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Epidemiology

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INTER-AFRICAN

International Conference Focuses on AIDS

54000065 Nairobi *THE WEEKLY REVIEW* in English
17 Feb 89 pp 17-19

[Text] When Kenyan doctors, scientists and medical researchers and their colleagues from different parts of the world converged at the Kenya Medical Research Institute (KEMRI) in Nairobi last week, for the tenth annual medical scientific conference, research paper presentations and discussion centered on a number of diseases that cause untold suffering in this region of the world. At the top of the agenda at the five-day conference, which was jointly sponsored by Kemri and the Kenya Trypanosomiasis Research Institute (KETRI), were the Acquired Immune Deficiency Syndrome (AIDS), malaria, trypanosomiasis (sleeping sickness) and a relatively little-known disease called leishmaniasis or kala-azar. The more than 600 scientists and medical experts who registered for the conference when it began on Monday last week also listened to presentations on traditional curative and preventive medicine, as well as environmental and occupational health.

Of special interest both to the scientists and the public was the killer syndrome AIDS whose reported incidence in Kenya had passed the 4,000 mark by December last year. According to a paper presented by Dr G.S. Gachihi of Kemri's clinical Research Center on the current status of the AIDS epidemic in Kenya, there were 4,295 confirmed cases of the killer disease between January 1984 and December 1988. The highest figure of AIDS cases recorded in any one month was 441 in September last year. Nyanza Province followed closely by the Coast Province, had the fearsome distinction of having the highest cases as well as percentages of the diseases with 4.3 and 3.5 per cent HIV-positive (HIV—Human Immuno-Viruses—is the AIDS virus) cases, based on the screening of a total of 118,814 units of blood throughout the country. In Nyanza, there were 849 positive cases out of 19,795 units of blood screened through the Enzyme-Linked Immuno-Sorbent Assay (ELISA) method while Coast Province had 923 positive cases out of 26,373 screened blood samples. In the absolute number of cases, Coast Province led the nation in 1988 with 1,246 followed by Nairobi with 763 and Nyanza with 390. Central Province reported only 37 cases of AIDS while the North Eastern Province reported none.

According to an August 1988 survey of the cumulative rates of AIDS cases per 100,000 population contained in Gachihi's paper, Kenya was seventh on the African continent and 16th in the world with a ratio of 9.52 per 100,000 population. The leading country in AIDS cases in Africa is the Republic of Congo with a ratio of 57.34 per 100,000 population (ranked fourth in the world), followed by Burundi with a ratio of 28.22 and ranked sixth in the world and Uganda with a ratio of 25.82 and ranked seventh in the world. As before, the main cause of AIDS transmission in Kenya and elsewhere in Africa is

heterosexual contact with infected people and the male-female ratio is roughly 1:1. The vast majority of cases involve victims aged between 16 and 50 with a peak at ages 30 to 40. The main clinical manifestations of AIDS infection are, in descending order, weight loss, prolonged diarrhea, chest infection (including tuberculosis), oral thrush, herpes zoster and Kaposi's sarcoma. It is estimated that 50 per cent of all overt AIDS patients die within one year of diagnosis of the killer syndrome. According to the conclusions of a survey conducted in three major towns in Western Kenya, Nakuru, Eldoret and Kisumu, HIV infection is well established among sexually promiscuous persons, and female prostitutes have a higher rate of infection than their male clients.

A study carried out among 334 prostitutes in Nairobi by Doctors P. Wanjala, F. Manji, J.J. Pindborg and F. Plummer last year, showed that a staggering 80.5 per cent of them were HIV-positive (infected). The study results, delivered to the conference by Dr Wanjala, also revealed that 13.2 per cent of the infected prostitutes had oral mucosal lesions, which, the medical researchers concluded, depends on the longevity of the HIV infection. Yet another study of a group of 366 female full-time and part-time prostitutes in Mombasa, conducted by doctors G.G. Mbugua, G.S. Gachihi, F.M. Mucke, K.N. Mandalya and E. Mupate indicated that 144 of them (39.34 per cent) were HIV-infected while 80 of them (21.86 per cent) had contracted syphilis. Of the 80 women who had syphilis, 32 were also HIV infected while the other 48 had syphilis alone. The average age of the 366 women under the study was 29 years old while their ages ranged from 17 to 45 years. Interviews were conducted with 96 of 366 women and the average duration of their stay in Mombasa was about seven years. The 96 subjects of the survey came from 22 districts of Kenya although the majority came from the adjacent Machakos and Kitui districts. Six of the women interviewed were from Uganda and three of them (half) were AIDS-infected. According to the study, the level of education of the women interviewed ranged from none to Form Six while the mean age for their first exposure to sexual intercourse was 15.42 years for the HIV-infected (29 out of 96) and 15.79 for the HIV-negative group. Most of the women under study worked in Mombasa bars and assorted drinking parlors as barmaids and they had boyfriends who paid their house rents, school fees for their children and general maintenance. Some of the barmaids supplemented their incomes by engaging in prostitution while others depended solely on incomes from prostitution. The study also reveals that the HIV-infected group had an average of 2.4 sexual partners per week, with three of them confessing that they solicited among caucasian men only. The uninfected group had an average of 2.2 sexual partners per week, with ten of them saying that they sought white men only. The study concludes that there is "very high" HIV infection among high risk females (prostitutes) in Mombasa.

Yet another study this time on prenatal exposure to the AIDS virus conducted by the department of medical microbiology of the University of Nairobi in conjunction

with the university medical researchers from Canada, the United Kingdom and the United States, reveals that the morbidity and mortality rate of children of mothers infected with the AIDS virus is increasing and becoming a "significant problem" in Kenya and elsewhere in the world. According to the results of the study presented to the Kemri/Ketri conference by Dr Pratibha Datta of the University of Nairobi's department of medical microbiology, children of HIV-infected mothers are more susceptible to diseases such as febrile illnesses, coughing, diarrhea, pneumonia and otitis media, among other ailments, than children of non-AIDS-infected mothers. A part of the paper presented by Dr Datta says that "unfortunately HIV infection in women of child-bearing age has also become widespread in some areas of Africa. This has resulted in the addition of HIV to the list of factors which historically have accounted for the high rate of infant mortality, namely, diarrhea, pneumonia, measles, malaria and malnutrition." A study of 135 infants of AIDS-infected mothers and 224 infants of mothers free of AIDS was conducted at the Pumwani Maternity Hospital in Nairobi, and revealed that although characteristics at birth were similar in the two groups, the infants of the HIV-infected mothers had lower birth-weight on average and were more susceptible to other diseases. The mortality rate of these infants before the tenth month was significantly higher than that of infants of AIDS-free mothers.

The various studies on AIDS presented at last week's conference indicate that the syndrome is becoming an increasingly significant problem in Kenya despite a ministry of health campaign, launched early last year, to educate the people about the dangers of the killer disease. After an initial energetic start, the campaign now appears to be caught up in its own bureaucratic inertia. The alarming increase in cases of AIDS across the country is both a message that the sexual attitudes of most people in Kenya have not changed much in spite of the campaign, and that something more drastic must be undertaken in order to contain the everwidening epidemic. Unlike the case in other African countries such as Zaire, there are no reports of any current research on curative or preventive (vaccine) therapy for AIDS going on in Kenya. Although the various strains of the AIDS virus have been isolated in worldwide research so far, no significant breakthrough has been made in the search for an effective drug, combination of drugs or vaccine against the killer syndrome. Reports from the US indicate, however, that medical research scientists in that country are working hard in various directions to find an effective vaccine against AIDS. Despite the enormous difficulties facing researchers, mainly due to the complexity and high mutational rate of the AIDS virus as well as the complicated nature of the human immune system which it attacks, there are promising laboratory tests of various vaccines and drugs, and scientists are hopeful that a significant clinical breakthrough may be achieved in the early 1990s.

In Kenya, the current debate is whether traditional medicinemen and herbalists can provide an answer to

the killer-syndrome where modern medicine has so far failed. In recent years, several Kenyan traditional medicine-men and herbalists have made claims (even in newspaper advertisements) that they can cure AIDS, among other ailments for which modern conventional medicine does not yet have curative therapy. Such claims were recently dismissed by Kenya's director of medical services, Prof Thomas Ogada, who warned the country's traditional healers to stop making "false claims," regarding the curative powers of their herbs and charms.

BOTSWANA

Health Minister Discusses AIDS Situation
54000070 Gaborone BOTSWANA DAILY NEWS in English 29 Mar 89 p 3

[Article by Johannes Pilane]

[Text] The number of deaths caused by AIDS in Botswana has risen to 23 to date, the Minister of Health, Mr Lesedi Mothibamele told Parliament last week.

Mr Mothibamele reported this during the presentation of financial estimates for the Ministry of Health. He said the prevalence of AIDS in the country continued to be a serious threat to the nation, adding that the number of known carriers had also swollen to 352 while that of those with clinical symptoms had risen to 49.

He reiterated that the strengthening of public education and information campaigns was so far the only form of remedy as there was as yet no known cure for the disease.

Responding to some interjection from the floor, Mr Mothibamele pointed out that any disclosure of the identity of the victims of a disease was contrary to medical ethics. He said the only way one could continue to avoid AIDS was for one to behave oneself.

He also told Parliament that 30 condom vending machines had just arrived and would be installed at strategic places in Gaborone, Jwaneng, Lobatse, Mahalapye, Palapye and Francistown.

He said the machines would be placed in such selected areas to test their acceptability by the people of Botswana. He said his Ministry would closely monitor this project.

Members were told the use of these vending machines was being strongly encouraged to prevent the spread of AIDS and other sexually transmitted diseases as well as to promote family planning.

In addition to the on-going comprehensive awareness campaign against AIDS, the Minister reminded the House that the World Health Organisation (WHO) had declared 1 December last year as the world AIDS Day. In Botswana the day was commemorated through various activities, he said.

He assured the House that the Ministry of Health was screening the blood donors to avoid the risk of infection through blood transfusions. He also reminded Parliament that 1989 was the 10th anniversary of the International Year of the Child and that in Botswana statistics showed marked improvement despite the hardships caused by the just ended long drought period.

The Minister told the House that more was being done to improve the efficiency of the Central Medical Stores, the national authority for drug supplies, which he said now maintained a 92 per cent stocking level.

He also talked about the constraints his Ministry was facing, among which he mentioned acute shortage of housing for members of staff, the lack of skilled personnel and manpower training problems.

He noted that at least 1,000 houses were required in the next two years to satisfy the present and the projected housing needs across the country.

He informed the House in addition that draft legislation to facilitate the setting up of private hospitals, nursing homes and control of the practice of traditional medicine was being worked out for future presentation to Parliament.

Mr Mothibamele requested parliament to approve the use of more than P81 million by his Ministry for both recurrent and development expenditure programmes.

The Ministry headquarters was in need of being allocated more than P6 million while the Department of Health Manpower sought more than P5 million.

The Department of Hospital Services was allocated the largest share of P25,200,280 while the Primary Health Care got more than P9 million with the Technical Support Services getting over P10 million.

The Francistown referral hospital which started operating last October was allocated P3,2 million for the purchase of some medical equipment which had been left out.

The construction of Francistown Council Clinics as well as provision of accommodation for the key personnel will also be met out of the same vote.

Parliament was told that a number of national health facilities—among them the Mahalapye Health Centre, the Maun Hospital, the Athlone Hospital in Lobatse, the

Scottish Livingstone Hospital in Molepolole, Serowe's Sekgoma Memorial Hospital and the Selebi-Phikwe Hospital—were to be improved during the financial year 1989/90.

CAMEROON

Meningitis Outbreak in Furu Awa District
54000013c Yaounde CAMEROON TRIBUNE in English 10 Jan 89 p 10

[Article by Ndikum Patrick Tanifom (for CAMNEWS)]

[Text] Cerebro-spinal meningitis, a killer disease, is becoming a threat in Furu Awa district of Menchum division. Three cases were recently reported and one of the victims has already died. The latest case identified concerns a housewife.

According to the district head in charge of Furu Awa, Mr Bigal Awa two of the three cases [were] taken to Nigeria for treatment and one to the divisional hospital in Wum. He said that taking a patient to Nigeria was much easier than to the divisional hospital in Wum because of Furu Awa's near inaccessibility.

Mr Bigal Awa expressed the need for an operational health centre in Furu Awa. The district head revealed to CAMNEWS that at the moment, only one nurse is resident in Furu and evidently, he is unable to cater for the health needs of all the residents.

He said that the contract for the construction of a cottage hospital was awarded to one Mr Sam Kum, a building contractor but did not know what became of the project though the structure appears complete.

Governor's efforts in Furu Awa are visible but it is only when an establishment to cater for the health of the population and civil servants working in Furu-Awa becomes operational that it will be worth living in this isolated part of Cameroon.

KENYA

Expert Says No AIDS Law in Country
54000066a Nairobi KENYA TIMES in English 15 Mar 89 p 5

[Article by Cecilia Kamau]

[Text] There is no Kenyan law that is specific on the AIDS question since the country reported its first case in 1984, Dr Ooko Ombaka, the director of the Public Law Institute said yesterday.

Addressing traditional healers, herbalists and medical doctors, during the 1st seminar awareness on AIDS, Dr Ombaka noted that the law has not evolved to address the AIDS issue since the first case was reported in the US in 1981.

He said at the moment the Public Health Act, which covers health matters in general, is the one which addresses the AIDS question in the country and has many aspects to accommodate AIDS.

He noted that in the Act, the Government can control immigration, publish reports and research findings.

In the act, he said a medical practitioner is required to certify to the Ministry when he has come across a victim of AIDS.

Because of the high nature of infection, it gives a medical officer rights to examine a suspect and has a certain provision where he can isolate a victim and authorize hospitalization.

He said there were many questions left unanswered!—Do victims have a recourse? Is it ethical to withhold discoveries? Are the tests conclusive? Should the tests be voluntary or not. He said these are some of the many questions scientists, victims and lawyers are asking.

Seven AIDS Carriers Confirmed Per Day
54000066b *Nairobi KENYA TIMES in English*
15 Mar 89 p 5

[Article by Ogola Muga]

[Text] Health Minister Mwai Kibaki, painting a grim picture for the AIDS situation in Kenya today, yesterday said seven people are daily confirmed to be carriers of the AIDS virus.

"That is to say about 200 new cases of AIDS are recorded in our hospitals every month," the Minister told participants at the first seminar on AIDS awareness for traditional healers and herbalists held at Kenyatta International Conference Centre in Nairobi.

"These are facts. But they are facts hard to believe. The nature of AIDS is such that members of the public are not able to appreciate the magnitude of the problem. Thousands of people are carriers—but they do not even know it!" Mr Kibaki told his audience.

Mr Kibaki told the attentive participants that besides the sneaky and creepy nature of AIDS, it also touched on the most intimate part of our lives.

"We are indeed facing a very formidable enemy, and as we face the enemy, as an army we must be organized, disciplined and responsible," he said.

He told the herbalists and traditional healers: "We share a common enemy which kills the best in our midst—the people between the ages of 16 and 49—the most productive part of our population."

But he also blamed this on the macho attitude of this age-group, which dictates that they must look for a different partner occasionally, "to prove themselves".

He said scientists of various relevant disciplines from all over the world are busy doing research on the AIDS virus, and in some countries, had started close cooperation between modern and the traditional healers and herbalists.

The chairman of the Waganga was Miti Shamba Kenya. Mr S.K. Maingi, passing a vote of thanks to the Minister, had only one request: "The Government should give us a chance to show what we can do in the fight against AIDS".

He also asked the Government to facilitate the construction of clinics at the Kenyatta National Hospital for use by the Herbalists and traditional healers.

AIDS Awareness in Rural Areas Needed
54000066c *Nairobi SUNDAY TIMES in English*
26 Feb 89 p 28

[Article by Mwigigi Njoroge]

[Text] More than 400,000 Kenyans may be carrying the deadly AIDS virus, according to research made by medical doctors at Kenyatta National Hospital.

A senior lecturer in medicine at the University of Nairobi revealed this yesterday while delivering a public lecture on AIDS at St John's Ambulance Headquarters in Nairobi.

Dr S.M. Bhatt said the high toll of the Human Immune Deficiency Virus (commonly abbreviated as HIV) carriers was possible even with the official figure of AIDS clinical cases being as low as 4,000 in the country. "It was possible because for every one clinical case, there are a hundred suspected carriers," Dr Bhatt said.

He cited traditional circumcision ceremonies as a possible transmitter of the virus. "This is even worsened by the fact that the traditional doctors use one knife to operate as many as 30 patients," the doctor added.

He noted that this way the virus could easily be transmitted between the patients if the knife was not sterilized.

Dr Bhatt who was delivering the speech during the 10th anniversary of the City 17 Division of the St John's Ambulance appealed to the educated youth to spread the basic facts on the disease to the ignorant, especially in rural areas.

He further revealed that more than 80 per cent of the prostitutes in the country were carriers of the fatal virus owing to their interaction with a broad spectrum of foreigners.

He cautioned young girls, especially those still in school, against sugar daddies saying that most of the carriers of the disease were men of around 40 years. "These are the men who are reluctant to use condoms which if properly applied would go a long way in reducing incidences of infection," he said.

"Most victims of the clinical cases are girls who are in their teens and men in their forties," Dr Bhatt noted.

He, however, said the disease had started to claim even young men who contract it from their girlfriends "who simultaneously move with the sugar daddies."

The doctor said the protective campaign by both the Government and individual volunteers was being stagnated by some faiths which strictly prohibited the use of condoms, noting that this was one of the most effective preventive measure.

He ruled out the possibility of diagnosing the disease in its earlier stages because the virus could spend as long as 10 years before it broke down the body's defence system. This, he said, was the most horrifying aspect of the disease.

Dr Bhatt cautioned barbers against the practice of shaving their customers without first sterilizing their instruments saying this could also spread the virus.

He said the AIDS protective programme should be directed to the youth who would easily disseminate the facts of the disease to the ignorant. The programme suits the youth because the older generation was conservative to change with some even dispelling the existence of the disease.

He challenged some churches to change their way of thinking and accept the prescribed methods of curbing the spread of the disease.

SOUTH AFRICA

Several Cases of AIDS Reported in Venda 54000068 Johannesburg SOWETAN in English 20 Mar 89 p 4

[Article by Mathatha Tsedu: "AIDS Rife in Venda Report"]

[Text] Shock greeted the announcement last Friday that "several" people had been diagnosed as AIDS sufferers in Venda.

The announcement was made by Venda President Headman F. N. Ravele, in a speech during the official opening of the territory's Legislative Assembly.

Mr Ravele said: "The Department of Health remains very concerned about AIDS which is spreading rapidly in Southern Africa and which has been diagnosed in several Venda patients."

Alarm

He said that the homeland could have 20,000 AIDS patients by the year 2000 if the spread of the killer disease was not halted by changes in behaviour.

Several people spoke to SOWETAN after the speech and expressed alarm that the existence of the disease in the area had not been disclosed before. Most of the people wanted to know the regions where the patients come from and where those patients were now.

"We were told that there was no AIDS here. Now they just tell us that several people have been diagnosed as AIDS carriers. This is causing a lot of confusion and panic. They must tell us more," one woman said.

Personnel Managers Ready To Fight AIDS 54000057 Johannesburg SUNDAY TIMES (business) in English 26 Feb 89 p 15

[Text] The Institute of Personnel Management (IPM) has produced guidelines for South African managers when dealing with the problem of AIDS.

The IPM, which has about 6,000 members from companies, believes all organisations should develop a corporate policy on AIDS. It says in its guidelines:

"It is estimated that the hospital costs of AIDS patients in SA could amount to R94-million a year within the next few years. The total loss of production as a result of AIDS could be in the region of 230-million man-hours a year.

"Production losses in the next few years could cost SA more than some major strikes in industry. If AIDS cannot be controlled, it will severely test the reserves of insurance companies as well as the national economy."

Department of National Health deputy director of medical services Retief Geldenhuys says projections about the incidence of AIDS indicate that medical treatment will cost SA R71-million at best in 1993—or R1,3-billion at worst.

Dr Geldenhuys says that in the worst instance SA could be faced with 22,016 AIDS cases by 1993.

The treatment of each patient could cost R30,000 to R80,000, plus disability allowances and indirect costs related to the loss of manpower.

National Health and Population Development Minister Willie van Niekerk puts the figure of South Africans who have so far been tested as HIV- positive at more than 2,000.

"Last year, 174 of these had started to manifest clinical symptoms of the disease. The figure was 2 in 1982. From the beginning of this year until 17 January, 4 cases were reported. We believe more than 20,000 people could be infected with the AIDS virus."

Dr Van Niekerk urges companies and individuals to take preventative action against the spread of the disease before it gets an even more serious grip on SA.

One response to his plea is the IPM guide, which will have a far-reaching effect if companies adopt the suggestions now.

The IPM believes managers need to be aware of the potential effect of AIDS on their organisation and productivity. It says AIDS needs to be faced on two fronts:

"An education programme is required to reduce the potential incidence of and reactions to AIDS. In industry there is a particular need to put various groundless fears at rest by providing the facts about AIDS and to prevent discrimination against individuals.

"AIDS is an employment issue and cannot be ignored. Besides the legal, ethical and economic considerations, employers need to recognise that they are going to have to deal with prejudice, ignorance and fear and so it is important to be proactive and to formulate a policy on AIDS prior to being faced with the problem of an employee who has been exposed to HIV."

It says a corporate response to AIDS in the work place requires a multifaceted approach. It includes a policy for dealing with victims and HIV-positive employees and clear guidelines for managers and supervisors on how to handle workers suffering from the disease. Extensive in-house education of management and employees at all levels is also needed.

The development of a corporate strategy depends on, among others, obtaining visible support from top management, involving all relevant departments and trade unions in joint formulation of strategy and establishing a multidisciplinary task force.

In addition, medical benefit coverage must be reviewed to ensure that appropriate AIDS-related services are paid for. A task force co-ordinator should be appointed and a policy and action plan developed.

The Chamber of Mines is one of the organisations which has implemented an education programme about AIDS. The migrant labour system makes people in the mining industry particularly susceptible to the disease.

Chamber spokesman Olaf Martiny believes such a campaign should become an integral part of every corporate responsibility programme.

"It is vital to implement pre-employment medical examinations and regular tests should be conducted on employees."

AIDS Campaign Considered To Be 'Successful'
54000059 Johannesburg BUSINESS DAY in English
23 Feb 89 p 3

[Article by Dianna Games]

[Text] The AIDS advertising and publicity campaign launched by the Department of National Health last year had succeeded in making South Africans of all population groups aware of the dangers of the virus, a survey has found.

The department said the survey, conducted by Market Research Africa, showed that before the campaign whites were generally well aware of the danger presented by the virus and, thus, the campaign did not significantly change their awareness level.

But awareness among blacks rose from 75 percent to 93 percent.

Blacks and whites interviewed showed an increased awareness that the virus was not confined to homosexuals but was spread through sexual promiscuity in the community at large.

It said there remained a level of suspicion about condoms among black respondents, 30 percent of whom believed that a man who used a condom had "something to hide."

Transvalers were the most worried about contracting AIDS followed by Natal, the Free State and the Cape.

Many respondents still believed AIDS could be contracted through donating blood and there was still ignorance about how the virus could be contracted.

The survey showed that, unlike the UK, whites in SA did not believe newspapers were sensationalising the threat of AIDS.

The researchers concluded there was still a need for education and information on AIDS, especially among less-educated people which would be tackled by a future public advertising and publicity programme.

Mounting Cost of AIDS Treatment Noted

54000058 Johannesburg *BUSINESS DAY* in English
22 Feb 89 p 5

[Text] Pretoria—Projections on the incidence of AIDS in SA indicate that treatment will cost the country between R71m and R1.3bn in 1993, says the Deputy Director of Medical Services of the Department of National Health, Dr Retief Geldenhuys.

Geldenhuys told the Pretoria Afrikaanse Sakekamer that between 1,187 and 22,016 SA AIDS cases were expected by 1993.

Treatment of each patient could cost R80,000 plus disability allowances. There were also indirect costs, relating to the loss of manpower.

There had been a total of 166 AIDS cases in the country since 1982.

From the beginning of the year until January 17, four cases were reported, he said.

A total of 1,410 South Africans had been tested HIV-positive.

Testing Reveals 49 AIDS Carriers in Durban

54000064c Durban *THE DAILY NEWS* in English
16 Mar 89 p 12

[Text] In the first two months of this year, an alarming 49 new carriers of the AIDS virus have been picked up through selective testing in Durban, compared with 13 in the same period last year.

The HIV positive carriers, who have not yet developed full-blown AIDS, were mainly discovered through tests at sexually transmitted disease clinics, hospital clinics and in routine prison testing.

The figures do not include those picked up at blood donor clinics.

The general trend appears to indicate that the highest number of HIV positive carriers are now black women.

Four infants have shown positive and three have already died this year.

Dr Isobel Windsor, deputy head of the department of virology in Durban, who is in charge of the regional virology laboratory, said the majority of HIV positive cases came from sexually transmitted disease clinics.

It confirmed that the disease had moved from the first phase of mainly homosexual carriers into the general heterosexual population.

A breakdown showed 46 of this year's HIV positive cases were African men and women, two were white men and one an Indian man.

It appeared that an increasing number of black school-girls had tested positive, which indicated a need for education programmes in schools, Dr Windsor said.

To the end of February this year two prostitutes tested HIV positive, compared with 12 in the whole of 1988 and three in 1987.

It is reported from Johannesburg that the Government has earmarked R5.16 million for the establishment of AIDS advisory centers throughout the country.

In a memorandum attached to yesterday's Budget, the Government said the disease was spreading at an alarming rate among people of all races and sexes.

Insurance Group Sets Aside AIDS Fund

54000064a Johannesburg *BUSINESS DAY* in English 3
Mar 89 p 3

[Article by Chris Cairncross]

[Text] Sanlam, one of the country's largest life insurance groups, has set aside a special R200m contingency reserve to meet future AIDS claims.

This was disclosed in the company's 1988 annual report released yesterday.

Sanlam chief actuary Jan Pretorius said the reserve would be increased on the basis of interest earned at between 14%-16% a year.

He said the base amount had been calculated according to a prediction that the incidence of AIDS in SA would climb rapidly over the next 20 years, with the number of claims-related cases doubling every year.

These predictions were based on patterns established in the US and Britain, and on a special predictive model built up the British Institute of Actuaries.

To counter the growing impact AIDS was expected to have on SA society in the near future, Sanlam had set down new guidelines which demanded that any person taking out life assurance of more than R100,000 either agree to an AIDS test or sign an exclusion clause.

Pretorius said it was also intended to make occasional spot checks on people seeking life assurance of less than R100,000.

He stressed that people who had contracted so-called "innocent, AIDS", such via a blood transfusion, would not necessarily be excluded from having their claims honored.

So far Sanlam had had to deal with only eight AIDS-related claims.

These had been uncovered after a careful study of the claimants' medical histories after suspicious had been aroused at the extent of the cover individuals had applied for.

One of the policies had been for R2.1m and another R1.8m—with the cause of death in each case being suspected suicide and pneumonia respectively.

It was unclear yesterday whether other life offices had adopted similar policy approaches and contingency reserves.

Stellenbosch Scientists Isolate SIV

54000064b Johannesburg *THE CITIZEN in English*
14 Mar 89 p 13

[Text] The discovery that an AIDS virus found in monkeys does not cause illness has raised hopes that humans will eventually become naturally resistant, if not immune, to the human AIDS virus.

Scientists at the Stellenbosch University medical school have now isolated the SIV (Simian Immunodeficiency Virus) and have found strong similarities between it and the HIV (Human Immunodeficiency Virus).

In cooperation with laboratories in the United States, West Germany and Japan, which have also isolated SIV, the South Africans are studying the virus in the hope of finding a clue to the monkeys' natural resistance.

Finding this clue would help to fight human aids.

Prof Wally Becker, head of the department of virology said there had been speculation that the human AIDS virus originated from a mutant of the monkey virus.

Since the SIV was first isolated, scientists had found that although monkeys carrying the virus did not become ill, other species of monkey AIDS if SIV was introduced to them.

"What all this seems to say is that humans will probably come to terms with the human AIDS virus over a long period.

"In monkeys it is possible to study why the virus does not make them ill, whether it is a feature of the virus or the monkey, or both.

"We might find that the virus has a gene which inhibits its growth. If we find the reason, it might help us to develop a vaccine or a method of speeding up human resistance.

Tuberculosis Strain Diagnosis Time Cut

54000069 Johannesburg *THE STAR in English*
22 Mar 89 p 6M

[Article by Tony Younghusband]

[Text] Researchers at the Medical University of South Africa (Medunsa) near Pretoria are now able to diagnose a killer strain of tuberculosis within five years, a diagnosis which previously took between six to eight weeks.

Tuberculosis meningitis has an exceptionally high mortality rate and the speed of this new diagnosis helps doctors to act promptly in their treatment of the patient.

The incidence of TB meningitis is highest in children and can cause permanent cerebral damage if not treated immediately. A patient may die within 10 days if not treated.

Medunsa is only the third institution worldwide which uses this testing technique.

According to Dr John Elias, a senior specialist and lecturer at Medunsa's Chemical Pathology Department, spinal fluid taken from the patient is placed in a sophisticated machine called a Gas Chromatography-Mass Spectrometry (GCMS), the machine detects the fatty acid present in the cell walls of the tuberculosis bacteria and within five hours a diagnosis is printed.

The GCMS, which cost an estimated R1.4 million, is also being used in other areas of research.

Dr Elias explained that while the incidence of TB meningitis was not as high as other forms of the illness, a prompt diagnosis was vital.

One disadvantage of the GCMS, said Dr Elias, was that it was manufactured in the United States and when it broke down there were long periods when it was inoperable.

He said researchers were close to perfecting a method whereby the GCMS would diagnose TB meningitis in only five minutes. "We have been working hard at it and are very close to getting there. This will be a major breakthrough."

ZAMBIA

Children's Deaths in Gwembe Due to Malaria
54000063a Lusaka TIMES OF ZAMBIA in English
10 Mar 89 p 2

[Excerpt] Malaria, which in the past year has been claiming a number of children's lives a week in Gwembe valley, is still haunting the area which lacks proper medical services.

Provincial governor for national guidance Cde Bernard Hanyimbo who is Chief Munyumbwe said in Gwembe

yesterday the people were depending on herbs to treat malaria patients because the valley lacked a clinic.

People had to walk almost 80 km to seek medical services at bigger towns near the valley.

"Children have been badly affected by malaria. One spends up to two weeks in bed without the slightest form of treatment. Last year children died on a weekly basis."
[Passage omitted]

Official Reports on Infectious Diseases

54004811 Beijing XINHUA in English 10 Apr 89

[Text] The incidence of infectious diphtheria, pertussis, measles, and spondy larthrititis [as published], which are the target of large-scale immunization drives in China, dropped considerably last year, but there was an increase in the number of cases of cholera, viral hepatitis and typhoid fever.

Dai Zhicheng, an official from the Ministry of Public Health told a press conference today that the number of cases of infectious diseases in 1988 reached 5,022,852, with a mortality rate of 16,090. These figures were respectively 16.62 percent and 18.53 percent lower than in the previous year.

Dai said that venereal disease (VD), which had become extinct in the 1950s, is again spreading in China.

He said there were more than 140,000 cases of VD reported over the last 9 years—56,090 in 1988 alone.

To date, there have also been found 22 AIDS patients and AIDS virus carriers who have tested positive.

Dai also said that statistics show that there are 30,000 cases of occupational diseases recorded annually.

International Blood Purification Center Set Up in Beijing

OW2403122489 Beijing XINHUA in English 0823 GMT 24 Mar 89

[Text] The Beijing International Blood Purification Center, the largest of its kind in China, was established at the Anzhen Hospital here Wednesday.

The center is equipped with a variety of up-to-date blood purification equipment imported from the United States and Japan. It will engage in blood filtration, plasma separation and hemodialysis, or artificial blood purification.

The center was formed at the "Beijing Hemodialysis Center", which uses hemodialysis to treat chronic and acute kidney failure and has treated 200 patients in the past five years.

HONG KONG

Medical Personnel Debate Ethics of Routine AIDS Testing

54004009 Hong Kong SOUTH CHINA MORNING
POST in English 12 Feb 89 p 3

[Article by Mary Ann Benitez]

[Text] A working group of two medical associations is considering if it is ethical to administer routine AIDS tests to patients admitted to local hospitals.

This could follow the British Government's lead: in the UK hospital patients are routinely tested for AIDS without their knowledge—and with the blood samples remaining unidentifiable—to understand the epidemiological pattern of the disease.

Making these tests routine or not—to assess the extent of infection in the territory—is one of the major topics to be addressed in final guidelines on AIDS to be deliberated this week by the joint ethics committee of the Hongkong Medical Association and the British Medical Association (Hongkong Branch).

The committee's opinion is highly regarded by doctors.

The guidelines also will deal with questions such as the AIDS patient's right to confidentiality, whether doctors should tell colleagues a patient has the virus when making a referral, and doctors' refusals to treat such patients.

Fewer than 11 per cent of Hongkong's population has been tested for AIDS, as the procedure is voluntary except for patients attending venereal disease clinics, intravenous drug abusers serving prison sentences and blood donors.

Overseas studies have shown that the early detection of AIDS can prolong life through medical follow-up action.

Dr Robert Redfield of the Washington-based Walter Reed Army Institute of Research—which has identified the six stages of AIDS progression—reports in the respected magazine, SCIENTIFIC AMERICAN: "People are also likely to be highly infectious at the earliest moments of infection, before the immune system 'kicks in' effectively, and particularly before an antibody is detected."

But there is concern that mandatory testing would infringe on individual rights.

The head of the AIDS counselling and Health Education Clinic, Dr Patrick Li, said individual consent was a matter of routine in most overseas institutions testing for AIDS.

Dr Li said mandatory tests on patients attending venereal disease clinics were already being made, as this was included in blood tests for other sexually transmitted diseases, such as syphilis and gonorrhea.

The chairman of the government scientific committee on AIDS, Dr Yeoh Eng-kiong, said he did not believe it was ethical to make routine AIDS tests without a patient's consent.

But in Hongkong the stigma attached to the disease had prevented more people from coming forward for testing. Most AIDS patients who eventually sought treatment were so far gone there was nothing that could be done for them, Dr Yeoh said.

Hongkong's latest AIDS victim, a Chinese man, died a day after he was admitted to hospital suffering from an opportunistic infection. He had not been a known carrier.

His death at the end of last month prompted government doctors to warn that patients stood a better chance of survival with early detection and treatment.

Five out of 17 reported AIDS patients in the territory have survived to date and are being treated with AZT and preventive drugs.

Dr Li said these five patients were already under government care before they developed the full-blown syndrome.

He did not think a rapid AIDS test, newly approved in the U.S., would be relevant for Hongkong. The test gives results within minutes and is marketed for hospitals and doctors to use during emergency blood transfusions or in cases where critical injuries demand immediate care.

The device is not capable of doing large-scale testings.

A doctor at the government's Queen Mary Hospital virus unit said the rapid AIDS test would not be useful there, as much of the unit's work concerned confirmatory tests of initial AIDS results.

But the rapid test might be useful in the territory's "peripheral areas" as an early detection device, the doctor said.

Number of Venereal Disease Cases in China Increases

54004013 Hong Kong SOUTH CHINA MORNING
POST in English 10 Mar 89 p 11

[Text] The number of venereal disease cases in China has tripled annually in recent years because of increased prostitution, greater sexual freedom and more contacts with the outside world, the New China News Agency (NCNA) reported yesterday.

The problem is particularly serious because the disease was practically non-existent in China for decades.

The report did not give any nationwide figures, but said National Disease Prevention and Research Centre statistics showed an average 312 per cent growth in VD cases in recent years.

It said Guangzhou recorded 10,000 cases between 1984 and September last year.

The China News Service yesterday said that a one-day-old boy in Guangzhou was recently found to have been born with gonorrhea, contracted from his infected father. He was the ninth child in the city confirmed to be suffering from venereal disease.

According to statistics from venereal disease centres in 16 cities, 70 and one half per cent of sufferers are male. About 77 per cent are gonorrhea cases while 16.77 per cent are .

The NCNA quoted the newspaper, HEALTH NEWS, as saying some women were becoming prostitutes simply to make money, while others were forced into prostitution by gangs and some were frustrated in love and ignorant about sex.

HEALTH NEWS said that because China was VD-free for so long, chapters on the diseases were left out of medical books and doctors were unable to recognise or treat them. Fake medicine dealers and charlatans were exploiting some people afraid to go to hospitals with their problems, it said.

AIDS Death Toll Rises

54004014 Hong Kong *STANDARD* in English
1 Mar 89 p 3

[Text] Two new AIDS patients have been confirmed, bringing the total number of full-blown victims in Hongkong to 19. The latest patients are both male, one Chinese and one non-Chinese, who acquired the fatal disease sexually.

The Medical and Health Department also said five more people were found to be AIDS virus carriers, bringing the total to 139. The five new carriers were detected from 3,168 people tested last month. Dr Patrick Li, head of the AIDS Counselling and Education Services, said one of the new patients was a carrier; the other was newly discovered.

So far, 12 of the AIDS patients have died, including one woman. Six of the seven surviving patients were receiving AZT (azidothymidine). The remaining one was too weak to be treated.

The 19 AIDS patients included 13 homosexuals or bisexuals, two heterosexuals, one hemophiliac, and three unclassified due to inadequate information.

LAOS

Malaria, Dysentery Deaths in Vientiane Reported

54004311 Vientiane *PASASON* in Lao 28 Mar 89 p 1

[Text] During the past year, malaria and dysentery have been serious afflictions for the people in Saisomboun, Hom, and Feuang districts. These are rural areas of Vientiane Province.

According to conclusions reached by the Public Health Service, during that time more than 20 people have died from dysentery. Approximately 19 percent of the population have been found to be infected with malaria.

Those responsible for public health matters in this province report that the reasons for these outbreaks are that medical cadres and doctors concentrated on curative rather than preventive medicine and because the public health budget is inadequate.

NEW CALEDONIA

Dengue Fever Epidemic Reported

54004310 Noumea *LES NOUVELLES*
CALEDONIENNES in French 16 Feb 89 pp 1, 2

[Excerpts] Dengue fever can kill. It is not to be taken lightly, all the more so since the epidemic that is hitting New Caledonia right now is becoming a serious one. Noumea is the community most affected by it. But already, it is noted that there are homes hit by the disease in Poindimie, Bourail and Yate. [passage omitted]

If over 1 percent of homes offers an environment favorable to mosquito reproduction, the disease will continue to spread. In a study done in 1986, it was found that over 40 percent of the homes in Noumea are real havens for mosquitoes. [passage omitted]

This dengue fever epidemic is on its way to attaining alarming dimensions. The Pasteur Institute, which is keeping a methodical, scientific and constant watch, stated that the disease is on an upward curve. Nearly 60 percent of the blood samples tested are positive. Again according to the Institute, the number of positive blood tests doubled every 10 days in January. Currently, it doubles every 5 days. At the present rate, it is not inconceivable that 20,000 people will catch the disease. And yet, "the fire has only just broken out."

THAILAND

7,000 Found Carrying AIDS Virus

BK2404104189 Bangkok *THE NATION* in English
24 Apr 89 p 2

[Text] More than 7,000 people nationwide have been found to be carrying the AIDS virus, an adviser to the premier said yesterday.

About 30 percent of prisoners all over the country also risk contracting the Acquired Immune Deficiency Syndrome, said PM's [Prime Minister's] adviser for social and political affairs, Dr Akhom Sonsuchat.

Unless effective preventive measures are taken against the deadly disease, the number of AIDS-infected persons would rise to over 2.16 million within 1996," warned the adviser.

The official number of AIDS carriers was put at about 5,000 less than two months ago.

Speaking at a panel discussion on "Buddhist ways to prevent AIDS" at Sam Phraya Temple in Bangkok yesterday, Adkhom commented that government agencies have not given the public facts about local AIDS situation for fear of repercussions on tourism.

Despite the growing number of AIDS carriers, the official figures on full-fledged AIDS victims have remain unchanged.

Health authorities have also been tight-lipped about the exact number of prostitutes who have tested positive for AIDS.

The adviser suggested that in order to effectively control the spread of AIDS, all parties concerned have to get rid of their fear first.

"Even doctors are afraid of AIDS patients," said the adviser.

Health Ministry Reports Over 5,600 AIDS Cases
*BK2104073589 Bangkok BANGKOK POST in English
21 Apr 89 p 2*

[Text] More than 5,600 people in Thailand have contracted the AIDS virus, according to the latest report of the Public Health Ministry's AIDS Prevention Centre.

The report quoted figures obtained up until last Saturday.

The number of HIV cases rose from 4,692 in February to 5,621, including 30 who had since left the country.

The report said 44 cases of AIDS-related complex (ARC) were diagnosed in the same period.

In order to make the public aware of the dangers of the disease, the ministry yesterday organized a two-day training course for officials on prevention and treatment of patients.

VIETNAM

Malaria Cases Increase in Thuan Hai, Spread to Regions

*BK2404072589 Hanoi Domestic Service in Vietnamese
1430 GMT 21 Apr 89*

[Text] The Thuan Hai provincial administration and public health have in the recent past adopted numerous measures to prevent and control malaria in various key areas. However, reports of malaria cases continue to increase.

The rate of persons carrying malaria parasite has increased from 3.72 percent in 1987 to 5.06 percent in 1988. Meanwhile, the number of persons suffering from malaria has increased from 17,435 to 17,533, including 628 virulent cases.

In Tanh Linh, Ninh Son, Ninh Phuoc, Tuy Phong, Bac Binh, and Ham Thuan Bac Districts, the rate of persons carrying malaria parasite is relatively high, and it accounts for more or less than 10 percent of the population. More serious still, the disease has spread to the delta and coastal regions.

Striving to overcome the situation, the provincial administration and mass organizations have coordinated with the public health sector in providing guidance for various districts and cities to work out plans for the prevention and control of malaria and strengthen the public health network at the grass-roots level in order to quickly detect and promptly combat malaria and reduce the number of serious cases.

Thuan Hai has also provided subvention and advanced training for antimalaria cadres and specialists along with expanding medical treatment and examination services to promptly meet the needs of the people.

CZECHOSLOVAKIA

Public Financing of AIDS Treatment Proposed

54003003a Prague RUDE PRAVO in Czech
18 Feb 89 p 2

[Article by Jiri Janouskovec: "Accounts Designated AIDS Will Be Set Up"]

[Text] Some telephone calls. Letters. The readers' response to the discussion with Dr Jaroslav Svoboda on AIDS, "There Is No Place for Inactivity" (RUDE PRAVO, 7 February 1989), is in agreement: Let's create a public fund of financial resources for the battle against AIDS. This included concrete offers as well. The public opinion was also expressed by a reader, Karel Cech, on Friday in the column "From the Editorial Mail" (Worse Than An Earthquake).

The CSR Ministry of Health and Social Affairs welcomed this initiative. It officially sent a request to the State Bank of Czechoslovakia to set up accounts with the designator AIDS.

To make things clear, the state is not abdicating its responsibility for the fight against AIDS. The Ministry of Health is requesting 200 million convertible korunas from the appropriate state agencies just for this year. The amount is derived from estimates of the actual needs. However, it cannot cover special situations. To take care of them, it is necessary also to have other financial resources operationally available. It is these needs that will be met by the two accounts set up at the State Bank of Czechoslovakia, one convertible currency and one in korunas. It is anticipated that their numbers will be known at the end of next week.

There is also discussion of who will dispose of the financial resources donated by the citizens, enterprises, and organizations. What should be bought with the money? Diagnostic equipment, azydothymidin, scarce antibiotics, and, if the donors will agree to it, specialist magazines for the use of doctors who are directly involved in the treatment of patients affected by the HIV virus. The intention is clear; it is not to save the state money or to replace the state obligations to those who are sick, but rather this is operational money which will be available to take care of exceptional situations.

It is expected that the initiative will attract not only individuals, but also social organizations and enterprises, everyone who was called upon by the reader Karel Cech in his letter published on Friday in RUDE PRAVO, "I want to appeal to the conscience of us all and to call upon all enterprises and institutions in our republic who have exchangeable financial resources for their development to talk it over and to devote, in accordance with their capabilities, a certain portion of their exchangeable money to our Czechoslovak medical services."

Everywhere in the world AIDS treatment is costing enormous sums of money. And today there is no doubt as to the fact that it is an extraordinarily dangerous illness. It is therefore entirely fitting that the fight against it should become literally a matter for every person.

High Incidence of Rabies Confirmed

54003003b Prague RUDE PRAVO in Czech
21 Feb 89 p 2

[Unattributed article: "On the Outbreak of Rabies"]

[Text] The number of cases of rabies in animals in the CSSR places it fourth in Europe. This unflattering position is caused mainly by an excessive number of foxes and also by the fact that the surrounding countries have a high occurrence of this disease. The FRG and Austria are ahead of us and the GDR and Poland are close behind us.

The foxes contribute more and more to the outbreaks discovered in the CSSR, about 90 percent of the cases.

Starting last year veterinarians in cooperation with forest rangers are attempting to treat the foxes with vaccine administered in food. It will be necessary to wait for a while yet for the results of that action, however.

GERMAN DEMOCRATIC REPUBLIC

AIDS Research Project Chief on Disease Patterns in Country

54002478 Helsinki KANSAN UUTiset in Finnish
28 Feb 89 p 14

[Article by Teppo Tiilikainen: "AIDS So Far Under Control in GDR—Researchers Make Contacts With Homosexual Community"]

[Text] So far, the German Democratic Republic seems to be one of the luckiest countries in the world with regard to AIDS. According to the World Health Organization, the total worldwide number of confirmed AIDS cases is approximately 140,000, but only 10 of these have been East German.

Professor Niels Sonnichsen, director of the AIDS research project of the East German Charite Hospital since its inception, emphasized that even the worldwide HIV situation is not as bad as predicted some 2 years ago. Research and follow-up procedures have become more effective, yet the number of detected cases has gone up more slowly than expected.

According to Sonnichsen, 59 carriers of the virus have been detected in addition to the actual cases of AIDS. The numbers reflect the actual situation fairly accurately, as 2.5 million inhabitants out of the GDR's total population of 17 million have been examined.

Sonnichsen emphasizes that the GDR from the very beginning has been in a better situation than, for example, the West European countries. East Germany continues to be a relatively closed society, and AIDS arrived here 3 to 5 years later than, for example, in West Germany.

"That means that we had a chance to create a country-wide information and research system before even one case had been detected. Another important factor has of course been that we have no intravenous drug users, and that prostitution plays no role in this matter."

The AIDS follow-up system was started in 1983, and special information offices for AIDS patients and HIV carriers have since been established in all of the country's 15 counties. Actual AIDS patients are cared for in three hospitals in Berlin.

All blood to be used in transfusions for hemophiliacs has been inspected since 1986, and foreigners arriving in the GDR for an extended stay undergo tests for the HIV virus, unless they can present certified test results from their own countries.

"Our policy has been to deal with this issue with restraint. For example, we have had the principle that a foreign student can finish up his studies here regardless of being infected, if it is otherwise possible," says Sonnichsen.

Berlin Homosexuals' Disease

According to Sonnichsen, AIDS in the GDR is mainly concentrated in the gay community of Berlin. The majority of the confirmed cases involve male homosexuals, and, so far, only three women have been found to have the virus.

"Also, the homosexual situation in the GDR is different in many ways from that of Western Europe. The percentage of homosexuals in the male population is about the same in the GDR as in Western Europe, but the exchange of partners is not as frequent. We do not arrange sex tours to the United States as is done in West European countries, and we do not have sauna clubs that spread AIDS," Sonnichsen cites.

In recent years, the AIDS effort has been concentrated mainly on the risk groups.

"We have been trying, for example, to establish contacts through restaurants favored by homosexuals, and we have constantly emphasized that it is possible to be tested anonymously." According to Sonnichsen, the Charite AIDS group has had to dispense not only medical information but also other kinds of help.

"Even if it is possible to be tested anonymously, rumors spread easily, especially in small towns. Because of this, we have even helped some people to find housing in Berlin. It is easier to remain anonymous in large cities, and to continue with life regardless of being infected."

BAHRAIN

Steps To Curb Infectious Diseases Outlined

44000437 Manama AL-HAYAH AL-TIYARIYAH in English and Arabic Feb 89 p 6

[Text] The Government of Bahrain has intensified its efforts to control and prevent communicable disease and according to available information, epidemics such as cholera, diphtheria, plague and yellow fever have been totally eradicated.

According to sources at the Ministry of Health, public health was one of the major areas of concentration and with a well established system of primary and secondary health care, most of the ailments and diseases that are commonly found in developing countries have been kept under check. Although figures for 1988 are believed to be still under compilation, the data released for 1987 provides some interesting information. Communicable diseases such as Viral Hepatitis and Measles registered a favourable downward trend to reach respectively 167 and 22 cases as against 355 and 97 cases recorded during 1986.

Stating that prevention was one of the most significant aspects of the health care programmes, the sources said that the health centres located at all the strategic areas of the country are geared to cater to the basic needs of the population. "However, efforts are required to educate the common people about the need to take certain minimum precautions. Health education is a major responsibility of the Ministry and with the rapid economic and industrial progress registered over the years, life styles and habits have undergone significant changes. While there is a need to create more awareness about personal hygiene and public health, the government's objectives, policies and programmes must be effectively implemented and reviewed," the sources said and added that efforts in this connection included the support of Ministries of Education and Information.

The year 1987 however witnessed a higher incidence of chicken pox—a total of 6,487 cases, a multifold increase from 1,305 cases during the previous year. According to Dr. Maharaj Mehta, Senior Consultant (Obstetrics and Gynecology) at the International Hospital, such a phenomenon though not uncommon may be due to the higher virulence of the strain of the chicken pox. "This infection is generally not serious and should not cause for worry especially among children, although it is imperative to exercise certain minimum precautions. Pregnant women should take extra care not to contract the virus since the cases of foetal deformities among those afflicted by chicken pox are much higher as compared with others," he said.

The number of persons affected by mumps however showed a dramatic fall to 2,448 in 1987, after registering an equally dramatic rise to reach 4,526 cases from 1,055 in the previous year. Attributing the fluctuation again to

the strength of the virus, Dr. Mehta stated that 'no individual is immuned to mumps unless he/she has actually contracted it once during his/her lifetime. The problem could be more acute in adults than in children due to the influence of a number of other factors, he said.

The outpatient department at Government clinics and health centres continued to be popular with a total of about 2.52 million cases (a rise of about 162,000 from the previous year as against private hospitals which showed a figure of 139,300, down from 144,200 in 1986. The total number of physicians both in the government and private hospitals dropped respectively to 519 and 44 from 511 and 55.

While the efforts to prevent communicable diseases (most of which are believed to be 'imported'), and promote a higher levels of public health continue, the authorities are concerned about the apathy among some sections of the community with regard to certain minimum precautions to be undertaken in their lives.

Government sources stated that health officials were able to actively participate during the past two years in a number of fields of health education to influence the thinking, motivation, judgment and action of the people with the cooperation of the Central Municipal Council Organization for Youth and Sport, the Bahrain Red Crescent Society, Women's Welfare Association and other village clubs.

EGYPT

Meningitis Reported Spreading in Governorates

54004608 Cairo AL-SHA'B in Arabic 21,28 Mar 89

[Editorial Report] The 21 March 1989 issue of the Cairo Arabic-language weekly AL-SHA'B reports on pages 1 and 5 that meningitis is continuing to spread among the governorates, despite reassurances from the minister of health that the national number of cases is below the world average. AL-SHA'B says this problem is compounded by the scarcity and high price of the meningitis serum.

The paper says that al-Jizah Governorate has been hardest hit by the epidemic, and a "high official in the Imbahah Fever Hospital" is quoted as saying that the hospital is receiving between 20 and 30 cases per day, who are immediately put in isolation. The paper adds wards 7 and 14 of the hospital have already been filled, and that the administration has begun emptying several other wards. The hospital is reported to be recording several deaths daily.

AL-SHA'B states that two children have died in al-Hawamidiah Hospital, and that the disease has spread through the village of Saqqarah, the district of al-Badrashayn, leading to the deaths of two children.

In al-Sharqiyah Governorate, the epidemic is said to have spread to the villages of Abu-Hammad, (al-'Asluji), and Tall Mismar. AL-SHA'B reports that some cases have appeared in certain villages in Qina Governorate and in the Shubra al-Khaymah secondary school and that, accordingly, some schools in al-Zaqaziq Governorate have closed for fear of spreading the disease among their students.

The paper further says that hospitals are suffering from a shortage of the meningitis serum, making it difficult to contain the disease, as is the case in the Imbabah Fever Hospital.

One of the doctors working for the Islamic Medical Society in al-Haram is quoted as saying that the society buys serum from the Ministry of Health for nine Egyptian pounds and gives people the injection for five Egyptian pounds. At the same time, the minister of health alleges that serum is available in large quantities.

The 28 March issue of AL-SHA'B reports on page 3 that 'Ali 'Abd-al-'Aziz, health administration representative for epidemiology affairs in al-Sharqiyah Governorate, announced that there are 685 cases of meningitis in the governorate, among them 30 deaths.

AL-SHA'B notes that the minister of health said that there are no more than 656 meningitis cases and 11 deaths nationally, a large drop from the number of deaths last year.

INDIA

Steps Taken To Control Cholera, Enteritis Outbreaks

54500078 Madras THE HINDU in English
21 Feb 89 p 1

[Text] The Health Minister, Dr Ponmudi, told the Tamil Nadu Assembly today that the district health authorities in Pudokottai had been asked to take suitable measures in Arantangi constituency where an outbreak of cholera had been reported in some villages.

The Minister said 44 persons were admitted to hospitals for treatment of suspected cholera in the constituency between 15 and 19 February. Of this, 15 were still undergoing treatment. He said it was yet to be confirmed whether all the cases were cholera as the results of the samples sent to the King Institute were still awaited.

The Deputy Leader of the AIADMK (Jayalalitha), Mr S. Thirunavukkarasu, who raised the issue wanted to know how many persons had died due to cholera in the constituency. The Minister said that according to his enquiries no one had died due to this. He would, however, call for details from the district health officials.

Our Tiruchi Staff Reporter reports:

Two Die of Cholera

Water-borne diseases such as cholera, and gastroenteritis were pronounced in Aavudayarkoil and Aranthangi coastal belt villages. According to official figures, two children died due to cholera—one in Kurungalur and another in Panjathi in Aavudayarkoil Union.

Of 31 cases admitted in the Aranthangi Government Hospital, since the outbreak of cholera on 14 February, 23 have been discharged.

New Malarial Parasite Attacking Orissa Tribe

54500079 New Delhi PATRIOT in English
22 Feb 89 p 5

[Text] A parasite never before known in India is causing malaria in tribals here adding a new dimension to malaria control, according to scientists at the Vector Control Research Centre (VCRC) field station in Jey-pore near here.

The appearance of the new parasite in this remote hilly area is an epidemiological mystery, VCRC director P.K. Rajagopalan said.

The parasite was identified by VCRC to be plasmodium ovale. It was also independently confirmed by the Imperial College of Science and Technology in London, he said.

He said nine out of 748 blood smears collected from the tribals showed infection with plasmodium ovale.

Three cases were reported from Champapadar village and six from Masipadar separated by three kilometres and situated on the top of the hill ranges under the Borigoma Primary Health Centre.

The people of these villages had never been outside Koraput district and there was no chance of introduction of this parasite from outside due to the remoteness of the area, Dr Rajagopalan said.

In India, malaria is known to be caused by three parasites, P Vivox, P Falciparum and Malarae.

Detection of the fourth parasite P Ovale in Koraput district "is the first report of its presence in India," Dr Rajagopalan said.

Its presence in India is an epidemiological mystery since the parasite is known to be highly susceptible to anti-malarials, used by national control programme for over 30 years, he said.

"Since man is the only known host of P Ovale and there was no chance of introduction from outside, it is clear that the parasite had always been present in the area and remained undetected till now," he said.

He said the very poor surveillance of the area by the National Malaria Eradication Programme could have been responsible for missing the P Ovale infection.

Pollution Responsible for Increase in Asthma Cases

54500067 Bombay *THE TIMES OF INDIA* in English
19 Jan 89 p 6

[Text] It is estimated that nearly 25 million people in the country suffer from asthma, out of which Bombay alone has about 400,000 patients.

This was revealed at the second international symposium on asthma, allergy and immunology hosted here by the asthma and bronchitis association.

In India, there are about 90 million people who suffer from allergic disorders. The manifestations of an allergy could be as varied as repeated sneezing, redness of the eyes or even severe itching of the skin. A large number of asthma patients are victims of some type of allergy.

The main reasons for the increase in asthmatic patients is the growing level of industrial pollution, said Mr N. Jayaraman, state government's special secretary, medical education and drugs, who was the chief guest.

The state government is planning to legislate anti-pollution and anti-smoke measures, and maintain a strict control on food additives, Mr Jayaraman added.

Dr. Niphadkar, secretary of the association, stressed the need for a post-graduate course in allergy and immunology in the country and the necessity of a well-equipped laboratory in general hospitals to facilitate the diagnosis and treatment of allergies.

Two interesting papers to be presented are on parthenium allergy by Dr. Arvind Lonkar of Pune, and wheat-grain handler's allergy researched by Dr. Niphadkar.

Dr. Elliot Middleton, director, allergy division at the University of Buffalo, will speak on allergies caused by food additives.

An open discussion will be held between the patients and delegates attending the function on January 19.

Plans To Control Foot-and-Mouth Disease Detailed

54500066 Madras *THE HINDU* in English
27 Jan 89 p 7

[Text] Dr. S. Ramakrishnan, Manager, National Dairy Development Board [NDDB] Foot and Mouth Disease Control Project, told presspersons here on Wednesday that proposals had been sent to the Government through dairy technology mission for amending the Animal Diseases Act so as to make it uniform throughout the country.

He said after the implementation of the project in 1987, the disease, which was endemic had become sporadic in three Southern States of Tamil Nadu, Kerala and Karnataka.

Progress in Tamil Nadu: Answering questions, Mr. Ramakrishnan said that the total cost of the project which was to conclude by 1991-92 was Rs. 24.5 crores. So far, Rs. 14 crores was spent. In Tamil Nadu alone Rs. 5 crores was spent against an allotment of Rs. 14 crores. The project was being implemented in 24 districts in Tamil Nadu, Kerala and Karnataka. Regarding the work of NDDB in Tamil Nadu, the project manager said that during the first phase, work had been completed in Periyar, Salem and Coimbatore districts and during the second phase, it had been completed in Madurai and Anna Districts. During the third phase, work had begun in Tiruchi, Pudukottai and Thanjavur districts. He said the vaccination work was expected to be completed in Tiruchi district by the end of February. The programme would also be extended to Ramnad and Tirunelveli districts.

Answering another question, Mr. Ramakrishnan said that 306 lakh heads of cattle had been vaccinated against the foot and mouth disease up to December 88 as against the target of 692 lakh cattle by 1992. Since the implementation of the project, the estimated economic loss in cattle had come down considerably and added that if the movement of cattle from unvaccinated areas to vaccinated areas was restricted, the loss of yield would be reduced to a great extent.

He said the programme would be extended to Alleppey, Idukki and Kottayam districts in Kerala and few other districts in Karnataka.

Farmers to share cost: Stating that the whole programme was being monitored from Udhagamandalam, Mr. Ramakrishnan said it had been decided to make farmers contribute 50 per cent of cost of vaccination. The balance would be met by the Forest Department and milk unions.

The foot and mouth disease among cloven footed animals was not a killing disease but crippling one which caused slow and agonising death.

KUWAIT

AIDS Carriers No Longer To Be Deported

54004527 Kuwait *ARAB TIMES* in English
16-17 Mar 89 p 5

[Article by Jadranka Porter]

[Text] Kuwait is no longer indiscriminately deporting expatriate AIDS carriers, according to Dr Kazim Bihbahani, the co-ordinator of Kuwait's committee for control of AIDS.

Each case is reviewed individually, and those who do not pose a danger to the community and who can be closely monitored are allowed to stay in the country, Bihbahani told the ARAB TIMES.

He cited children as an example.

Twenty-five AIDS carriers, including five Kuwaitis, have been identified in Kuwait. The number of expatriate carriers who have been deported has not been disclosed.

The policy of deporting expatriates infected with AIDS first came under review last October at the inaugural meeting of the new 15-member AIDS committee. The decision to modify the policy is believed to have been taken late last year.

Meanwhile, the authorities are preparing to launch a health education campaign which will tell the public how AIDS cannot be contracted. This, it is hoped, will help dispel a widespread misconception in Kuwait that the killer disease can be transmitted through incidental contact with AIDS carriers.

The campaign is primarily aimed at Kuwait's youth.

Misconceptions

"The students appear to know how the disease is transmitted, but there are misconceptions and doubts as to whether it can be transmitted through a handshake, kissing, clothes, use of public lavatories, saliva and in swimming pools," said Dr Imtithal al-Nashshar, head of Kuwait's school health education unit. From her interviews with dozens of secondary school students she concluded that such misconceptions would lead to the condemnation of the AIDS carriers as outcasts, something the health authorities would like to avoid.

Al-Nashshar spoke at the end of a five-day workshop in Kuwait aimed at hammering out a health education campaign against AIDS. This was the first attempt in Kuwait to devise an anti-AIDS campaign based on interviews with the members of the public.

Dr Hind Khattab of EMRO praised the stand of the religious group who instead of outrage were ready to show sympathy for AIDS patients.

"They stressed that an AIDS patient in their view is the same as any other sick person. They pledged to cooperate with the health authorities in speeding their messages" said Khattab.

Locust Infestation, Eradication Efforts Described 54004523 Kuwait AL-WATAN in Arabic 2 Feb 89 p 31

[Text] A swarm of locusts last week invaded the agricultural area in al-Wafrah. The detection and eradication [mukafahah] divisions of the General Organization for Agricultural and Fish Resources Affairs confronted this new wave of locusts.

AL-WATAN monitored the stages of the eradication effort by accompanying the task divisions, and meeting with the head of the anti-locust committee, Engineer Jasim Habib al-Badr, who is the director of the plant resources administration in the agricultural organization. Al-Badr spoke with us about the eradication method, the size of the swarm and expectations regarding the likelihood of other locust swarms entering Kuwait. He stated that the last swarm entered the country from the Kingdom of Saudi Arabia during the evening of 22 January, assisted by a southeast wind. The swarm spread over most of the farms of al-Wafrah in varying densities, with the highest density being recorded in the central and northeast sectors.

Size of the Swarm

Al-Badr added that the swarm, which comprises immature desert locusts not more than 10 days old, is intermediate in size, and that it was distributed over an area which fluctuated between 25 and 30 square km.

The surface area of the most densely infested area totals an estimated 750 contiguous dunams, and the number of insects per square meter fluctuates between 1,000 and 1,500 insects.

Deployment of Eradication Divisions

The head of the anti-locust committee stated: After we analyzed information on the swarm size and locust type, we deployed the eradication divisions in areas containing locusts, especially in areas with high concentrations of locusts. This required the activation of 13 eradication divisions manned by approximately 100 people, representing all applicable specialties. A large portion of the locust swarm was eradicated. On the following day, we began to apply the second plan in the eradication operation, which entailed aerial spraying by aircraft designated for eradication; this was accomplished in two phases—the first in the morning and the second in the afternoon. The area covered by aerial spraying totalled about 6,000 dunams, on which the density of locusts was very high. In addition to aerial eradication, ground eradication measures were on-going at this time in areas not affected by aerial spraying.

Adequacy of Aerial Spraying

Al-Badr emphasized that the results confirmed the adequacy of aerial spraying to the extent that excellent results were achieved 24 hours after eradication measures were begun, such that the adequacy of the insecticide used, the rate of its effectiveness, the state of the insect, and operative atmospheric and climactic factors were apparent.

Control of the swarm was established despite its enormity compared to other swarms that entered the country in the past.

Expectations

Al-Badr expects that new swarms with greater densities will cross the country in the coming weeks and months because of favorable atmospheric conditions, the beginning of the appearance of grasses and the speed and direction of the wind; all of these factors facilitate the movement of locusts toward Kuwait.

He emphasized that the greatest danger at present is the possibility that swarms of locusts will flee from Saudi Arabia—following the Kingdom's successful anti-locust campaign—especially species which reproduced and proliferated in Saudi territory during the previous months.

Regarding the quantity of insecticides used to counter the locust swarm, al-Badr stated that about 700 liters of insecticides were sprayed.

Three Aircraft

He stated that: At present, we have three Cessna aircraft equipped with "Micronair" equipment, which is capable of delivering an extremely fine spray. We have designated two locations for the landing of these aircraft, in al-Wafrah and in (al-'Abduli). Iraqi brothers piloted these aircraft during the eradication operations.

Advice for Citizens

Al-Badr called on farmers to cooperate with the agencies of the organization, and to respond to their instructions, especially with regard to keeping animals away from dangerous places where eradication took place, and observing a 10-day waiting period before feeding animals with fodder exposed to insecticide spray.

Deputy Minister of Health Discusses Measures for AIDS Prevention

54001010 Moscow PRAVDA in Russian 11 Nov 88 p 8

[Interview with A. Kondrusev, deputy USSR minister of health, by N. Gogol and A. Kazakov, under the headline "A Timely Interview": "AIDS Without Makeup"; first paragraph is source introduction]

[Text] AIDS in the USSR. Perhaps this combination of words will appear too straight-forward, even blasphemous to someone. "Epidemiological" complacency has been inculcated in many years of silence about some problems and underestimation of others. The sense of calm which took over not only the public, but even some medical workers, no doubt played a rather large part in the fact that we are the sad leaders among many industrially developed countries in infectious morbidity. For this reason, there is every justification for sounding the alarm today, lest there be a repetition of the same story with the most treacherous immunodeficiency ailment of man. What is being done in our country in order to preclude the spread of AIDS? This is what our correspondents discussed with the chief State health officer, A. Kondrusev, deputy USSR minister of health.

[PRAVDA] Aleksandr Ivanovich, the first case of AIDS in a Soviet citizen was identified in the spring of last year. This fact was covered extensively in the press. But, as we know, the antibodies of the human immunodeficiency virus (HIV) had been found even earlier. Can you reconstruct the chronology of detection of AIDS in our country?

[Kondrusev] The first "positive" result of a special immunological test made on a Soviet patient, more precisely, a female patient, was obtained in March 1986. But, I wish to stress that we are dealing with a virus carrier. This is not yet the disease as such.

In general, according to statistics, AIDS develops in about 10-30 percent of those infected with the virus. Specialists observe a semblance of the disease, mild signs of it, in some of the infected people. Approximately 50 percent of those infected appear to be quite healthy. It is difficult to say just how the virus will behave in them in the future. Some scientists believe that sooner or later the disease will be manifest; others are more optimistic.

Thus, as of 12 March, 1987, we had only a few virus carriers. The first AIDS victim, a Soviet interpreted who had worked for some time in Tanzania, opened an entire chain of carriers, who were discovered as a result of special epidemiological investigation. The situation was impressive. All possible variants of transmission of HIV showed up: sexual (though homosexual and heterosexual contacts), through blood (one of the carriers turned out to be an active donor) and inherited (from an infected mother to her infant).

At present we have more than 80 carriers of the virus. In absolute terms, it would appear that this is not much—let us recall that there are more than 70,000 AIDS patients in the United States and an undetermined number of infected individuals—but the dynamics of dissemination of the virus are not comforting: at only the start of this year, there was just about one-third this number of carriers.

[PRAVDA] Does this mean that we have overlooked something? We recall the visits to the Ministry of Health two years ago. At that time it was extremely difficult to obtain any information about the AIDS situation not only in our country, but even abroad. For inexplicable reasons, the general public was kept on a sparse information diet. Incidentally, it is no secret that the person who held the position of chief state health officer believed that AIDS is a "capitalistic" disease, stating that prostitutes and homosexuals, who are the most widespread virus carrier, are not inherent in our society and, consequently, we have nothing to fear....

[Kondrusev] I do not want to criticize my predecessor, especially since a similar view was held at that time by some other public health administrators. You see, many of us are tempted, as Gertsen wrote, to "place ideology above fact." When solving serious, particularly scientific, problems this is fraught with major mistakes.

As for the specific situation, the necessary steps to prevent the spread of infection were, in my opinion, taken at the proper time. Let us start with the fact that a State program has been elaborated and is being implemented to prevent the spread of AIDS in 1987-1995, which includes a broad set of measures—detection, treatment, prevention and dissemination of information encouraging a healthy lifestyle.

Some items of this program have already been implemented. For example, a network of laboratories making blood tests for AIDS has been set up in republic and oblast centers and in major cities. There are 380 such laboratories today, and more than 1,000 will be in operation by the end of the year.

I wish to stress once more that we keep records not only of the disease, but of virus carriers, which enables us to monitor, with a sufficient degree of certainty, the spread of disease. This is in essence a unique accomplishment that has gained the support of medical circles abroad. Our American colleagues, whom I met at the World Congress on AIDS in Stockholm, confirmed that our monitoring system is the most effective at the present time....

[PRAVDA] Still, it has not been possible to erect a reliable barrier against the infection. The AIDS-caused death of Olga G., resident of Leningrad, had the impact of an exploded bomb, prompting a stream of puzzling questions. Here are just a few of them. How, our readers ask, could it happen that the most dangerous virus

escaped attention in Leningrad, the nation's second largest and second most important city, one that has large diagnostic and medical centers? Why did the medical men fail to identify the disease promptly?

[Kondrusev] Franking speaking, our first reaction—I am referring to the ministry system—was similar: how could this happen? Especially in Leningrad, where there is a special scientific-practical association “AIDS and AIDS-Related Infections,” where there is a local institute for advanced training of physicians that trains specialists in this disease and where, finally, there is a large contingent of qualified scientific and medical personnel.

Today, now that the work done by the USSR Ministry of Health, which had traveled to Leningrad and had conducted a thorough investigation there, has been summed up, I can say that such a result was largely predictable.

The first and crucial conclusion of the commission was that there is virtually no appropriate alertness with regard to AIDS at the primary-care level of the city's health service. Let us recall how the events developed. At the start of this year, a sick 20-year-old young woman, employed as an operator at a heat and power generating combine, came to Leningrad Rayon Polyclinic No 30 complaining of malaise. In the 6 months that elapsed after that, every possible diagnosis was made for her: chronic tonsillitis, drug-related stomatitis and tracheo-bronchitis. Sick-leave certificates were issued regularly. Yet if the physicians had asked themselves a simple question, whether this could be an HIV infection, it would have immediately become apparent that her symptoms were rather typical of this disease.

[PRAVDA] At one time, the Ministry of Health insistently recommended that each district physician keep a memo on his desk reading approximately as follows: in examining a patient do not forget to make sure that he does not have an oncological disease. Apparently, the same should be done today for AIDS.

[Kondrusev] I cannot say that such focus does not exist. It is another matter as to why the directives and recommendations of the USSR Ministry of Health remain unheeded on the job. In punishing those who were directly to blame for what happened, we were also strict with the city's public health administrators, as well as workers in the scientific-practical AIDS association, who were responsible for the fact that a large contingent of rank-and-file physicians remained virtually separate from the common cause of preventing spread of the virus.

[PRAVDA] It is known that, in addition to the rayon polyclinic, that patient had been treated in the clinic of the First Medical Institute and in the hospital of the Center for Severe Mycoses of the Institute for Advanced Training of Physicians, to which she was admitted with

a marked weight loss—12 kilograms—and eruptions on her skin. Could not such obvious symptoms alert the specialists of two large medical institutions?

[Kondrusev] An investigation revealed that, at the clinic of the First Medical Institute, there were questions as to the validity of the previous diagnosis of pneumonia. Blood was drawn from the patient and sent to the specialized AIDS laboratory, which did not confirm presence of the virus....

[PRAVDA] Forgive me, Aleksandr Ivanovich, but this fact compels one to question the reliability of the network of AIDS laboratories that we are now setting up on a broad scale.

[Kondrusev] I understand your bewilderment, but we should not be discussing the reliability of laboratories. The fact of the matter is, unfortunately, that the serological testing method that is used is not 100 percent accurate.

[PRAVDA] Some specialists tend to believe that the trouble was also caused by the fact that serum was tested in “pools,” that is, mixed with the blood of others, and this in turn was done due to the shortage of diagnostic preparations....

[Kondrusev] According to the State program, diagnostic test systems for AIDS are produced by two enterprises of the USSR Ministry of Medical and Biological Industry. Because of the poor quality of the product manufactured by the Vector Scientific-Production Association, production was suspended in March of this year. This created problems in the operation of laboratories, and there was a shortfall of 10 million doses of diagnostic test kits. However, they are not rushing to resume production at the scientific-production association. There is the impression that this extremely critical problem, not only medical but also social, has nothing to do with them.

[PRAVDA] It would appear that the situation is similar with respect to production of disposable syringes, without the general use of which talk about preventing AIDS sounds rather academic.

[Kondrusev] We need disposable syringes not only to prevent AIDS, but also to prevent such a dangerous infection as hepatitis B, which often leads to serious complications, including disability. This year, the country's public health service is supposed to receive 100 million syringes, but, according to the supplier—the Ministry of Medical and Biological Industry—this assignment will not be fulfilled: the needed capacities have not been added to plants in Belgorod-Dnestrovskiy and Leningrad. In 9 months of this year, only 4.5 million syringes have been delivered.

[PRAVDA] As they say, no comment is necessary. It only remains for us to hope that what has happened in Leningrad will rouse people, compel them to take a

different view of the danger, and mobilize the producers to fulfill the tasks put to them. Although, on the other hand, is there a guarantee that this will happen?

[Kondrusev] I believe the time has come when everyone involved in some way or other in implementing the State program for prevention of the spread of AIDS must get together and together determine how to work from now on, how to eliminate faster the flaws existing today which hold the threat of serious troubles tomorrow.

I am referring not only to the producers, but also to those who work in the area of law, public education. There is very poor interaction between us. For example, if the Leningrad militia would inform public health agencies about their "group"—I am referring to loose women—there would not be the numerous mistakes made by physicians with patient G., who had maintained intimate relations with foreigners for a long time.

In general, it is necessary to clarify from the legal point of view our attitude toward both risk groups. In countries where prostitution and homosexuality are not banned, physicians with reliable statistics at their disposal can work actively with these groups, making regular preventive examinations, publicizing the means of protection against AIDS, etc. There is special medical literature published for each of these groups.

I am not at all sure that we should follow the same route, but something must be done. Whether we want it or not, prostitution does exist. On the one hand, it is sort of outside the law, and for this reason the hetaerae do not rush to register with the militia or someplace else, thereby depriving physicians of the most needed information. On the other hand, they are not punishable in the criminal courts. Such a legal dichotomy is by no means helpful in successful preventive work with this risk group.

[PRAVDA] Last year, an ukase was adopted—"Measures for the Prevention of AIDS Virus Infection"—which some of our readers have criticized because of its excessive mildness. The opinion has been voiced that patients and virus carriers should be isolated from society and that there should be stricter epidemiological monitoring. A reader from Moscow, who did not wish to give his name, stated the following: "For a long time we lived behind the 'iron curtain,' and this is manifested today by the limited economic and cultural contacts. No one would say that this is a good thing. But why not transfer the bad into the good when there is the serious danger of spread of AIDS hanging over our country. But for all those coming into our country—and there aren't that many—could we not set up a rigid "immunological filter"?"

[Kondrusev] I must say that even the steps stipulated in the ukase were first received very negatively in the world as an infraction of human rights. True, the attitude is

changing today. The World Health Organization is of the opinion that each country is entitled to protect itself with methods that it, the country, deems acceptable.

For example, in China every foreigner staying for a period of more than six months must submit a special certificate or be tested for HIV. Infected individuals are deported immediately. In Bavaria (FRG), testing is also mandatory in order to receive permission for permanent residence. There are restrictions for entry to Australia, Austria, Belgium and Egypt. There is a country that has set up a colony to which patients with AIDS and virus carriers are sent.

In our country, as you know, there is mandatory testing of foreigners who plan to stay for more than three months; it is believed that there is dramatic decrease in probability of HIV spread for a shorter period of time. Of course, those in whom the test identified the virus are subject to deportation from the USSR.

[PRAVDA] Frankly speaking, the efficacy of this last procedure raises questions. It is no secret that prostitutes look for contacts with wealthy tourists who spend a maximum of two-three weeks in our country, rather than among students who do come essentially for periods of more than three months. It is expressly the former group of foreigners that is not being checked immunologically.

[Kondrusev] This is a reasonable question. Of course, we take this into consideration and are searching for solutions. One solution is to exchange certificates, which means that by agreement with some country everyone who comes to our country or travels there submits a document certifying negative HIV test results. At the present time, such an agreement has already been made with CMEA countries, Great Britain, Denmark, and others.

[PRAVDA] Do you not think that with the onset of a new, rather serious danger it would make sense to revise some of the rules for testing patients in polyclinics, in boarding houses, on the job, etc. Look here, at the present time, a physician orders testing for any reason, be it for a referral to a swimming pool or someone simply does not feel well. The laboratories where blood is donated are always crowded. With such traffic it is difficult to assure the necessary sterile conditions. Is the questionable need to give blood commensurate with the risk of becoming infected?

[Kondrusev] This is something we have to think about. Also, because expansion of the AIDS laboratory network will require hundreds of qualified physicians and laboratory technicians whom we cannot find anywhere but in the existing health care system. Of course, we do not plan to bleed lifeless, if you pardon the pun, this operating system. New manpower will flow into this system from medical schools and VUZ's [higher educational institutions]. But it would be expedient to attract the most experienced ones to the new network.

At the present time, there are six institutes for advanced training of physicians who are training personnel for AIDS laboratories. A special, less stressful schedule has been provided for these workers, as well as higher remuneration, by an average of 25 percent, because of the risk of possible contact with the dangerous virus.

[PRAVDA] What guarantees are there that the blood bank of our country is not stricken by HIV and that the procedure of transfusing blood does not involve the danger of infection?

[Kondrusev] The fact that all blood from donors undergoes mandatory testing for AIDS is such a guarantee. When HIV antibodies are found, the blood is discarded, and the infected individual is no longer acceptable as a donor of any kind for the rest of his life.

More than 12 million donors have been tested in two years. Seven of them were found to be carriers of the virus.

[PRAVDA] As indicated by the foreign press, there are more and more children in the world that are infected with the human immunodeficiency virus. To what is this related?

[Kondrusev] Unfortunately, this is a natural process. Children usually inherit the disease from infected parents. The more infected adults there are, the more infected children there will be.

How are we to keep AIDS from "getting younger"? This is not an easy question. The opinion has been voiced that one should prohibit mothers infected with HIV from having children. But is it possible to enforce such a ban? And, to what extent is it valid if it is still possible to give birth to a healthy infant? As far as I know, no one in the world has answered these questions as yet.

One way to prevent the birth of sick infants could be, as I have already said, to work actively with risk groups. Recently, we received a report that an infant born in Odessa to a mother infected with HIV died at the age of 4.5 months. Of course, this case will be thoroughly investigated. But it is already known that the mother is a prostitute of long standing. Thus, we again see that lack of coordination between the actions of public health agencies and the militia and the flaw in the legal bases of such actions.

[PRAVDA] Aleksandr Ivanovich, thus far we have discussed mainly issues pertaining to medicine. But, as we know, educational work with the public is an important prerequisite for preventing the "plague of the 20th century." How do you view involvement of the USSR Ministry of Health in this work?

[Kondrusev] For example, by doing this, I mean having a talk with you. It is important for people not only to know what AIDS is, but to clearly realize that this is not

a piranha, predatory and voracious, that leaves only the skeleton of a swimmer in one minute but, thank God, it lives in the Amazon River and presents no threat to us. AIDS is just as much a reality for us as for the entire world around us, the only difference being that we are also compelled to convince people of this.

Of course, one must be rather well-informed to avoid absurd rumors and fears, for example, that the virus is transmitted by a handshake, through saliva or a mosquito bite, all this is not true. One must know the rules and means of protection against AIDS.

Recently, an interagency council for disseminating information about AIDS prevention was formed under the USSR Ministry of Health. Its program is closely linked with national programs for the control of drunkenness and alcoholism, drug addiction and with constant educational campaigns for a health lifestyle. Even a slogan has already been coined: "Don't die because of ignorance!..."

[PRAVDA] But here is a person who follows the wise recommendations, goes to the nearest drugstore and cannot get the simplest contraceptive there.

[Kondrusev] You are right, the situation is outrageous. And, mainly, it is outrageous, as they say, according to plan. This year, The Armavir Rubber Goods Plant of the USSR Ministry of the Petroleum Refining and Petrochemical Industry will deliver, at best, one-third of the planned 600 million condoms. Next year, with a need for 800 million, it is planned to produce only 220 million! So let's plan to abstain from sexual contacts next year, or, better yet, to gain a definitive victory over AIDS....

[PRAVDA] According to everything we hear, this will not happen soon....

[Kondrusev] The great American immunologist, Dr Jonathan Mann, director of the Global Program for AIDS Control of WHO, announced at one time that an AIDS vaccine is in sight. Apparently, this was related to advances in the study of the virus, on which, incidentally, unprecedented funds are being spent in the United States. We recently had a meeting with Mann and asked him to comment on his optimistic statement. He said that he was wrong, that the vaccine is nowhere near in sight.

I believe that the opinion of our very authoritative colleague reflects the true state of affairs. We have to prepare for a long and persistent struggle.

Laboratory Director Recommends Testing Medical Personnel for AIDS

54001015b Moscow SOTSIALISTICHESKAYA
INDUSTRIYA in Russian 3 Feb 89 p 3

[Interview with Gennadiy Tikhonovich Sukhikh, doctor of medical sciences and director of the laboratory of clinical immunology of the All-Union Scientific Research Center for Health Protection of Mothers and Children by SOTSIALISTICHESKAYA INDUSTRIYA correspondent: "AIDS: Safety Conditions"; first two paragraphs are source introduction]

[Text] The newspapers had barely just reported the incident in which children had been infected with AIDS at the Children's Republic Hospital in Elista, when the editor's office was hit by a wave of phone calls from the readers. The people were upset: how could anyone go to a medical institution now if any needle or the taking of a blood sample could turn out to be fatal? Especially alarmed were expectant mothers.

Our special correspondent L. Artamonova went to the All-Union Scientific Research Center for Health Protection of Mothers and Children. Answering the readers' questions is Gennadiy Tikhonovich Sukhikh, doctor of medical sciences and director of the laboratory of clinical immunology.

■**Sukhikh**■: "What happened in Elista has resounded painfully among people working at medical institutions. Speaking for my colleagues, we instantly, and without any orders "from upstairs," gathered for a profound discussion about what a physician is about—his responsibility, his honesty, his professionalism. It was probably the very absence of those qualities among a number of staff members at the Kalmyk hospital that actually led to the tragedy."

"Here at the Center, we have again checked the status of the services on which the quality of sterilization of syringes, needles, and other instruments and materials are directly dependent. Similar services exist in every medical institution, and it is they, first of all, who are responsible."

"Many clinics have microbiological laboratories, and their existence makes it possible to evaluate the effectiveness of sterilization. The high temperature and pressure associated with the process preclude the danger of infection, and it's only a failure to observe established procedures, or carelessness, or laziness that creates risk. Stringent monitoring is needed."

■**SI**■: The training work with mid-level medical personnel will certainly now be intensified everywhere. But, alas, we all know of too many examples of "in one ear and out the other." We could all breathe easier if we knew that, from now on, hospitals, polyclinics, and especially maternity hospitals were using disposable syringes only.

■**Sukhikh**■: "Unfortunately, that's unrealistic for the time being. Even in our Center, only 25-30% of our needs for such items are met. And just imagine what those figures are like in peripheral hospitals! Industry is lagging, and purchases abroad are restricted."

"But I still want to return to the topic of the responsibility of the medical worker. With the spread of AIDS, the problem is becoming extremely urgent. There are situations in surgical and obstetrics-and-gynecological practice in which there is direct contact with infected blood. All it takes is for a surgeon to prick himself when he's making a suture or for an obstetrician, when he's examining a patient, to forget about a small scratch on his hand, and the infection can enter the body of the physician, who, suspecting nothing, spreads it farther, to other patients. Or take the situation in which complications in childbirth may require a transfusion of fresh blood only. Where do you find a donor in the middle of the night? It's not that rare for the physicians, or the nurses, or the anesthesiologists to give it themselves. Without a word of complaint, free of charge, out of duty, they give their own blood to the patients, sometimes several times a year. But each such noble step is risky: in such situations there's no time for testing. The physician and the patient are like mountain climbers on the same rope. And there's only one way out here—complete and regular testing of all medical workers. In the face of AIDS, this is necessary. This kind of examination began in our Center last year."

■**SI**■: I know that the Center's neighbors—the students of the Higher Police School—have come to the aid of patients in critical condition more than once. Doesn't that mean that they, as potential donors, also need to be tested?

■**Sukhikh**■: "We have decided to approach the school's administration with that request. I think that they will understand and support us. I would like to propose that all collectives and groups in which the noble business of donating blood is done on a massive basis do the same."

■**SI**■: But is that realistic? After all, how many laboratories and staff members would that take—and with special equipment and special training?

■**Sukhikh**■: "True, it wouldn't be inexpensive. Suffice it to say that a first-level AIDS test costs—on an international scale—one dollar; a second-level test—if the first test result needs to be confirmed—costs fifty. But our government already has gone to the expense of creating a broad network of AIDS testing laboratories. There are more than 300 of them today. The USSR has begun manufacture of its own diagnostic systems. The incident in Elista will prompt an acceleration of their production."

■**SI**■: What other measures, in your opinion, would raise the "level of safety" for patients in medical institutions?

■**Sukhikh**■: "The individual must be assured that he will not be placed in the same ward with an AIDS patient. Especially in maternity hospitals and gynecology departments. For that reason, we recommend that their workers follow our example and test for AIDS all women who are admitted, much as they are tested for syphilis. That's in the interests of the patients themselves, don't you think?"

■**SI**■: I agree with you completely. But again, I'd like to ask, can we train specialists quickly enough?

■**Sukhikh**■: "Last year, our Center trained dozens of specialists who are now working in republic clinics and in the hospitals of large cities, including those in remote regions like Siberia and the Far East. We are continuing to train people. And we're thinking not just about a menacing peril like the 'plague of the twentieth century.' Do you think serious childhood diseases like hepatitis, cytomegalia, rubella, toxoplasmosis, and a host of others bring any less distress to the mother? Their early diagnosis is half the battle. The creation of special laboratories for the diagnosis of intrauterine infections as well as an entire area for the prevention of AIDS in obstetrics and gynecology—under the direction of the director of our Center, USSR Academy of Medical Sciences Corresponding Member V. Kulakov—is part of an all-union program to combat this disease. Heading the program are the presidium of our Academy of Medical Sciences and the USSR Ministry of Health."

■**SI**■: The readers of our newspaper, who are familiar with the materials on AIDS, are aware that there is a substantial gap in the testing. An individual is judged healthy or infected on the basis of the presence of antibodies in the blood. But it may take four to seven weeks or even longer from the moment the AIDS virus enters the blood to the time when antibodies form. All that time, the individual is considered healthy.

■**Sukhikh**■: "I can, with satisfaction, report that very soon that gap will be filled: domestic systems have already been developed that substantially expand the feasibility of determining the virus itself in any biological fluid. New methods make it possible to indicate not only rapidly, but also with a great degree of certainty, the presence of the disease's agent. The staff members of a number of institutes—especially the Virology and Immunology institutes of the USSR Academy of Medical Sciences and the Central Scientific Research Institute of Epidemiology of the USSR Ministry of Health, headed by Academician V. Pokrovskiy—made significant contributions to the development of the new systems. However, big problems come up when you're going from laboratory conditions to industrial conditions. The Ministry of Medical and Microbiological Industry right now needs to get the mass industrial production of these diagnostic systems set up as quickly as possible."

■**SI**■: Last question, Gennadiy Tikhonovich. A woman infected with AIDS decides to have a child. Are there such cases in our country?

■**Sukhikh**■: "I know of literally only a handful. But I think such cases will become more frequent. And for that reason, I think we need to create a combined team—obstetrician-gynecologists, immunologists, pediatricians—that should be sent immediately to an African country where morbidity is high and such births are not rare. It would be "combat training" and would make it possible for medical people to get practical experience in handling such births, in caring for the newborns, and in clinically observing mother and child. We must be ready for the worst. In the face of AIDS, both panic and underestimation of the full complexity of the situation are dangerous. The incident in Elista reminds us once again to be vigilant."

AUSTRIA

Study on AIDS Spread, Treatment, Testing Discussed

54002473 Vienna DER STANDARD in German
14-16 Feb 89

[Series of articles by Sissy Danninger: "The Rate of AIDS Infection Has Noticeably Dropped Off"]

■14 Feb 89 p 4■

First Comprehensive Study of the Situation in Austria

[Text] Vienna - Ten years after the first public excitement about the mysterious "homosexual immune deficiency" GRID (Gay-related Immune Deficiency) in the United States, its rate of spread has declined. There is no longer any talk of the number of full-blown cases of AIDS (Acquired Immune Deficiency Syndrome) doubling every 6 months. A parallel development to this one, however, is the shift of emphasis toward intravenous heroine addicts, whose incidence rate on an international scale is already higher than that of the homosexuals.

Thus the statistical danger of infection with HIV (Human Immune Deficiency Virus) increases, albeit only slightly, among the remaining, heterosexual population. Public risk management in Austria has not yet adapted adequately to the changing situation. An insufficient degree of enlightenment, particularly among school age children, poses an obstacle to their private risk management.

That is one of the important statements included in a report entitled "AIDS Analysis of a Social Challenge" that has just been published. The 477-page report was commissioned on behalf of the Ministry of Science, and it was completed at the Boltzmann Institute for Medical Sociology at the Institute of Higher Studies. The study was under the direction of Juergen M. Pelikan of the University of Vienna's Institute of Sociology.

On the whole, the study reaches the conclusion that society and politics in Austria—apart from tragic exceptions—have been able to avoid irrational reactions of panic and partisan polarization. A key factor why this has been so has been the 2-year delay by which AIDS has become a major health problem here in comparison with the United States. Not until March 1983 was there any alarm here. That was when the disease claimed its first three victims. One of these, incidentally, committed suicide as a result of fear of AIDS without having actually been infected. The present slight decline in the rate with which the disease is spreading confirms, independently of the study conducted by the AIDS expert Christian Kunz, director of the Virological Institute of the University of Vienna, that by 31 January 1989, a total of 247 patients had contracted AIDS since 1983, with all its clinical manifestations. Of these, 121 had

already died. By the end of 1987, the figure was 139 patients (by the end of 1988: 243), of whom 77 (by the end of 1988: 119), had succumbed.

Kunz estimates "This year there will not be a doubling of cases." The WHO also adjusted earlier, higher estimates downward. The WHO now estimates there will be 600,000 full-blown cases of AIDS in its final stages worldwide within the next 3 years. At the present time, there have been 132,976 cases reported in 177 countries (as of the end of 1988). The estimated number of those infected with HIV who are as yet symptom-free is put at "at least 5 million" by the WHO, as opposed to "as many as 10 million" a year ago.

Whether in point of fact all so-called HIV positives will ultimately succumb in misery to the attendant infections, against which the virus has deprived them of the power to resist, is something which cannot be said at this point. In Austria, including openly contracted cases of the disease, there have been just over 2,700 registered cases of HIV infection. Because testing is anonymous, there is room for a certain margin of error, if one sample were given under a pseudonym, and subsequently detected under the correct initials. Cautious estimates of the total number of HIV positives in Austria are 7,000 people, or approximately 0.1 percent of the population.

Since 1984, this figure has included 21 children of HIV positive mothers. One of these is "that child, whose name was recently brought to the public's attention, and who was thus made the target of discrimination," Kunz stated bitterly, referring to the case of a 4-year-old in Upper Austria, and her struggle to gain admission to a kindergarten program. "What will her fate be if she should remain free of disease for some time, or even on a long-term basis?" Kunz asked.

According to the present state of our knowledge, 25-40 percent of those affected spend 5-6 years after the initial infection in the penultimate stage of ARC (AIDS-related Complex) and an additional 20-30 percent in the last stage of the complete AIDS clinical picture. This means hope for at least one-third of all those who are HIV positive, even if there should not be a cure for years, as the WHO gloomily predicts.

Given the fact that a preventive inoculation is still many away, despite several premature reports, enlightenment and reasonable behavior remain the best strategy against further spread of the disease. That is particularly true of the young and their sexual behavior, about which little research has been done to date. In earlier times, a lack of sexual enlightenment could lead to unwanted pregnancies and/or psychological problems in the worst case. Today the trio of drugs, AIDS, and sexuality can pose a threat to life in certain cases.

More mature people can be expected to reach decisions about self-protection (and the protection of others) at the proper time, by means of sexual abstinence, fidelity, or the condom.

Particularly due to the fact that the number of young women infected with HIV is clearly on the rise, and due to the tragedy of children infected in the womb, Kunz also complains that as far as enlightenment and education have been concerned, it has "become too quiet." At the same time, he gives the youth of Austria high marks when compared to that of the United States; he claims Austrian youth are more open to education than teenagers in the United States. His reason for saying so: in the United States in 1987 there was a greater increase in the numbers of cases of other diseases which, like AIDS, are sexually transmitted, such as syphilis, and penicillin-resistant strains of gonorrhea, than there had been in any of the previous 16 years.

[Boxed item]: The problem became acute here after a 2-year delay. The alarm concerning the first three victims did not occur until March 1983.

■15 Feb p 6■

Repressive Climate Makes Solving the AIDS Problem More Difficult

Vienna - In the long term, at least from the epidemiological point of view, the problem of HIV positive drug addicts is more important with regard to the spread of AIDS than are homosexual or bisexual men, warns the Science Ministry's study, which DER STANDARD is the first newspaper to publish. The original, primary risk group has, according to the report, slowed down the spread of the disease by altering its modes of behavior.

Addicts are, by their nature more difficult to reach with educational measures, and they are also more difficult to deal with as patients. The latter is particularly true when it comes to treatment with the only drug that has brought at least limited help by retarding the disease's advance. This drug, AZT (azidothymidine), has greater chances of success the earlier it is used following HIV infection. In such a case, comparably low doses are possible, so that side-effects on bone marrow can be kept to a minimum under the constant supervision of a physician.

Mandatory measures against those infected with HIV, whose criminalization and stigmatization are, from the standpoint of the authors, counterproductive at the very least, where efforts on behalf of those affected as well as measures taken on behalf of the protection of others are concerned, because a repressive environment will do nothing more than drive addicts, particularly those who are HIV positive, underground, which will not decrease the risk of AIDS. It is said that in this way an infected prostitute disappeared in Carinthia. It is reasonable to assume that in the meantime she has tried to continue to earn her living as an underground prostitute.

According to the study, it is no accident that the proportion of HIV-infected "hypes" is set at 15 percent in Vienna, but as high as 50 percent in Innsbruck. And the large drug problem in Upper Austria, which has caused discord among the neighbors for years concerning the establishment of an advisory facility for AIDS in Linz outside the State Hospital, has been connected with a repressive climate in the State. With 509 identified HIV positive people, Upper Austria holds second place in the list of States, right after Vienna, with 1,517 cases (as of the end of 1988).

In the case of HIV tests, their volunteer nature and anonymity must be guaranteed, the study demands. Psychological and medical counseling as well as a methadone program and disposable needles as a last resort, could only work in an atmosphere of tolerance and trust.

The requirements: strict adherence to the physician's duty to maintain confidentiality and protection of data—which did not occur in the case of the girl from Upper Austria, or in the case of the guard who watched over President Rudolf Kornschlager. The man has since died of AIDS. The stigmatization of the entire family in their hometown in Lower Austria drove the widow to suicide in June 1986.

Reports and commentaries on AIDS from 1983 to 1987 were measured, quantified, and analyzed for the study. The result: in a total area of 153,753 square meters, 1,378 articles appeared: 405 in the KURIER, 244 in the AZ, 228 in the WIENER ZEITUNG, another 228 in the PRESSE, 199 in the KRONEN ZEITUNG, and 74 in the VOLKSSTIMME. Half of them were concentrated in the first 3 months of 1987, parallel to the first educational campaign.

Thirty-eight percent of all articles dealt with sexuality. The KRONEN-ZEITUNG and the VOLKSSTIMME are above this average, with 44 and 45 percent respectively, while AZ and the PRESSE were below this average with 33 and 35 percent, respectively. Commentary and reporting account for only 4 percent each. Ethical and religious questions in conjunction with AIDS were dealt with in 3 percent (1983) to 5 percent (1987) of the articles. In hardly any instance is a connection established between sexuality, infection, and death. One reason the authors give for this situation is the possibility of repression. In connection with homosexuality, questions of love and fidelity do not occur at all.

In all the years, sensational reports, and in some cases, chaotically reported incidence figures have appeared in the feuilleton along with factual information. When compared with the Viennese newspapers already mentioned, the VORARLBERGER NACHRICHTEN has shown much more enlightenment, and has responded less frequently to fear and hysteria.

One single commentary sounds the alarm from afar of "God's punishment" through AIDS (PRESSE, 2/28/1987): Nature was once generally recognized as the basis for moral law, but as a result of Man's violations of that law, Nature was unmistakably allowing Herself to be heard now.

Last segment of the study in tomorrow's edition of the STANDARD.

[Boxed item: In the case of HIV tests, their volunteer nature and anonymity must be guaranteed. The authors of the study also call for a climate of tolerance.]

■16 Feb p 4■

HIV Mass Testing in Hospital Illegal Without Patient Consent

Vienna—Without concrete medical indication, that is, without the concrete presence of corresponding symptoms in a patient, and without the patient's express consent, the withdrawal of a blood sample for the purpose of performing an HIV test, represents a physical injury, in legal terms. If the patient has consented to the withdrawal of a routine blood sample for laboratory diagnostic purposes, and if, without his knowledge, an HIV test is performed, the situation at issue constitutes "wilful and unlawful medical treatment." Carrying out diagnostics tests by means of HIV mass testing in hospitals solely for the purpose of determining public health policy—a measure which created some excitement in Vienna—is clearly illegal.

At least that is the conclusion Christian Kopetzki, of the University of Vienna's Institute for State and Administrative Law, reached in his report on AIDS-related law in Austria. Comprehensive consent forms signed by the patient upon admittance did not cover all legal requirements, either. The Chief Public Health Counsel and the Ministry of Health also took a clear stance against such AIDS screening.

Even though it is not just an epidemic, but a pandemic in terms of its definition, AIDS does not fall under the epidemic law. The compulsory inoculations provided for under that law are impossible, due to the fact that appropriate medication is lacking. Placing limitations on freedom of movement or freedom to earn a living are senseless, due to the fact that normal daily contact poses no risk of further spreading the disease.

The AIDS law is grounded in mandatory reporting of cases involving the disease in all its manifestations, or deaths caused by AIDS. These reports must be made in an anonymous way, listing only the patient's initials, date of birth, sex, and anamnesis. There is no provision made regarding the reporting of HIV positive patients. Incidentally, all these provisions apply only to HIV-1; no provision was made for the second virus, HIV-2, which was discovered later. The duty to perform examinations

has been set down only concerning prostitutes. In cases where they test positive, they are legally compelled to discontinue practicing their profession.

A direct consequence of these regulations, for instance, is that a negative HIV test is not a prerequisite for a foreigner's obtaining a visa, nor is such a result necessary under the terms of the Foreigners' Employment Law.

Such a situation could only be applied in the case of infectious diseases that required official notification or reporting. Merely being HIV positive does not require reporting (and it may take years for a disease to develop, if it ever does).

In individual cases, however, limits on occupational activity are conceivable, based on other laws. The law regarding the dissemination of bacilli in food-related occupations, or in occupations concerned with the preparation of other consumer goods for the luxury article market could be invoked, as could the wet nurse law (the virus can be transmitted through nursing).

Measures to be taken by the local police at the municipal level are not possible, because AIDS cannot be regarded as a matter pertaining to the local health police. It is not considered a situation that is disturbing the daily life of the community, the removal of which would be considered possible in terms of local regulations.

As far as physicians are concerned, they have a duty to treat AIDS patients. An exception can be found in cases in which the physician exposed himself to a direct life-threatening situation. Invoking this provision, according to the author, a dentist who refuses to treat a patient is not in violation of the law. Rescue workers must not refuse to provide aid.

The obligation to maintain confidentiality with regard to those found to be HIV positive extends to physicians, nursing staff, hospital administrative personnel, and the social insurance carrier.

There is a point of conflict between the physicians' law and the AIDS law, however. The former finds it permissible to break with its provisions in the "interests of local health care and in the interests of maintaining law" under certain conditions, whereas the latter precludes doing so even in the interests of "the public health."

To be sure, a physician who is providing treatment may (and should) inform a non-consenting patient's sexual partner of the infection, so that he can avoid (repeated) infection in this way. In an individual case, that would be legal and legitimate as "a justified emergency measure."

The HIV positive patient who had been informed of his/her condition bears the onus him/herself of putting others at risk when he/she has intercourse without protection, or through the circulation of previously used drug paraphernalia. If someone infected in these ways contracts the disease,

depending upon the interpretation applied to the legal principle involved, the responsible party could be held liable for intentional physical injury. If the partner dies, the offense at issue is negligent homicide, or, in certain instances, murder, under conditions very difficult to prove.

Conclusion of the series.

[First boxed item: The treating physician may inform an unwilling patient's sexual partners of the patient's infection if he has the opportunity to do so, in an effort to prevent repeated infection. As "a justifiable and necessary measure," such a step would be legal.]

[Second boxed item: Although AIDS is not only an epidemic, but a pandemic, the disease does not fall under the epidemic law. The compulsory inoculations called for in that law are impossible, among other reasons, because the drugs are lacking.]

CANADA

AIDS Testing Issue Raised in Privacy Commissioner's Report

54200044 Toronto *THE TORONTO STAR* in English
29 Mar 89 p A31

[Article by David Vienneau]

[Text] Mandatory AIDS testing of prisoners, armed forces personnel, public servants and immigrants would be illegal, privacy commissioner John Grace has warned.

"Any public health benefits which would be achieved are dubious at best and would be far outweighed by the devastating invasion of privacy that would result," he said yesterday.

Grace made the comment after releasing a report, AIDS and the Privacy Act, which calls on Ottawa to come up with a comprehensive policy on the disease.

It said the dangers of testing for acquired immune deficiency syndrome and the release of personal information related to it could have a devastating impact on those involved.

"They have the potential to alter the very conditions of membership in society," it said.

Loss of job, friends and family, accommodation, alienation from the community and restrictions on foreign travel are only some of the possible effects of wrongful disclosure, the study says.

AIDS, caused by a virus that destroys the immune system, is spread through the exchange of body fluids, usually through sexual intercourse or the use of contaminated needles by intravenous drug users.

As of 13 March 2,492 Canadians had been diagnosed with AIDS, of whom 1,408 have died.

The report was prompted by Grace's concerns that efforts to prevent the spread of AIDS and public attitudes toward the disease could threaten privacy. It is believed that up to 30,000 Canadians are infected with the AIDS virus.

The Privacy Act is intended to protect individuals from federal institutions and some third parties which, without sufficient cause, may want to snoop into their affairs and amass information about them. Section 4 of the act says no personal information shall be collected by a government institution unless it relates directly to an operating program or activity of that institution.

Grace says Parliament could pass legislation overriding this provision but that would be unwise.

"Privacy interests accord with the most informed medical opinion that AIDS testing should always be voluntary with pre- and post-test counselling," Grace says. "anonymous testing...is the least intrusive testing option." The report says that although the health department encourages private employers to develop AIDS policies, the federal government—the country's largest employer—has yet to develop its own policy.

This has meant individual departments are left to their own initiative.

Only Employment and Immigration Canada has sought authorization for compulsory testing. The department favors mandatory testing of all prospective immigrants and long-term visitors to Canada.

The defence department does, however, require testing for anyone wishing to attend an American training program, where such testing is mandatory.

The report makes 14 recommendations, including:

- Mandatory AIDS testing should not be implemented by government unless specifically authorized by law.
- The government should develop a comprehensive policy on AIDS in the workplace, including a clear statement on confidentiality and the controls on the collection of AIDS-related personnel information.
- A detailed study should be done to determine to what extent and under what safeguards the defence department should collect AIDS related personal information from members of the forces.
- No disclosure of AIDS-related personal information to third parties should be made without the consent of the individual or, failing that, the deputy minister. The onus would be on the requestor to justify disclosure.

Update on AIDS-Related Issues

AIDS Insurance Policy

54200037 Ottawa *THE OTTAWA CITIZEN* in English
18 Feb 89 p A19

[Article: "Toronto Firm To Sell AIDS Insurance"]

[Text] A special insurance policy has been designed that gives monthly benefits of up to \$1,666 to victims of acquired immunodeficiency syndrome.

The policy, which will be marketed worldwide, was developed by officials of Beadle Insurance Brokers Inc. and Capol Underwriting Managers Inc., said Terry Beadle, president of the Toronto brokerage firm.

It is designed for homosexuals and people worried about contracting the disease because they deal with AIDS victims or AIDS-contaminated blood, he said.

The policy will be provided in Canada through a Bermuda-based company formed by Capol and U.S.-based New England International Surety of America.

The insurance package is designed to fill the gap between traditional life and disability policies and the actual needs of people with AIDS, who face increased living costs simply because of their disease, said Beadle.

To qualify for the policy, applicants must prove they don't have AIDS by taking a blood test. The test is standard procedure in the life insurance business for policies paying \$100,000 or more.

AIDS strikes at the immune system, leaving its victims vulnerable to infections. There is no known cure.

The latest government statistics say there have been 2,390 cases of AIDS in Canada, including 1,306 deaths.

Initially, the cap on payments to any individual under the AIDS insurance policy will be \$100,000, Beadle said.

Beadle said the cost of a policy is calculated on the risk applicants have of getting AIDS based on lifestyle and sexual behavior. For example, a monogamous heterosexual would pay \$300 annually for coverage, while a promiscuous homosexual would pay \$1,500.

Advance Death Benefits

54200037 Vancouver *THE SUN* in English
22 Feb 89 p A15

[Article: "Death Benefits Paid in Advance to AIDS Victims"]

[Text] The Canadian arm of Prudential Insurance Co. of America says it has paid out some death benefits to policy holders dying or acquired immune deficiency syndrome.

"I just think it is something we should do," says Ron Barbaro, president of Prudential Insurance's Canadian operations. "I do not know why everyone is not doing it."

Over the last year, Prudential has been advancing between 40 and 75 per cent of the face value of life policies to selected policy holders dying of AIDS, with the amount advanced depending on the individual's need.

Barbaro would not say how many had been helped in this manner, but did say the determination of which policy holder needed the assistance was done by the company's medical director in consultation with the AIDS victim's doctor.

The federal health department says that as of Feb. 13, there were 2,390 reported cases of AIDS in Canada, including 1,306 deaths.

At least five other insurance companies have announced recently they are building special funds worth millions to pay claims from policyholders that succumb to AIDS.

But Prudential's advance is treated as a loan against the life policy. The face value of the policy, which normally would be payable only after death, is reduced by the amount of the advance and interest is charged on the advance.

HIV-2 Nondetection by Tests

54200037 Vancouver *THE SUN* in English
18 Feb 89 p B6

[Article by Joanne Blain: "Tests Can Miss New AIDS Virus"]

[Excerpt] New AIDS virus that existing tests can miss has turned up in Canada but Vancouver experts in the disease say they don't expect it to cause a surge in cases of acquired immune deficiency syndrome.

The first three Canadian cases of infection with human immunodeficiency virus type 2, or HIV-2, have been identified in Ontario, said University of B.C. epidemiologist Martin Schechter.

All three people were originally from west Africa, where the virus is widespread, said Schechter.

Dr. Chris Sherlock, a Vancouver General Hospital virologist, said current tests for AIDS virus infection "don't detect all infections with HIV-2. That is the principal concern with HIV-2 in North America."

He estimated only 50 to 75 per cent of HIV-2 cases will be picked up by the ELISA test, which is designed to pinpoint HIV-1 infection. That virus is believed to be responsible for all the AIDS and AIDS-virus infections found in Canada to date.

A new test that its Canadian developers say can detect both HIV-1 and HIV-2 infection is now undergoing clinical trials, said Sherlock.

But until then, the ELISA test will continue to be used to detect the presence of the virus in patients and donated blood.

"The main issue is whether it's going to get into the blood supply if (HIV-2 infected) people come to this country and donate blood," Sherlock said.

To prevent this, "people who come from the whole of the African continent, except South Africa, have to be regarded as potentially infectious," he said.

[passage omitted]

Approval of Two Drugs

54200037 Toronto *THE TORONTO STAR* in English
23 Feb 89 pp A1, A4

[Article by Kelly Toughill: "Ottawa Approves 2 Drugs in AIDS Treatment First"]

[Excerpts] Two drugs used to treat diseases suffered by people with AIDS have won final approval in Ottawa—making them the first AIDS-related treatments to be released fully in Canada.

The drugs, pentamidine and alpha-interferon, are used to fight rare forms of pneumonia and cancer that are the two most common killers of people with AIDS. A notice of compliance—the last regulatory hurdle in the long drug-approval process—was recently issued for interferon and will be issued for pentamidine this week, according to several sources.

[passage omitted]

Both drugs were recently approved for use in the United States as well.

[passage omitted]

Pentamidine is an antibiotic used to treat pneumocystis carinii pneumonia, a lung infection suffered by more than half of all infection with AIDS.

Pentamidine, made by Rhone-Poulenc Pharma Inc. of Montreal, is taken both to treat the once-rare form of pneumonia and to prevent it in people whose immune systems are failing.

[passage omitted]

The drug has been used on people with AIDS intravenously since the disease was first recognized eight years ago. But studies conducted around the world in the last two years show it may be even more effective in fighting pneumonia if inhaled.

The pentamidine approved for use in Canada has been tested only intravenously, but may be diluted and inhaled by patients on a doctor's advice.

Meanwhile, clinical trials of a form of inhaled pentamidine, made by Fisons Corp. Ltd., have been re-organized so that no one is given a placebo. Under new rules, all patients enrolled in the trial will be given the drug.

Tumor Cells

Alpha-interferon is a drug used to combat Kaposi's sarcoma, a form of skin cancer suffered by more than 20 per cent of all Canadians with AIDS.

The drug, produced by Hoffman-La Roche Ltd. of Eto-bicoke, is a human protein used by the body's immune system.

Dr. Eric Bandle, director of medical affairs for Hoffman-La Roche, said no one really known how the drug fights Kaposi's sarcoma, only that it does work.

"How interferon works hasn't been resolved," he said. "Some people think it slows down tumor cells and others believe it may change the immune response."

The drug has been tested on 37 people in Canada, and hundreds around the world.

The company is now preparing a marketing plan to sell the drug across Canada, he said.

Many AIDS-related drugs are now being tested on patients in Canada, but pentamidine and alpha-interferon are the first to be approved.

Prison Issues

54200037 Toronto *THE TORONTO STAR* in English
22 Feb 89 pp A1, A2

[Article by Kelly Toughill: "Judge Releases AIDS Inmate After Hearing of Cruel Treatment"]

[Excerpts] District Court Judge Ted Wren didn't mince words Monday when he ordered Kyle Downey, who is infected with the AIDS virus, released on \$1,000 bail to live with his mother.

His treatment in jail was a form of cruel and unusual punishment that violated the Charter of Rights and Freedoms, said the judge. Set him free.

Downey's sworn statement in court said that when he was transferred from the Don Jail to the Metro East Detention Centre, "I was met by guards wearing riot gear, including helmets, special suits, shields, riot clubs and mace.

"I was told, 'One wrong move and you'll be maced.' I was ordered to strip and .. put in a cell with no mattress."

What others are quick to add is that Downey's treatment—kept in soul-starving isolation and denied crucial medical care—is routine procedure for all inmates with AIDS in Ontario.

[passage omitted]

Yesterday Correctional Services Minister Dave Ramsay said provincial prison guards may be forced to take training to learn how to deal with inmates who have AIDS.

Ramsay said he hasn't decided about the mandatory training and is still considering the larger question of the way in which inmates with the disease are treated. Training about AIDS for Ontario's 4,000 corrections officers has been offered on a voluntary basis, he said.

[passage omitted]

Even ministry officials acknowledge the need for improvement, and have started drafting the province's first policy on how an inmate infected with the AIDS virus should be treated.

[passage omitted]

Forty inmates infected with the AIDS virus have passed through the Ontario correctional system since the first case in 1986, including two who died while in custody, says Humphries. At any given time, 10 of the 6,500 inmates behind bars are known to be infected—a drastic increase over the last few years. [passage omitted]

In principle, inmates are segregated for their own good. In practice, they are often kept in cells meant to punish, not protect.

[passage omitted] More inmates are probably infected than prison staff know about, including some who may not even be aware of their own infection. There is no mandatory testing of prison inmates in Canada.

But the most serious complaint is that inmates aren't receiving proper medical care.

Cases in British Columbia

54200037 Vancouver *THE SUN in English*
17 Feb 89 p A3

[Article: "AIDS Numbers Alarming"]

[Text] The number of new AIDS cases in B.C. is cause for great concern, Dr. Michael Rekart of the B.C. Centre for Disease Control in Vancouver, said Thursday. He said he is concerned that the number of new cases is not going down. There were 154 new cases last year, a 24-per-cent increase over 1987. Rekart said the figure shows the rate of new cases of acquired immune deficiency syndrome hasn't levelled off.

Ontario Hit by Two Different Types of Meningitis
54200045 Toronto *THE TORONTO STAR in English*
30 Mar 89 p A19

[Article by Marilyn Dunlop]

[Text] A different kind of meningitis occurred in the Windsor area this winter than in the Haliburton-Peterborough area, the federal health department says.

And both strains of the infectious organism may have become more virulent than they were in the past.

Ten people who took sick between 7 January and 2 February in and near Windsor were infected with a type B strain of the meningococcal organism while those in Victoria county near Peterborough were hit by a type C. Both types are varieties of a family of micro-organisms called neisseria meningitidis, the most common cause of epidemics of cerebrospinal meningitis.

In Windsor, there were no deaths and no indication of spread from patient to patient, the department says in a report, CANADA DISEASES WEEKLY. All of the school-aged patients in the group went to different schools. No common exposure could be identified.

On the other hand, says the report, among eight patients in Victoria county who contracted the disease; three were children who attended the same school. One 10-year old girl died. Public health doctors found that seven of those who took ill had been in contact with another victim from whom the disease might have been transmitted.

Over-all in Ontario, in the three months from December to February, there were 85 cases of meningococcal meningitis and 11 deaths. Blood samples taken from 68 patients and tested at the Laboratory Centre for Disease Control in Ottawa revealed 30 had type B and 38 type C.

The report says the annual number of cases in Ontario has been increasing since 1983.

Medical sleuths have been tracking type B in Canada since 1977. It peaked in 1978 and 1979 when it caused an outbreak in Hamilton. It had been declining since then until the cases in Windsor. Group C disease was not seen frequently in Canada until 1984, but now accounts for about half the cases each year.

Additional Meningitis Cases Reported in Ontario
54200038 Toronto *THE SATURDAY STAR in English*
25 Feb 89 p A12

[Article by Shelley Page: "Students Barred From Region Debate in Meningitis Scare"]

[Excerpts] Students from two schools in the Lindsay area have been told they're not wanted at a regional debating tournament because they might pass on the meningitis bacteria.

[passage omitted]

Close Watch

Meanwhile, Ontario's chief medical officer of health says there is no reason to expand immunization for spinal meningitis to the rest of the province.

Instead, Dr. Richard Schabas is advising people outside of Victoria County, where the largest outbreak of the illness has occurred, not to panic.

"This is a special situation in Lindsay that doesn't apply to the rest of the province," Schabas said in an interview.

But he said he is closely watching the entire province to see if there are any changes. Public health officers across the province have been asked to pass on information about any new cases as quickly as possible, he said.

[passage omitted]

The latest statistics show 61 cases of meningitis in Ontario so far in 1989, 30 of them in February. At least seven people have died.

Still a Threat

The latest was in Huron County, where a 3-year-old Seaforth baby died of the disease "within the last day or so," said Dr. Maarten Bokhout, medical officer of health for the area that runs along Lake Huron. He would not release further details, Canadian Press reports.

Schabas said the threat of meningitis in the Lindsay area and nearby townships isn't quite over.

The vaccination expected to be given to approximately 8,000 children in Victoria County by this Tuesday won't be fully reliable for almost two weeks.

Cases could still break out in children infected with the bacteria before then, he said.

Cases of Red Measles Reported in Outaouais Area
54200046 Ottawa THE OTTAWA CITIZEN in English
29 Mar 89 p B3

[Article by Philip Authier]

[Excerpt] With the number of red measles cases growing, Outaouais health officials are reviewing thousands of medical histories in hopes of isolating unvaccinated children.

Six new cases, five in Buckingham and one in Notre-Dame-de-la Salette, were reported on the weekend, Outaouais public health co-ordinator Donald Dery said Tuesday.

The new cases bring the total since January to 20, well above the total of 14 in 1988.

Fourteen of the cases were detected in March. The last major outbreak was in 1987 when 88 cases were reported in Aylmer.

Ottawa-Carleton remains largely untouched with only one case reported this year.

Measles is considered the most serious and most highly contagious of the common childhood infections.

Outaouais community Health Department officials said Tuesday measures to stop the spread are being increased.

Nurses are reviewing the medical records of 2,500 elementary school children and 1,500 high school students in Buckingham, Thurso, Angers, Masson, Notre-Dame-de-la-Salette, Val-des-Bois, Poltimore and the Vallee de la Lievre region.

Although the infection is centered in these communities, nurses are also watching for new cases in Gatineau and Hull, where cases were detected earlier this year.

Dery said it could take weeks to review all the records, and parents are being asked to help ensure students are vaccinated or kept home if they are not.

Under Quebec law, health officials cannot force the parents of children who aren't vaccinated to get shots if they opt out for medical or other reasons.

However, Dery said they can prevent non-immunized children from coming to school.

DENMARK

Homosexuals Infected With HIV Despite Condom Use

54002485 Copenhagen BERLINGSKE TIDENDE in Danish
22 Mar 89 p 9

[Text] "Safe sex" is still not so safe, and one is not 100 percent protected against AIDS infection even if a condom is used. Over the last few years, physicians in Copenhagen have learned of at least two homosexual men who, despite practicing "safe sex" with their steady HIV-positive partners, have become infected.

FEDERAL REPUBLIC OF GERMANY

BMFT, Health Ministry Subsidize AIDS Research

MI890114 Bonn TECHNOLOGIE NACHRICHTEN-MANAGEMENT INFORMATIONEN in German
21 Dec 88 pp 7-8

[FRG Ministry for Research and Technology (BMFT) announcement: "Notification of subsidies available for social science research projects in the field of AIDS-related diseases," issued on 6 Dec 1988.]

[Text] AIDS and the HIV infection that causes it are of great significance for health policy worldwide.

The FRG government has introduced a series of measures for combating AIDS which includes the allocation of funds for both basic scientific and medical research and for clinical research. The FRG Minister of Research and Technology made public announcements on this subject in 1983, 1985, and 1987. Subsidies are available for research on etiology and pathogenesis, immunoprophylaxis and treatment, and for establishing research in the form of joint projects.

As part of this program and in addition to medical and clinical research, the FRG Ministry for Young People, the Family, Women, and Health (BMJFFG) subsidizes social science research projects and programs to provide scientific backup for awareness-raising measures and pilot programs.

This new funding emphasis aims to expand the BMJFFG's action- and applications-oriented social science research program, which is already under way, by giving it a broad, fundamental approach. Knowledge from other fields will be taken into account in improving the prerequisites for scientifically-based prevention and treatment of the population.

Research Priorities

Research projects will be subsidized in the following fields:

1. Etiology

In addition to research on medical and biological causes, the factors involved in the sociogenesis of an HIV infection must be identified if comprehensive prevention is to be achieved.

Research must therefore be carried out on:

- Analyzing the connection between social, psychological, or cultural characteristics and the behavior that gives rise to HIV infection or the risk of infection;
- Analyzing the connection between social forms of sexuality, sexual behavior, and the behavior that gives rise to HIV infection or the risk of infection;

- Identifying psychological and social risk factors and defense mechanisms.

2. Primary Prevention

Primary prevention consists of raising awareness and motivating people to change their behavior. It is directed at the general public and the high-risk groups, and aims both at interrupting the chain of new infections and forestalling or breaking down discriminatory processes. Theoretical and empirical research in the following fields can help improve these preventive measures:

- Further development of primary sociological preventive measures and related methods from other fields (such as comparison of cultural levels, medical histories, or evaluation of public health campaigns), with a view toward applying them to AIDS prevention;
- Development and testing of integrated concepts in health education, taking into account different socio-cultural target groups; theory-aided identification and differentiation of objectives, contents, and methods for preventive measures;
- Comparative evaluation of existing preventive strategies at both the national and international level, with reference to their effectiveness in influencing attitudes and behavior or psychosocial conditions;
- Theory-aided development of innovative concepts for community- and group-oriented prevention programs that exploit existing welfare structures (for example, schools, the workplace, and the FRG army);
- Identification of undesirable consequences of primary preventive measures (for example discrimination) and marginal conditions that tend to promote or hinder prevention.

3. Secondary Prevention and Rehabilitation

The objective of secondary prevention and rehabilitation is to delay the onset of AIDS in patients infected with HIV, positively influence the course of the illness, and improve the quality of life of those who are HIV-positive or are suffering from AIDS. Sociological research is required, on the following topics in particular, to determine the significance of the social and psychological factors that influence these processes:

- Extension of current knowledge and development of methods, particularly for research on coping, medical sociology, and psychology, with a view toward applying them in secondary prevention;
- Study of how diagnostic measures are initiated, the forms they take, and the patients' reactions to them;
- Identification of the psychological and social factors and behavior patterns relevant to the development of the infection and/or the illness (if necessary, to include psychoimmunological parameters);
- Study of the neuropsychological effects of HIV infection and the onset of AIDS, and the forms of pharmaceutical treatment that are available;

- Analysis of individual needs for the type, extent, and timing of psychosocial support, development and evaluation of specific social and psychotherapeutic approaches;
- Analysis of psychological and sociological aspects of the organization of existing structures for the care of those who are HIV-positive and those who suffer from AIDS.

4. The Effect of AIDS on Society

Because of the high profile of AIDS in public debate, a sociological survey of the effects of the disease on the life of various population groups has become a necessity. The following topics are of primary importance:

- Research on the causes underlying the build-up of a climate of prejudice and discrimination in various population groups and the effects of these factors on the psychosocial condition of those involved; research on the readiness of the general public to change its attitudes;
- Study of the effects of the AIDS epidemic on various forms of social control and on changes in lifestyle and sexual behavior (especially among young people); development of strategies for discouraging consequent practices detrimental to health;
- Study of AIDS-related ethical problems and changes in social standards.

General conditions

The projects must hold out considerable prospects for progress in preventing and treating HIV infection and its detrimental effects on health. Where experiments with human beings are involved, the legal and ethical admissibility of such experiments must be established and documented in the application. Applications must take account of the stage reached in AIDS research at the international level.

Efficient research in this field requires cooperative efforts. Considerable significance is therefore attached to interdisciplinary cooperation among scientists working in various specialized areas of social sciences and in medicine and epidemiology.

In addition to cooperation within the individual projects, workshops will be organized at regular intervals with the participation of international experts. Along with promoting interdisciplinary cooperation, these workshops will also provide critical assessments of the progress made in the subsidized projects and the stage that has been reached and prospects that are held out by this concentration of resources.

Opportunities for international cooperation will be supported within the framework of existing agreements with other countries. Training of young scientists and international cooperation may be encouraged within these

projects by arranging working visits of limited duration to foreign research groups, provided there are prospects for a substantial gain in knowledge relevant to their scheduled research work.

As a rule, applications should be made for 3-year projects, although a term of up to 5 years will be considered in special cases.

Applications will be assessed by an independent committee of experts and must be addressed to the FRG Department of Health, AIDS Center, BMFT-Subsidized Research Program on AIDS, Reichpietschufer 74, 1000 Berlin 30 Tel.: 030-25 00 94-51.

Application forms and further information about this announcement may be obtained from the above address.

Bonn, 6 December 1988

On behalf of the FRG Minister for Research and Technology (Signed) Doctor Buschbeck

IRELAND

Rapid Growth in Incidence of AIDS Reported

Doubled Since 1987

54500074 Dublin *IRISH INDEPENDENT* in English
10 Feb 89 p 6

[Article by Mairtin Mac Cormaic]

[Text] Cases of full-blown AIDS are increasing rapidly in Ireland, Minister for Health Dr Rory O'Hanlon admitted in the Dail last night.

At the end of 1987 there were 33 cases, 69 at the end of 1988, and 77 cases now.

"It is evident many of the HIV-positive cases—of which there are currently 793—are progressing to full-blown AIDS and that there will be a continued increase over the next number of years," the Minister added.

Dr O'Hanlon was replying to questions from several deputies about the help the Government is prepared to give haemophiliacs who contracted the HIV virus from contaminated blood transfusions.

And he disclosed he will be meeting a deputation from the Irish Haemophilia Society today about the problem.

Dr O'Hanlon said he recognised effects would be very direct for immediate families of married haemophiliacs infected, and those of IV drug abusers infected.

"There is," he pointed out, "the additional tragedy of over 53 babies born to these couples being infected."

The Minister is under growing pressure to do something for more than 100 haemophiliacs with AIDS. Their society is demanding emergency funding for HIV-positive members.

More than a third of all haemophiliacs have been infected with AIDS virus. Six have already died, and six more have developed full-blown AIDS.

The society wants the Government to make provision for AIDS-infected haemophiliacs for life and mortgage insurance, and special ex-gratia payments. Alternatively, it wants it to make an annual £400,000 available for a trust fund.

Money would help families of those living with AIDS victims, and families of haemophiliacs who have died.

The society is seeking financial provision from the Government rather than seek court compensation because it feels infected haemophiliacs cannot wait for cases to go through the legal system.

It also claims that even though it was known as early as 1982 that AIDS was blood-borne Irish hospitals continued to use imported blood concentrates until 1986 for haemophiliacs.

Concern Over Spread

54500074 Dublin IRISH INDEPENDENT in English
6 Feb 89 p 8

[Article by Stephen McGrath]

[Text] AIDS is spreading with increasing ferocity among homosexuals in Ireland. The latest figures show that the number of gay people with full AIDS has more than trebled in a year.

This time last year, 13 homosexuals had full AIDS but now the number has jumped to 40—half the total number of those with the full syndrome.

Gay Health Action, the first Irish voluntary group set up to combat AIDS, says it is very worried by the increase, particularly as the disease is being perceived as an IV drugs problem.

Only 87 gay men out of a total of 793 people have been tested positive for the AIDS virus, but it is feared that because half of those with full AIDS are homosexual/bisexual men that there may be a big pool of people within the gay community who are HIV positive and who are not appearing in official statistics.

Although drug addicts are perceived as being the biggest AIDS threat to the heterosexual community, there is ample cause for concern that the virus could be spreading just as rapidly within the homosexual/bisexual community.

Gay Health Action has had no State aid, despite appeals. Launched in January 1985, it produced a comprehensive information pack with preventative advice in the frankest way possible. In four years, the group has produced more than 250,000 leaflets, cards and posters about AIDS.

But even Gay Health Action admits that not all gay men practise safe sex all of the time. There is concern that a relatively high percentage of those who attend gay venues such as pubs, clubs and saunas are bisexual men with wives and girlfriends.

Fifteen homosexual/bisexual men have died from AIDS (four of them were also drug abusers). More people in this category have developed full AIDS in Ireland than in the IV drug abuser category (40 homosexual/bisexual men, 5 of whom were also drug addicts as against 23 IV drug users only).

The fact that only 87 homosexual/bisexual men have been tested positive for HIV antibodies out of a total of 793 positive tests is not a cause for comfort, according to Dr Fiona Mulcahy, a Sexually Transmitted Diseases consultant at St. James's Hospital, Dublin.

"It only goes to show that this group are being tested. The problem is greater than it appears to be. We know there is a lack of testing by the number of gay people presenting with the full-blown syndrome without having been previously tested for the virus," she said.

She confirmed that bisexual men are regular attenders at her clinic.

Many homosexual men have been extremely reluctant to take the AIDS antibody test. If it's positive they will be refused life assurance and mortgage protection and may suffer other discrimination. Even if the test is negative and they admit taking one, their premiums will be loaded.

But this may be about to change. Advances in medical science may encourage people to take the test earlier, so that they can gain the benefit of certain treatments which may either prolong life or halt the development of the virus into full AIDS.

The AIDS epidemic in Ireland has so far been confined almost exclusively to three groups—homosexuals, drug addicts and haemophiliacs. Few heterosexuals have shown up in official statistics.

But the number of those developing full AIDS is still doubling every 8 to 9 months—81 people have developed it here and already 36 of them have died. Almost 800 people are now known to carry the virus, but the real figure may be three times higher.

Parvovirus Epidemic 'Rampant' Among Dublin Pets

54500084 Dublin *IRISH INDEPENDENT in English*
5 Mar 89 p 6

[Article by Des Nix]

[Excerpt] A new wave of parvovirus, the highly infectious dog killer disease, is rampant in Dublin causing devastation among the city's canine population.

The city's Cats & Dogs Home in Grand Canal Street has had to destroy 200 dogs in the past fortnight both to put the ailing animals out of their misery and to try to stop the deadly progress of the virus.

Hundreds more dogs are dying in the streets and in their owners' homes.

Parvovirus is a relatively new strain of infection which arrived in Ireland a decade ago. It resurfaces every few months on a regular basis. [passage omitted]

Scattered Outbreaks of Salmonella Cause Concern

54500075 Dublin *IRISH INDEPENDENT in English*
11 Feb 89 p 7

[Article by Geraldine Collins: "Three More Salmonella Cases: New Safety Drive"]

[Excerpt] Three new cases of salmonella poisoning were confirmed in Co. Donegal last night, as the Government prepared legislation to tackle the threat to food safety from unregistered takeaways.

The latest outbreaks were in Lifford, Falcarragh and Newtowncunningham, where cases had previously been identified. The latest figures bring the total number in the area over the past three weeks to 15.

Intensive investigations by the North Western Health Board have not yet uncovered any definite source of food poisoning. An inspection of a mobile cafe from which a number of the earlier victims had consumed food was also carried out, but none of the food samples tested were found to contain salmonella.

New legislation is to be rushed through the Dail before May 1 next to deal with unregistered mobile takeaways.

The board revealed that a full history had been taken of the food consumed by a person with salmonella in the 72-hour period before the onset of the illness.

"The sources of any subject food are then systematically checked out and tested for any possible source of infection. A large number of food outlets are being investigated but to date no bacteriologically infected (outlet) has been identified," said the board.

There is also a comprehensive investigation underway into all food outlets, particularly in the east Donegal area—including outlets not directly identified by the individual cases—as well as food processing and distribution units in the region. [passages omitted]

First Case of Bovine Spongiform Encephalopathy Found

54500076 Dublin *IRISH INDEPENDENT in English*
26 Jan 89 p 3

[Article by Willie Dillon: "Alert Goes Out to Farms Over Killer Cattle Disease"]

[Excerpt] A major alert has been issued by the Department of Agriculture, following discovery of a mysterious killer cattle disease on a farm near the border.

Farm and veterinary leaders last night expressed serious concern after a case of Bovine Spongiform Encephalopathy (BSE) was confirmed in Co. Cavan—the first time the deadly killer has been identified in the Republic.

Five cases of the incurable disease, which affects the nervous system of cattle, have been found in recent months in the North. But it has killed more than 2,000 animals since first discovered in England four years ago.

With an incubation period of up to six years, the veterinary authorities fear considerably more cases may yet manifest themselves here.

In an urgent statement, Agriculture Minister Michael O'Kennedy warned all herd owners to be on the lookout for BSE symptoms. BSE would immediately be made a notifiable disease.

He advised farmers to report any bovine animal showing abnormal nervous symptoms associated with a loss of condition over a period of time, to their vet, and local Department Veterinary Office. Normally only one or two animals per herd were affected.

Vets believe the disease is spread through infected meat and bone meal fed to cattle, but that there is no danger to humans. Infected animals suffer a progressive decaying of the brain, show signs of nervousness, and may have fits and difficulty in standing. [passages omitted]

Leptospirosis Widespread in Dairy Herds

54500083 Dublin *IRISH INDEPENDENT in English*
6 Mar 89 supplement p 4

[Article by Pat Gleeson]

[Excerpt] A recent survey by Nola Leonard at Moorepark has shown that leptospirosis is widespread in dairy herds in Ireland. The survey found 87 p.c. of the herds infected, with 27 p.c. of all animals tested positive.

Leptospirosis is a disease which is widespread in many animals, with *L. hardjo* being the main organism found in cattle. Animals infected for the first time show a drop in milk or abort, depending on the status of the animal at the time of the infection. [passage omitted]

NORWAY

Quality of AIDS Research in Country Defended

54002481b Oslo *AFTENPOSTEN* in Norwegian
29 Mar 89 p 68

[Article by Lene Skogstrom: "Question of Time Until AIDS Mystery Is Solved"]

[Excerpts] "Everyone in the research world is waiting for a breakthrough in research surrounding HIV enzymes," says Professor Dag E. Helland. He is working together with some of the world's leading AIDS researchers in Boston. [passage omitted]

HIV Mystery

Prof Dag E. Helland of the Joint Laboratory for Bio-Technology in Bergen is working to solve the HIV enzyme mystery along with researchers from a number of nations at Harvard University in Boston.

"A breakthrough in description of the protease enzyme's structure is an incentive for all of us who are conducting research in this field," he says. Helland is working particularly with three enzymes. He says that it is merely a question of time before the structures of the other enzymes will be clarified.

"A great deal of hard work and advanced technology lies behind this research," says Helland, who is working a 14- to 15-hour day at the laboratory in Boston. [passage omitted]

Norwegians Up To Standard

The leader of the Joint Laboratory for Biotechnology in Bergen, Curt Endressen, emphasizes that Norwegian researchers are absolutely up to standards in an international regard.

"We are contributing our small part to AIDS research and have been specializing in the immunological character of the enzymes," he says.

Within Norway, it is the Norwegian General Scientific Research Council [NAVF], the Norwegian Council for Scientific and Industrial Research [NTNF], and the National Cancer Society which are financing the work of the researchers. Endresen recently came home from a 14-day stay with the research group in Boston. In the course of this year, two grantees from Bergen will travel to the same laboratory in the United States and Endresen hopes to get an exchange program going in the years ahead.

Heterosexual Relations Seen Small Risk for AIDS Contagion

54002481a Oslo *AFTENPOSTEN* in Norwegian
9 Mar 89 p 68

[Article by Hilde Harbo: "Hetero-Sex Presents Little Infection Danger"]

[Text] The risk of becoming infected with the HIV virus through heterosexual intercourse with an HIV-positive carrier is less than 1 percent. This has now been well documented through a series of international investigations.

A study concludes that the risk of infection is only one-tenth of 1 percent. In other words, only one out of 1000 instances of intercourse with a carrier results in a partner becoming HIV infected. This extremely low infection risk holds even if a condom is not used during intercourse. The explanation for this is that HIV, in relation to other viruses, has a very low contagion rate and that heterosexual intercourse usually affords the virus a very small chance to enter to partner's body.

But many circumstances can significantly increase the HIV danger, among them anal intercourse. Cuts and sores that easily occur in such intercourse increase the risk of transmittal.

The danger of infection also seems to vary with the stage of infection the carrier finds himself in. Immediately after the infection time point, many free viruses are moving about in the body and the virus can easily pass from the blood vessels to sores, mucous membranes, semen, and vaginal secretions. Apparently this is followed by a less infections period, where the virus becomes more integrated in the body and seeks refuge in the so-called T-4 cells. Finally, when the carrier begins to develop symptoms of the illness, the danger of infection again increases.

Norwegian hemophiliacs can serve as an example of how low the infection danger of heterosexual activity usually is. Ten out of the 21 hemophiliacs that were found to be HIV positive when the test appeared in 1985 had steady partners. Unaware that they were infected, they had up until then had unprotected sex with their partners for as long as 3-5 years. None of their female partners was infected.

"Even though the infection risk is statistically less than 1 percent, I would strongly advise against taking chances with this. Because we also know of cases when persons have become infected after only one sexual encounter with an HIV positive carrier. And for those who have become infected, it is very small consolation to know that, according to statistics, they have been extremely unlucky," says First Counsellor [Forstekonsulent] Oivind Nilsen from the National Institute of Public Health (SIFH). He adds that even if the individual

infection risk is small, there are constantly new cases of heterosexually transmitted HIV infection. This group now comprises 130 of the 756 registered HIV carriers.

"But should we continue to torment most people with scare propaganda about AIDS when the danger of infection appears to be so small?"

"In the beginning phase of the epidemic, it was absolutely necessary to carry out a wide-ranging information campaign. Now, when all have received the necessary information about ways of becoming infected and precautionary rules, I think that efforts ought to be concentrated on obtaining a change in the behavior patterns among the groups that continue to set themselves at risk of infection," says Nilson.

UNITED KINGDOM

Environmental Factors in Cancer Rate Rise Considered

Radon-Caused Cancers

54500081 London *THE DAILY TELEGRAPH* in English 15 Mar 89 p 3

[Article by Roger Highfield]

[Excerpts] Exposure to radiation in Britain has increased by 14 percent, mainly because of a reassessment of the exposure to naturally occurring radon gas which is now thought to be responsible for up to 2,500 lung cancers each year.

Some £20 million should be spent on cutting radon levels in 2,000 houses to below the action level, said Dr Roger Clarke, director of the National Radiological Protection Board, presenting the "British Book of Doses" yesterday.

Though the average radiation exposure has risen from 2.2 to 2.5 milliSieverts a year because of a revised estimate of the radon levels, averages can be misleading, said Dr Clarke.

To emphasise the wide variations in radon levels, over a factor of 100, he told of the most radioactive house, located in the South West, in which levels of radiation of 500 mSv over a year have been found.

That level was 10 times greater than that allowed in the nuclear industry and some 10,000 times greater than that produced by a chest X-ray, though the occupants were "fairly sanguine" about the risk, he said.

The occupants would, over a lifetime exposed to such levels, run a "fairly high chance of lung cancer". [passage omitted]

In 1987 the board estimated the lifetime exposure to radon at the action level would mean a two percent chance of dying of lung cancer, but the figure is now put at five percent.

Each year there are 41,000 cases of lung cancer so radon may be responsible for six percent of the annual incidence.

Before, it was thought responsible for 1,500 deaths each year.

"Action to reduce the risks from radon are even more urgently required," says Dr Clarke, in a paper published today in *Nature* which he wrote with Sir Richard Southwood, chairman of the board.

A survey of 3,000 households showed Radon indoors accounted for about half of the average population exposure to ionising radiation. South-west England—Cornwall and Devon—had the highest doses.

Malignant Melanoma in Ulster Discussed

54500081 Belfast *NEWS LETTER* in English 8 Mar 89 p 7

[Article by Richard Sullivan]

[Text] A major study programme has shown that Northern Ireland has one of the highest rates of skin cancer in Western Europe.

The 10-year study, due to be published in the *British Journal of Cancer*, confirmed the worst fears of many in the medical profession that the most neglected and advanced classes of malignant melanoma were to be found in the Province.

Scientists believe the alarming rate of the deadly disease is due to the thinning of the ozone layer. Holes in the protective layer over the Province have contributed to the increase in the disease.

Prof Sidney Lowry, head of Queen's University's Department of Oncology, who is in London at the Saving the Ozone Layer conference, said there were a number of reasons for the disturbing figures.

"Only 42 percent of patients in the Province survive with this disease, barely half the survival rate for malignant melanoma in other countries.

"People often do not realise the gravity of the problem. Most skin cancers are relatively innocuous but melanoma is a particularly vicious form of cancer.

"Many patients neglect to take the problem seriously and even a few doctors have ignored the symptoms in themselves. As a result treatment is left too late in many cases and this is particularly sad as it is one of the few forms of cancer that responds to early treatment."

He told the conference the Northern Ireland study had highlighted a number of new features about malignant melanoma.

"It is a white collar disease. Many more women than men are affected, particularly on the legs and face which are exposed to harmful ultraviolet radiation."

He said it was very difficult to caution people without panicking them.

"On one hand we need to draw attention to the problem, yet on the other we want to avoid mass neurosis with patients running to their doctors with every little cosmetic skin blemish. Achieving a balance is difficult."

"Originally we thought people who left the Province and scorched themselves on holidays abroad were most at risk, but the general thinning of the ozone layer means a lot of ultra violet rays are getting through in the northern hemisphere."

Ulster Water Supply Linked to Alzheimer's Disease

54500068 Belfast *NEWS LETTER* in English
17 Jan 89 p 3

[Article by Niki Hill]

[Text] High aluminium content in Northern Ireland's water supplies could be putting 123,000 people at risk.

Government figures show that, while four fifths of the population are supplied with water which complies with the EC requirement 0.2 mg of aluminium per litre of water, 123,000 people are being supplied with water which is above the limit.

Last week a controversial report on research into the possible connection between Alzheimer's disease and aluminium in water supplies indicated a "casual relation."

Dr Noel Scott, consultant psychiatrist at Belfast City Hospital said: "If there is any validity in the research we should be asking questions about why some of our levels here are higher."

"We should be doing something about it, just in case the research is valid. With the growing numbers of elderly in the community we have an increasing problem on our hands."

It is thought that the metal could set off a long chain of reactions within the brain, severely impairing memory and co-ordination in thousands of elderly patients.

Average figures for mid-1988 showed levels of aluminium at 0.67 at Altmore, Co Tyrone and 0.52 at Newtownroad and Attical, Co Down.

Other high level areas were Caugh Hill, Co Derry (0.38); Lough Macrory Co Tyrone (0.28) and Lough Bradan, Co Tyrone (0.25).

The amount of aluminium varies according to rainfall and weather conditions and later samples for these areas were 0.27 at Altmore; 0.56 at Newtownroad and Attical; 0.07 at Caugh Hill; 0.13 at Lough Macrory and 0.04 at Lough Bradan.

A spokesman for the Department of the Environment said "The DOE for Northern Ireland is consulting its medical advisers about the findings of the Medical Research Council's study of aluminium in drinking water."

"At present 123,000 people are supplied with somewhat higher levels of aluminium but the DOE is currently taking steps to achieve full compliance with EC standards."

The Water Authorities Commission which represents the 10 bodies in England and Wales said: "The Government's medical advisers found that the study did not warrant any change in the standards for aluminium in drinking water."

"Drinking water contributes typically 4 per cent or less of the daily intake of aluminium."

No research has been done into the precise numbers of sufferers from Alzheimer's disease in Northern Ireland but it is estimated that about 9,000 over the age of 65 will be significantly affected by the disease, along with 15,000 of those over the age of 75.

A connection between aluminium and Alzheimer's disease has been suspected for about 20 years and was stimulated by research into the kidney dialysis technique.

Compounding the discussion is the fact that the EC requirement was not chosen on health grounds.

Dr Frank Kee, senior registrar in community medicine at the Royal Victoria Hospital is concerned about the accuracy of the research. "There is a large amount of corresponding variables which give me reservations about the findings."

"There will no doubt be a lot more research in this field in the future."

Concern Over Bovine Encephalopathy Reported

Investigation Panel Reports

54500082 London *THE TIMES* in English
28 Feb 89 p 2

[Article by Michael Hornsby]

[Text] A report by a government-appointed commission of inquiry into a fatal brain disease in cattle, published yesterday says it may be "a decade or more" before it can be determined that the ailment, Bovine Spongiform Encephalopathy (BSE), cannot be transmitted to human beings. On the evidence so far, however, the risk to humans appear to be "remote".

The report, by a working party headed by Sir Richard Southwood, Professor Zoology at Oxford University, says the disease appears to have "originated from unnatural feeding practices" used in modern intensive agriculture, and in particular from contaminated meat and bone meal from sheep in feed given to cattle from the early 1980s. It says the ban introduced on such feed last November should be extended indefinitely.

Professor Southwood's report says that it is likely that cattle will prove a "dead-end host" for the disease and "most unlikely that it will have any implications for human health". But it adds: "If our assessments of these likelihoods are incorrect, the implications would be extremely serious."

Responding to the report's findings at a press conference last night, Mr John MacGregor, the Minister of Agriculture, Fisheries and Food, announced the setting up of a new committee under the chairmanship of a virologist, Dr David Tyrrell, of the Medical Research Council, to co-ordinate further research into BSE, including the possible implications for human health.

Mr Kenneth Clarke, the Secretary of State for Health, who attended the press conference, said secondary legislation would be introduced to ban bovine offal in baby foods, even though such matter was not used by manufacturers of baby foods.

As a further precaution, additional guidelines would be issued to medicine manufacturers because of the remote risk that BSE could be transmitted to human beings through medicines that included bovine products.

Feed derived partly from the offal of sheep infected with Scrapie—a disease in sheep almost identical to BSE—is considered by the Southwood report to be the most likely cause of BSE.

Cases at Zoo

54500082 London *THE SUNDAY TELEGRAPH* in English
26 Feb 89 p 3

[Article by David Brown]

[Excerpts] Two antelopes which died at a zoo in southern England more than a year ago were suffering from an incurable brain disease linked to the present "mad cow" epidemic.

The cattle disease has claimed the lives of nearly 3,000 animals in Britain and the Irish Republic.

One of the dead antelopes was examined by Ministry of Agriculture vets in June 1986 and the other in July 1987.

Contaminated food rations containing the remains of dead animals is the suspected cause of their illness.

The disclosure, which follows inquiries by *THE SUNDAY TELEGRAPH*, will strengthen claims that the Ministry had firm evidence of a dangerous new disease for more than a year before it acted to protect farmers and customers.

This was despite fears among medical experts that people could be infected through meat or milk. [passage omitted]

BSE was made a notifiable disease last June, two months after the Ministry set up the Southwood inquiry. At that time, cases were running at about 60 a week.

Now, with farmers forced to report cases, and with the aid of 50 percent compensation for animals destroyed, new cases are running at 130 to 140 a week. [passage omitted]

The disease has spread to the Irish Republic, where it will be made a notifiable disease "within a matter of weeks", a Department of Agriculture spokesman said in Dublin yesterday.

In 1986, when vets were beginning to worry about the strange "new" disease never seen before in cattle, a similar condition killed a 33-month-old African nyala, a kind of antelope, at an unnamed zoo in southern England.

In July 1987, a gemsbok, another African antelope, was struck down.

The animals had no contact with each other. A report by a team at the Government's Central Veterinary Laboratory at Weybridge, Surrey, said: "Further investigations revealed that they were fed a concentrate ration containing meat and bone meal."

Both species exist on vegetation in the wild. [passage omitted]

Mystery Virus Reported Killing Sheep

54500085 Belfast *SUNDAY NEWS* in English
26 Feb 89 p 10

[Text] A fatal disease is killing North West sheep, it was confirmed last night.

The disease, known as Jaagsiekte, has been reported in 20 flocks throughout County Donegal.

A slow acting virus, which can take between 6 months and two years to show, it eventually produces a lung tumour in the sheep. Agricultural experts are desperately trying to trace the source of the outbreak.

So far there are no reports on the disease having spread across the North West border into County Derry but farmers are remaining vigilant.