temptation to regard the problem as someone else's. There's an illuminating comment in the May JOURNAL of the Institute of Personnel Management.

Dawn Mokhobo, who's developing an AIDS strategy for Anglo American, says: "In general, people operate on various denial techniques and moral judgments. One has to educate everyone—top managers in particular—as they have to formulate policy and take decisions on the facts against which AIDS issues should be judged. Only then can one expect informed, progressive decisions to be made."

People *can* be led to safe sex practices. But SA has a vast, illiterate or at best semi-literate population which will spread the disease. So, as Alan Whiteside of the University of Natal acknowledges in his research for the Development Bank, there is no way to compare the economic impact of AIDS in Europe or the United States with Africa.

However, some aspects of the disease work in SA's favour, compared to the central African experience. Whiteside notes that the medical coverage and resources in SA are of sufficiently high standard that there's good data available on the spread of AIDS. Most full-blown cases are reported.

Secondly, the epidemic is only now going to work in SA, so there's a belt of knowledge from the north which can be used in preventative campaigns. In some African countries, the solution to AIDS has been to send the patient home to wait for death. In SA there is a growing understanding that an HIV-positive subject still has several more active years ahead, so employers are formulating policies to prolong usefulness—but without prejudice to colleagues who share in benefits such as group life schemes.

For business, the issue at present—before it is overwhelmed by sheer human misery—is education. For the sake of credibility—since people are being asked to re-evaluate aspects of the very way in which they live—direction has to come from top management itself.

HIV Incidence Increasing at Baragwanath Hospital

91WE0418 Cape Town *THE ARGUS* in English
28 May 91 p 2

[Text] Johannesburg—At least two people a day at Baragwanath Hospital are identified as HIV-positive and preliminary findings of studies in progress show that the prevalence of the disease is increasing, Professor Keith Klugman has said.

Professor Klugman, who is studying the disease at the hospital, said 21 out of 7,000 (three in 1,000) women attending the antenatal clinic at the hospital in late 1989 and early 1990 tested HIV-positive. The latest survey indicated an incidence of 8.6 per 1,000.

“We are getting to the situation where one or two, or more, out of 100 women presenting at the antenatal clinic are infected,” he said.

Earlier he said “men were by far the more important group to look at in terms of the spread of HIV.”

Institute Criticizes State's, ANC's Anti-AIDS Efforts

MB2905162491 Johannesburg *SAPA* in English
1603 GMT 29 May 91

[Text] Johannesburg May 29 *SAPA*—The government's reponse to the AIDS epidemic has been “utterly inadequate”, according to the AIDS centre at the South African Institute of Medical Research.

In a statement on Wednesday [29 May] the centre said the government campaigns directed against the disease have been ineffective, unsuccessful and inept.

The advertising campaign targeted at the black population, which showed a coffin being lowered into a grave, “elicited fear and denial and was generally perceived as racist”.

“The equivalent campaign for whites was graffiti written on a wall, which was abstract and misunderstood. A pamphlet was produced in 1989 which was also very

unsuccessful because of the poor design and inept translation into African languages,” the centre said.

South Africa also was lagging behind other African countries, such as Mozambique and Uganda, on the amount of money allocated to AIDS education.

The centre said recent indications were that the government was now taking AIDS education more seriously, but sex education was still not part of school curricula and condoms are not allowed to be advertised on national TV.

“Futhermore, government has a crisis of credibility, and it is questionable whether it can play a major role in the local AIDS epidemic.”

The harsh words on AIDS prevention were not only reserved for the government. The centre said although church organisations, trade unions, community organisations and political parties had started playing a role in AIDS education, they were being hampered by a lack of funds and a general apathy among the population.

The ANC [African National Congress], despite committing itself to playing a leading role in the battle against AIDS and the HIV virus, has been “seriously negligent in addressing the AIDS problem”.

“For instance, ANC leaders never mention AIDS in their public speeches.”

The centre also outlined the possible consequences of the AIDS epidemic in South Africa, saying it could “further exacerbate the already immense social, political and economic disruption in South Africa”.

A Development Bank of South Africa report estimated that by 1995 AIDS could be costing the country R[and]3 billion a year. This figure represents only the direct costs, the centre says.

The centre also said that the disease in South Africa followed two distinct patterns along racial lines.

The first pattern is among white male homosexuals, but since the first case in this category was diagnosed in 1982 the number of cases appears to be slowing down.

The other pattern is that of increasing prevalence of the disease in the black heterosexual population. The centre said as a result of this, it expects the second highest number of AIDS cases to be those of children who have contracted the HIV virus from their mothers.

The centre said apartheid has provided a fertile breeding ground for AIDS, with its system of migrant labour, homelands and township urbanisation.

According to the centre, the real issues of AIDS could become obscured by emotional and political rivalries.

“If instead of using AIDS as yet another stick with which to beat each other, it can be used as an issue around which a cooperative onslaught on the epidemic can be

launched, valuable skills for tackling problems in a future South Africa could be developed."

KwaZulu Health Minister on Projected AIDS Mortality Rate

*MB0606165291 Johannesburg SAPA in English
1630 GMT 6 Jun 91*

[Text] Ulundi June 6 SAPA — The number of deaths due to AIDS in Natal and kwaZulu could be one million within the next five years and almost three million by the year 2000.

In addition, up to 500,000 of those deaths by the end of the century could be those of infants.

These statistics were released on Thursday in Ulundi by the kwaZulu minister of health, Dr. B.S. Ngubane, when he delivered his policy speech in the homeland's Legislative Assembly.

Pointing out the gravity of the disease's spread, Dr. Ngubane said there had been a 300 percent increase in the number of HIV positive cases last year in kwaZulu alone—their laboratories had confirmed 585 cases of which 450 were detected in 1990.

"If the doubling time for the spread of the HIV infection is nine months, the cumulative total of HIV infected individuals in the black group aged 15-64 (in Natal/kwaZulu) will be 2.55-million by 1996 and 8-million by the end of the century.

"Deaths due to AIDS will be almost 1-million by 1996 and 2.9-million by the year 2000, and 160,000 and half-a-million respectively will be infant deaths," said Dr Ngubane.

To prevent the spread of the virus, his department had earmarked pupils for a major AIDS awareness campaign.

"It is our intention to build up an AIDS unit with sufficient manpower and resources to ensure that no one has an excuse for professing ignorance of what AIDS is doing."

Union Urges AIDS Awareness for Truck Drivers

*91WE0444 Johannesburg THE WEEKLY MAIL
in English 14-20 Jun 91 p 9*

[Article by Jennifer Pogrand]

[Text] "AIDS on Wheels"—that's the hazard facing South Africa's long-distance truck drivers, who spend weeks or months away from home, often travelling through deepest, darkest, disease-infected Africa.

"There is a general perception among employers and management that truck drivers are responsible for the importation of AIDS into South Africa," says Bafana Seripe, AIDS education officer for the Transport and General Workers' Union (TGWU).

"They argue that AIDS has been spread along transport routes to and from Zimbabwe, Malawi, Zambia and Zaire.

"But our belief is that nobody has done a study to prove that, and this represents a way of discriminating against truck drivers as a group, of identifying and labelling them, and blaming them. You can look at a lot of people and say they are responsible. But it doesn't help matters."

The progressive attitude, says Seripe, is for the union to educate its membership, "to discuss what the issue is, what the dangers are, and how they can take precautions."

To this end TGWU has started a pilot AIDS educational programme aimed at truck drivers.

Some alarm was caused by an industry-initiated survey conducted over two years ago, that found 13 out of 26 drivers who were tested were infected with the HIV virus.

The survey was never published, and has been widely discounted as not being representative or statistically relevant. "The survey tested specific drivers from tropical areas," said an industry source.

"But it gave an indication that truck drivers are vulnerable to HIV."

The union acknowledges that there are problems—truck drivers are away from home for long stretches of time, and at the stop-overs there are women selling sex, "but also to alleviate the loneliness of the middle of the night in the middle of nowhere," says Seripe.

Often drivers are forced to sleep in their trucks, as it is their on the road responsibility to look after the trucks at the stop-overs.

To counteract this, the union is negotiating that drivers spend more time at home—either a day a week, or a weekend a month. And that when they are on the road, they are provided with sleeping facilities, such as hotel accommodation.

But the issues of changing behaviour and attitudes are loaded. "Workers are suspicious of management's attempts to control the spread of the virus. There has been testing, and examples of workers being dismissed for being HIV positive."

Currently there is negotiation between the union and a Durban-based freight company, where a worker was tested, found to be HIV positive and fired. He has now been re-instated, but is not allowed to drive.

"We feel that management's interest in AIDS is because they want to protect their profits. Their preoccupation is about not giving out benefits, such as housing and medical aid, or investing skills in people or training them when they might fall ill or die," says Seripe.

The union feels strongly that its education programme should be developed in consultation with its members, and not imposed from above.

The issue is a highly sensitive one, says Seripe, and there is denial and resistance from the workforce. "People see AIDS as a political plot from the state and from management, or as a white or homosexual disease, or as a result of sex across the colour bar. These prejudices need to be addressed."

Employers will be addressing AIDS issues in an industry-wide seminar to be held next week. Pre-employment testing and legal considerations are high on the agenda, said a representative for the umbrella Road Freight Association, which considers dealing with the AIDS crisis a priority.

Health Minister Reveals 100,000 People HIV Positive

MB0907172091 Johannesburg South African Broadcasting Corporation Network in English 1600 GMT 9 Jul 91

[Text] The Ministers of Health and Welfare Services from the six self-governing territories were today informed of the latest assessment on AIDS at a meeting chaired by the minister of national health, Dr. Rina Venter in Pretoria.

A report issued to the ministers stated that it was estimated that 100,000 people in the country were already HIV positive and that by this time next year the number was likely to be at least 200,000. Dr. Venter said about half of those infected were likely to die within the next 10 years.

A report on the distribution of medical doctors tabled at the meeting revealed that whereas there was one doctor for every thousand people in South Africa there was only one for every 15,000 in the self-governing territories.

Health Department AIDS Statistics Show Transvaal Highest

MB2507191091 Johannesburg SAPA in English 1843 GMT 25 Jul 91

[Text] Johannesburg July 25 SAPA—The number of reported AIDS cases and fatalities in the Transvaal for the past six months continued to top figures in other provinces, it emerged from statistics supplied on Thursday.

The Department of Health and Population Development said there were 392 reported AIDS cases in the Transvaal, 201 of which were fatalities.

Since the beginning of the year and up to July 18, the country had 818 reported cases, 317 of which were fatalities, with the Transvaal alone representing more than half the fatalities.

The Transvaal figure—both reported and fatalities—is ahead of its closest "rival", Natal, by 127 cases.

There were 265 reported cases in Natal, 31 of which were fatalities.

In the Cape Province there were 136 reported cases and 72 fatalities.

Orange Free State 25 reported cases to 13 fatalities.

Johannesburg tops the list of major cities with AIDS reported cases (253) and fatalities (139). There is also separately on top of this the city of Soweto at 76 cases to 30 fatalities.

Close on the Johannesburg's heels is Durban at 127 to 22 fatalities. The [Orange] Free State statistics are spear-headed by Bloemfontein at 13 cases to seven fatalities.

The figures are also exceptionally high in kwaZulu where they have 66 reported cases to no fatalities at all.

Researcher Notes AIDS Deaths Predictions

MB0608184891 Johannesburg SAPA in English 1751 GMT 6 Aug 91

[Text] Durban Aug 6 SAPA—Sub-Saharan Africa will in the next few years have 10 million AIDS orphans, Prof. Rubin Sher of the SA [South African] Institute of Medical Research predicted on Tuesday [6 August].

Speaking at the Fedhasa [Federated Hotel, Liquor, and Catering Association] congress in Durban, he said Africa—one of the designated AIDS "hot spots"—would have a total of some 17 million AIDS cases by 1994.

The "worst case" projection for South Africa was that by 2006 about three million people would have died because of AIDS.

There was little prospect of a vaccine before at least the mid 1990s, Prof. Sher said. And even if one were discovered, the virus mutated to such an extent that a vaccine might not work in every part of the world.

There was also the problem of affordability of any vaccine. "The rich Americans may well be able to afford it, but what about the poorer parts of the world," Prof. Sher asked. Education remained the only "vaccine".

He revealed an estimated 80 percent of prostitutes in Africa had been infected, and truck drivers travelling across the continent provided one of the most effective ways of transmitting AIDS.

Condoms should be carried at all times to deal with what Prof. Sher called a "sexual emergency".

Discrimination of AIDS carriers [as received] in the workplace was totally unjustifiable, he added.

Infected workers should only be judged on their mental and physical capabilities. Even if infected, workers could still be able to perform their job for up to 10 years.

Refusal by other members of staff to work with an HIV infected person could require disciplinary measures, and health insurance and group life cover should not be withheld from such individuals, Prof. Sher maintained.

"Fundamental rights for infected workers should be not be affected and HIV should not be used as a reason to release an employee," he said.

He did not agree with the doomsday predictions that the South African economy would be seriously affected by AIDS. "We will survive AIDS", Prof. Sher declared.

SWAZILAND

Ten AIDS Cases Reported April - June

*MB3107171891 Mbabane Radio Swaziland Network
in English 1600 GMT 31 Jul 91*

[Text] A total of 10 AIDS cases were reported between April and June this year. All in the Manzini region.

According to a statement by the director of medical services Mr. John Mbambo, seven of the AIDS victims were males and three females. Four of them have died already and six are still alive. This brings to 45 the number of AIDS cases since 1987 when the National AIDS Prevention and Control program began.

A total of 1,298 blood samples were tested.

ZAMBIA

Health Ministry Confirms 4,690 AIDS Cases

*MB0607145491 Johannesburg SAPA in English
1422 GMT 6 Jul 91*

[Text] Lusaka July 6 SAPA—Zambia has over 4,690 cases of AIDS, the Ministry of Health here has confirmed and 1,000 people have died of AIDS since the disease was officially acknowledged.

The figure, which is as of May 31 this year, was in an AIDS surveillance report released here on Saturday and has caused great concern among health authorities.

The Zimbabwe national news organisation ZIANA reports that the chairman of the National Surveillance

Committee, Dr. Benson Humonga said those affected were between the ages of 15 and 39.

"This group was most affected because it was the most active sexually.

"The only way to control the spread of the disease is to change the behaviour because if people did not, the disease would be prevalent forever," Dr. Himonga said.

The Ministry of Health has drafted an HIV policy which will be submitted to Parliament so that the sufferers and those who were HIV positive and had AIDS could be protected, he said.

ZIMBABWE

Official on Tuberculosis Program, AIDS

*MB2007053691 Johannesburg SAPA in English
2351 GMT 19 Jul 91*

[Text] Harare July 19 SAPA—Up to 45 percent of tuberculosis patients tested by the Harare City Health Department in a specific study were HIV positive, the head of the city's TB Control Department, Dr. Edwin Mhazo, said on Friday. Zimbabwe's ZIANA national news agency quoted Dr. Mhazo as telling a seminar in Harare that it was not ethical for medical practitioners to test all TB patients for HIV/AIDS, though AIDS victims react to thiacetazone (HT3), one of the drugs used in the treatment of tuberculosis.

"We advise practitioners to avoid using HT3 in the treatment of tuberculosis patients, if they suspected them to be HIV positive as they react badly to the drug," Dr. Mhazo said. Outlining Zimbabwe's TB control programme, he said from 1962 to 1986, there was a downward trend in TB cases, with yearly averages of 4,000, but this had soared to 9,132 in 1990. He said figures did not reflect all the TB cases in the country as the programme did not reach the entire population. Of the 9,132 cases of TB patients in 1990, 856 died during or after treatment, Dr. Mhazo said.

The TB programme adopted a policy of giving BCG, a drug to make children immune to TB, at birth or soon after. TB in most patients was caused by malnutrition, poverty and poor hygiene, but the deterioration of the immune system in AIDS patients made it easy for the TB bacteria to attack them, he pointed out.

Health Ministry Holds Seminar on Fighting AIDS Epidemic

OW2207133091 Beijing XINHUA in English
1214 GMT 22 Jul 91

[Text] Kunming, July 22 (XINHUA)—China has hastened activities to prevent and control AIDS since the first case of the disease was reported in the country in 1985.

A recent national seminar in Kunming sponsored by the Ministry of Public Health (MPH) reported that over 50 experts discussed effective measures for fighting the disease.

Although China is amongst the countries with the lowest number of reported AIDS cases in the world, its government and the medical community have remained on a constant alert since the first AIDS patient was diagnosed at the Beijing Union Medical College Hospital in June, 1985.

Along with increasing international contacts and the development of tourism, China is faced with the growing threat of AIDS, which has been worsened in recent years with the spread of drug trafficking.

According to MPH's statistics, from 1985 to 1990 as the result of blood tests administered to 480,000 people throughout the country, 493 people were tested HIV positive, five of whom were identified AIDS patients.

Eighty-three of the 493 persons were foreign, including three AIDS patients.

Further studies have shown that blood transfusions or sexual activities are major channels of spreading AIDS in China, but no people were found to have inherited the disease from their mother. An MPH official warned, however, that "the possibility of this happening cannot be ignored."

China did not hesitate to join the world-wide anti-AIDS campaign. In 1986, the MPH established an AIDS prevention and control group. Shortly thereafter, the initiation of a series of programs related to awareness, education, and testing as well as research and professional training marked the beginning of the country's battle against one of the world's most dreaded diseases.

In 1989, China passed "The Law to Prevent and Control Infectious Diseases," which classified AIDS and two other venereal diseases—gonorrhea and syphilis—as second grade infectious diseases.

In February 1990, a national AIDS prevention and control commission and an expert committee were formed to guide the work and supervise the nationwide campaign against AIDS.

At present, the MPH has three laboratories designed specifically for AIDS research. In addition, each province, municipality, and autonomous region has their own organization to closely monitor developments related to the disease.

The World Health Organization (WHO) has provided over 300,000 U.S. dollars to China's anti-AIDS campaign, in addition to equipment, materials, training, inspections, and international seminars.

The WHO has also assisted Chinese experts to develop a detailed and comprehensive three-year program for AIDS prevention.

The nation-wide anti-AIDS activities, which began from the first World AIDS Day on December 1, 1988, have awakened the awareness of the Chinese public concerning the effects of the disease. As a result of various media reports and exhibitions in cities such as Beijing, Shanghai, Tianjin, and Guangzhou, the Chinese people not only learned how the disease is spread, but also learned preventive measures.

In southwest China's Yunnan Province, where the largest number of HIV positive persons has been identified, over 1.6 million yuan has been earmarked for AIDS prevention programs. The campaign extends from the border areas to inland cities, including Kunming, Dali, Baoshan, and Lincang, where anti-AIDS awareness programs operate hand in hand with the struggle against drug trafficking and prostitution. The program is extremely important since most AIDS victims in China are drug addicts who became infected when sharing needles to inject drugs.

The country has strengthened efforts to prevent other venereal diseases which are regarded as a precondition for the spread of AIDS. Informed sources say that the incidence of venereal disease has increased dramatically in many open cities over the past two years.

China now provides care programs for those who tested HIV positive, and scientists have spared no effort in the search for an AIDS cure. Their efforts have resulted in a number of unique agents which are made from traditional Chinese herbal medicine, and which have proved to be effective in checking the development of the AIDS virus.

An official from the WHO said that China has an excellent county- town-village epidemic prevention system in rural areas, and that this factor will be of great importance in curbing the spread of the AIDS virus. In addition, the official said that such activities will be of great benefit to mankind if the efforts to combat AIDS are successful.

AIDS Cases Show Increase in Guangdong

HK2507122791 Hong Kong ZHONGGUO TONGXUN
SHE in English 1118 GMT 25 Jul 91

[Text] Guangzhou, Jul 25 (HKCNA)—Authorities in Guangdong have confirmed that seven people were

found to be infected with the AIDS Virus in the first half of this year. Four of them are foreigners, while the other three are Chinese who returned home after visiting their relatives abroad. Two of the infected persons have already died. From this it can be seen that AIDS has now begun to threaten this southern province.

Statistics show that 15 AIDS cases were discovered in the period from 1986 to mid-June, 1991, and the number of infected persons has tended to rise each year. Four of these persons were residents of the province who were found to have developed AIDS after returning from visits to a Southeast Asian country. The other 12 persons were residents from abroad who had come here to work, study, marry or get medical treatment. Two of them have since died. The infection in most cases was mainly transmitted through sexual intercourse or blood transfusions. An AIDS patient in the province said that during a visit to see his relatives abroad, he had managed prostitutes for his relative who ran a brothel. His sexual partners were too numerous to be counted. Another

patient was infected through blood transfusions while abroad. Sexual contact between several Guangzhou girls and foreign carriers of the AIDS virus who came here as students to study resulted in passing on the infection.

A great many people know little about AIDS, leading to a wrong attitude towards those infected. The first resident in the province to be found to be suffering from AIDS was shunned by his neighbours. Shops refused to allow him to enter and his child was barred from school. The feeling of isolation and abandonment forced the family to move quietly to another place.

Experts have appealed to people in all walks of life, and especially medical workers not to discriminate against those suffering from AIDS or who are HIV positive. Instead they should try to help them. The experts have also warned the general public to avoid dangerous practices, thereby effectively blocking the main channel for the spread of AIDS.

BURMA**Health Department Cites AIDS Cases in 1985-1991**

*BK2406085291 Rangoon Radio Burma in Burmese
1330 GMT 23 Jun 91*

[Text] The Disease Control Division under the Health Department has been conducting research on the reasons for the spread of AIDS in the townships along the border as well as in several townships inside Myanmar [Burma].

In Myitkyina and Bhamo, research data was collected from people who are in prison for being intravenous drug users as well as from the other intravenous drug users. Of

the 76,720 examined, 1,764 were found to be HIV positive—2.29 percent of the total.

According to the report by that division, a survey on AIDS was conducted in several townships in Myanmar since 1985 and the first and only case was detected in 1988. Between 1985 and 1989, a total of 25,700 people were tested for AIDS and 324 people were found to have the disease—1.26 percent of the people tested.

In 1990, of the 45,700 people tested, 1,034 were found to be HIV positive—2.26 percent.

In 1991, as of the end of March 1991, 718 out of 15,556 people tested were found to be HIV positive, constituting 4.6 percent of the total.

Breakdown of figures according to the year is as follows:

1989			
Group	People tested	HIV Positive	Percentage
Intravenous drug users	313	54	17.3
Pregnant women	1,107	none	
1990:			
Intravenous drug users	701	440	62.7
Pregnant women	514	5	0.9
1991 (Up to March):			
Intravenous drug users	340	260	76.47
Pregnant women	330	1	0.3

The research found the number of people testing HIV positive growing among intravenous drug users while the number remained unchanged among pregnant women.

1989:			
Group	People tested	HIV Positive	Percentage
Blood donors	14,418	70	0.48
1990:			
Blood donors	38,700	193	0.49
1991 (Up to March):			
Blood donors	13,008	41	0.31

The research found that the number of HIV positive blood donors remained constant and unchanged.

Between 1985 and January 1991, a total of 76,720 people were tested for AIDS in Mandalay, Prome, Pegu, Pagan, Taunggyi, Mergui, Tavoy, Moulmein, Keng Tung, Kawthaung, Tachilek, Ma-ubin, Myitkyina, Bhamo, Pa-an, and Yangon [Rangoon]. The tests were conducted among homosexuals, prostitutes, people being treated for venereal diseases, [risk group indistinct], patients at hospitals, convicts, blood donors, intravenous drug users, pregnant women, sailors, hospital workers, and others who come in contact with HIV positive people.

Under the present circumstances, people with AIDS have been detected in Yangon and other regions. So far, the main cause of passing on the disease is through intravenous drug usage. The number of HIV positive cases among intravenous drug users, prostitutes, and homosexuals is on the rise.

From the rate of infection under study for the five-year period—between 1985 and 1989—and in 1990, the trend is expected to rise in the upcoming years. However, research shows that the number of infected people among the blood donors remained unchanged at 0.5 percent.

HONG KONG**Rapid Increase in AIDS Incidence Expected**

*WA267144591 Hong Kong THE HONGKONG
STANDARD in English 29 May 91 p 4*

[Article by Ursula Yeung and Harald Bruning]

[Text] The number of AIDS sufferers in Hong Kong could be as high as 2,000 by the turn of the century.

At present, there are 49 identified AIDS sufferers and 171 confirmed HIV infected cases in Hong Kong.

But Dr. Patrick Li, head of the Government's AIDS counselling service, claimed yesterday the figures did not reflect the true picture in Hong Kong.

Dr. Li believes there are between 3,000 and 5,000 HIV infected (carriers without the full-blown disease) cases in Hong Kong, which means the number of AIDS sufferers is likely to be about 2,000 in nine years.

Last month three more people, including two haemophiliacs, died from AIDS, bringing the number of people who have died from the disease in Hong Kong to 36.

One new HIV infection case was also identified last month.

In the United States, AIDS ranks fifth as a cause of years of life lost before the age of 65.

Although there was no cause for alarm in Hong Kong right now, Dr. Li said that, statistically, the spread of AIDS in the territory was following the trends of other developed countries.

Dr. Li said the Government had decided to step up AIDS prevention publicity in work places in the coming year.

The Government would also continue to target the 21 to 30 year old age group, from which 36 percent of all HIV infected cases came, for special education programmes.

A fourth AIDS carrier has been identified in Macau.

The director of the Macau Health Services Department, Dr. Jose Castel-Branco, said yesterday the latest case was a Thai national living in the enclave.

He refused to give further details.

Dr. Castel-Branco said another Thai national living in Macau had earlier this year tested positive to the AIDS virus.

He stressed that both Thai nationals were "not sick."

"They are only carrying the AIDS virus and they are undergoing medical and psychiatric counselling now," he said.

Four cases of AIDS or HIV infection have been detected in Macau since 1987, when testing began.

The first case was in August 1989 when a French choreographer working at the Lisboa Casino's Crazy Paris Show was put in the hospital with AIDS.

The then 38-year old man died in France later that year.

"There is no reason for panic," Dr. Castel-Branco said.

"We have one of the lowest AIDS case rates in Asia."

An AIDS awareness programme was started in Macau by the local health services in 1988.

"We have among other things distributed condoms to certain high-risk groups in the population," Dr. Castel-Branco said.

Despite the large number of tourists to Macau (six million last year) and the extent of organized prostitution in the enclave, Dr. Castel-Branco said the incidence of AIDS was "practically insignificant."

There are an estimated 1,500 prostitutes in Macau, including 50 transvestites. Almost all are Thai nationals.

KIRIBATI

First AIDS Victim Confirmed

*BK2307072791 Melbourne Radio Australia in English
0500 GMT 23 Jul 91*

[Text] The tiny nation of Kiribati has confirmed its first AIDS victim. Kiribati health authorities would not reveal the sex of the victim but indicated that the person was between 20 to 30 years of age and travels abroad frequently.

The health secretary, Dr. Tetoa Titi, has said the report has been sent to the World Health Organization for advice and assistance on how to handle the AIDS victim. In addition, the Kiribati Ministry of Health's Family Planning and Social Welfare has embarked on a major public awareness program on AIDS.

The Pacific News Agency, PAC NEWS, says Vanuatu, Solomon Islands, and the Cook Islands are among the few countries in the South Pacific which have not recorded any AIDS cases.

The Cook Islands however has reported that two of its nationals living abroad were AIDS virus carriers, one of whom was admitted to the Rarotonga Hospital for some time.

MALAYSIA

HIV Carriers Increase by 42 Percent to 1,212

*BK0208142691 Kuala Lumpur Radio Malaysia
Network in English 1330 GMT 2 Aug 91*

[Excerpt] Health Minister Datuk Lee Kim Sai has advised the people to undergo tests to ensure that they are free from HIV virus which causes AIDS. The ministry is empowered to check only those suspected of being carriers, but others should undergo tests on their own. He said the number of carriers of the HIV virus had gone up by 42 percent from 853 last year to 1,212 up to the end of last month and most of them were between the ages of 16 and 40 years. [passage omitted]

PAPUA NEW GUINEA

Health Report Reveals 21 AIDS Deaths

*BK1207071891 Melbourne Radio Australia in English
0500 GMT 12 Jul 91*

[Text] Health Authorities in Papua New Guinea have revealed that 21 people have died of AIDS in that country. Marius Benson reports that details of the AIDS deaths were contained in a report on the country's health which also showed an increase in cancer and heart disease.

[Begin recording] The report released by the health minister Gerald Beona revealed that as well as the 21 deaths from AIDS, another 33 people had been confirmed of having the virus, and a further 75 had been in contact with it. Mr. Beona said endemic diseases including malaria and tuberculosis continued to be a major problem throughout the country.

The report found an increase in mouth and lung cancer reflecting a dramatic rise in cigarette smoking and chewing a betel nut. Heart disease is also on the increase and that is being blamed on both smoking and a more fatty diet as well as a decrease in physical exercise. [end recording]

THAILAND

AIDS Detection Methodology, Trends Discussed

*91WE0337E Bangkok MATICHON in Thai
30 Mar 91 p 8*

[Article by Dr. Wichai Chokwiwat]

[Excerpt] [Passage omitted] In 1987 during the time of the provisional government, the Ministry of Public Health, which was headed by Major General (his rank at that time) Chatchai Chunhawan, decided to purchase ELIZA machines to detect those with AIDS. These machines were given to provincial hospitals throughout the country. Because of this, almost every province can detect those with the AIDS virus. The blood samples that test positive must be sent for further examination before deciding whether the person definitely has the AIDS virus.

The number of people with AIDS has increased. In particular, in 1988, the number of people with AIDS increased at an alarming rate among IV drug users. After that, the virus began to be found among prostitutes.

Even though there have been frequent AIDS reports from around the country, the Ministry of Public Health feels that the AIDS detection system does not show the actual situation. The weakness of this system is that it depends on the interest or amount of attention shown by officials. If many surveys are conducted, many cases are found. If few surveys are conducted, few cases are found. This also depends on the cooperation and interest of the

people. If the people cooperate and large numbers of people are checked, more cases may be found. But if the people avoid being tested, few cases may be discovered.

The important thing is that even though the incidence of AIDS among those checked can be determined, it isn't possible to determine the actual incidence among various groups or among people in general.

Comparing this with other diseases such as diarrhea, of which there are 700-800,000 cases a year, studies conducted on the incidence of diarrhea among children below the age of 5 in 14 northeastern villages found that only 7.2 percent of the cases were reported.

Thus, the Ministry of Public Health has implemented another AIDS surveillance system, that is, the Sentinel Surveillance system, to monitor the incidence of AIDS among five groups:

1. Blood donors.
2. IV drug users.
3. Pregnant women.
4. Men examined for venereal disease.
5. Prostitutes, divided into two subgroups, women who work openly as prostitutes and women who engage in this secretly.

Besides this, initially, tests were given to people who had just been sent to prison and to prisoners who were about to be released. And male prostitutes were examined in five major tourist provinces.

This sentinel surveillance system has been carried on every 6 months:

First phase, June 1989, carried on in 14 provinces.

Second phase, December 1989, carried on in 31 provinces.

Third phase, June 1990, carried on in 72 provinces.

Fourth phase, December 1990, carried on in 72 provinces.

The program will be carried on every 6 months. The question about which there has been much argument is: How many Thais now have the AIDS virus?

A report issued by the Epidemiology Division, Ministry of Public Health, on 28 February 1991 states that there are 27,038 people with the AIDS virus who do not yet exhibit any symptoms, 243 people who have the initial symptoms (ARC), and 94 people with a full-blown case of AIDS.

These are just figures reported to the Ministry of Public Health. No one knows how many cases have not been reported. And most important, no one knows how many people with the virus have not been examined.

Some people think that there are several hundred thousand people with the virus. Others think that the number may be up to a million. Besides affecting the formulation of plans and the measurement of the effectiveness of the AIDS control program, these different estimates have led to misunderstandings among people in the public and private sectors. Those in the private sector think that the Ministry of Public Health is concealing the real figures, and people in the Ministry of Public Health feel that those in the private sector are greatly inflating the figures.

The AIDS problem is too great to waste time arguing about numbers like this. It is essential that all groups join forces in order to fight this disease. The various units concerned, that is, the Epidemiology Division, the AIDS Division, the Venereal Disease Division, and private organizations, have joined together to collect data from various sources and held several conferences to discuss this matter. They have finally come up with a figure that satisfies all sides and that is probably close to the actual number of people with AIDS. This number was computed based on various data as follows:

The people at risk of contracting AIDS were divided into five groups:

1. IV drug users: The number in this group was estimated based on the number of people who have come to clinics operated by the Ministry of Public Health and Bangkok. That number is 49,550-99,700 people.

2. Prostitutes: This group was divided into two sub-groups: Prostitutes who work openly as prostitutes in brothels, tea houses, and hotels and prostitutes who engage in prostitution secretly. This second group includes people who work elsewhere as a cover such as massage parlors, bars, nightclubs, restaurants, and so on but who also earn money as prostitutes. These data were obtained from surveys conducted by the Venereal Disease Division, which estimates that there are about 41,665-58,331 direct prostitutes and 66,452-93,033 "secret" prostitutes (these figures come from actual surveys, with the figures increased by 25 percent to account for those missed).

3. Men who use the services of both "direct" and "secret" prostitutes, 4.6-5 million. (This is for men between the ages of 15 and 45. One study showed that approximately 33 percent used the services of a prostitute.)

4. Wives of men who use the services of prostitutes, 3.6-4 million. (This figure is based on the figure for Group 3. It was figured that 80 percent of those in Group 3 had families.)

Wives of IV drug users, 14,865-33,030. (This was calculated based on the estimate that 33 percent of the drug users were married.)

5. Infants born to a mother with AIDS, 3,000-6,000.

The incidence of AIDS among these five groups is different. Based on the results of the sentinel surveillance, the figures computed for the five groups are as follows:

IV drug users with the AIDS virus, 22-45 percent for a total of 16-32,000 people.

Direct prostitutes with the AIDS virus, 6-20 percent for a total of 5,200-7,200 people.

Secret prostitutes, 1-8 percent for a total of 3,300-4,600 people.

Men who use the services of prostitutes, 1-4 percent for a total of 92-184,000 people.

Wives of men who frequent prostitutes, 0.3-0.5 percent for a total of 10,800-12,000 people.

Wives of IV drug users, 5-20 percent for a total of 1,500-3,000 people.

Infants who have contracted the disease from their mothers, 30 percent for a total of 1,000-2,000 people.

Based on these figures, the total number of people with the AIDS virus is approximately 129,800-244,800 people, with the average being 187,000.

That was the figure as of December 1990. By March 1991, the average number had probably increased to approximately 200,000.

These figures were calculated based on data that are not that reliable. In particular, there is still much disagreement about the accuracy of the figures for IV drug users and prostitutes. However, two other methods used to calculate these numbers give approximately the same results. Those two methods are: calculating the number based on the incidence of AIDS among pregnant women and blood donors, with the assumption being that these two groups represent the population in general, and calculating the number based on the incidence of AIDS among men recruited into the military.

Thus, it can be assumed that as of March 1991, approximately 200,000 Thais had the AIDS virus.

Chiang Rai AIDS Survey, Public Education Efforts

*91WE0363F Bangkok DAO SIAM in Thai 13 Apr 91
pp 15, 11*

[Excerpts] [passage omitted] Dr. Uthai Sutsuk, the undersecretary of public health, said that reports on the AIDS situation in Thailand have stated that Chiang Rai Province is one of 10 provinces with the highest incidence of AIDS in the country. [passage omitted]

According to an AIDS report issued by the Chiang Mai provincial Public Health Office, there are 1,431 prostitutes who work at 186 brothels. Of these, approximately 40 percent do not have an education. The highest grade

completed by any of the prostitutes is grade six. Most of these entered this profession voluntarily, because they can earn more than in other occupations. They earn a minimum of 5,000 baht a month and a maximum of more than 10,000 baht.

The undersecretary of public health said that the spread of AIDS is the leading public health problem in Chiang Rai Province. There are 3,429 people with the virus, of whom 2,115 were examined in the province and 1,314 were examined outside the province. The three professions with the largest number of cases were prostitutes, 1,842 cases, of whom 727 were discovered within the province and 1,115 were discovered outside the province and sent back home; farmers, 599 cases, of whom 584 were found in the province; and general laborers, 362 cases, of whom 308 were found in the province. The number of farmers and laborers with the AIDS virus is increasing, with prostitutes serving as vehicles for spreading the virus. Youths and men of working age visit prostitutes and do not use condoms. These men contract the AIDS virus and then spread the virus to their wives and unborn children.

Public health officials in Chiang Rai Province are trying to control AIDS by carrying on public relations activities and providing information to those who are at greatest risk, such as prostitutes, and to those who can help reduce this problem, that is, students, housewives, and soldiers. Officials are stressing the use of condoms by prostitutes. The results show that prostitutes, with the exception of Shan and Burmese prostitutes, are aware of the AIDS problem. Every brothel is cooperating well in controlling AIDS. They have obtained condoms from public health offices for use by customers. But it has been found that only 30 percent of the men who visit the brothels use condoms. It is mainly the farmers and general laborers who refuse to use a condom.

In conclusion, the undersecretary of public health said after inspecting public health clinics and brothels in Chiang Rai Province, the deputy minister of public health expressed satisfaction concerning the steps taken by officials to control AIDS, because public health officials have done an excellent job. But to control the spread of AIDS, many other important factors must be relied on, particularly economic factors and the values of the local people. The deputy minister of public health has ordered officials to educate men who visit places of entertainment so that they realize the importance of using a condom to prevent contracting AIDS from a prostitute. If the values of these men can be changed and, in particular, if the values of the local people can be changed so that their children and grandchildren do not work as prostitutes, it should be possible to lower the incidence of AIDS in Chiang Rai Province. At present, approximately 100-200 people a month are contracting this disease.

Epidemiology Chief Wants AIDS Notices Posted

*91WE0363E Bangkok SIAM RAT in Thai 13 Apr 91
p 14*

[Excerpt] A doctor pointed out another way to control AIDS. The Ministry of Public Health wants to coordinate things with the Ministry of Interior in taking blood samples. It wants to check all prostitutes for AIDS, including those who work at brothels, "tea houses," massage parlors, and certain restaurants. After that, each month, it will post public notices on the number of prostitutes who have the AIDS virus at each place in order to warn customers.

Dr. Thai Chitanon, the head of the National Epidemiology Board and the person who expressed these views, said that this will make those men who are thinking about visiting such places for the first time and those who regularly visit such places stop and think about the danger posed by AIDS. Many of these people may not dare take the risk of using the services of prostitutes, and more and more people may stop visiting such places.

Dr. Thai said that there is now a serious epidemic of AIDS among prostitutes. As an example, he cited the prostitutes who work at the Sinchai tea house, which is located in the Wong Wian Yai area in Bangkok. Police officials staged a raid and filed charges on 8 April. They arrested a total of 19 of the approximately 100 people there. Of these, doctors found that 17 have the AIDS virus, and 18 have gonorrhoea. And four are infected with syphilis. [passage omitted]

Doctor Views Phayao AIDS Situation, Countermeasures

*91WE0363D Bangkok SIAM RAT in Thai 19 Apr 91
p 14*

[Excerpts] Dr. Prayong Temchawala, the Phayao provincial public health officer, said that Phayao Province is one of 10 provinces with the highest incidence of AIDS in the country. AIDS is spreading rapidly here. This is having both economic and social effects. Statistics show that there are now 591 cases of AIDS in Phayao Province, although none of these people have a full-blown case of AIDS. Seven of these people have AIDS-related symptoms, and 584 do not have any symptoms. The trend is for more and more people to contract the AIDS virus, because of the people who have the AIDS virus, 196, or 34 percent, are prostitutes.

Phayao Province is looking for ways to control AIDS. It has stepped up the dissemination of information and knowledge about AIDS. Efforts will be focused on providing information to prostitutes and others at risk of contracting and spreading the disease so that they change their behavior. This should help control the spread of this disease. In December 1990, the Phayao provincial Public Health Office held a seminar for the owners and managers of the 74 brothels in the province in order to provide them with information on this disease and on measures that they can take to control AIDS in their

establishments. They were also asked to cooperate by having all the prostitutes use condoms. Evaluations have shown that the owners of the brothels have cooperated well. They have put up posters on AIDS and posted signs saying, "This establishment serves only those who use condoms." At the same time, the number of prostitutes who have contracted other sexually-transmitted diseases has declined. Thus, it is thought that more prostitutes are now using condoms.

Besides this, Phayao Province also held a seminar for prostitutes from the brothels in the province, with each of the 74 brothels allowed to send two representatives. This seminar, which lasted 1 day, provided the women with information about AIDS. [passage omitted]

It is thought that the 419 prostitutes in the province know about AIDS and know how to protect themselves from contracting this disease. [passage omitted]

Statistics Show AIDS Infection Among Teenage Students

*BK1907011191 Bangkok BANGKOK POST in English
19 Jul 91 p 3*

[Text] Statistics gathered by the Public Health Ministry have found a disturbing trend of AIDS virus transmission in northern Thailand, where it is now infecting secondary school students.

This was revealed at a conference on AIDS yesterday attended by high-ranking officials from seven ministries.

The ministry reported that from September 1984 until the end of last June, there were 31,812 known Human Immuno-Deficiency Virus (HIV) infection cases nationwide.

Of these, one-quarter are from the North. Female prostitutes represent nearly half (42 percent) of the northern cases.

Another study spearheaded by the public health office in Chiang Mai on HIV infection among secondary school students found that 1.85 percent of male students and 0.57 percent of female students have been infected. It is the first indication that AIDS has found its way to secondary school students.

The ministry said that by the end of last year, the number of HIV infections in Thailand had probably reached 200,000, about half of whom would be men visiting prostitutes. At the same time, the number of women infected through relations with their husbands was projected to be between 13,000 and 15,000.

The spread of AIDS among the general population has caused enough concern for high-ranking officials from seven ministries to work together to stop its transmission.

In addition to Public Health, the ministries are Agriculture, Commerce, Education, Industry, Interior and University Affairs.

"AIDS is not just a health or medical problem but a very real social one," said Public Health Minister Dr. Phairot Ningsanon in his opening statement at the conference.

"More commercial sex workers and their clients contract the deadly infection each day. It has spread into the family, infecting housewives and their children. Cooperation between all government ministries and non-government organisations is essential in the national fight against AIDS," he said.

The Ministry, Dr. Phairot said, has launched short-term and long-term measures to prevent and control the spread of AIDS, placing particular attention on AIDS information and education campaigns as well as condom-use promotion.

He said studies on condom use among female prostitutes in 58 provinces have found that they use condoms more than 65 percent of the time. Similar studies among clients of prostitutes, who have attended venereal disease clinics in 51 provinces, found they used condoms only 30 percent of the time.

This information suggests that while condom use continues to increase, much more work still needs to be done, Dr. Phairot said.

More HIV Positive Cases in Northern Provinces

*BK2207021391 Bangkok BANGKOK POST in English
22 Jul 91 p 3*

[Text] The Public Health Ministry is setting up AIDS control clinics in every district throughout the country in order to intensify the fight against the deadly disease.

The ministry has instructed its offices in the provinces to set up AIDS control clinics at all district-level hospitals, particularly in areas where there are a large number of prostitutes. Public Health permanent secretary Uthai Sutsuk said yesterday.

Health authorities have estimated that there are over 200,000 HIV positive cases in the country as the AIDS virus has spread like wildfire among prostitutes, their clients and the clients' families.

Dr. Uthai said 44 percent of HIV positive cases reported in June 1989 were found to be northern prostitutes, but this had risen to 56 percent in December 1990.

Dr. Uthai said the percentage of men found to be HIV positive had increased from 10 percent to 23 percent over the same period.

He said most people were tested when they sought treatment for venereal diseases.

In Udonthani, the provincial public health office has opened a Night VD Clinic which operates from 5.00 p.m. to 9.00 p.m. to provide services for those who cannot visit in the daytime.

The Night VD Clinic which provides medical care and consultations on venereal diseases and AIDS control receives between 20 to 30 clients each day, according to provincial health chief Amphon Chindawatthana.

Dr. Amphon said 502 people had tested HIV positive in this northeastern province.

In Trang, 220 people have been found to be HIV positive. Among them, 103 were drug addicts, 45 were prostitutes and the remainder included clients of prostitutes, etc.

Provincial health chief Narong Chayakun said 150 workers and 100 farmers in this southern province had been educated about the deadly disease.

Official—Over 32,000 AIDS Carriers in Country

*BK3007013991 Bangkok THE NATION in English
30 Jul 91 p A2*

[Text] The Public Health Ministry plans to open at least one of its own AIDS testing clinics in each of the country's four regions to provide free testing and to gather information which will be kept in strict confidence, a senior health official said.

Dr. Thira Ramasut, director general of the Communicable Diseases Department, said yesterday members of the public would not be required to register their names when they go to such clinics to have their blood tested.

"Those who come to have their blood checked at these clinics will be given personal codes which they will be asked to produce when they inquire after the results," Thira said.

The director general said the proposal would be presented to a national committee on AIDS soon.

The guarantee of anonymity in AIDS testing is designed to persuade more people, particularly those in the high-risk groups like drug abusers, prostitutes and homosexual men, to undergo blood tests, he said.

On the AIDS situation in Thailand, Thira said that although the first AIDS cases discovered in this country seven years ago were homosexual men, the deadly virus is now spreading fast among prostitutes and heterosexual drug users.

"Contrary to what most people believe, less than one percent of those found to have been infected with AIDS so far are homosexual men," the director general said.

He said the latest number of officially confirmed AIDS carriers in the country was 32,417. Of these, only 280, or about 0.6 percent, are homosexual men.

Thira said the rate of AIDS infection among the Thai population had increased during the past several months because of a shortage of free condoms given out by the Public Health Ministry to entertainment places and brothels throughout the country.

Health Ministry Says 247,000 May Have AIDS Virus

*BK0308022791 Bangkok THE NATION in English
3 Aug 91 p A4*

[Text] As many as 247,000 Thais may be carrying the AIDS virus, though the number of detected AIDS carriers was just slightly over 30,000, an official report released yesterday said.

Thai estimate by the Public Health Ministry's Epidemiology Division, apparently endorses a gloomy prediction by the Population and Community Development Association (PDA).

The PDA, in the prediction previously decried by officials as exaggerated, said at least two million Thais would be infected by the AIDS virus by the year 200 unless the current spread of the killer disease was drastically slowed down.

The division said the real number of infected people now is estimated between 134,500 and 247,000 because most potential carriers have not had their blood tested.

AIDS is invading the heterosexual community at an alarming pace, according to the division's statistics on detected carriers, who as of July 15 numbered 31,928.

Drug addicts still topped the list of carriers, with a total 16,911 infected. But the number of infected heterosexual men and women have noticeably climbed to 4,792 and 6,956 respectively, altogether making up 36 percent of the overall carriers.

AIDS carriers are those who have tested positive for the AIDS virus (HIV) but do not show any symptoms. The virus destroys the body's immune system, making the victim susceptible to various fatal opportunistic infections.

All carriers can infect others through sexual intercourse, AIDS virus-contaminated needles and blood transfusions. The virus also can be transmitted from pregnant women to their unborn babies.

Ninety-four newborn babies have been found infected this year, compared with only three in 1988, 36 in 1989 and 216 last year.

Seventy-eight of the total 125 people reported to have developed full-blown AIDS have died.

The number of people suffering from AIDS-related complex recorded until July 15 was 364. Thirty-eight have died.

The number of infected people in Chiang Mai, meanwhile, has increased by some 70 percent this year, the province's chief officer for public health said yesterday.

Dr. Anan Lapsomthop said more than 5,000 people in the northern province have been infected with AIDS as of July 10, compared with 3,262 at the end of last year.

Anan said AIDS has been spreading from prostitutes to heterosexual men, who later transmitted the disease to their wives and finally to their babies.

"The situation is worrisome among farmers and other low-income people, let alone the prostitutes, because there is virtually no way to help them," he said.

Prostitutes found to have been infected would be sent back to their hometowns but instructed to give up the risky career, Anan said.

"But they will return to work again because of their poverty and the high demand for their services," he said.

VIETNAM

VNA Reports Continued Efforts Against AIDS Threat

*BK0808075391 Hanoi VNA in English 0545 GMT
8 Aug 91*

[Text] Hanoi VNA August 8—Except for one young woman in Ho Chi Minh City found positive to HIV test early this year, none of the 65,117 blood samples taken of high-risk groups in Vietnam proves HIV seropositive.

Nevertheless, many branches and cities are continuing to intensify joint efforts in the fight against that deadly disease. According to the Vietnam Anti-AIDS Committee, refresher courses on AIDS have been held and consultative rooms founded in many localities of the country.

POLAND**WHO Will Fight AIDS in Poland**

*AU1807113691 Warsaw RZECZPOSPOLITA in Polish
16 Jul 91 p 2*

[Z.S. report: "WHO Will Help Combat AIDS"]

[Text] Out of 600 homosexuals who have been medically examined, every 27th is HIV positive, said Zbigniew Halat, vice minister of health and social welfare, at a news conference on Monday. But when someone asked him what other social groups contain HIV carriers, he did not reply, saying that this information is no longer

being collected ever since the Supreme Medical Council protested in February about the method of registering HIV carriers, describing it as a violation of medical confidentiality.

Several WHO missions specializing in the prevention of AIDS will visit Poland soon. The first mission will help Polish specialists work out a new system to register AIDS cases. The remaining missions will investigate, among other things, the legal rules governing prostitution, drug addiction, and blood donation. They will see whether these rules permit the prevention of AIDS, and, if necessary, they will suggest new solutions already in force in countries that experienced AIDS before Poland.

REGIONAL AFFAIRS

CANA Feature on AIDS Challenge to Region

FL0907155291 Bridgetown CANA in English
2024 GMT 7 Jul 91

[Article by Colin King]

[Excerpts] Bridgetown, Barbados, July 7, CANA—As the Caribbean and the rest of the world face up to the challenge of the AIDS epidemic, Barbados AIDS advisor Professor Mickey Walrond wants more of his countrymen to take the test for HIV exposure. Walrond estimates that while 192 cases were recorded up to the end of 1990, 300 to 500 Barbadians may now carry the Human Immunodeficiency Virus (HIV) which causes the Acquired Immune Deficiency Syndrome (AIDS).

In 1990, reported AIDS cases in the entire English-speaking Caribbean and the Bahamas, Bermuda, and Suriname, totalled 1,869 and the potential for rapid growth in the number has generated increasing concern Caribbean-wide.

“COURIER” the newsletter of the African, Caribbean, and Pacific countries and the European communities, in a special report on AIDS, observes that the “one really efficient way of fighting the disease is to prevent it.” The challenge to the Caribbean in the 1990’s is to continue intensive prevention and control programmes, by mustering health care requirements even in countries which now have inadequate health care systems, COURIER said. The newsletter cites World Health Organisation (WHO) estimates of some eight million HIV carriers worldwide, and at best, the distant prospect of a cure.

One AIDS treatment—AZT—is credited with retarding the development of AIDS by up to three years. It is already available to Barbadians who can afford it and has been recommended to the Barbados Government for inclusion in the national drug service either free or at reduced cost. The treatment is expensive and if the proposal is accepted by the government, it would cost between 5,500 and 9,200 dollars (one Bds dollar = 50 U.S. cents) per person, for at best temporary remission of the disease, according to Professor Walrond.

Meanwhile, the medical and research reports on AIDS in the region and beyond, highlight the importance of testing, and awareness and education programmes.

“... In one country in the region in 1989, in a study of several hundred prostitutes, the prevalence (of HIV) was about 20 percent; a more recent survey in a similar group has shown a prevalence of 45 percent. Furthermore, some of the world’s highest AIDS case rates are found in the Caribbean,” COURIER newsletter reported.

“HIV appears to have been introduced into the Caribbean in the late 1970’s, mainly within the homosexual and bisexual population with contacts in North America,” Elizabeth White of the Jamaica AIDS programme

reports in COURIER. Jamaica in 1982 reported the English-speaking Caribbean’s first AIDS case, with reported cases in 12 of the countries and Suriname by 1986, and in all 19 countries covered by Caribbean Epidemiology Centre (Carec) by 1989.

No female AIDS cases were reported until 1985 (22 cases in women and 11 in children), but the number has grown quickly, reflecting a trend towards heterosexual transmission (52.9 percent of 1,435 adult cases by this means by 1989).

“... Social pressures are such that many homosexual men in the Caribbean marry and have children,” White said.

“This bisexual behaviour of men infected early in the epidemic may have speeded up the process of heterosexual spread which has been facilitated by the tendency for both men and women to have multiple sexual partners,” she said. [passage omitted]

The incidence of teenage sex and the high mobility of the Caribbean population around the region and to North America and Europe for social and economic reasons also present dangers of HIV exposure and contraction of the AIDS disease.

Medium term plans developed by several Caribbean countries in 1988, with Carec and Pan American Health Organisation/World Health Organisation help, placed emphasis on prevention of transmission as the cure for the AIDS epidemic. Five major strategies listed are; surveillance; prevention of sexual transmission; prevention of transmission through blood and blood products; prevention of mother-child transmission; and reduction of the impact of HIV infection on individuals, groups, and societies.

“The messages were similar throughout the Caribbean.... that prevention is the only “cure“ for HIV/AIDS and that using condoms and sticking to one faithful partner is the only means of reducing the possibility of infection,” White observes. [passage omitted]

Following are the reported number of new AIDS cases each year (1986 to 1989) in selected Carec member countries, total cases reported to March 1991 and totals for all 19 Carec members. Total to March:

Country	1986	1987	1988	1989	1991
Bahamas	50	90	93	168	599
Barbados	21	24	15	40	192
Bermuda	21	21	28	35	178
Grenada	1	5	3	8	26
Guyana	—	12	30	40	163
Jamaica	6	32	30	64	214
St. Vincent	2	6	7	6	30
Suriname	2	5	4	35	81
Trinidad	77	87	160	167	785
All Carec	186	306	379	573	2,398

ANTIQUA AND BARBUDA**Reported AIDS Cases Not 'True Reflection' of Disease***FL1007013191 Bridgetown CANA in English
1937 GMT 9 Jul 91*

[Text] St. John's, Antigua, July 9, CANA—Antigua and Barbuda has 60 reported cases of the dreaded Acquired Immune Deficiency Syndrome (AIDS), but the figure could be higher if more people come forward for voluntary testing, says Dr. Prince Ramsey, an AIDS educator.

Speaking Monday night on the television programme "Feedback," Ramsey, a medical practitioner, said the number of reported cases is not a true reflection of the AIDS disease in Antigua. He said there is a rapid increase of the disease in Antigua and Barbuda, and it has affected two children below the age of two years.

"Only when people hear things on BBC and CNN they become concerned," he said in relation to the general attitude of people to information on AIDS.

Also appearing on the programme was Trinidadian Godfrey Sealey, an HIV victim, who related his experiences to viewers. He stressed the importance of AIDS education and the need for people to be more aware of the dangers of the disease.

BAHAMAS**Over 300 AIDS Deaths Recorded Since 1985***FL2207201791 Bridgetown CANA in English
1835 GMT 22 Jul 91*

[Text] Nassau, Bahamas, July 22, CANA—More than half of the 659 persons diagnosed with AIDS in the Bahamas between August 1985 and March 1991, have died, the Ministry of Health said Monday. Giving a statistical update on the fatal disease here, the ministry also disclosed that 579 of the 659 cases were adults and the remaining 80 were children. During the same six-year period, added the ministry, 2,012 persons were tested positive for the HIV virus which causes AIDS.

The ministry said that from August to December 1985, there were 36 cases of AIDS; in 1986, there were 50; in 1987, 90; in 1988, 93; in 1989, 168; in 1990, 162; and from January to March, 1991, there were 60 cases, for a total of 659.

A total of 363 persons died: 16 from August to December, 1985; 23 in 1986, 44 in 1987, 47 in 1988, 99 in 1989, 103 in 1990 and 31 from January to March, 1991. Between August and December 1985, 20 persons were tested HIV-positive or diagnosed as healthy carriers. Eighty-five persons were in this category in 1986, 255 in 1987, 419 in 1988, 568 in 1989, 519 in 1990, and 146 from January to March, 1991.

Giving a breakdown of the 659 AIDS cases, the Health Ministry said from August to December, 1985, 26 adults

and 10 children had AIDS; in 1986, 41 adults and nine children had the disease; in 1988, there were 77 adults and 16 children; in 1989, there were 156 adults and 12 children; in 1990, there were 149 adults and 13 children; and from January to March 1991, there were 57 adults and three children with the disease.

The first case of AIDS here was identified in August 1985. AIDS attacks and destroys the body's immune system, thus rendering the sufferer incapable of fighting off disease.

The Health Ministry said all blood, before accepted for transfusion here, was tested for the presence of the HIV virus. Persons who wish to have their blood tested, can do so at a fee ranging from U.S. 30 dollars to 60 dollars.

Ratio of AIDS-Infected Men to Women Almost Equal*FL0108173091 Bridgetown CANA in English
1601 GMT 1 Aug 91*

[Text] Nassau, Bahamas, Aug 1, CANA—The Bahamas Government has opened a ward for children with the deadly Acquired Immune Deficiency Syndrome (AIDS), at the Princess Margaret Hospital in Nassau. So far this year, there have been 121 cases of AIDS recorded in the Bahamas, compared to 162 in 1990, and 168 in 1989. The number of men and women affected by AIDS in the Bahamas is nearly equal.

Health Minister Charles Carter said that because of the large number of women affected by AIDS, it is not surprising that an increased number of children will develop the Human Immuno Deficiency Virus (HIV) infection that causes AIDS and the full-blown disease. "It is hard for ordinary people to appreciate the moral dilemma of seeing children die, seeing children infected from birth with a disease that will shorten their life, limit potential, and make them, quite frankly, terminal in the next few years," said Carter.

For a long time, most people ignored the spectre of AIDS in the Bahamas and worldwide, he said. He said AIDS has been the invisible killer in the Bahamas as it has been worldwide. AIDS is no longer invisible in the Bahamas, and the opening of the nine-bed ward for children is a sign that the country has decided to deal with a problem it knows is real, he said.

BERMUDA**Since 1981—145 AIDS Deaths; 177 Cases Diagnosed***FL1907230391 Bridgetown CANA in English
1920 GMT 19 Jul 91*

[Text] Hamilton, Bermuda, July 19, CANA—Four people died here from AIDS in May, latest government figures show, bringing the number of deaths from the killer disease in Bermuda to 145.

A total of 177 Bermuda residents have contracted Acquired Immune Deficiency Syndrome since the disease was first detected 10 years ago.

BOLIVIA

AIDS Figures Announced

PY1607184491 *La Paz EL DIARIO in Spanish 2 Jul 91 p 7*

[Summary] AIDS Program National Director Maria Luisa Melgar has reported that between 300 and 500 AIDS cases have been registered in Bolivia. The first AIDS patient died in Oruro one week ago.

First Patient Diagnosed With AIDS Dies in Sucre

PY1307191691 *La Paz PRESENCIA in Spanish 28 Jul 91 Second Section p 1*

[Excerpt] Sucre, 27 Jun (PRESENCIA)—The first patient infected with AIDS died on 26 June at the local Santa Barbara Hospital amid strict health control measures. Hospital authorities said that the body of the 27-year-old man, who caught the disease in Brazil, will be cremated. [passage omitted]

BRAZIL

AIDS Among Women Shifts from Drug Users

91WE0387B *Brasilia CORREIO BRAZILIENSE in Portuguese 3 May 91 p 6*

[Text] The number of women in Brazil who contract the AIDS virus through sexual intercourse already exceeds the number of cases in which the disease was transmitted through intravenous drug use, according to Health Ministry studies. Technicians in the field have come to the frightening conclusion that AIDS should spread more rapidly through the country, because the largest incidence of the disease no longer occurs in a restricted group—female drug addicts—and it now represents a greater threat to the heterosexual population.

Eduardo Cortes, director of the AIDS division of the Health Ministry, explained that the increase in infection through heterosexual relations will also increase the risk of transmitting the disease to unborn babies, the so-called legion of future AIDS orphans.

“Women who have contracted the AIDS virus through sexual intercourse are at risk of becoming pregnant and infecting their babies. The risk of infection is one in three; i.e., for every three women with AIDS, at least one will infect her child. Last September we began to observe that sexual transmission was overtaking infection through drug use and was responsible for the increase in cases,” declared the director of the AIDS division.

According to Cortes, the only way to avoid a tragedy in the country is to get the population involved in the ministry's education campaign.

In the last 11 years, the AIDS division has registered about 16,000 cases, making Brazil the country with the third highest number of cases, exceeded only by the United States and Uganda. Of the total number of cases, 14,641 victims are male and 1,622 are female. Sexual intercourse is responsible for about 59 percent of the cases, with 47 percent of them among bisexuals and homosexuals and 12 percent among heterosexuals.

In 1988, infection through sexual contact was responsible for 34 percent of AIDS cases among women, as against 41 percent who were infected through drug use. In 1989, needles were still the principal source of contagion. Last year, however, the situation changed. In 35 percent of the cases, infection was laid to drug use, while 48 percent of the cases were the result of sexual intercourse without any type of protection.

Regarding the source of infection in the cases that are appearing now, Eduardo Cortes made a point of noting that the infection occurred years ago. “The people must become more aware; if they do not, the Brazilian society will have the AIDS it deserves,” warned the director of the AIDS division. In a survey conducted early this year to evaluate the AIDS campaign, of 1,300 people interviewed in Rio de Janeiro, Sao Paulo, Recife, and Porto Alegre, 58.7 percent responded that the principle message of the campaign was to take preventive measures and to exercise caution in sexual relations.

“To a second question on the same topic, 64 percent of the respondents said that the principal warning of the campaign was that people must be careful and that anyone can catch AIDS. This is a very good sign,” he said.

Massive Spread

A study by the Federal University of Rio de Janeiro (UFRG), one of the most highly regarded studies of AIDS, found that 1 percent of the pregnant women in the study were infected with AIDS. The figures from the survey, which covered a universe of 1,000 women, even further alarmed Hebert de Souza “Betinho,” president of the ABIA (AIDS Interdisciplinary Association of Brazil), who warned of a massive spread of AIDS in Brazil.

AIDS Rising in Sao Paulo's Poorer Areas

91WE0407A *Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 May 91 p 11*

[Article by Mario Magalhaes]

[Text] For the first time, AIDS was the principal cause of death among young people during a particular period in a Sao Paulo district: it occurred in the group of people between 20 and 29 years of age residing in Ipiranga, in the southern zone, between May and September 1990. This was the finding of a survey conducted by the Pro-AIM [Program to Refine Mortality Statistics in Sao Paulo Municipios], an organ of the Municipal Health Secretariat.

The incidence of AIDS has risen in the poorer districts of Sao Paulo and declined in the wealthier ones. The latest bulletin of the Health Secretariat states that AIDS is shifting to the fringe population in Sao Paulo Municipio and in the major centers. Only 9 percent of the families in Ipiranga earn more than 30 times the minimum wage. The district has a population of 290,000, according to estimates of the Municipal Secretariat of Planning.

Se and Santa Efigenia

Pro-AIM also verified the advance of AIDS in other districts. During the same period last year, in Casa da Saude, a district close to Ipiranga, AIDS was the second leading cause of death, close behind homicide, in the age bracket from 30 to 39 years, with 10 deaths. In Ipiranga, five people between 20 and 29 years of age died of AIDS.

In the last four years, AIDS victims have tripled in the northern and eastern areas of the city, where the population with the lowest socioeconomic profile is concentrated, and have doubled in the others. The highest

numbers of cases continues to occur in Se and Santa Efigenia, in the Center, where less than 5 percent of the families earn more than 30 times the minimum wage.

In Belenzinho, where 14 percent of the families earn more than 30 times the minimum wage, the population infected with the HIV virus rose 670 percent between 1988 and 1989, according to data from the AIDS Referral and Treatment Center (CRT-AIDS), an agency of the Health Secretariat.

In the Jardim America, where 42 percent of the population has a family income higher than 30 times the minimum wage, the opposite occurred. The incidence of AIDS dropped from 21 to 12 cases for every 100,000 inhabitants. In Vila Mariana, the incidence dropped from 32 to 26 and in Vila Madalena it declined from 9 to 5. Of the 307 new patients who sought out the CRT-AIDS in the first two months of this year, only 10 percent had a higher education, whereas, three years ago, more than half had attended a university.

AIDS Rising on the Fringes

The incidence of AIDS rises in poor neighborhoods and declines in wealthier ones

District	1988*	1989*	More(%)	Fewer(%)	Income greater than 30 m.w. (%)**
Se	130.33	159.33	22.0	-	4.47
Sta Efigenia	136.30	193.59	42.0	-	4.77
Ipiranga	18.14	24.97	38.0	-	9.14
Belenzinho	4.60	35.40	670.0	-	13.88
Cachoeirinha	47.81	63.14	32.0	-	2.34
Jardim America	20.97	12.29	-	41.0	42.22
Vila Madalena	8.65	5.11	-	41.0	22.80
Vila Mariana	31.56	26.48	-	16.0	37.25
Capital	12.29	15.21	24.0	-	10.40

* Number of cases for each 100,000 inhabitants

** Family income greater than 30 times the minimum wage (%)

Source: Secretariat of State for Health and Municipal Secretariat of Planning

Shared Needles

Between June and November 1990, AIDS was responsible for more deaths than homicide in the capital (912, as against 688 homicide victims). In the same period, one of every four deaths was AIDS-related. By the end of March (1991), there were 6,833 reported cases of the disease in the municipio, or 64 percent of all the cases in the state. CRT-AIDS has initiated a study of the social nature of HIV infections, which should be concluded by the end of the year.

"The practice of sharing needles to inject cocaine is the primary cause of the growth of AIDS in the poorer areas, said public health physician Naila Santos, of the CRT. "Residents of upper-class districts tend to inject drugs in private, which is more difficult on the fringes of society, where drugs are shared and the needle is passed around."

Drugs

Intravenous drug use was responsible for 128 (or 31 percent) of the 409 AIDS cases reported in the first three months of this year in Sao Paulo State. In 1987, only 27 percent of the cases were laid to this means of infection. This year, 28 percent of the patients acquired the virus through homosexual relations, 14 percent in bisexual relations, and 17 percent in heterosexual relations. The risk group that presented the highest rate of HIV positive results were drug users (96.5 percent).

Pro-AIM classifies the cases of death reported in the some 200 death certificates received daily by the Municipal Funerary Service. According to Margarida Azevedo Lira, coordinator of the program, the death certificates are later checked with the issuing physicians.

CHILE

AIDS Cases Over Eight Years Total 314

*PY0108234991 Santiago Radio Chilena Network
in Spanish 1700 GMT 1 Aug 91*

[Summary] Health Under Secretary Patricio Silva has presented the latest report on AIDS cases. He said that 314 cases of AIDS have been registered since the first appearance of this disease eight years ago. He added that 26 new cases have been reported over the past six months of which 93 percent are men and 6.3 percent are women.

HONDURAS

Minsap Reports 78 New AIDS Cases

*91WE0422A San Pedro Sula LA PRENSA in Spanish
30 Apr 91 p 41*

[Text] Tegucigalpa—So far in 1991 a total of 78 persons have been infected with the Acquired Immune Deficiency Syndrome (AIDS), of whom 52 are men and 26 are women. This was stated on 29 April by the Ministry of Public Health Minsap.

In all 1,196 cases have been confirmed in Honduras since the first case appeared in 1985, of whom 41 are children from birth to age 15. San Pedro Sula continues to hold first place in the number of persons affected by the disease, followed by other cities with high population density.

According to available information, the total number of cases which have been studied is 1,819, broken down as follows: blst

Asymptomatic carriers—401

Associated symptoms—222

Dead from 1985 to the present—397

Unknown outcome—412

Survivors—387

Parallel to the campaign on preventive measures to avoid cholera, the health authorities continue to sensitize the people to beware "the illness of the 20th century."

Official Reports 418 AIDS-Related Deaths

*PA1207204591 Panama City ACAN in Spanish
2021 GMT 4 Jul 91*

[Text] Tegucigalpa, 4 Jul (ACAN-EFE)— Public Health Ministry sources reported today that AIDS has caused the death of 418 Hondurans and that 1,230 cases have been recorded in the country.

Epidemiology Division director Enrique Zelaya stated that they do not know the whereabouts of 335 people who have AIDS and that 477 of the total number of cases are living.

Zelaya said that 179 new AIDS cases—116 men and 63 women—were registered in the first six months of 1991.

Health Ministry Reports Increase of AIDS

*PA0108150691 Paris AFP in Spanish 0327 GMT
1 Aug 91*

[Excerpt] Tegucigalpa, 31 Jul (AFP)—The Health Ministry reported on 30 July that there are more than 1,300 AIDS victims in Honduras, while in the rest of the region there are 815 confirmed cases.

El Salvador is second in the list, but way below Honduras, with 357 cases.

The 1,344 cases reported in Honduras represent 52 percent of the total number of AIDS patients in Central America (2,159), while El Salvador's 357 cases represent 16 percent. Panama is third in the region with 249 cases, or 11 percent.

Thus far, 431 persons have died in Honduras from AIDS.

Enrique Zelaya, president of the National Commission Against AIDS, regretted the fact that despite the alarming figures, the campaign against this disease has decreased over the past few months.

Zelaya said that although Hondurans know about the disease, "they are not taking the necessary precautions" to prevent it.

While last year three cases were reported every two days, during the past few months of 1991 the incidence has increased to three cases per day. [passage omitted]

JAMAICA

Official Estimates 'Thousands' Infected With HIV

*FL0908001591 Bridgetown CANA in English
2207 GMT 8 Aug 91*

[Text] Kingston, Jamaica, Aug 8, CANA—Two children and five adults were reported as the latest cases of Acquired Immune Deficiency Syndrome (AIDS) in Jamaica. These seven cases reported in June bring to 234 (156 males, 78 females) the number of Jamaicans who

have contracted AIDS since December 1982, according to data provided by the National HIV/STD Control Programme. Counted among the five adults were a 60 year-old woman and another under 40. The children were under five years old.

Dr. Peter Figueroa, director of the programme estimates that "thousands of Jamaicans" are infected with HIV, the AIDS-causing virus which is transmitted through sex with an infected person. He added: "However the vast majority do not know that they are infected because they are completely without symptoms."

Twenty-nine children who inherited the HIV from their mothers during pregnancy or at childbirth, had developed AIDS up to the end of June. While 28 of these children are under four, one has survived her fifth birthday. The mortality rate of children with AIDS currently stands at 69 percent.

PERU

Trujillo Reports 800 AIDS Cases

*PY1607183291 Lima LA REPUBLICA in Spanish
18 Jun 91 p 17*

[Excerpt] Trujillo, 17 Jun—Angel Quintanilla, coordinator of the AIDS Prevention Committee, has reported that seven AIDS cases have been recently detected in Trujillo and one in the Andean city of Huamachuco. The AIDS cases in Trujillo now total 800.

URUQUAY

Twenty AIDS Deaths This Year

*PY2907160491 Madrid EFE in Spanish 2323 GMT
26 Jul 91*

[Summary] Montevideo, 26 Jul (EFE)—According to an official report released today, 20 people died of AIDS between January and July 1991. The number of fatal AIDS cases since 1983 now totals 96. Although 944 people have tested positive for HIV virus, so far only 188 AIDS cases have been officially registered.

AFGHANISTAN

Doctor Details AIDS Laboratory's Work

91WE0468B Kabul THE KABUL TIMES in English
10 Jun 91 p 4

[Article by Dr. Zahir Ayobi]

[Text] AIDS is a deadly disease which has been the focus of attention for medical doctors the world over. Therefore, the developed world has spent a large amount of money for its research in an attempt to find a cure for this hazardous disease. In Afghanistan no center existed till the recent decades. Thanks to Dr. Ghazanfar, one of the geniuses, great and well-known professor of the Kabul State medical Institute, he embarked on inventing unique methods to arrest the bacteria of AIDS, three years ago, in an effort to diagnose and cure AIDS.

Our readers, for sure would be interested to know whether any case of this killing disease has been registered in the laboratory or not. To give accurate information to readers, we have interviewed the well-known professor doctor Ghazanfar, presented here below:

Q: When was the AIDS laboratory opened in Afghanistan?

A: Exactly three years ago.

Q: How many tests have been carried out in your laboratory so far?

A: In the first month of our work we conducted 1674 tests. To be accurate we conducted 100 tests per month. [as published]

Q: Have you happened to notice any case of AIDS?

A: Fortunately, we haven't come across any case of this disease, and we can say for sure that this hazardous disease doesn't exist in Afghanistan.

Q: Do you think the tests you have carried out so far are enough?

A: Not at all. We are decisive to conduct millions of tests for diagnosing this bacteria.

Q: Are you sure that your tests are accurate and confidential?

A: Yes, of course, our tests have scientific basis and in full compliance with international norms and principles.

Q: What would be the symptoms and signs of AIDS syndrome?

A: Suppose somebody has the signs of this virus he/she would lose 10 percent weight. And of course he would have continuous diarrhoea and fever for more than a month, itching skin, febrile labial herpes, weakness of memory and swollen glands, which is due to a special

bacteria called psycho-syndrome. "Those who are suspicious of being contaminated with the virus come to our laboratory without any restriction", Doctor Ghazanfar advised.

INDIA

More Positive HIV Tests in Calcutta

91WD0924 Calcutta THE STATESMAN in English
4 Jun 91 p 3

[Text] Sixteen people have tested positive for the human immunodeficiency virus (HIV) in Calcutta, according to Dr. M.S. Chakravarty, professor of virology, School of Tropical Medicine, on Monday. The results were arrived at in course of the ongoing tests since 1989 to determine the incidence of the acquired immunodeficiency syndrome in Calcutta. Out of the sixteen AIDS patients, four were foreign students and two belonged to the "high-risk group" comprising prostitutes and those suffering from sexually transmitted diseases.

With the growing concern over the spread of AIDS, the Central Drug Control Organization and the Directorate of Drugs Control, West Bengal began a five-day workshop during the day in order to impart technical knowledge among drug control officers on blood banks. Dr. Naresh Banerjee, member of the Drugs Technical Advisory Board [DTAB], said amendments to the Drugs and Cosmetics Act were in the offing to introduce further checks on blood collection, storage and transfusion. Professional donors would have to carry identity cards and bottles would be labelled to indicate that the blood was free from hepatitis B or HIV contamination. There would be rules to discourage professional donorship and the collection of blood from prison inmates. The DTAB is scheduled to meet in a few months to consider and ratify these and other amendments to the Act.

According to Mr. N.C. Bagchi, director of Drugs Control, West Bengal, the main problem was the lack of motivation among private blood banks to ensure the supply of safe blood. Most of the banks failed to maintain essential records and more often than not did not test blood for impurities and infection. He said that the granting of licenses to private blood bank would be strengthened.

There are 25 commercial blood banks in West Bengal and 15 applications for the same were pending, Mr. Bagchi said. Most of these blood banks collect blood from professional donors whose blood is likely to be infected with disease organisms.

Mrs. Leena Chakravarty, West Bengal Health Secretary, said the blood banking system had not kept up with the development in other specialized medical fields. The State Government had outlined a specific scheme for development and modernization of the system in order to step up voluntary donation, increasing the facility in the districts, upgrading manpower and establishing new

centers, she said. She also stressed the need for safe blood transfusions. Dr. Bhaskar Roy Chowdhury, Vice-Chancellor, Calcutta University, was the chief guest.

AIDS Problem Discussed at Bombay Meeting

91WD1042 Bombay THE TIMES OF INDIA
in English 15 Jul 91 p 5

[Excerpts] Bombay, 14 July—Communication, coupled with compassionate realism, is the key to combat the AIDS (Acquired Immuno Deficiency Syndrome) problem in India advocated Mr. P.G. Ramachandran, executive secretary and member of the government body of Population Services International, at a workshop entitled "AIDS and the Role of Media" here on Friday.

Organised by the Directorate of Health Services, government of Maharashtra, with a view to dispelling misconceptions on AIDS via the media, the conference was attended by eminent persons actively involved in the AIDS prevention and control programme.

Apprising the press of the pace at which the AIDS problem was spreading all over India, the speakers, said that since no cheap and effective medicines were available so far to cure the ailment, the only "vaccine" which could be productively used to curb its spread was education. [passage omitted]

Mr. Ramachandran, highlighting the extent of the AIDS problem, "more a social than a medical one," said there was no AIDS disease as such. It was a condition caused by a virus, HIV (Human Immunodeficiency Virus) which breaks down the body's immune system and leads to extreme fatal infections and some forms of cancer. It can take up to 10 years for AIDS to manifest itself. [passage omitted]

In India, 5,131 persons tested HIV-positive at the end of May 1991 according to the WHO. The total number of AIDS cases has risen to 68.

According to estimates by the Christian Medical College, Vellore, a major medical establishment associated with the earliest work on AIDS in India, one million HIV-positive persons exist in India today. Their figures seem to tie up with the IWG's projection for India by 2015, of 4 to 5 million HIV-positive cases. [passage omitted]

The need for a legal structure in India which would be anti-discriminatory and protect the human rights of AIDS cases, was argued out by Mr. Anand Grover, advocate, Lawyer's Collective.

It was important for the law to ensure the spirit of understanding for HIV and AIDS cases, to protect human rights, to ensure confidentiality of their status.

Screening of blood and blood products must be made mandatory and this law must be incorporated as a condition for granting blood product manufacturing companies their licences. Moreover, specific anti-discriminatory conditions must be included in the law,

against denial of health care services to a person on the grounds that he or she was HIV positive.

No person must be asked to undergo the HIV test to reveal HIV status as a pre-condition for employment, education, travel, or availing of any private or public services.

According to Dr. Banoo Coyaji, member of the scientific and technical advisory group (STAG), WHO prevailed upon the media to avoid sensationalism. She conceded that ignorance among the medical fraternity itself needed to be removed since this could have a snowballing effect.

Dr. S. Salunke, joint director, directorate of health services, revealed that a medium-term plan (for 3 years) had been prepared for Maharashtra utilising the WHO grant of Rs 43.54 lakhs in November 1990. In MTP, he said, the stress would be on establishing counselling centres, health education and exchange of information between various associations. By now, he said, 43 surveillance centres existed in Maharashtra.

IRAN

Statistics on AIDS, Hemophilia

LD2807153691 Tehran IRNA in English 1422 GMT
28 Jul 91

[Text] Tehran, July 28, IRNA—Hemophilics in Iran number 4,675, of whom 150 were found to be stricken by the acquired Immune Deficiency Syndrome (AIDS), including the 17 who succumbed to the dreaded disease, technical deputy of the Blood Transfusion organization said today.

According to Dr. Faramarz Sulyman-Pur so far 25 non-hemophiliacs suffering from AIDS were also identified, of whom eight have already died. He said 30 percent of the construction work on a large blood refining plant in Tehran has been completed.

Putting blood products imports at 10 million dollars annually, he said once the plant is completed, Iran would export 10 million dollars worth of blood products, after meeting its domestic needs. The plant which has a blood plasma capacity of 80,000 litres, is to be inaugurated next calendar year (to start March 21, 1992).

PAKISTAN

AIDS Cases Said Increasing

91AS0891A Lahore NAWA-I-WAQT in Urdu 14 Apr 91
p 3

[Article: "Increase in AIDS Cases in Pakistan; Government Precautionary Measures Inadequate"]

[Text] Islamabad (APP)—The incidence of AIDS sickness is increasing in Pakistan. This was revealed by

informed sources within the National Institute of Health (NIH). The sources said that over 100,000 persons were medically examined before March 1, 1991. Of these, 84 persons were found to be infected with this wicked disease. Fourteen persons were in advanced stages of the sickness and the remaining were found to have HIV virus which causes AIDS. There were only four cases of HIV in 1986. This number had increased to 12 in 1989. Seven of these were in serious condition. This increase continued and the NIH had 29 patients in 1990. Six additional persons were found to have this virus and one of them was suffering from AIDS. The causes of AIDS' spread are blood transfusion, homosexuality, sharing syringe needles, Pakistani mothers living abroad getting infected, and foreign tourists. Over three million Pakistanis are living abroad and most of them live alone leaving their families in Pakistan. Those who take their families with them have the family members treated in hospitals where the HIV is very common. The blood collected by donors in Pakistan is not tested properly as we lack the proper resources. Keeping in view the danger AIDS poses, the government had started an AIDS control program in 1988 at the cost of 20 million rupees and had made the NIH as the central administrative agency. A national AIDS committee with representation from all the states has also been formed now. A short-term program to fight AIDS has also been started. Nineteen referral laboratories to test blood have been established in large cities. All foreigners wishing to stay for more than 1 year in Pakistan will be required to submit documents certifying that they have no AIDS. Any blood imported from abroad also must be certified for being free of AIDS virus. The imported blood is screened at all seaports and airports. However, non-government organizations are not doing anything to control AIDS. New research has revealed that the AIDS virus which could only live a few hours outside the body can live for about 24 hours. No vaccine has been invented to control its

spread yet and no treatment is available. The only weapons against this disease are education, precaution, and avoiding blood transfusion. The World Health Organization has identified 340,000 cases of AIDS patients worldwide as of 1 March 1991.

SRI LANKA

Five-Year Plan Launched To Combat AIDS

*BK1007095691 Colombo LANKAPUVATH in English
0850 GMT 10 Jul 91*

["OANA/pool" Item]

[Text] Colombo, July 10 (LANKAPUVATH)—Sri Lanka has embarked on a five year plan to combat AIDS, director of the anti-VD campaign Dr. G.N. Jayakuru said.

He said many measures have been taken to fight this highly dangerous communicable disease. Counselling plays a vital role in this. A three-year plan together with a five-year plan have been developed where UNDP [United Nations Development Program] has provided considerable financial aid. Surveys are conducted to find whether the virus has entered the suspect's body.

According to Dr. Jayakuru, nine foreigners are among 39 positive cases of AIDS that have been identified in Sri Lanka. He further added that of 30 Sri Lankans having AIDS, 10 had died, after having developed the full-blown disease. Ten of the Sri Lankans had been infected abroad.

The Sri Lanka anti-VD chief also said there were 800 to 1,000 carriers of Acquired Immune Deficiency Syndrome.

Leningrad—40 Cases of AIDS

*OW0208045291 Moscow INTERFAX in English
1710 GMT 1 Aug 91*

[Following item transmitted via KYODO]

[Text] A report by the Leningrad epidemiological station says 40 cases of AIDS has been registered in the city: 31 persons are carriers of the virus, 6 have developed the disease and 3 have died.

Of all foreigners living in Leningrad the highest percentage of those having AIDS is among African students.

The Leningrad Epidemiological Station recently sent 24 of them out of the country. The report also says that many foreign students and probationers refuse to test for AIDS in time.

AIDS 'Spreading Fast' in Large Cities

*LD1008161591 Moscow Radio Moscow World Service
in English 1200 GMT 10 Aug 91*

[Text] The Moscow-based daily SOVETSKAYA ROSSIYA says the threat of AIDS in the Soviet Union is taking clearer outlines. It put the number of VIH [as heard] carriers at more than 1,200, half of them Soviet nationals, with the latest AIDS case being registered in the central Russian city of Penza.

The disease is said to be spreading fast in large cities such as Moscow, Leningrad, and Kiev, and official counts put the number of AIDS cases among children at 288, most of them infected while in hospital.

IRELAND

Health Department Gives AIDS Statistics

91WE0435A Dublin IRISH INDEPENDENT
in English 31 May 91 p 3

[Article: "AIDS Death Toll 83"]

[Text] Deaths from AIDS have reached 83 and there are 203 cases of full blown AIDS here, according to the latest figures from the Department of Health.

Six babies born to mothers who were intravenous drug addicts have died and 10 haemophiliacs have also died from the condition.

The death toll also includes five heterosexuals, 29 homosexuals/bisexuals and 23 intravenous drugs users, according to the IRISH MEDICAL TIMES.

NORWAY

Statistics on Sexually Transmitted Diseases

91WE0469A Oslo AFTENPOSTEN in Norwegian
10 Jul 91 p 30

[Article by Ole Martin Bjorklid: "Finnmark Has Most Sexual Diseases"—first paragraph is AFTENPOSTEN introduction]

[Text] Chlamydia continues to be the sexually transmitted disease that tops the statistics. There is nothing to indicate that fewer people are being infected this year than last.

The number of cases of gonorrhea is on the decline, but just as many are being infected by herpes this year as in 1990.

Last year, 12,094 cases of chlamydia were registered. The first six months this year the number was 5,738. The highest number of cases per 100,000 inhabitants in 1990 was in Finnmark, 1,300. There were 390 cases in Oslo. The average for the country stood at 290 per 100,000 inhabitants last year and the number so far this year is 140, a new survey by the infection preventive medicine section of the National Institute of Public Health shows.

Finnmark continues to top the statistics for the number of sexual diseases per inhabitant. There are almost four times as many cases there as in the rest of the country.

Both men and women can become infected by chlamydia, but in Norway most cases are registered among women. The authorities nevertheless calculate that just as many men are infected by the disease. Most cases are found in the 20-24 year old age group; those between 15 and 20 years stand in second place. Chlamydia can develop into an inflammation of the fallopian tubes and lead to sterility. How many women have become sterile because of the disease is not known.

"We recommend in the strongest way that all who have had unprotected sex with unknown partners be examined by a physician. The problem with chlamydia is that one does not notice when one is infected. Therefore, there are many who spread the disease without being aware of it," says section leader Preben Aavitsland.

"Neither physicians nor patients are clever enough to actively track the disease down. We managed to stop the spread of gonorrhea in this way. Therefore we also ought to manage it with chlamydia," says Aavitsland.

Herpes Stable

The number of cases of herpes has held stable since 1983. Then, 2,298 cases were registered. So far this year, 1011 cases have been reported. Preben Aavitsland thinks one of the reasons that the number is not going down is due to the fact that the reporting system works too poorly.

"Because herpes breaks out repeatedly, there are many physicians who report the same case over again," says Aavitsland, who thinks the real figure is lower.

Widespread in Oslo

Oslo has almost three times as many cases as the country's average per 100,000 inhabitants. Last year, this stood at 51, but for those concerned in Oslo there were 130 cases per 100,000 inhabitants.

Gonorrhea cases have declined since 1975. Then, 14,170 cases were registered, which was the record. Not since 1946 have so many been found. Last year, 944 cases of gonorrhea were reported. The first six months this year, 362 cases were charted and the estimate is that the number this year will be closer to 700.

At the end of June, 1,042 persons with HIV infection were registered. Of these, 216 have developed AIDS and 141 are dead. According to the National Institute of Public Health, between 500 and 1,000 HIV-positive cases have not been detected and registered.

PORTUGAL

December 1990 AIDS Statistics

91WE0431A Lisbon SABADO in Portuguese
14-20 Jun 91 p 26

[Text]

AIDS in Numbers (data received by the European Center for Epidemiological Monitoring of AIDS, relating to the situation in Portugal as of 31 December 1990)

Cases Reported	
December 1989	348
March 1990	410
June 1990	455
September 1990	481

AIDS in Numbers (data received by the European Center for Epidemiological Monitoring of AIDS, relating to the situation in Portugal as of 31 December 1990)
(Continued)

December 1990	573
Total deaths 31 Dec 90	285
Cases by type of contagion	
Bisexuals	263
Heterosexuals	156
Drug addicts	66
Bisexuals—drug addicts	7
Hemophiliacs	24
Blood transfusions	27
Mother-child transmission	5
Unknown	25
Total	573
Children under age 13	10

SWEDEN

Immigrants Seen Main Factor in HIV Spread

Physician: Redirect Resources

91WE0456A Stockholm DAGENS NYHETER
in Swedish 17 Jun 91 p 4

[Guest commentary by Sten Iwarson: "HIV-Infection Often Brought From Abroad"—first paragraph is DAGENS NYHETER introduction]

[Text] Professor Sten Iwarson, chief physician at the infection clinic at the Ostra Hospital in Goteborg, writes: "Redirect the AIDS policy. Aim resources at refugees and immigrants. Of all those reported HIV positive during 1990, 55 percent were foreigners. It is mainly a question of people from exposed areas in Central Africa. Swedish travelers are also living dangerously. More than half of the heterosexually infected persons indicate that they were infected abroad."

The development of AIDS in Sweden differs markedly from that in many other countries. So far about 2,800 HIV infected persons have been reported in Sweden, which is a considerably less rapid development than was feared only a few years ago. Even though the spread of HIV seems to be under relative control in Sweden, there are currently some sectors where the problem is increasing in scope. It concerns the refugees seeking asylum and those who travel abroad.

During 1990, 344 HIV infected individuals were reported in Sweden, according to statistics from the State Bacteriological Laboratory [SBL]. 191 of these infected persons (55 percent) were of foreign extraction, primarily from so-called highly endemic countries in Central Africa, but also from other European countries, from the United States and from South-East Asia.

Among the 12-14 Swedes reported as new HIV cases each month during 1990, an average of just below 50 percent comes from the homosexual and bisexual (HS/BS) group of men, while about one-fourth (3-4 per month) indicate heterosexual infection. Of the latter, at least half were infected abroad. A considerable part of the Swedish HS/BS-men also report having been infected abroad.

The fact that the heterosexual path of infection currently occupies a leading position in the Swedish HIV statistics is mainly due to HIV positive individuals of foreign extraction indicating this as the most likely. Heterosexually infected Swedes increased only marginally in number during 1990, or from 40 new cases in 1989 to 44 during 1990. What is alarming, however, is that the majority of them were infected through sexual contacts abroad.

Swedish intravenous drug users represented one-fifth of the new cases during 1990 or an average of 2-3 cases per month. The tendency the past couple of years has been towards a reduction from around 75 reported HIV infected intravenous drug users during 1987 to only some 30 new cases during 1990.

Among Swedish HS/BS men the reduction in new cases is also clear, or from about 150 during 1987 down to about 70 during 1990. The spread of the infection within both these risk groups is still considerable even today. The sexual spread of HIV from these groups into the general Swedish population seems to be relatively limited, however. The time bomb so many mentioned has not exploded, at least not yet. HIV-infected HS/BS men and intravenous drug users seem on the whole to constitute an infection risk only within their own groups.

It seems that in Sweden too much emphasis on exchanging needles has prevented a less rigid discussion about various methods for preventing the spread of HIV among drug users. An assessment of the current needle-exchange projects in western Skane has given rise to quite a few questions. In a comparison between Malmo and Goteborg, you find, for instance, that the number of intravenous drug users in Goteborg decreased during the 1980's, while in Malmo this group seems to remain just as large today as it was ten years ago. In Malmo, where there is a needle-exchange program, eleven HIV-infected drug users have been reported so far, while only two HIV-infected drug users were reported in Goteborg during the same period, despite the lack of a needle-exchange program.

Since we do not know how great the number of intravenous drug users or HIV-infected persons would be in western Skane without the needle-exchange program, one can only speculate on the effect of these programs. In my opinion, however, a direct comparison between western Skane and Goteborg does not provide any strong arguments for needle-exchange as an infection preventative.

The small number of new cases among drug users in our country during 1990, is in sharp contrast to the great number of HIV-infected intravenous drug users in many

other European countries. Sweden has succeeded comparatively well in its restrictive narcotics policy. It is my opinion that, in several of the countries where needles are provided free of charge in large cities, this is a clear sign of capitulation in the face of the extent of drug abuse. Zurich and Amsterdam are two examples of such large cities. The obvious next step would be to legalize drug abuse and to provide drugs at little cost, in pharmacies for instance. I believe that only a few extremists feel that we should take this step in Sweden also, but the needle-exchange programs that are difficult to defend on the basis of infection prevention are dangerously close to such a step.

The relatively quiet development within the HIV area in Sweden is in marked contrast to conditions in many other European countries. You only have to go to Denmark to find a considerably greater problem with AIDS. The situation is even worse in such Mediterranean countries as Italy and France. Currently around five AIDS cases per week are reported in Denmark as opposed to 1-2 cases in Sweden. As you go further south the numbers increase remarkably. At the present time, about 50 AIDS cases per week are reported in Italy and about 85 cases per week in France.

Naturally, this situation in southern Europe carries with it increased risk for Swedes who visit these countries and have sexual contacts there. It must be noted that more than half of the Swedes who have been infected through heterosexual contacts, indicate infection abroad as the most likely.

AIDS prevention has now reached a phase where we must ask whether the great economic efforts being made are aimed in the right direction. Today we find ourselves in a phase of reappraisal where experience from the latter half of the 1980's must be carefully evaluated before new preventive strategies can be designed for the 1990's. These must be tailor-made for our own national needs without peeking too much at any measures taken in other countries.

Are there then some sectors in need of greater attention when resources are allocated? Yes, the many HIV-positive refugees and immigrants from highly endemic countries must be better cared for than they are today, both with initial information and long-term care. This is of great importance, since new cases of HIV-infected immigrants and refugees outnumber all new cases among Swedes combined. Even though perhaps half of them will not be permitted to stay but will be forced to return to their own countries, a considerable number will be allowed to stay in Sweden and must be given adequate care in the form of information, medical advice and follow-up.

Another risk group that has not been given enough attention is the Swedes who travel abroad. A large amount of information has been disseminated on the risks of unprotected sex here at home, but the fact that the risk for infection through sexual contact is more than

doubled abroad has not been stressed adequately. There should be an immediate focus on providing information on the increasing risks for infection abroad.

Free Testing Offered

91WE0456B Stockholm DAGENS NYHETER
in Swedish 25 May 91 p 8

[Press Wire Service, Inc. report: "Voluntary HIV Testing for Immigrants"]

[Text] All persons entering Sweden will be offered HIV testing on a voluntary basis. The authorities will not be told the results; the usual secrecy will be observed. Decisions on residence permits will not be affected if the applicant is HIV infected.

The proposed guidelines for HIV and immigration have been prepared by Bo Goransson, state secretary at the Ministry of Labor. The document was recently given to Social Minister Ingela Thalen.

The document clearly states that all tendencies towards discrimination against HIV-infected persons must be forcefully counteracted.

UNITED KINGDOM

Secret AIDS Watch on Visitors to UK

91WE0447 London THE DAILY TELEGRAPH
in English 7 Jul 91 p 1

[Article by Victoria Macdonald and Valerie Elliott]

[Text] Immigration officers are under secret orders to vet visitors to this country whom they suspect have AIDS or the HIV virus that causes AIDS.

Sir Donald Acheson, the Chief Medical Officer, has issued instructions to port medical inspectors to provide immigration officials with an estimate of the cost of treating a foreigner who has or "is suspected of having" HIV or AIDS.

There is no indication of how the medical inspectors are supposed to determine whether a person is infected but yesterday AIDS organisations said it made a mockery of the Government campaign emphasising that it is impossible to tell if a person has the disease just by looking at them.

The guidelines were sent out on 2 May and stressed that the diagnosis should not in itself be considered justification for a recommendation to prevent entry into Britain.

The orders add that if the medical inspector thinks an entrant is likely to need medical treatment for AIDS or HIV infection, an estimate should be made of the cost so that the immigration service can determine whether the visitor has the means to pay.

AIDS organisations said yesterday that this amounted to a "backdoor ban" on those with the disease and said the Government was being hypocritical by continuing to insist that it placed no restrictions on people with HIV.

Dr. Patrick Dixon, director of AIDS Care Education and Training, which provides care for HIV and AIDS patients, said: "Asking visitors to ensure they have appropriate financial cover to meet their own medical costs seems common sense as long as it is applied consistently to other illnesses.

"Six out of 10 women in London with AIDS are from the African continent, which places the Government in a terrible dilemma because it does not want to be seen as

discriminatory nor does it want people to use it as an excuse to dismiss it as an African problem."

Mr. Andrew Puddephatt, director of Liberty (formerly the National Council for civil Liberties), said that this amounted to an invitation to immigration officers to use their subjective prejudices to stop and harass people.

Free health care is given to European Community nationals and some other countries which have a reciprocal arrangement with Britain, and to long-term immigrants who are "ordinarily resident."

The Department of Health said yesterday that this was not a backdoor ban and emphasised that the medical inspectors' report to immigration officers should not explicitly mention the virus.

NTIS
ATTN: PROCESS 103
5285 PORT ROYAL RD
SPRINGFIELD, VA

22161

This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, military, economic, environmental, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available sources. It should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed. Except for excluding certain diacritics, FBIS renders personal and place-names in accordance with the romanization systems approved for U.S. Government publications by the U.S. Board of Geographic Names.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Soviet Union, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be

provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735, or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.