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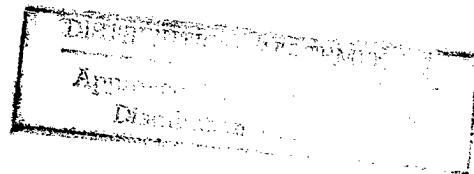
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JPRS Report

Epidemiology



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MOZAMBIQUE

Tuberculosis Research Laboratory Inaugurated In Maputo

54000088 *Maputo NOTICIAS in Portuguese*
5 Feb 88 p 1

[Excerpt] Yesterday afternoon, the Tuberculosis Referral Laboratory was inaugurated at Maputo Central Hospital. This laboratory will be utilized for quality control, to develop better treatment, and also to carry out tuberculosis research in the country. The equipment set up in the laboratory is the same as equipment in any modern hospital around the world. It was budgeted for \$199,000 (approximately 90 million meticals), of which \$50,000 (approximately 22.5 million) were spent on its construction. The newly inaugurated laboratory is also responsible for seeing to the functioning of those laboratories already set up for bacteriological tuberculosis in the provinces. A Mozambican expert was trained in the Federal Republic of Germany to work in the National Referral Laboratory. The Norwegian Development Agency (NORAD) provided the necessary financing to set up the laboratory. The inauguration was attended by Vice Minister of Health Igrejas Campos.

RWANDA

AIDS Treatment, Education Efforts Described

54000068 *Hamburg DEUTSCHES ALLGEMEINES SONNTAGSBLATT in German* 10 Jan 88 p 8

[Article by Wilhelm Dohrenbusch: "Snorting Buffalo"]

[Text] Nairobi—We are in Kibuye, a small town in far western Rwanda. The huts along the shore of Lake Kivu make a picturesque and dreamy impression. The border between the East African mini-state and its big neighbor, Zaire, runs through the lake. The Kibuye Hospital lies behind one of the many green hills. This is where the idyl comes to an end. Fourteen patients are lying in one ward of the tuberculosis station. For one young man in his early thirties there is no more hope. "We have known for only a few days that the man has AIDS," says Dr Eberhard Kooss of the German Development Service [Deutscher Entwicklungsdienst—DED], who works on a project for supporting rural health services in Kibuye.

The farmer was admitted to the hospital with tuberculosis and diarrhea, but the physicians have not been satisfied with that kind of diagnosis for some time. If AIDS is suspected, a blood sample is sent to the national research center in Kigali, the nation's capital. While the young man already knows that he is doomed, three other patients are waiting for the letter which will determine their fate. "We cannot give any real help to these people, of course," says Kooss, "all we can do is treat symptoms. Then we prepare them for release to their families. It is a better environment for them than here, among sick people."

The farmer from Kibuye was probably infected with the HIV virus in Kigali some years back. He had been working there for a short time and, after an accident, had received a blood transfusion. The Rwandan capital is known as one of the centers of the so-called African AIDS belt. Preliminary studies indicate that more than one-fourth of Kigali's inhabitants are carriers of the deadly virus.

Minister of Health and Social Affairs Francois Muganza describes the situation in Rwanda: "The city dwellers are the primary victims, while the rural population has so far been almost entirely spared." Only 1.4 percent of the rural population is infected, as compared with 25 percent in the capital—twice as many as had been assumed only a year ago. The World Health Organization (WHO) has reported 705 acute cases to the government of the state of 6.5 million inhabitants.

The situation in the neighboring states of Zaire, Burundi, Uganda, Tanzania or Kenya is hardly different. The AIDS front runs on the long-distance traffic route between the harbor cities of Mombasa and Dar-es-Salaam on the Indian Ocean and Kinshasa in the interior of the continent. Truck drivers, who travel this route for 6 weeks and longer at a time, and prostitutes are responsible for causing the "snowball effect" in both directions. When the U.S. Navy with 10,000 sex-hungry sailors docks in Mombasa, prostitutes arrive from all over Kenya and neighboring states. Says Kenya State Secretary Shariff Nassir: "The girls read the ship schedules like other people read the sports pages." He believes that the military people have brought the virus in.

There are many explanations for the enormous spread of the epidemic in Africa. Researchers suspect that the first infections occurred in the border area of Rwanda, Tanzania and Uganda, the so-called "smugglers' triangle," as long ago as the middle and late 1970's. The first official diagnosis was not made in Rwanda until 1983. Small wonder that such a catastrophe was not identified in countries with totally inadequate health services, poorly equipped hospitals, enormous hygiene problems and extreme poverty.

Dealing with AIDS on the Dark Continent is beset by yet another problem: even though all theories which state that the worldwide epidemic originated in Africa have proven premature and wrong, the Africans feel that they are being used as scapegoats. Francois Muganza specially accuses the European media of "tendentious reporting with racist overtones."

Rwanda is one of the first African countries to have taken action. After a radio address last year by President Juvenal Habyarimana, in which he described the extent of the disease, attention was focused on AIDS throughout the country. A snorting buffalo, ready to attack, shown on brochures, flyers and posters, has become the symbol of the deadly menace. Conferences and seminars have been held in all cities for health service members.

Immunizations are given only with sterile needles and blood is collected only by trained personnel. In Kigali the Red Cross tests all blood donations, so that all blood reserves in Rwanda are guaranteed to be free of AIDS.

The press and broadcast services also play an important role in educating the population. Jean Marie Muhuri, the best-known Rwandan broadcast moderator, has converted his morning "Music by Request" program to an anti-AIDS program. Each day from 7 to 8 am he conducts prize competitions for poetry and essays on the subject, answers letters from his audience, talks about risks and promotes the use of condoms and "safe sex."

Many scientists doubt that these efforts will be successful and that Rwanda and the other African countries have a chance in the race against the virus. The specter of a depopulated continent is already seen. "Even if the spread of the virus could be stopped today, six new acute cases would occur in Kigali alone everyday," says Dr Phillip van de Perre, who is in charge of research in Rwanda. "I do not dare even to imagine what things will look like here 20 years from now."

At the same time, however, doubts are cropping up about the reliability of statistics. The wife of a German development service official in Rwanda took an AIDS test while on vacation in the FRG. The result: positive for HIV. Only after weeks of anxiety and a different test the diagnosis was proven to have been wrong. The woman had had malaria many years ago, and the first test regularly misinterprets such cases. Could this be a unique case, particularly in Africa?

9273/9604

SOUTH AFRICA

Western Cape Has Worst Tuberculosis Problem in Country

54000079 Cape Town THE ARGUS in English
20 Jan 88 p 3

[Article by Karen Stander]

[Text] The Western Cape has the worst incidence of tuberculosis in the country.

Dr Len Tibbit, medical officer of health of the Western Cape Regional Services Council, said although the number of notifications in the area controlled by the council had increased by only 1,07 percent last year, this was still an increase of 37,09 percent on the number of people who developed the disease in 1985.

He said: "I hope the fairly low increase means that the incidence has peaked but I'm still not satisfied.

"In the Western Cape the figures are still so high compared with the rest of the country. Our incidence is almost double the national rate of 200 cases in 100,000 people."

The 1987 figures show an increase from 35 in 1986 to 63 cases among whites, a decrease from 1,613 to 2,434 for coloured people, an increase from 2,108 to 2,307 for blacks and an increase from six to nine cases for Asiatics.

For each group this is a rate in 100,000 people of 771,03 for blacks, 618,85 for coloured people, 82,4 for Asiatics and 24,7 for whites.

Defaulted

In the Cape Town municipal area, preliminary figures show that 3,880 cases of pulmonary TB and 173 cases of other forms of the disease were detected last year—a 1,76 percent increase on 1986.

In 1986 there had been a four percent increase on the previous year, according to Dr M. E. E. Popkiss, acting medical officer of health.

Dr Tibbit said one of the main problems was ignorance about TB and its early symptoms, particularly in the high-risk groups.

He said: "People lack the knowledge that they can be cured in six months if they stick conscientiously to their treatment."

About 30 percent of patients defaulted, building a resistance to the drugs.

He said a training school for health teachers was being planned in conjunction with the South African National Tuberculosis Association.

Working closely with communities, the teachers would establish care groups to participate in education and casefinding.

They would also ask employers not to sack TB patients and to have all new employees x-rayed.

He said there should be someone at places of work to see that patients received medication and to identify new cases.

Dr Tibbit said control of the disease was closely linked to socio-economic factors and long-term planning involved the provision of more jobs and housing.

He said the defence mechanisms of a well-nourished person could fight off the disease.

Hundreds Still Need Help, But Fund Runs Low

Tuberculosis patients and their families are going hungry as the number of needy families getting food parcels and grants from The Argus/Santa Crisis Fund is cut and the fund is in danger of drying up.

The South African National Tuberculosis Association (Santa) fund was launched in association with The Argus a year ago to try to slow the increase in TB cases in the Western Cape.

About R25,000 was collected but only R14,000 is left in the fund—enough for about two months.

Dr Len Tibbit, medical officer of health of the Western Cape Regional Services Council, said about R5,000 was spent every month on food parcels, grants for TB patients and soup kitchens at the eight TB clinics.

Some patients were out of work for months, but only needy newly-diagnosed patients were helped until they were given State disability grants.

Mr [as printed] Margaret Broomberg, secretary of the Cape Town branch of Santa, said between 400 and 600 TB patients were fed every day at the soup kitchens, as well as 90 preschoolers at a newly opened centre in Ocean View.

With the fund in danger of running dry, Santa had to be more strict in granting aid.

Only 16 families would get grants this month while 39 were helped last month and 400 were given Christmas food parcels, she said.

to Santa, P O Box 2467, Cape Town, 8,000. Cheques should be made payable to Santa Cape Town.

/9274

UGANDA

Museveni Launches Massive Anti-Tsetse Drive *54000052 Kampala THE NEW VISION in English* *3 Feb 88 pp 1, 12*

[Text] President Yoweri Museveni has launched a massive anti-tsetse fly campaign to rid the country of the current outbreak of Trypanosomiasis.

Addressing the Senior Staff and Workers of Uganda Trypanosomiasis Organisation (UTRO) in Tororo on Monday, Mr Museveni called for a mass mobilisation in all the affected areas to eliminate the vector once and for all.

The present outbreak in the south-east stretched from the shores of Lake Victoria to the Shores of Lake Kyoga, an area covering about 50 percent of the country's dry land.

According to the Acting Director of UTRO, Dr M. Kalunda: "There is no other country in the world with such a high incidence of sleeping sickness as Uganda at the moment."

In Busoga alone, more than 1.2 million people are at a risk, the highest number ever since 1901 when the first epidemic was recorded in Uganda.

The present resurgence began in 1976 and President Museveni noted with dismay that "it is very amazing how past regimes could not take the issue seriously in their own wisdom. They used to depend on a borrowed aircraft to come and spray once in a spell of time instead of buying one for the country."

He pointed out that the present area of dry land controlled by tsetse flies is too much and that is why we had to instruct the Ministry concerned to buy a national aircraft which will be spraying most of the times."

He observed that since the vector no longer stays in the bush alone, "we need various forms of combined methods such as massive hand spray to fight the flies."

Other effective control measures, Mr Museveni pointed out, include tsetse traps, using both imported and local materials such as back cloths and bamboos.

He commended UTRO staff for their recently developed tsetse traps which are mainly made out of old car tyres and local plant materials. A tyre-cone trap is estimated to be ten times cheaper than biconical traps such as Harris, Langridge, Moloo and others which require imported materials and skilled personnel.

At UTRO the President was impressed by research findings obtained so far whereby tsetse flies have continued to die when fed on cattle sprayed 45 days earlier with as little as 2.5 MG/litre of Deltamethrin solution. If these results on laboratory flies can be obtained with the field flies, then this finding strongly suggests that Deltamethrin can be used to destroy the FG Fuscipes which feeds on domestic animals.

Mr Museveni was on Monday the first President to visit UTRO since it was founded in 1946 by the Governments of Kenya, Uganda and Tangyika during the Colonial Administration. At that time known as EATRO the centre dealt with all matters related to Trypanosomiasis research in the region.

Since the early 70s however, the Institute has been steadily breaking down. The Hospital alone required to be rehabilitated with items such as cookers, refrigerators, kitchenware and beddings. It also needs to be expanded

to cater for the large increase in patient as the disease spreads rapidly. President Museveni assured his audience, "I, came to know what was going on here and see how we can rectify all those shortcomings. I was here in 1980 as then Minister of Regional Cooperation and I already know what was being done here. The present state at UTRO shows lack of seriousness of all the past governments we have had in this country."

Research he said, is very important for there is no way the country can develop without scientific and social research. "For any government to neglect research is synonymous to saying it is not interested in national development." "My Government will give full backing to all the institutions dealing in research work in the country in an integrated way" Mr Museveni said. We

shall back research in both agriculture and human welfare. It is a question of programming by the relevant Ministries and then things will work out," he said.

Mr Museveni promised UTRO employees his full support and a bus or a lorry at their choice, to the institution. He also promised ten dairy cows.

The relevant Ministry will rehabilitate the infrastructure at UTRO including the road going to the Institute.

The President was received at UTRO by the Minister of Information and Broadcasting.

/9274

AIDS Blood Test Laboratory, Special Dental Unit Reported

New Ottawa Laboratory

54200026 Ottawa *THE OTTAWA CITIZEN* in English
2 Feb 88 p B16

[Text] Ottawa will be getting a laboratory to test blood samples for AIDS to meet the increased demand for HIV-antibody testing. The laboratory will be added to existing facilities at the provincial health laboratory in Bells Corners. Dr. Shanti Kasatiya, laboratory director, said extra staff and equipment has been allocated, but added that the project is still in the planning stages. Until the new facilities open, all blood samples to be tested for AIDS have to be sent to the Health Ministry's central laboratory in Toronto. With the number of AIDS cases in the region doubling over the past year, the need for testing is steadily increasing.

Halifax Special Dental Unit

54200026 Windsor *THE WINDSOR STAR* in English
20 Jan 88 p A4

[Text] Halifax (CP)—The Dalhousie University dental clinic has been operating a special unit since last fall to treat patients with infectious diseases such as AIDS and hepatitis B, the school's dean of dentistry said Tuesday.

"We're in the same position as the Victoria General Hospital," said Kenneth Zakariasen, explaining why the separate unit was set up.

Zakariasen said people with AIDS or other infectious diseases could be treated safely by private dentists taking proper precautions, "but there are always extenuating circumstances.

"Sometimes it's just public perception—patients don't want to go to a private office where people with AIDS are being treated. So you have to have an alternative, and now we've got that."

He said the members of the dental team at the special unit have all been trained in special procedures for patients with the diseases.

/06662

Government Building New Chemical Storage Facility

54200025 Ottawa *THE OTTAWA CITIZEN* in English
27 Jan 88 p B4

[Article by Anne Tolson: "Disease Centre Getting New Chemical Unit"]

[Text] The federal government is building a new chemical-storage facility for the animal Diseases Research Institute in Nepean.

Public Works spokesman Dave Evans said the new building, at 801 Fallowfield Rd., should be completed by June. It will be used to store solvents, gases, waste products and pesticides.

The old building "was undersized and didn't comply with Department of Labor codes," said Evans. "It was a wooden shack, actually."

The project is being carried out by Public Works for Agriculture Canada, which runs the animal diseases centre.

The project will cost \$732,800. The building will feature explosion-proof lighting, spill-preventive shelves and a sophisticated fire-protection system, said Paul Langevin of Agriculture Canada.

Sloppy storage of chemical waste at the institute and two other labs was revealed in the auditor general's 1986 report. The auditor general's 1982 report described similar problems.

Since the 1986 report, Agriculture Canada has established a committee that regulates the storage of dangerous substances at all its facilities.

"Because health and safety is such a high-profile issue...codes as long as my arm dictate how chemicals should be stored," Langevin said.

He said the construction of the new storage building in Nepean probably isn't a direct response to the auditor general's report.

/06662

BOLIVIA

Health Ministry Seeks to Dispel Disquieting Report on AIDS

54002008a La Paz PRESENCIA in Spanish
3 Jan 88 p 5

[Statement by Dr Carlos Perez Guzman, minister of social services and public health, issued in La Paz on 31 December 1987]

[Text] The alarming news of 15,000 cases of AIDS in the city of Santa Cruz appeared in a morning newspaper in this city. Therefore, the Ministry of Social Services and Public Health feels it is appropriate to inform the people of the following:

The Epidemiological Vigilance system established at the national level in 1986 has detected four confirmed cases of AIDS and two people with the HIV virus. There is careful follow-up of their contacts using scientifically proven methods of diagnosis.

It is irresponsible and absurd to state that there are 15,000 cases in a city like Santa Cruz which has a population of about 500,000. This would make Bolivia the leading Latin American country in AIDS cases. As of 15 December 1987, Brazil had reported 2,237 cases throughout its territory with a larger population in the risk groups.

AIDS is diagnosed through laboratory methods in accord with international recommendations. At least two laboratory tests (ELISA, Western Blott, I.F.I., or RIPA) are required to confirm any suspicion of AIDS because this disease can demonstrate symptomatology of opportunistic infectious diseases, neoplastic diseases, or diseases caused by immunological deficiencies other than the HIV virus.

For these reasons, the serious and scientific way is to run laboratory tests before labeling any person as an AIDS victim or carrier of the HIV virus, not alarm the population by stating that the AIDS virus "is knocking at the door."

The Ministry of Social Services and Public Health, through the technical organizations, is carrying out the necessary studies to determine the activity of the HIV virus in our population. The serological studies done in the risk groups can be summarized in the following chart [not included].

Four cases of AIDS and two people with the HIV virus have been detected.

According to the R.M. of 17 September 1985 and the Health Code, all the health services and practicing professionals throughout the country are required to report

the suspicion or appearance of AIDS cases to the health authorities in order to establish mechanisms of control and prevent the spread of the HIV virus.

It is deplorable if a professional within the Ministry of Health holds back information on AIDS cases and does not report it to the authorities, thus exposing the population to the risk of this disease.

The Technical Units of the Santa Cruz Health Unit are carrying out educational activities using posters, pamphlets, seminars, and testing selected risk groups.

Telephone conversations between the head of Sexually Transmitted Diseases and the director of the Percy Boland Maternity Hospital in Santa Cruz revealed Dr Jimenez' lack of information on the activities that the Ministry of Social Services and Public Health is developing. Even worse, it was stated that the governing health institution in the country should "be happy about this type of statement which served to attract resources."

The population should not be alarmed by self-serving statements and should be aware that the Ministry of Social Services and Public Health is working on Vigilance and Control of AIDS. Any report of AIDS is exhaustively investigated. If our branches cause uneasiness and worry for hidden reasons, the "appropriate disciplinary process" will be carried out immediately.

La Paz, 31 December 1987 Dr Carlos Perez Guzman
Minister of social services and public health

7717/9738

AIDS Campaign Director on Lack of Resources

54002008b La Paz PRESENCIA in Spanish
6 Jan 88 p 7

[Text] Dr Maria Luisa Melgar, director of the campaign for AIDS prevention and education of the Ministry of Social Services and Public Health, told PRESENCIA that the top authorities established a clinical record in January 1986 to control people suspected of having contracted the disease.

Since our country does not have adequate technology or equipment for this type of clinical analysis, laboratory tests are done in France, England, Italy, Brazil, Peru, and Venezuela.

There were four confirmed cases of AIDS in Bolivia. Three correspond to Bolivian citizens who contracted it in Brazil and the United States; the fourth was a Canadian who lived in Santa Cruz for 2 years.

The first case appeared in Cochabamba in October 1985. It was a 45-year-old declared homosexual businessman who constantly traveled to Brazil.

The second case was recorded in Santa Cruz in March 1987. It was a 54-year-old Canadian man.

The third case was recorded in La Paz in June 1987. The victim was a 34-year-old homosexual who died in September 1987. He did business with the United States.

The fourth case is a 24-year-old declared homosexual who is a prisoner in the San Pedro jail. He was sent to Brazil.

The first three died in Bolivia.

She said that two carriers of the virus were detected. Complementary analyses are now being done abroad.

Diagnosis is difficult because the equipment is inadequate and because it is a new disease. The virus was just discovered in 1983.

The cost of analyzing 120 samples using the ELISA test is \$6,000 and the results are only about 80 percent effective for diagnosis.

Therefore, it is necessary to resort to the IFA and WB tests to detect antibodies against the virus or any of its components.

7717/9738

CUBA

Magazine for Overseas Readers on AIDS Risk in Angola

54002011b Havana CUBA INTERNACIONAL in Spanish Dec 87 p 7

[Interview with Dr Rodolfo Rodriguez, national director of epidemiology, by Ciro Bianchi Ross; date and time not given]

[Text] [Question] Anti-Cuban propaganda claims that the statistics on AIDS incidence in the country are being concealed or distorted. What are your comments in this regard?

[Answer] Systematic data have been compiled. Commander in Chief Fidel Castro, in his speech inaugurating the Immunity Testing Center, provided detailed information on everything related to the AIDS program in Cuba. I would like to remind you that this type of information has appeared in our press regularly.

[Question] Is AIDS a health problem in Cuba?

[Answer] No, but the government has given top priority to controlling it, and has made available to the Ministry of Public Health all the necessary resources—human and material—to carry out monitoring, prevention, treatment, and control activities. Thus, we can be sure that AIDS will not become a health problem in Cuba.

[Question] How do you assess the Cuban anti-AIDS program and its results?

[Answer] This program is designed to determine the circulation of the Human Immunodeficiency Virus (HIV) in the country, starting with the first risk groups that were established. It laid the groundwork for the diagnosis, treatment, and epidemiological control of AIDS. The results obtained so far are very satisfactory, since we have been able to determine the scope of the illness and predict future trends.

[Question] Dr Caroline L. McLeod, director of the Institute of Tropical Medicine in Miami, stated that the Cubans who left Cuba from the port of Mariel in 1980 brought the first great outbreak of AIDS to the U.S. What, in your opinion, is the basis for her assertion?

[Answer] In the various scientific gatherings that have been held so far, including the teleconference we held a few months ago in Quito, it has been shown that the origin of the AIDS virus is still rather obscure, and that there are no scientific grounds for claiming that it is associated with any specific ethnic group, much less any country in particular. Thus, this assertion lacks a scientific basis.

[Question] Some researchers contend that the virus first developed in the African green monkey. A German scientist, Segal, claims that the origin must be sought in some germ warfare experiments conducted by the Pentagon at Fort Derrick. Another researcher, Strecker of the United States, says that it undoubtedly emerged from a laboratory, although at present there is no way of knowing which one. What do you think?

[Answer] The origin of the AIDS virus is unknown, as I already stated. This is why a large number of researchers throughout the world are combining their efforts to learn, in a relatively short period of time and in a precise manner, the natural history of the disease and the origin of the virus. We cannot rule out, however, the possibility that it is a product of genetic engineering in biological warfare.

[Question] Sometimes it appears that some press media would like to give the impression that AIDS is an exclusively African problem. Without denying the seriousness of the matter in Africa, some specialists and officials on that continent respond that the disease causes fewer deaths than tuberculosis and malaria there, to mention just two of the great scourges that plague that part of the world. Do you see racist undertones in this assertion?

[Answer] It is possible that some members of the press are trying to blame the African continent for AIDS, but it is known throughout the world that it is the developed, Western countries (Europe and the United States) that

are suffering from the most AIDS cases and the largest number of asymptomatic carriers. I believe these issues are being studied now, and that the answer will be revealed soon.

[Question] As for AIDS, what real danger lies in the presence of Cuban internationalists in Africa?

[Answer] The same danger that is posed to any Cuban who visits countries where there are cases of AIDS and does not engage in proper sexual conduct.

[Question] Homosexuals (but not lesbians), intravenous drug users, and hemophiliacs are regarded as the groups at highest risk, but the most recent information gives the impression that the risk is spreading, and no one appears safe. Will we have to say no to sex? Like the homosexuals who changed many of their behaviors, will heterosexuals have to change their ways as well?

[Answer] It is true that the high-risk groups are expanding, and that the greatest increase is currently being seen among heterosexuals. I believe that the important thing is not to eliminate sexual relations, if both homosexuals and heterosexuals engage in proper conduct and avoid frequent changes in partners or indiscriminate contacts. An informed and educated population can change the course of infection by that virus, and therefore the course of the disease.

[Question] It is said that the most significant means of contagion are sexual contact (specifically anal intercourse), infected needles, and transfusions of contaminated blood. The AIDS virus is not spread through saliva, sweat, towels, sheets, dishes. . . It cannot live very long in the air, but must be associated with cells. Could mosquitos or cockroaches transmit it?

[Answer] Studies conducted by various researchers have not shown any vectorial transmission of AIDS in any country.

[Question] Cuba has developed its own kits for diagnosing this disease. What AIDS research is now being undertaken in our country? And what about a possible vaccine?

[Answer] At this time the battle against AIDS is being waged on various research fronts.

[Question] With regard to research, treatment, and prevention, does Cuba have ties with other countries?

[Answer] Yes, with countless socialist and capitalist nations. And, of course, with the Pan American Health Organization (PAHO).

[Question] Will Cuban scientists participate in the 4th International Congress on AIDS, to be held in Stockholm in June 1988? Are there plans for presenting any specific research?

[Answer] We will participate. At that meeting, our delegates will discuss the AIDS situation in Cuba and the assessment of our control program.

08926

AIDS Transmission Explained to Readers
54002011a Havana TRABAJADORES (special supplement) in Spanish 21 Dec 87

[First article in new HEALTH supplement, by Carmen R. Alfonso]

[Text] The alarm that has been caused throughout the world by Acquired Immune Deficiency Syndrome (AIDS) since it first appeared a few years ago is neither excessive nor unreasonable. Quite the contrary. What has come to be known as the "Plague of the 20th Century" stamps the seal of death on an extremely high percentage of all those who develop the disease.

Our state has devoted tremendous resources to the prevention and treatment of this disease: Approximately 1.5 million samples have been analyzed, especially in the high-risk groups. Large-scale studies have been conducted in municipalities and other "pilot areas," and in the not too distant future this research is expected to be expanded to the rest of the population.

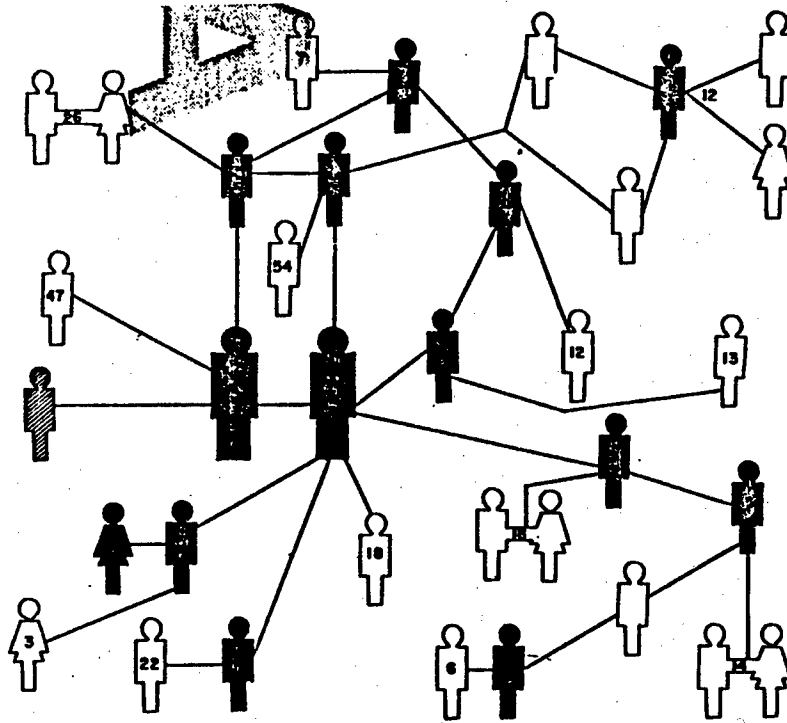
In addition, equipment and medications have been obtained so that health specialists may determine who is a carrier of HIV (Human Immunodeficiency Virus).

These citizens, who are called seropositives, are at risk of dying from so-called opportunistic illnesses. What is even more disturbing is that they can spread the virus through their sexual relations.

Two factors have influenced the chains of transmission detected so far: the link with foreigners, and the high degree of sexual promiscuity.

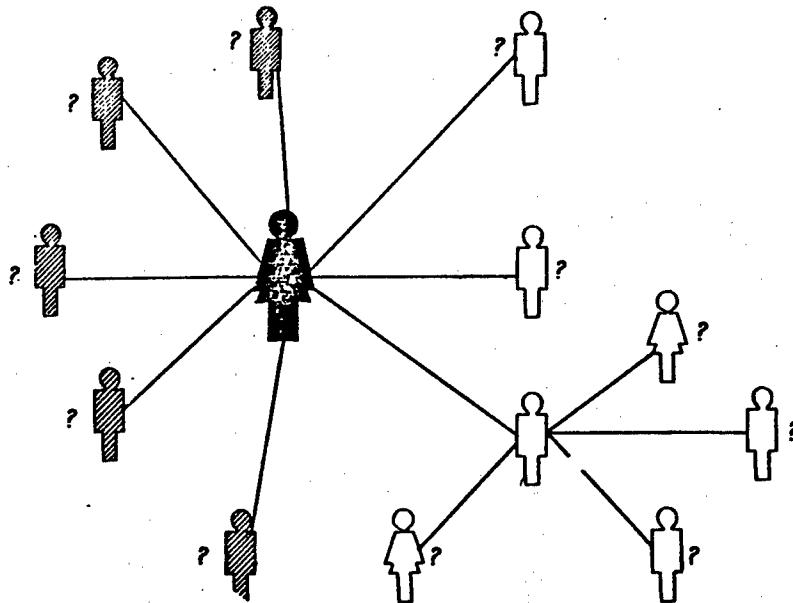
The illustrations accompanying this article, provided by the Ministry of Public Health, clearly show the impact of those factors: A man or a woman is infected by some foreigner with the disease, and from then on there is massive contagion, given that this kind of person usually has an unstable sex life.

The population should know that when someone has a sexual contact, he is establishing an indirect sexual link with all the people who have also had that kind of contact with the same person in the last 7 years. Why? Because this virus can be latent and undetected in the individual, who remains in relatively good health until a given moment. Hence the need for collective education to prevent sexual promiscuity.

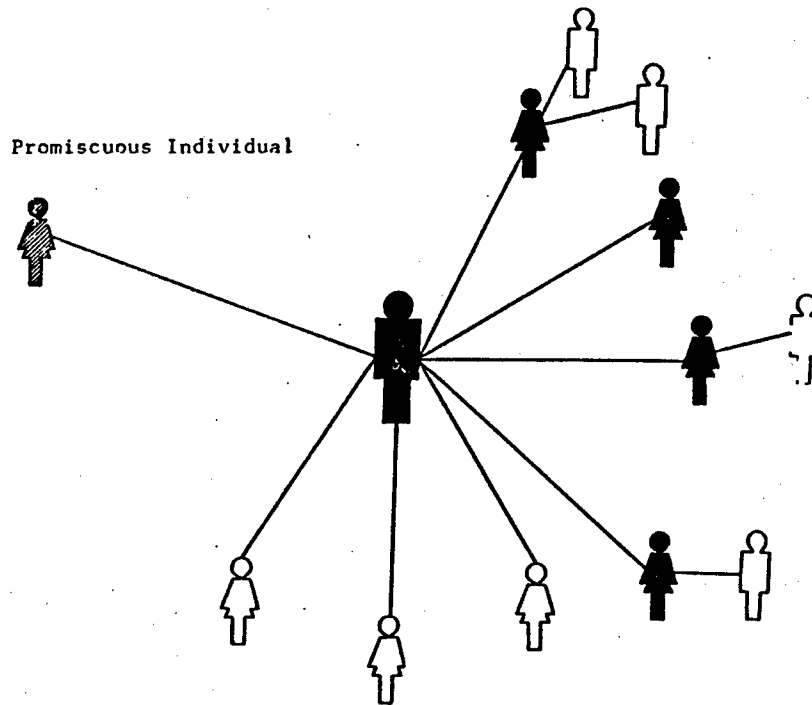


The results of a promiscuous relationship among homosexual and bisexual individuals. Twenty-four persons have been infected from this focal point; two of them have died. A total of 266 individuals are involved in this epidemiological chain, all of them men except for one woman.

Promiscuous Cuban Woman with Multiple Contacts with Foreigners

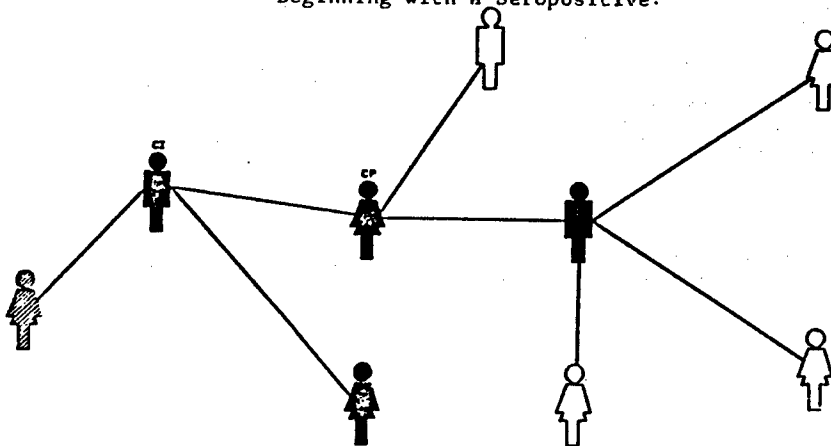


She is less than 20 years old, and was unable to determine precisely who may have infected her, because she had had sex with so many different partners, including foreigners and Cubans. They are indicated with question marks, because no one knows the exact number of people or their identity, given the casual nature of the relations. These contacts have not been located and therefore have not been tested; they pose a



This seropositive case had had sexual relations with a foreign woman. In the epidemiological interview, it was learned that he subsequently had sex with seven Cuban women, of whom four turned out to be seropositive after tests were conducted. Of these four women, three had other contacts with other men, who must be checked periodically.

Transmission Chain
Beginning with a Seropositive.



A foreign woman (striped figure) transmitted the disease to a Cuban citizen, 38, who in turn infected two women. One of them has not since had sexual relations with anyone else; the other has been with two men, one of whom was infected and may have infected three other women. The virus has not yet been detected in the other man. The white figures must be checked on a quarterly basis for at least a year.

The illustrations make it clear that although the majority of possible carriers of the disease have been located in these chains of transmission, there is a sizable group that is not known and that leads a normal life, without realizing they may be infected and may in turn be infecting their partners.

AIDS prevention is necessary and is within the means of everyone, as far as it has developed in Cuba. Avoid casual sexual relations; know your partner well before having sex with him or her; and shun sexual promiscuity, the breeding ground for infectious diseases.

Stop and think for a moment. Don't join the AIDS chain.

08926

MEXICO

AIDS Cases Doubling Every 7 Months
54002010 Mexico City EXCELSIOR in Spanish
17 Dec 87 pp 5-A, 37-A

[Article by Juan Gerardo Reyes]

[Text] Despite official efforts to stop the spread of AIDS, the trend in Mexico has not slowed up. The number of cases doubles every 7 months. The infected people are concentrated in the large cities and metropolitan areas. There is no state in the country free of the disease. The number of "AIDS people" rose this December to 1,064.

Studies by the General Directorate of Epidemiology of the Secretariat of Health show that AIDS is a public health problem in the urban areas of our country, particularly the large cities.

The cases are concentrated in the Federal District and metropolitan-area municipalities, Guadalajara, and Monterrey. AIDS cases had been reported in 30 states 8 months ago. In July, the states of Chiapas and Tabasco were added to this list.

The number of cases tripled in states like Jalisco, Coahuila, Baja California Norte, and Nuevo Leon during this period.

According to the report, the geographic pattern of the spread of AIDS in Mexico can be summarized as follows:

It has spread to all the states in the country and is concentrated in the cities and northern states. In the Federal District, the number of cases doubles every 6 or 7 months. In states like Jalisco, Coahuila, Baja California Norte, and Nuevo Leon, it doubles every 4 to 5 months.

In these last states, the disease follows what is called the accelerated growth of the beginning of the epidemic, a phenomenon that has occurred in other countries. After this stage, the increase in the number of cases stabilizes, a situation that might begin now in Mexico City.

The sexual ratio of AIDS cases in Mexico was 24 males to 1 female in March and now is 21 to 1. By the end of the year, it will probably be less than 20 cases in men for every 1 case in women. This ratio among minors under 15 is 3 to 1; however, in the 25 to 44 age group, it is 26 to 1.

The trend of AIDS cases in women has risen more than in men. If this persists, the male-female ratio will soon be similar to that reported now in the United States: 13 to 2.

Age Distribution

The age group most affected—70 percent of the cases—is 25 to 44 years. This proportion is stable. The number of cases in minors under 15 rose from 4 to 26 in 8 months. The percentage of the total rose from 1.2 percent to 3.4 percent.

The number of cases in adolescents and young adults tripled from 8.7 to 10.9 percent of the total cases reported.

The increase in the number of pediatric cases is worrisome. The proportion in this age group (3.4 percent) is three times higher than in countries like the United States. This reflects the magnitude of nonsexual transmission.

Finally, it was reported that sexual transmission represented 94.6 percent of the cases reported in October, but went down to 91.2 percent in March. However, transmission through blood, including hemophiliac patients, increased from 4.6 percent to 7.6 percent.

7717/9738

INTERNATIONAL

Health Ministers Discuss AIDS Problems, Strategies

54040002a London AL-TADAMUN
13-19 Feb 88 pp 25, 26

[Article: "Health Ministers in Iraq, Egypt and Jordan Talk to AL-TADAMUN about AIDS: We Have Taken the Requisite Countermeasures: We Will Discuss the Subject of AIDS at Our Next Conference"]

[Text] In spite of the Arab health ministers' preoccupation with the activities of the conference, AL-TADAMUN succeeded in getting meetings with the ministers of health in Iraq and Jordan. The first meeting was with the Iraqi minister of health, Dr Sadiq 'Allush, to whom AL-TADAMUN submitted questions which he answered as follows:

[Question] What steps have the official responsible bodies in Iraq taken to limit the danger of affliction with the disease of AIDS?

[Answer] The health authorities in Iraq have taken the necessary steps to prevent the infiltration of the disease into the country. A higher committee has been formed with specialists in the relevant branches of medicine, under the supervision of the Ministry of Health, to set out the necessary bases for preventing affliction with the disease. The health authorities have provided all requirements to carry out accurate examinations on everything that might transmit the disease in routine fashion, such as blood donors, serums used for treating the disease of hemophilia and all other imported vaccines. A law has also been codified for examining all people coming from outside the country, be they citizens or foreigners.

[Question] Have AIDS disease cases occurred in Iraq? If so, what is the number and are the people afflicted members of the country or foreigners?

[Answer] A single case of the disease was discovered in a foreigner visiting Iraq, the affliction was established and he was sent back to his country. No affliction has appeared in any Iraqi citizen.

[Question] Do the Iraqi health organizations at the present time use the most modern technical methods for detecting afflictions of AIDS by blood?

[Answer] Yes, the most modern technical means are used to detect the disease, and more than one examination is used to establish proof in the case of the presence of any doubt about the serum.

[Question] Have audio-visual media and the print media been used in a way you can be confident over in the area of acculturating citizens with respect to bases for sound prevention?

[Answer] There is the intention of organizing acculturation programs on the AIDS disease in the press and television, directed to all citizens, especially adolescents.

[Question] Is it possible to give us a future picture of what official Iraqi organizations can adopt in the area of acculturation and prevention against the disease?

[Answer] That has been done through the national plan which the Ministry of Health has prepared for prevention against the disease. Symposia of doctors and health personnel have been held on the subject and acculturation publications have been distributed to travelers. At present blood donors are being examined to confirm their health before the use of donated blood.

[Question] Does Iraq have the medical, nursing and technical staff to enable the Ministry of Health to bear the burdens of fighting AIDS in the areas of acculturation, nursing and health prevention?

[Answer] Yes, the medical, nursing and technical personnel are available for all requests for the protection of citizens from the AIDS disease.

[Question] Have you faced difficulties as far as means of addressing the public are concerned, especially in the field of sexual health?

[Answer] There are no difficulties regarding the subject.

[Question] Is there a special word you would direct toward the Arab citizen regarding prevention as far as the AIDS disease goes?

[Answer] Prevention is better than the cure.

AL-TADAMUN met the Egyptian minister of health, Dr Muhammad Raghieb Duwaydar, who answered its questions as follows:

[Question] What steps have the official responsible bodies in Egypt taken to limit the danger of affliction with the AIDS disease?

[Answer] First of all, we have founded a higher committee to prevent and combat the AIDS disease under the chairmanship of the minister of health, with the membership of university professors and experts from the Ministry of Health and from all areas of Egypt specializing in this disease to draw up the policy and necessary plan for combatting this disease. Second, we have issued decrees considering that AIDS is one of the diseases concerning which notice must be given to the government. However, we are not isolating patients. Third, we have put into general application and intensified the use of personal syringes for single use in all areas of Egypt and have established three major factories to produce these syringes, covering local consumption in full. Fourth, we have prohibited the importation of any blood products unless they are accompanied by a certificate

from the country of origin. We also analyze them in our own laboratories. At the present time we have intensified the health acculturation process and publicity concerning this disease, so that we can protect Egyptians from it. We have started organizing television symposia and our press and radio speak about it from time to time in a campaign whose purpose is to inform Egyptian citizens of the disease and its seriousness and means of protection against it. The new thing we are on the verge of carrying out is to conduct an examination into all pouches of blood which are given to Egyptians.

[Question] Have afflictions with the AIDS disease occurred in Egypt? If so, what is their number? Are the people stricken members of the country or foreigners?

[Answer] We have carried out an examination of about 10,000 samples of blood of Egyptians belonging to all the geographic areas of Egypt and at the same time belonging to the classes of society most exposed to affliction. With thanks to God, all the results of the examination have come out negative, proving that there is no currency to the disease in Egypt, although we have discovered some cases, about 16, among Egyptians and 16 among foreigners. Regarding the Egyptian cases, none of them was struck with the infection in Egypt. Rather, operations took place for them all, or most of them, outside Egypt and they took blood outside Egypt, which is what caused them this infection, except for two Egyptians who had been residing abroad for a period of more than 20 years, one of whom was a sailor. There are not yet any Egyptian cases where the infection took place within Egypt. However, that does not mean that we will stop fighting the disease. Indeed, to the contrary, we say that Egypt is clean; let us make it and keep it clean straight on in the future.

As to the 16 others, they were foreigners and they were struck with the disease abroad and left the country.

[Question] Do the health organizations in Egypt at the present time use the most modern technical means to detect affliction with AIDS by blood?

[Answer] Yes, we analyze blood by the Lisa method and so forth. In addition, Egypt is distinguished in having 12 faculties of medicine and 12 universities, and there is a massive number of experts in it and hundreds and thousands of educated doctors who are able to perform this examination. That is, we have no shortage of the necessary manpower in this regard.

[Question] Is there an idea of holding a special conference of Arab health ministers to discuss future methods which can be used to protect Arab citizens and the Arab world from the danger of the spread of afflictions with AIDS?

[Answer] I would welcome it if a meeting of Arab health ministers were held so that we could see how far the disease has spread and exchange information throughout

the Arab world, so that we could get the media and the campaign to include any sick person who moves and news about his place or residence, and adapt the style of the campaign to the Arab system, Arab morality and Arab traditions that exist within the Arab region, because what is proper for European countries and American countries might not be proper for the Arab region or require some change and modification in order to be compatible with what exists in Egypt. What distinguishes Egypt and the Arab region is that the Egyptians' affiliation is with the Islamic religion and the Islamic moral deterrent among them is very strong. To this end of course legitimate relations in Egypt are much commoner than illegitimate ones. The Egyptians are a people of intense religiosity and activities of perverse sexual relations are very rare in Egypt, if not unknown. Rather, we rely on the religious deterrent as a strong deterrent which confirms to Egyptians that they should distance themselves from the path which will bring them to the AIDS disease.

[Question] Is there a concentrated media orientation of acculturation regarding adolescents and school students?

[Answer] We are intensifying the health media and health acculturation in order constantly to inform Egyptians of the nature of the disease and ways of protecting ourselves from it, specifically our children who are preparing to travel abroad so that they may know what they are doing when they are abroad and how they can protect themselves.

[Question] Have you faced difficulties as regards means of addressing the public, especially in the field of sexual health?

[Answer] We are not facing difficulty in addressing the public, since we are talking about sexual considerations by means of religion. As for the need to use syringes used for one time, transmitting blood and the likes of that, there is no embarrassment in talking about that.

[Question] Is there a statement you would direct to the Arab citizen with regard to preventing the AIDS disease?

[Answer] Yes. The Arab region in general is clean. Let us keep it so, by maintaining legitimate sexual relations. Our religion demands this of us and we are a devout region. The Arab region is the place of religions and the place of prophets, and there is no doubt that our affiliation with this religion protects us from perverse practices and the violation of legitimate rules regarding sexual practices.

[Question] What are your expectations regarding the results of the current health ministers' conference in London?

[Answer] The most important thing this conference is achieving is that it is raising the importance of making a campaign and the importance of having the basis of the

campaign be sound health media and acculturation because, in the context of the absence of a remedy and the absence of vaccines, we have no course but to concentrate our efforts on acculturating the citizens and making them distance themselves by their will and desire from practices which will lead them to this disease. The second point this conference has raised is that it has brought up the international dimension of the problem and that there is no country which is contenting itself with the campaign it is making domestically, because every country is affected by others. The international nature of the struggle and the need for countries, rich and poor, to cooperate in fighting this disease are two important things, because transmission from one country to another is probable in the light of international contacts such as flying and the movement of people among all countries. Thus this is no longer a local disease but an international one. Countries must join forces to protect themselves from it.

[Question] Is there a health policy in Egypt to examine foreigners coming to it, as the Gulf countries do?

[Answer] Sometimes we examine some people coming to us from specific places that are known for the frequency of afflictions there. This is if they want to reside for a long period in Egypt. However, that is not the main element, because we do not believe in discriminating, and a person you examine today might be stricken with the virus tomorrow.

The Jordanian minister of health, Dr Zayd Hamzah, was the last Arab health minister AL-TADAMUN met. He replied to its questions as follows:

[Question] What steps have the official agencies in Jordan taken to limit the danger of affliction with the AIDS disease?

[Answer] We have some cases and deaths have occurred in Jordan. We are dealing with these cases with the utmost seriousness. Our measures in the area of prevention and limitation of the spread of this disease are those the World Health Organization has agreed to since the beginning, when it informed us of its details: first of all, examination of blood donors, which we have been doing for 2 years in Jordan, so that we will be able to keep the people to whom the blood is being transfused from being stricken with this condition. In the past 2 years one case appeared in our midst which we discovered through the examination of blood donors. This case was a case of someone bearing the virus. That is the first important, guaranteed means of prevention. As regards the other means, we have not resorted to repressive measures against people stricken with the disease since this is outside the scope of our dealings with our people and citizens and outside humane contexts in general. We preserve the secret nature of dealings with stricken people, rely on enlightenment with them and guide them in what they should do and not do lest they afflict and

harm others. However, there is no quarantine and there is no isolation. Indeed, to the contrary, when the case develops into a disease, it can be treated in the hospital or treated at home.

[Question] What is the number of cases of affliction in Jordan? Are the people afflicted members of the country or foreigners?

[Answer] We have 13 cases of affliction and all the people stricken are Jordanians. Three have died and 10 are carrying the disease. One of the three who died was afflicted with the disease in France and treated there, but he was transported and buried in his homeland, Jordan. The second received the disease in America when he was a student there. He was treated in America, died in America and was returned to be buried in Jordan. The third patient suffered a fracture in an accident while he was in another country besides Jordan and given blood transfused in that country. Unfortunately the blood had been imported and not donated to him. He was stricken with the disease, became sick while he was in Jordan, and died and was buried in Jordan. Four of the 10 remaining cases carrying the virus are patients with the disease of hemophilia. These take blood preparations that are imported.

[Question] Are you in Jordan still importing blood?

[Answer] These blood preparations — we have not been importing blood at all since the blood bank was established. The rule among us is the donation of blood, not the importation or purchase of it. As to blood preparations, specific factories process those. Formerly there was no careful supervision in these factories. Now they are observed in the factories and a certificate comes with them from the country of origin. We are also observing them when we import them. These, unfortunately, formerly afflicted some hemophilia patients who were taking blood or blood preparations constantly and four of them were stricken. Three others were present outside Jordan and were stricken in accidents where imported not donated blood was transfused into them. The causes of the three other afflictions were homosexual activity and narcotics.

[Question] Is there a concentrated media orientation of acculturation regarding adolescents and students in schools?

[Answer] For 2 years we have been distributing an acculturational information bulletin to all travelers going out of our country to protect themselves from the evil of this disease by the means that are known to us. As far as inside the country goes, we have a publication which exists now in the exhibition (the one bearing on the conference) and there are posters. We now have the technical committee which observes this disease and its development. However, we are now intending to form the national committee, which will include leaders of the society in the form of politicians, legal specialists and

men of religion, education and the media to take part in setting out the media plans necessary for this subject. Of course, school children are among the most important of the ones we are targeting and aiming at in the enlightenment and acculturation process.

[Question] Is there thought of holding a special conference of Arab ministers of health to discuss future methods it will be possible to use to protect Arab citizens and the Arab world from the danger of the spread of cases of affliction with AIDS?

[Answer] Most of the Arab health ministers are present here now. We held an extraordinary meeting a short time before the conference in the office of the Arab League and studied some things with regard to this conference.

We also held a meeting in the capacity of the executive board of the Arab health ministers' conference to set out the agenda of the coming session in Amman next April. The subject of AIDS will be on its agenda.

11887

PAKISTAN

Doctors Demand Diagnosis of Killer Disease *54004710 Karachi DAWN in English 3 Feb 88 p A10*

[Text] Hyderabad, Feb 11—An unidentified deadly disease which has already taken the lives of two young doctors Urjan Kumar and Ahmed Pervez Affendi, has struck terror into the doctors of Liaquat Medical College and paramedical staff.

Who is going to be the next victim of this deadly virus? is the question being asked around the college.

Some call the disease "Congo virus", while others term it "viral hepatitis."

However, the irony of circumstances is that a score of professors of LMC, who should have sat together to diagnose the deadly virus, seem least perturbed.

Meanwhile, the General Secretary, Liaquat Medical College Hospital Doctors Organisation, Syed Rizwan Ahmed, and other office-bearers have demanded that a board comprising specialists from all over Pakistan should be constituted to diagnose the fatal disease.

Addressing a Press conference here on Thursday, they further demanded full protection for the doctors and paramedical staff against the deadly virus.

They called upon the college administration to disinfect the entire hospital to save hundreds of lives.

They pointed out that the tests to diagnose viral infections were being held only in Islamabad and demanded that arrangements for such tests should also be made in Karachi and Hyderabad also.

They lashed out at the college administration which through Press notes was trying to hoodwink the public and taking the matter casually which had terrorised the trained doctors.

The doctors warned that if their demands were not met immediately, they would proceed on indefinite strike. They said that no ward had been sealed so far to check the spread of this unknown deadly disease. As a result of which patients were shifting to their home out of sheer fright. [as published]

/06662

SRI LANKA

Cholera Epidemic *BK121116 Colombo International Service in English 1045 GMT 12 Mar 88*

[TEXT] Fifty-two cases of cholera have been detected in Jaffna with 39 victims in the Jaffna Town itself. The others are from Manippai, Kayts, Chavakachcheri, Kankesanthurai, and Kilinochchi. According to health sources, eight cholera-related deaths were reported by the end of last week. The Health Ministry says that all measures have been taken to prevent the spread of the disease and sufficient stocks of drugs have already been dispatched to the Jaffna Hospital. A special team of doctors from Colombo is already in the Jaffna Hospital.

GREECE

New AIDS HIV2 Strain Discovered in Crete

54002452 Athens I KATHIMERINI in Greek
27 Jan 88 p 1

[Text] For the first time in Greece, a new type of AIDS virus was discovered in Crete by Mr Vas. Georgoulas, assistant professor at the local AIDS detection center.

The case has to do with the HIV2 strain that was discovered in a Greek citizen in Crete. The finding was confirmed by the Pasteur Institute of Paris where a specimen had been sent by the Greek professor.

As has been made known, Mrs Th. Stefanou, director of public health of the Ministry of Health, the AIDS National Committee was already informed since the day before yesterday about the new case.

Mrs Stefanou stressed that the appearance of the HIV2 strain in Europe is rare. On the other hand, it is widespread in Africa.

In answer to our question if there is any possibility of tracking down the new strain, Mrs Stefanou said, "A test exists that can be implemented but, according to the recommendation of the World Health Organization, it is not implemented as a daily practice."

5671/12232

AIDS Reportedly Not Widespread in High-Risk Groups

54002448 Athens I KATHIMERINI in Greek
10-11 Jan 88 p 1

[Article by Galini Phoura: "The Spread of AIDS in Greece Is Still Under Control; However, There Is a Danger of Rapid Increase in the Absence of the Proper Countermeasures"]

[Text] Greece is still afforded sufficient margins of movement in combating AIDS, since the spread of the virus among Greek drug addicts and homosexuals is still very limited.

At least that much can be concluded from the results of a study undertaken by a research group in the General Hospital (of Infectious Diseases) (GHID) of Western Attica, as well as the Laboratory of Hygiene and Epidemiology of the University of Athens (represented by Professor Dr D. Trikhopoulos), in which participated the pathologist, Dr Nicolaos Tassopoulos, and the epidemiologist, Dr. Aghelos Khatzakis.

The study involved 213 drug addicts and 66 homosexuals who were treated for acute hepatitis in the GHID from February 1986 to November 1987.

Despite the fact that the drug addicts and homosexuals who underwent examination have suffered from acute hepatitis from which it is derived that they are exposed to high-risk activities (such as using the same needles, having multiple sexual partners), only one among the homosexuals was carrying the AIDS virus and none among the drug addicts.

These findings indicate, according to Dr Tassopoulos' analysis, that the AIDS virus (HIV-1) up until now has not spread noticeably among Greek drug addicts and homosexuals.

However, he emphasizes that continuous observation of these groups is necessary in order to prevent potentially explosive spread of the virus.

Infection of drug addicts by HIV-1 could be followed by an explosive spread among members of this group and endanger the heterosexual population as well.

The noticeable spread of the virus among drug addicts in neighboring countries (in Northern Italy 56 percent of the drug addicts have been infected) and its epidemic-like spread within a minimal time span among the Edinburgh drug addicts underlines the severity of the problem.

"The experience of the neighboring countries," Mr Tassopoulos remarks, "as well as our own experience from the study of the spreading of Hepatitis B and D among our drug addicts, make imperative the continuing observation of these groups for the timely identification of a potentially explosive situation."

More specifically, he mentions that while during 1981-82 narcotics were responsible for 10.1 percent of acute hepatitis cases among adults, today (i.e., 1986-87), drugs are responsible for 20 percent.

This means that the number of drug addicts utilizing the same needles is increasing in Greece as well.

Mr Tassopoulos' research is refuting previous officially promulgated data, reporting an infection rate of 11.5 percent among homosexuals and 4.2 percent among drug addicts.

"Those data," he points out in his research, "were derived from a very special subgroup, i.e., persons who underwent voluntarily an AIDS test, and for this reason should not be representative of the entire population of high-risk groups in our country."

13373/6091

ICELAND

AIDS Situation in Country Described

54002402a Reykjavik MORGUNBLADID in Icelandic
2 Oct 87 pp 26-27

[Article by Sveinn Gudjonsson: "Four Have Been Reported in the Final Stage of AIDS—Three of Them Have Died"]

[Excerpts] The contagious disease AIDS has given rise to more fear among the public than any other kind of illness in this century. The fear of the people is understandable in view of the short time since the disease was discovered and how little medical science has been able to do to prevent its spread. Heaviest in terms of the fear, however, to be sure, weighs the serious consequences which the disease can have for those infected with AIDS, and three individuals have now died due to the results of AIDS here in Iceland. Discussion and education about the disease has, however, become a stimulation to improved habits of intercourse and of behavior among the people, and, to be sure, each individual can make a great contribution to preventing the spread of AIDS through showing caution in relationships with others, especially in sex. This does not always necessarily suffice a person in view of the unexpected fact that one Reykjavik citizen has contracted AIDS when in the hospital when she received a blood transfusion there. That incident is in and of itself reason to consider in more detail what the situation is with AIDS in Iceland and an effort is made in the article which follows to throw light upon the spread of this illness and what is being done in efforts to prevent the disease here in Iceland. The article is written with the view that all information and education in this area is to the good.

The individual who had the misfortune to be infected with the AIDS virus through a blood transfusion was a woman of 60, married with grown-up children. The history of her illness began with a house fire in late 1984. The woman was burned badly in the fire, with 30 percent of her body receiving third degree burns. She was moved, after the fire, to the intensive care department of the Icelandic National Hospital in Reykjavik, where she lay unconscious for an entire month and in intensive care between life and death for two months. The woman was 75 percent disabled by her burns and such injuries would be considered enough by many. That was, however, only the beginning of a more serious disease, as it emerged later.

The Blood of Someone Ill with AIDS

During her medical treatment at the Icelandic National Hospital it was necessary to give the woman blood, her condition being what it was. As stated above, this was late in the year 1984, a year before testing for infection

began at bloodbanks. For that reason there was no expectation that there would be any adverse effects from the blood transfusions, although this is no excuse to the woman.

Regular infection tests in blood banks began in October 1985. Blood samples of various individuals were tested on a month to month basis. An affirmative answer was given for a May 1985 sample with regard to AIDS antibodies. This sample had not been taken note of by doctors, and when the history of the blood donor was investigated, it emerged that he had previously given blood in 1983 and that the blood was used in the mentioned connection, with the result that the woman was infected with the AIDS virus. There is no reason to go into the history of the illness of the woman in any more detail, but each and every person can imagine what kind of jolt such an experience should create.

Development of an Illness

Before we proceed further, it is necessary to report on the development of the AIDS illness and those difficulties which doctors encounter in the struggle against its spread. Scientific information in this discussion has by and large been received from Dr Haraldur Briem, doctor of contagious disease, and he, along with doctors Sigurdur B. Thorsteinsson, Sigurdur Gudmundsson and Kristjan Erlendsson and others, have been the most informed in the struggle of Icelandic health care profession against AIDS.

AIDS in Iceland

The first report to the effect that the antibodies of the AIDS virus were found in a blood sample in Iceland were published in MORGUNBLADID on Saturday, 30 March 1985. The news report was carefully worded, especially in terms of what was said by spokesmen of the health authorities, but their views at that time were such that the fewest possible words were best in this matter. It was somewhat later that people came around to the view that education and information were the best weapons in the struggle against AIDS. In spite of its careful wording, the news report created an unpleasant sensation, and Icelanders had hitherto avoided the idea that this fearful disease could be brought to Iceland. That was in March 1985, and it may be recalled in this connection that the blood, which infected the woman in the autumn of 1984, was from the year 1983.

Since the first Icelander ill with AIDS was reported (that is, in the final stages of the disease) in October 1985, a total of four persons have been reported as ill with the disease in Iceland, all of them men. Three of them have now died due to the effects of the disease. In October 1986 there were 29 persons infected with the virus and there are 32 now. Around 70 percent of them are homosexuals and over 20 percent drug users. Of these 32

persons infected with the AIDS virus, other than those four which developed AIDS in its final stages, 14 have initial symptoms and 14 have no symptoms.

Protection against AIDS

There is still no treatment against AIDS and although there are medicines which can control the disease, they cannot cure it. To cure AIDS it will be necessary to find an effective vaccine, but there are many difficulties connected with the fact that the virus has the ability to alter its surface antigens. This makes it clear that preventive measures are the most promising of success in limiting the spread of the disease.

Much preventive effort has now begun in Iceland, although, it may be argued whether or not enough has been done. In view of how short the time has been since the disease was discovered, the Icelandic health care system can scarcely be accused of idleness in the matter. As has been stated above, blood banks began tests for the AIDS antibodies among blood donors in October of 1985. According to Olafur Jensson, chief physician for the blood banks, in addition to blood tests, the history of the blood donor is reviewed and effort is made thereby to eliminate infected individuals from among blood donors. The test involves a search for AIDS antibodies, which are found among those infected at a certain time after infection. Olafur Jensson said that the incubation period for the virus is varied, but individuals usually form antibodies after 4-6 weeks. But there are examples involving the passage of a longer period, but that depends upon the individual and in addition varies according to the way in which an individual has been infected.

"When, on the other hand, antibodies have appeared, we have the means, like all bloodbanks, to find these antibodies in the blood and the blood of all blood donors is so tested," said Jensson. He said that the method used in this instance has been developed in the United States and utilized since the beginning of 1985. For this reason it may be said that the time when such a procedure was begun is comparable to that of neighboring countries. The case of the woman, reported on above, is isolated and not other individuals are known in Iceland infected in the same way. "But the case is a clear example and instructive about what can happen, although the prospects for a repetition are extremely small. This would most likely be from the blood of an individual when the blood has been taken during the incubation period of the disease virus, since antibodies have not yet formed. The chances of such a thing happening, however, are extremely small. According to the best of our knowledge, we can rule out the possibility that the AIDS virus is being spread through blood transfusion, and hopefully this will not happen subsequently here in Iceland," said Jensson.

Along with the beginning of tests of blood given by blood donors, heat processing has been begun of plasma given to those with blood diseases and this is said to prevent their infection with AIDS. To be mentioned among other procedures of health care authorities is that it has been made possible for those in high risk groups to receive tests for antibodies in the research departments of the Public Hospital. Through the Office of the National Physician, fully formed rules have emerged on the treatment of those ill with AIDS and the handling of materials from persons infected. A special high risk institution was been created in the Public Health Hospital which carries out all necessary research on samples from persons ill with AIDS.

Health care authorities have had the leadership in providing education to the public on ways of infection with AIDS and its serious consequences. It is clear, however, that much more is needed and what is needed is broad cooperation of the people as a whole and of health care authorities. In this matter it is not the least necessary to inform people on how the illness is not spread, to reduce unnecessary fear of it and to prevent social exclusion of those which are infected with AIDS and those who can become ill in the future. As things look now, all the prospects are that the struggle against this plague will be long and difficult and health care authorities will accomplish little if they do not have strong support from the public.

9857/12913

NORWAY

Increased HIV Contagion Among Heterosexuals
54002447 Oslo AFTENPOSTEN in Norwegian
16 Jan 88 p 8

[Article by Hilde Harbo: "HIV Increase Among Heterosexuals"]

[Text] The number of people having tested HIV positive that are reported to have been infected heterosexually has more than doubled in the past 6 months. This group now constitutes a good 10 percent of the total number of 571 infected who had been registered at the State Institute for Public Health (SIFH) at the turn of the year. People that come from countries where the infection is especially widespread now constitute a third of those who were infected heterosexually. Most of these are refugees or immigrants from Central African countries.

Five Norwegians were infected in Norway by people from highly infected countries. Four of those infected were registered in the past 6 months. One of these Norwegians has contracted the rare HIV-2 virus. Of the total of 60 infected heterosexually, 12 contracted the infection in countries where the infection is widespread, like the Central African countries and the Caribbean. Five were infected in the USA or Europe.

"The big increase in reports concerning people who have been infected heterosexually can to a certain extent be due to the fact that now more have been tested in this group than before. Part of those newly registered can therefore have been infected some time ago," First Counsellor Oivind Nilsen at SIFF says.

Infected homosexual men constitute barely a half of the increase the past half year from 460 to 571 infected. Thirty new drug abusers received a positive test during the same period. Whereas six people who had been infected through blood transfusions had been registered at the beginning of this year, this number has already increased to seven. Over the course of last week SIFF received information concerning three new probable cases of infection via blood transfusion.

Of the 571 reported to have tested HIV positive, it is just under a third that are still symptom-free. Seventy have contracted AIDS, and the rest have preliminary stages for AIDS.

Of the 70 that have developed AIDS, 42 died. Only two people are still living after 3 years with the disease. Almost half of those who got AIDS in 1987 are already dead. "The last quarter we got just five new cases of AIDS. This is fewer than expected, but the figures are too few and the observation time too short to draw clear conclusions. Perhaps it is due to the small number treated with AZT. People with the preliminary stages for AIDS could have had the development of their illness reduced because of this medication," Nilsen says.

8831

SWEDEN

Reports View Trends in HIV Infection

IV-Drug Users More Careful

54002451a Stockholm DAGENS NYHETER in Swedish
30 Jan 88 p 20

[Article by Carin Stahlberg: "Drug Users Studied; Those Infected With HIV More Careful"]

[Text] Intravenous drug users who have been infected with HIV are making an effort not to spread the infection further. But many drug users who are not HIV-positive continue their unsafe practices.

This is shown by a study done by Prof Robert Olin and Dr Kerstin Kall of the Karolinska Institute.

"But occasionally the temptation is too great even for HIV-positives. It may hinge on whether or not they can get drugs, and then they don't say whether they're infected," Kerstin Kall said.

There are approximately 12,000 intravenous drug users in Sweden. At least 430 of them are carriers of the HIV virus. The largest number of drug users infected with HIV is in Stockholm: 352. The number of known cases in Malmo is estimated at 18, in Goteborg at 5, and at about 50 in other parts of the country.

Heroin Users

For Robert Olin and Kerstin Kall's report, 539 intravenous drug users under arrest and detained at the general prison in Stockholm were tested for HIV, examined by a physician and interviewed.

Of these, 67 men and 14 women were HIV-positive. Nine of them had not previously known they were infected.

Most of those infected with HIV were found in the group of heroin users. In this group, 63.4 percent were infected with HIV. Among drug and alcohol abusers, 12.2 percent were HIV-positive and among amphetamine users, 4.2 percent.

"From this study, we have a good picture of the situation. Tests on the heroin users began at the end of 1984. At that time, 35 percent were HIV-positive, now the figure is almost twice as large," Robert Olin said.

Currently the infection is spreading more slowly among heroin users while the spread of the infection among amphetamine users is increasing at a rate of 30 HIV cases annually.

"From 1983 through 1985 the heroin group was quickly infected. That was before the mass media focused their attention on HIV and AIDS and before the information campaigns began. Drug users were just as surprised by the infection as homosexual and bisexual men," said Robert Olin.

"And the danger isn't over, there are still risks. I regard the situation as an accidental time-out to catch our breath."

In the prison report, responses from the 156 intravenous drug users were analyzed more closely than others. Among other things, the results show that condom use is not very widespread among those not infected with HIV. On the other hand, the use of condoms has increased among HIV-positives.

"There is a clear impression of changed behavior on the part of HIV-positives," said Kerstin Kall.

However, a smaller group of amphetamine users reported they had had 11 or more sexual partners in the past 3 months. Twenty percent of these partners were not drug users.

Ten percent of amphetamine abusers reported that in the last 3 years they had had sexual relations with at least 25 persons and that 40 percent of these were not drug users.

"So these drug users have quite a big contact area outside of the abusing groups and this is another disturbing element in the picture," said Robert Olin.

Increased Spread Among Youth

*54002451a Stockholm DAGENS NYHETER in Swedish
26 Jan 88 p 7*

[Article by Bo Westmar: "HIV Infection Spreading Among Youth"]

[Text] Many more youth are being infected by the HIV virus. Of the approximately 1,700 Swedes infected with HIV who have thus far been detected, slightly more than 170 are under 24 years old. Today far too few youth are getting the HIV test, in the view of Prof Margareta Bottiger of the National Bacteriological Laboratory.

Of the 170 youth infected with HIV, 100 are homosexual, 50 are drug users, and 20 are heterosexual. This is shown by a recent survey conducted by the National Bacteriological Laboratory, SBL.

Some youth have been infected after only a small number of sexual contacts. According to Margareta Bottiger, this may mean that young people are more easily infected by HIV.

"The figures are alarming. We can no longer say that there are only isolated cases of HIV infection among youth," said Sophie Ekman, a Solna school physician and a member of the executive board of Doctors Against AIDS.

According to Sophie Ekman, many of today's youth have been lulled into a false sense of security, as earlier reports had not shown any major HIV spread in lower age groups.

"The new figures show that what we had feared the most has now occurred, that HIV has begun to spread into a sexually active group in which it spreads rapidly."

"Now is the time to start discussing what to do with those HIV cases that turn up in schools, just as we did in the workplace," Sophie Ekman said.

"Unfortunately, it now develops that many persons infected with HIV have been dismissed from their jobs, even though the virus can only be transmitted through sexual contact or blood."

12789/6091

Chlamydia To Be Classified as Venereal Disease

*54002451b Stockholm DAGENS NYHETER in Swedish
29 Jan 88 p 12*

[Article: "Chlamydia Becomes Venereal Disease"]

[Text] As of 1 April, chlamydia will be classified as a venereal disease. This was decided on Thursday by the government.

"The idea was to cover more of those infected so as to reduce the spread of infection," said Christer Lindau, assistant judge of the Fiscal Court of Appeal who dealt with the matter at the Ministry for Social Affairs.

At present chlamydia is classified as any sort of disease but, by being placed on the list of communicable diseases, it will fall under the communicable diseases law.

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