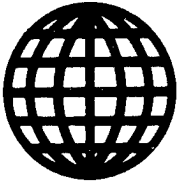


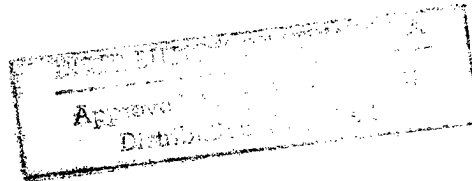
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Epidemiology

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CONTENTS

7 SEPTEMBER 1988

AFRICA (SUB-SAHARA)

INTER-AFRICAN

- OAU Symposium Urges Use of Medicinal Plants To Fight AIDS
[Abidjan FRATERNITE MATIN 23-24 Jul 88] 1

ANGOLA

- Water Shortage Aggravates Cholera Outbreak [Lisbon EXPRESSO 16 Jul 88] 1

SENEGAL

- 131 AIDS CASES REPORTED [Dakar LE SOLEIL 3 Aug 88] 1

SWAZILAND

- Steep Increase in AIDS Cases [Mbabane THE WEEKEND OBSERVER 25 Jun 88] 1

ZAMBIA

- High Incidence of Malaria in School Children [Lusaka TIMES OF ZAMBIA 25 Jul 88] 1

ZIMBABWE

- Minister of Health Urges Increased Fight Against AIDS
[Johannesburg THE CITIZEN 27 Jul 88] 2

CANADA

- AIDS Prisoners, Reporting, Spermicide, Globulin Reaction 3
Needles, Condoms for Prisoners [Ottawa THE OTTAWA CITIZEN 30 Jun 88] 3
Health Group on Reporting [Ottawa THE OTTAWA CITIZEN 8 Jul 88] 3
Effect of Spermicide Agent [Ottawa THE OTTAWA CITIZEN 7 Jun 88] 3
Immune Globulin Reaction [Ottawa THE OTTAWA CITIZEN 7 Jul 88] 4

CHINA

- Serological Screening of HIV Antibody in China
[Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI
[CHINESE JOURNAL OF EPIDEMIOLOGY] Jun 88] 5
AIDS Research Foundation Set Up [Beijing XINHUA 28 May 88] 5
Venereal Diseases Staging Comeback [Beijing CHINA DAILY 31 May 88] 5
Tuberculosis Becomes a Major Killer in China [Beijing CHINA DAILY 27 Jul 88] 6
Hepatitis A Outbreak 'Now Over' [CHINA DAILY 9 Jun 88] 6
First Report of Endemic Area of EHF in Baoding Prefecture
[Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI
[CHINESE JOURNAL OF EPIDEMIOLOGY] Jun 88] 7

EAST ASIA

HONG KONG

- Hepatitis Vaccination Planned for Infants [Hong Kong HONG KONG STANDARD 6 Jul 88] 8

PAPUA NEW GUINEA

AIDS Test May Soon Be Required for Expatriate Contractors
[Port Moresby POST-COURIER 5 Aug 88] 8
More AIDS Cases Confirmed [Port Moresby POST-COURIER 28 Jul 88] 8

PHILIPPINES

Philippines Health Secretary Says 76 Suffer From AIDS [Manila Radio Verital 9 Aug 88] 9

EAST EUROPE

BULGARIA

AIDS Awareness Among Bulgarian Personnel Assigned Abroad
[Sofia ZDRAVEN FRONT 14 May 88] 10

LATIN AMERICA

BRAZIL

AIDS Deaths Triple in May; Inadequate Funding
[Sao Paulo O ESTADO DE SAO PAULO 21 Jun 88] 11
Increase in Yellow Fever Cases in Brasilia Reported
[Brasilia CORREIO BRAZILIENSE 1 Jun 88] 11
Risk of Dengue, Yellow Fever Epidemic of Concern in Sao Paulo
[Brasilia CORREIO BRAZILIENSE 1 Jun 88] 12
Meningitis Kills Six in Minas [Rio de Janeiro O GLOBO 21 Jun 88] 12
African Bees Attack in Minas Gerais [Rio de Janeiro O GLOBO 8 Jun 88] 13

PANAMA

Aids Deaths, Number of Carriers [Panama City MATUTINO 4 Aug 88] 13

NEAR EAST & SOUTH ASIA

AFGHANISTAN

Malaria Treatment Center Opened [Kabul THE KABUL TIMES 5 Jul 88] 14

BANGLADESH

Malaria Epidemic Reported in Chittagong Hill Tracts
[Dhaka THE BANGLADESH OBSERVER 11 Jul 88] 14

EGYPT

Authorities To Ignore Anonymous AIDS Allegations at Cairo Airport
[Cairo AL-AKHBAR 26 Jul 88] 14
Health Minister Cites Only 45 AIDS Cases [Cairo AL-AKHBAR 6 Jul 88] 14
National Report Shows Widespread Bilharzia, Lung Disease [Cairo AL-AHALI 27 Jul 88] 14

INDIA

Guidelines Issued for Screening Foreigners for AIDS [New Delhi PATRIOT 1 Jul 88] 15
Developments in Fight Against, Spread of AIDS 16
Results of Bombay Tests [Bombay THE TIMES OF INDIA 5 Jul 88] 16
AIDS in Karnataka [Bombay THE TIMES OF INDIA 5 Jul 88] 17
Child Deaths From 'Mystery Disease' Reported [New Delhi PATRIOT 11 Jul 88] 18

SUDAN

Government Establishes AIDS Centers for Hospitals [Khartoum SUDAN TIMES 31 Jul 88] 18
Minister Declares Locust Emergency Alert [Khartoum SUDAN TIMES 31 Jul 88] 18

WEST EUROPE

FEDERAL REPUBLIC OF GERMANY

SPD Proposals to Combat AIDS
[Frankfurt/Main FRANKFURTER ALLGEMEINE ZEITUNG 20 JUN 88] 19
AIDS Commission Members Voice Opposing Views
[Munich SUEDEDEUTSCHE ZEITUNG 23 Jun 88] 19
AIDS Doctors, Psychologists Study Effects of 'Psycho-immunology'
[West Berlin DER TAGESSPIEGEL 9 July 88] 20

IRELAND

Health Minister Gives Statistics on AIDS Cases [Dublin IRISH INDEPENDENT 24 Jun 88] 22
Dublin Said To Have Record Number of AIDS Babies [Belfast NEWS LETTER 6 Jun 88] 22
Irish Tuberculosis Rate Double European Average [Dublin IRISH INDEPENDENT 15 Jul 88] 23
First Cases of Lyme Disease Reported in Ireland [Dublin IRISH INDEPENDENT 24 Jun 88] 23
Risk of Rabies, Foot and Mouth Coming Into Ireland [Dublin IRISH INDEPENDENT 9 Jul 88] .. 23

NORWAY

Weather Conditions Seen Increasing Danger of Beetle Invasion [Oslo AFTENPOSTEN 15 Jul 88] . 24

PORTUGAL

Brucellosis Outbreak in Alentejo Region [Lisbon O DIA 24 Jul 88] 24

SPAIN

Extremely High Incidence of AIDS in Prisons Reported 25
70 Percent Incidence in Basauri Prison [Madrid DIARIO 16 Jun 88] 25
Aragon, Catalonia Percentages [Madrid DIARIO 16 Jun 88] 25

SWEDEN

Paper Argues in Favor of Methadone To Halt AIDS Spread
[Stockholm DAGENS NYHETER 16 Jul 88] 26
Number Of HIV-Infected Continues Decline [Stockholm DAGENS NYHETER 16 Aug 88] 27

TURKEY

Trade Union Wants Radiation Check at U.S. Bases [Ankara ANATOLIA 12 Aug 88] 27

INTER-AFRICAN

OAU Symposium Urges Use of Medicinal Plants To Fight AIDS

54000146 Abidjan *FRATERNITE MATIN* in French
23-24 Jul 88 p 27

[Text] According to researchers assembled in Abuja (Nigeria's New Federal Capital) for an international symposium on medicinal plants and traditional medicine, research into medicinal plants capable of fighting against AIDS should be encouraged, Nigeria Agency News (NAN) reported yesterday.

At the end of the symposium, which assembled 51 scientists from nineteen countries, by the initiative of the Organization of African Unity's (OAU) Scientific and Technical Research Committee (STRC), a communique was issued stating that traditional medicine and African pharmacopoeia should be taught in the African medical school departments.

The communique advocates encouraging physicians to "prescribe medicines developed from African medicinal plants". It encourages African governments to request U.N. aid in order to create industrial production centers for these products across the continent and to facilitate transfers of technology in this area.

The participants to the symposium expressed a desire to see increased cooperation with international organizations, concluded the text.

In his closing speech the secretary of STRC, Mr Olufemi Williams (Nigeria), urged the commercial cultivation of medicinal plants in Africa as raw material for the pharmaceutical industry, reported NAN.

ANGOLA

Water Shortage Aggravates Cholera Outbreak

54000144 Lisbon *ESPRESSO* in Portuguese
16 Jul 88 p 24

[Text] Luanda and other Angolan cities including Ndalatando, Malange, Mbanza Kongo, Huambo, Kuito, etc., are suffering serious water shortages caused by lack of electric power for water pumping systems. The search for water has caused scenes of desperation in some parts of the country, and the health services fear that the problem may aggravate the spread of cholera outbreaks.

12942/9274

SENEGAL

131 AIDS CASES REPORTED

54000148 Dakar *LE SOLEIL* in French 3 Aug 88 p 5

[Excerpt] As of 30 June there were 130 AIDS cases officially recorded in Senegal, according to data collected by the National Prevention Committee; of these, 47 have died. Dr Ibra Ndoye, director of the Committee, noted that the rate of infection in Senegal is stable for the moment.

SWAZILAND

Steep Increase in AIDS Cases

54000149 Mbabane *THE WEEKEND OBSERVER* in English 25 Jun 88 p 1

[Excerpt] In a shocking revelation, now 80 cases of AIDS have been confirmed in Swaziland. This is an increase of more than 250 percent compared to the situation in March where only 13 cases were reported.

Out of the 80 cases, the killer disease has already claimed five lives while 15 are seriously on the deathbed.

This startling and grim news of AIDS was disclosed this week at a National AIDS Prevention and Control seminar for Shiselweni health personnel by the principal technician of the center's health laboratory in Mbabane, Mr R Maziya.

ZAMBIA

High Incidence of Malaria in School Children

54000063 Lusaka *TIMES OF ZAMBIA* in English
25 Jul 88 p 5

[Text] Health authorities in the Southern Province have ordered drugs to treat schoolchildren for malaria before the rainy season, provincial medical officer Dr Elisha Chipandwe said in Livingstone yesterday.

The incidence of malaria in children was high making it necessary to treat all the pupils most of whom were positive carriers of the disease.

It was reported last week that researchers at the Ndola-based Tropical Diseases Research Centre [TDRC] had discovered startling figures of malaria in schoolchildren.

Out of 5,000 blood samples taken randomly from Libuyu, Makunka, and Musokotwane primary school pupils, 4,500 were positive.

Cde Chipandwe said although the children appeared well it was likely that the parasite would become active in the rainy season so urgent measures had to be worked out to treat them.

"We have ordered fansidar and other malaria drugs from Government Stores to enable us [to] treat all the pupils," he said.

He could not say how much the exercise would cost but added that the provincial health team would work in conjunction with the TDRC research team on the project.

TDRC director Dr Mushaukwa Mukunyandela arrived in Livingstone last week and later joined the research team in Kalomo.

/12232

ZIMBABWE

Minister of Health Urges Increased Fight Against AIDS

54000147 Johannesburg *THE CITIZEN* in English
27 Jul 88 p 3

[Text] Harare—Zimbabwe Minister of Health, Dr Felix Muchemwa, yesterday said AIDS was on the increase in Zimbabwe and called for the use of all available resources to combat the killer disease.

Ziana, the national news agency, reported that he was addressing the opening session of a two-day donor's meeting in Harare on the Zimbabwe medium term programme for the prevention and control of AIDS, Dr Muchemwa said confirmed cases had increased from five in 1985 to 119 in 1988.

"Given that confirmed cases have increased from 5 in 1985 to 119 in 1988, one can see the problem is growing significantly.

"It is quite obvious therefore that we are faced with an increasing problem which calls for the marshalling of all the resources available to us to combat this disease," he said.

He called on the international community to approach the problem scientifically.

"The AIDS problem can only be solved by mature and serious-minded scientists whose vision remains unclouded by prejudice and preconceived ideas.

"Zimbabwe has resisted all calls to voice opinions on various unproven hypothesis and to publish speculative data on unconfirmed cases because we believe that the AIDS problem will not be solved by rumor mongers, speculators and rabble rousers."

Developing countries experienced problems during their efforts to collect data on AIDS.

Data collection on AIDS and the HIV virus was hampered by factors such as the newness of the disease which made it difficult to confirm.

It was difficult to estimate or even guess the extent of the AIDS situation in Zimbabwe.

"In our situation we completely acknowledge that figures of confirmed cases alone do not tell the full story on the seriousness of potential seriousness of the AIDS problem in Zimbabwe."

The meeting was attended by representatives of the World Health Organization and other United Nations agencies, non-governmental organizations, members of the diplomatic corps and senior government officials—Sapa.

07310

AIDS Prisoners, Reporting, Spermicide, Globulin Reaction

Needles, Condoms for Prisoners

54200048 Ottawa THE OTTAWA CITIZEN in English
30 Jun 88 p A10

[Excerpts] Montreal (CP)—Canadian prisoners should be issued condoms and clean syringes to prevent the spread of AIDS, say a Quebec prisoners' rights group and a Montreal committee that helps victims of the fatal syndrome.

"There are lots of things going on in prisons that aren't allowed, but they go on anyway," Richard Burzynski, head of the AIDS Support Committee, told a news conference Wednesday. "So give people the necessary tools and information so they can protect themselves.

"This (prisons) seems to be a key place to stop transmission of the virus."

The federal and provincial governments refuse to allow condoms in prisons because this may be seen as condoning sex behind bars. But the head of the Quebec Prisoners' Rights Committee said that attitude must change.

"The reality is that homosexual acts are going on in prisons and the governments must accept that reality and must take measures to prevent the transmission of the virus," Jean Claude Bernheim told reporters.

Although no official statistics are available, Bernheim estimated 15 to 20 convicts in Quebec prisons are either suffering from AIDS or are carrying the HIV virus.

In Canada, there have been 1,809 reported cases of AIDS, and 1,018 of the victims have died.

Burzynski said convicts who have AIDS or the HIV virus are "absolutely petrified that if their condition becomes known to other prisoners, they will not only be ostracized but there'll be violence against them."

AIDS tests are not mandatory in prisons.

Health Group on Reporting

54200048 Ottawa THE OTTAWA CITIZEN in English
8 Jul 88 p A5

[Excerpts] Quebec (CP)—Stopping the spread of AIDS is more important than doctor-patient confidentiality and doctors should be required to report infected persons, the Canadian Public Health Association said Thursday.

The group of 2,500 health professionals recommended that it be mandatory to report the names of those who test positive for antibodies to the AIDS-linked HIV virus as they must do for syphilis, gonorrhoea and full-blown AIDS cases.

"This is the most comprehensive approach to HIV infection by a public health group in the country," said Ian Gemmill, Ottawa-Carleton associate medical officer of health and one of the authors of several AIDS resolutions at the organization's annual meeting.

Only seven provinces require doctors to report persons who have tested positive. Quebec, Alberta, British Columbia, the Yukon and the Northwest Territories do not require reporting of HIV carriers.

The association also recommended that public health officials should be allowed to inform the partners of infected persons if their doctor does not.

Gemmill said the Canadian Medical Association last year gave doctors guidelines which would allow them to override confidentiality and inform partners of any patient who tested positive.

The Canadian Public Health Association wants to see it taken one step further so that, if doctors will not or do not inform the partner at risk, then a public health official can go ahead, Gemmill said.

Other resolutions were passed at the convention opposing anonymous testing, where the patient does not have to give his or her name, and home-testing kits, which can give false results.

According to the Federal Centre for AIDS in Ottawa, there have been 1,809 reported cases of AIDS in Canada of which 1,018 have died. An estimated 30,000 to 50,000 people carry the HIV virus.

Effect of Spermicide Agent

54200048 Ottawa THE OTTAWA CITIZEN in English
7 Jun 88 p A4

[Excerpt] Montreal (CP)—A chemical contained in a spermicide available in Canada neutralizes the AIDS-linked HIV virus, a researcher has confirmed.

Test-tube experiments have shown the ingredient in the spermicide, Ovale Pharmatex, can neutralize the HIV virus, said Dr. Mark Wainberg of Montreal's Jewish General Hospital.

Wainberg emphasized this discovery in no way constitutes "a cure for AIDS." Rather, he said, it is "a very small step in a very large battle."

The contraceptive's producer, Bio-Chemical Laboratory Inc. of suburban St-Laurent, has been trying to get condoms and vaginal sponges containing the chemical on the market but has yet to receive federal permission.

Wainberg said he found benzalkonium chloride, an ingredient in the spermicide, killed the HIV virus in lab experiments using human semen and vaginal secretion.

Neither Wainberg nor other Canadian AIDS experts interviewed recently could say whether the chemical was more effective against the HIV virus than non-oxynol-9, the anti-viral compound currently used in Canadian contraceptives.

Immune Globulin Reaction

54200048 Ottawa *THE OTTAWA CITIZEN* in English
7 Jul 88 p A10

[Passage in italics as published]

[Text] Toronto (CP)—The Department of Health and Welfare is advising doctors that patients treated with certain lots of immune globulin—antibodies injected to protect people from various diseases—will temporarily test positive for the AIDS antibody.

The article in the *Canada Diseases Weekly Report* emphasizes that these patients will not develop acquired immune deficiency syndrome because the affected lots carry only the AIDS antibody and not the virus.

“Nevertheless, there is still cause for concern because a great deal of unnecessary mental anguish would result if an individual were found to be seropositive,” the report says.

In one case, a health care worker who tested positive originally linked it to a needle injury.

The report says the procedure used to extract immune globulins from blood plasma kills the AIDS virus, but the antibodies to AIDS can remain in the body for up to six months.

/09599

Serological Screening of HIV Antibody in China
54004811a Beijing ZHONGHUA LIUXINGBINGXUE
ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 9 No 3, Jun 88 pp 138-140

[English abstract of article by Zeng Yi [2582 3015], et al., of the Institute of Virology, Chinese Academy of Preventive Medicine]

[Text] A serological screening of the HIV antibody has been carried out in China. A total of 7,001 sera from Chinese and foreign subjects was tested using ELISA, the immunofluorescence test and the western blot assay. Among them, four Chinese hemophiliacs, who had received factor VIII produced by the Armour Company, three AIDS patients and seven individuals were found to have the HIV antibody. Except for the hemophiliacs, all of these were from outside China. Some imported γ -globulin also contained the HIV antibody. The national surveillance program is still underway.

9717/9604

AIDS Research Foundation Set Up
54004808a Beijing XINHUA in English
0939 GMT 28 May 88

[Text] Beijing, 28 May (XINHUA)—China today set up a foundation to organize and subsidize Chinese research into AIDS (acquired immune deficiency syndrome).

The AIDS Research Foundation of China (ARFC) will also hold academic meetings, train technicians and promote exchanges of information with AIDS researchers in other parts of the world.

The foundation, a non-governmental organization open to anyone, will have its headquarters in the Chinese Academy of Preventive Medicine in Beijing.

It intends to set up a branch in Hong Kong to handle overseas relations and fund raising.

China began AIDS inspection and control in 1984. Last December the government set out stipulations governing these preventive actions. Almost all provinces now have set up monitoring centers.

Since the first AIDS victim was found in the United States in 1981, the deadly disease has spread to 136 countries and regions of the world.

The World Health Organization (WHO) noted that by March this year the number of AIDS victims had reached 85,273, and will hit one million by 1991.

The three AIDS victims found in China have died and three AIDS virus carriers in China are under regular supervision, Professor Dr Zeng Yi, vice chairman of ARFC and vice president of Chinese Academy of Preventive Medicine, said at the inaugural meeting of ARFC today.

Among those attending the meeting were Zhou Peiyuan, president emeritus of the National Association for Science and Technology and honorary presidium of ARFC, Chen Minzhang, China's minister of public health and honorary presidium of ARFC, Chen Chunming, president of Chinese Academy of Preventive Medicine and Chairperson of ARFC, and Dr Hiroshi Nakajima, acting general manager of WHO.

/9274

Venereal Diseases Staging Comeback
54004808b Beijing CHINA DAILY in English
31 May 88 p 1

[By staff reporter]

[Text] Sexually transmitted diseases (STD) have returned and are increasing, especially in the country's coastal open cities.

In Guangdong Province, for instance, the number of STD cases has increased by three times from 1983 to 1987, reaching a total of 5,600, with young people making up a large proportion, the Ministry of Public Health told a press conference in Beijing yesterday.

The actual figure in the province could be much higher than the given figure, which is based on clinical records, the ministry reported. Nearly all the infected people are sexually promiscuous, it added.

But the report does not give further information about the national incidence of venereal diseases. Such diseases were almost eradicated in China in the early 1960's but have staged a comeback in recent years with increased international exchanges.

To stop the spread of STD, the State has tightened prevention and control of the diseases and urged local authorities to crackdown on prostitution.

A national centre for STD prevention and treatment has been set up in Nanjing with 16 surveillance stations established around the country.

Unified standards and procedures on diagnosis and treatment of STD have been formulated, the report said. In some major cities, STD clinics have been opened.

Meanwhile, according to Cao Qing, deputy director of Epidemic Prevention Department of the ministry, China has set up AIDS surveillance centres in eight major cities and blood tests have been carried out on 26,000 people since 1984.

A total of three AIDS patients (two foreigners and one overseas Chinese) have been identified while four Chinese and nine foreigners—two more than reported last week—were found to be the carriers of the AIDS virus, he said.

The country also has strengthened hospital management to ensure all medical instruments or supplies are strictly sterilized. Disposal syringes will be introduced in outpatient departments for foreigners to prevent the possible transmission of AIDS and other blood-borne diseases, such as hepatitis.

/9274

Tuberculosis Becomes a Major Killer in China
54004814 Beijing CHINA DAILY in English
27 Jul 88 p 1

[Article by staff reporter Nie Lisheng]

[Text] Tuberculosis is still a very serious social and health problem in China and increased prevention and treatment measures are called for to check the spread of this chronic infectious disease.

According to a report on a recent national survey released yesterday by the Ministry of Public Health, there are now up to 5.7 million tuberculosis sufferers in the country, with an annual 320,000 fatalities.

With a high mortality rate of 84 per 100,000, tuberculosis kills an average of about 900 people a day in China, a death toll that is twice as high as that for any other infectious disease, Vice-Minister He Jiesheng told a press briefing yesterday.

The survey found the incidence of tuberculosis in China is 550 per 100,000, five times as high as in Japan and 55 times more than the figure in the United States; while the mortality rate is 10 and 40 times higher respectively.

Although the incidence of tuberculosis has dropped sharply in China over the past 30 years, the disease is still a big problem and one which merits great attention, she said.

Vaccination has not been practised widely enough to inoculate all children against tuberculosis, she said. In some parts of the country, only 60 per cent of children have been vaccinated.

As many effective drugs have been developed to treat tuberculosis in the past 30 years, people are neglecting prevention and treatment because they no longer see it as the dreadful killing disease they did a few decades ago, she said.

As a result, the decline in the incidence of tuberculosis is slowing down, and in some parts of the country the incidence is even beginning to pick up, the vice-minister said.

Minorities

The incidence of tuberculosis is particularly high in some areas inhabited by ethnic minorities. It has reached 1,187 per 100,000 in the Xinjiang Uygur Autonomous Region and 755 per 100,000 in the Ningxia Hui Autonomous Region.

In some minority-inhabited areas of western Hunan Province, for instance, the mortality rate from tuberculosis is found to be as high as more than 90 per 100,000, she said.

According to Zhao Fengzeng, deputy administration director of the National Tuberculosis Control Research Centre, this sample survey of tuberculosis incidence was conducted between 1984 and 1985 involving 1.12 million people in 22 provinces and autonomous regions.

/09599

Hepatitis A Outbreak 'Now Over'
54004810 Beijing CHINA DAILY in English
9 Jun 88 p 1

[Article by staff reporter Nie Lesheng]

[Text] The outbreak of hepatitis A that affected several parts of the country since the beginning of the year is now over, the Ministry of Public Health announced.

In Shanghai, the daily average incidence of hepatitis A is now down to a normal level of about 90 cases, said Wang Zhao, director of the Acute Infectious Diseases Control Officer under the ministry.

Between January 19 and May 26, there had been a total of 311,938 cases, including 30 deaths, she told CHINA DAILY this week.

The hepatitis A incidence in Shanghai began to return to normal in late March and early April, thanks to the effective control and prevention measures the municipal government took to curb the spread of the disease, Wang said.

Infection sources have been successfully cut off; patients were put in isolation for treatment, and city residents were warned not to eat clams, which were said to be the initial source of infection.

Because clams put on sale last December in Shanghai were found contaminated with hepatitis A virus, the city put restrictions on production and sales of clams, Wang said. The municipal government has strengthened sanitation supervision and regulations to prevent food and drinking water from being polluted by garbage and sewage.

Meanwhile, in the neighboring Jiangsu Province, the spread of hepatitis A also was brought under control, Wang said. As of May 10, there had been 70,453 cases in 11 prefectures and cities in the province.

/06662

First Report of Endemic Area of EHF in Baoding Prefecture

54004811b Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 9 No 3, Jun 88 pp 145-147

[English abstract of article by Liu Zhisen [0491 1807 2773], et al., of the Sanitary and Health Anti-epidemic Station, Baoding Prefecture]

[Text] Thirty-five sporadic epidemic hemorrhagic fever (EHF) cases were identified and confirmed by means of an IFA serologic test in Baoding Prefecture from May

1984 to May 1986. The data indicated that the positive rates of the EHF-antigen in *R. norvegicus* was 4.85 percent, in *A. agrarius* 1.92 percent, in *C. triton* 0.79 percent and in *M. musculus* 0.51 percent, respectively, in the EHF focus. It has been suggested that *R. norvegicus* might be the main reservoir in Baoding Prefecture. No EHF antigen was detected in rodents from villages where no EHF cases had been confirmed. The positive rate of the EHF antibody was 1.37 percent among the healthy population of the EHF endemic area, with the positive rate found among females higher than that of males. No serologically positive serum was found in the nonendemic areas for EHF.

The above results confirm that Baoding Prefecture was an endemic area of EHF.

9717/9604

HONG KONG

Hepatitis Vaccination Planned for Infants

54004007 Hong Kong HONG KONG STANDARD in English 6 Jul 88 p 5

[Text] Vaccination against hepatitis B in infants born to carrier mothers helps protect them from becoming carriers of the virus, according to the preliminary analysis of a Government pilot study.

The favourable results have convinced the Government to plan vaccinating all newborn babies against hepatitis B to help prevent post-natal transmissions.

Transmissions from a carrier mother to her infant at the time of the delivery and during close contact afterwards account for between 40 and 45 percent of carriers in the community.

Dr Betty Young, of the Queen Elizabeth Hospital's Paediatric Unit, yesterday said the plan would hopefully start in September or October.

Pregnant women will be screened for hepatitis B surface antigen to test for carriers. Infants born to mother carriers will be treated with hepatitis B immunoglobulin (HBIG) and the hepatitis vaccine.

HBIG contains high levels of antibodies against the disease and is effective in preventing a majority of infections.

"The vaccine alone is not sufficient to protect infants born to these mothers," Dr Young said. "Otherwise, infants would be given the vaccine only."

Dr Young, who addressed a lunch meeting of the Rotary Club of Peninsula, said in the past 5 years only "high risk" babies born to mother carriers had been vaccinated.

A pilot study has been conducted by the Medical and Health Department on the practice and 200 of the 1,000 babies vaccinated were tested.

Results showed, although the infants had relatively low antibodies, no carriers had developed among the 3 to 5 age group.

"So we believe that those who have been vaccinated have a sort of a memory of the infection so they do not develop chronic areas when exposed to the infection," Dr Young said.

"But the younger a baby is exposed to the infection, the more likely it will become a chronic carrier. So we'll aim at immunising all newborn babies in Hong Kong."

She also cautioned the public against the spread of hepatitis A this summer and urged more attention be paid to personal and food hygiene.

In the first 6 months of this year, a total of 2,131 people contracted the viral disease. Of these, 1,021 were hepatitis A and 131 hepatitis B. The rest remain unclassified. At present 37 patients are being treated for the disease in hospital.

/9604

PAPUA NEW GUINEA

AIDS Test May Soon Be Required for Expatriate Contractors

54004323 Port Moresby POST-COURIER in English 5 Aug 88 p 3

[Article by Frank Senge]

[Excerpts] Single expatriate contract officers may soon be required to be tested for AIDS.

The proponent of this suggestions, Health Minister Robert Suckling, announced yesterday that an AIDS clearance certificate may be in order.

Married contract officers and those already in the country will not come under this scrutiny.

The announcement comes in the wake of the announcement by Health Department officials of the second recorded death from AIDS this week—and doctors warning that PNG could have 700,000 affected victims by year 2000, if the spread of the virus is not slowed.

The victim, a married man died at Port Moresby General Hospital in June.

Two expatriate men, one national man and four national women have been confirmed as positive carriers of the AIDS virus.

/9274

More AIDS Cases Confirmed

54004322 Port Moresby POST-COURIER in English 28 Jul 88 p 2

[Article by Lydia Butut]

[Excerpt] The Blood Transfusion Centre in Port Moresby has reported another four confirmed carriers of the dreaded disease AIDS.

Blood centre director Diro Babona said yesterday this brought to 13 the number of confirmed cases in PNG.

/9604

PHILIPPINES

Philippines Health Secretary Says 76 Suffer From AIDS

*HK0908084588 Manila Radio Veritas in Tagalog
0700 GMT 9 Aug 88*

[Text] Health Secretary Alfredo Bengzon revealed that about 76 persons in the country were suffering from

Acquired Immune Deficiency Syndrome [AIDS]. In his statement at the House Committee on Health hearing, Secretary Bengzon said that around 60 percent of the victims come from near the U.S. military installations in the country. As a result, Bengzon called on the government to help stop the spread of AIDS. He claimed that this was the reason why more than 50 percent of the department's 1989 budget was allotted for the AIDS victims.

BULGARIA

AIDS Awareness Among Bulgarian Personnel Assigned Abroad

54003003 Sofia ZDRAVEN FRONT in
Bulgarian 14 May 88 p 3

[Article by Nadezhda Yokhneva: "Results of an Investigation"]

[Text] The Health Education Department of the SKhEI is conducting surveys within the framework of the program for measures in the struggle against AIDS. One of them has included Bulgarians leaving for foreign countries.

The interest in this group of people is based on the fact that AIDS-positive Bulgarians have been found mainly among individuals who have returned from work abroad. The purpose was to determine the personal attitude toward the danger of contamination among people who go abroad and to clarify the views on sexual behavior among people who will be asked to spend a considerable time abroad in areas where AIDS is quite widespread. Furthermore, the investigation offered an opportunity for developing a greater interest among those surveyed concerning AIDS prevention and for drawing their attention to a possible threat to their health.

The two-week survey, which was conducted by the end of 1987, covered 569 people from all parts of the country, who visited the immunization office of the SKhEI before leaving for tropical countries. They included 205 (36.1 percent) women and 364 (63.9 percent) men; 52.9 percent of those surveyed were to spend more than 1 month abroad; and 69.2 percent left without their families. Consequently, it is expected that most of them will find themselves in risk conditions in terms of contracting the AIDS virus.

The results of the survey indicate that 92.3 percent of those surveyed were well-informed about AIDS. This leads us to believe that these individuals are familiar with preventive requirements, the main one of which is safe sexual behavior.

From the viewpoint of the investigation, the key questions were the following: "Do you believe that a certain limitation of your sexual contacts will adversely affect your mental and labor activities?" "Are you prepared for such limitations?" A total of 341 (59.9 percent) of all the surveyed individuals believe that restrictions on their sexual life would have no adverse effect while 180 (31.6 percent) answered that such restrictions were undesirable. Regardless of their view on the impact which

restrictions in sexual contacts may have on them, 469 (82.4 percent) were prepared to accept them in order to avoid the risk of contamination. This leads us to the conclusion that the danger caused by thoughtless sexual contacts has been realized by the majority of the surveyed individuals.

However, 10.4 percent of those surveyed would not apply restrictions even with the risk of contamination. Thirty-nine of them were women and 20 were men. Bearing in mind the relative share of women in the investigation, it turns out that the threat of AIDS is less realized by women. The breakdown of those surveyed by age on this matter indicated that whereas in the case of women under 30, 28.1 percent were not prepared to apply sexual restrictions; for men in the same age group the percentage was 5.1. In other words, men display greater readiness to change their sexual behavior under the threat of AIDS.

Answers to the question "If in the course of your stay abroad the opportunity arises for engaging in intimate relations, how would you act?" enabled us to assess the extent to which the risk of sexual contacts with random partners is realized. The largest number of the four possible choices of answers to this question was "I would not risk such a relationship." This proves that most of those surveyed were well-informed and hence that we can expect suitable sexual behavior.

The percentage of individuals who would approach the matter sensibly, observing prophylactic requirements, was 24.8; of these, 14.1 percent would engage in intimate relations only with people they knew well and 10.7 percent would use condoms.

Nonetheless, 27 (4.7 percent) of those surveyed were ready to engage in intimate relations at all cost. Of these 16 had secondary training, 3 had semi-university training and 8 had university training. The highest number of people who gave this answer was that of individuals between the ages of 30 and 50. It is an impressive fact that 21 of these 27 answered that they do not exclude the possibility of becoming contaminated; 5 answered that becoming contaminated was out of the question and only 1 expressed concern at the possibility. It is obvious, in this case, that it is not a question of lack of information but rather of thoughtless underestimating of the problem.

As a whole, the survey indicates that we need to engage in more active explanatory and educational work among the population, paying particular attention to target groups, one of which we surveyed.

05003

BRAZIL

AIDS Deaths Triple in May; Inadequate Funding *54002031a Sao Paulo O ESTADO DE SAO PAULO in Portuguese 21 Jun 88 p 13*

[Text] Last month the number of deaths from AIDS in Sao Paulo tripled compared with May 1987: from 31 to 91 deaths. The figures come from the Municipal Burial Service and worried Superintendent Rubens da Costa to the point that he decided to expedite, in cooperation with Prodam, the computerization of his research department. Unlike Rubens da Costa, specialist in infectious and parasitic diseases Vicente Amato Neto is not surprised. "The spread of AIDS continues," he affirmed.

Between January and May of last year, the number of AIDS deaths fluctuated between 30 and 35 each month. This year, with the exception of February (50 deaths), the number never ceased to grow: It was above 70 cases in January, March and April, not counting suicides caused by the disease. By the end of the month, a microcomputer will be installed at the Burial Service, and with it Rubens da Costa hopes to get a daily balance of the principal causes of death in the capital city.

Today, AIDS kills more people in this city than any other infectious/contagious disease. The president of Prodam, Jose Roberto Faria Lima, is convinced of the need to publicize the number of deaths caused by AIDS. "We are going to publish Burial Service figures weekly in *DIA-RIO OFICIAL*," he said. "This is also a way of educating the public."

Specialist Vicente Amato Neto explained that the survey of AIDS deaths shows that the campaigns to prevent the disease are not working. "The control of AIDS will only be possible if people change their behavior, and this is not occurring," he said. And this is drastic: "If the present situation continues, we will reach an intolerable point when we will not be able to take care of the victims in hospitals."

According to his calculations, there are about 120 patients hospitalized in the capital and another 200 in the final phase of the illness, already affected by opportunistic infections. In the whole country, there are between 500,000 and 600,000 infected persons. "The only solution," he repeated, "is to comply with preventive measures. The majority of those in the risk groups have heard the campaign messages dozens of times, but make no effort to change their behavior."

Brazil Does Not Invest in Campaigns and Research

The director of the AIDS division of the Ministry of Health, Lair Guerra de Macedo, yesterday warned that "Brazil is one of the few countries whose President has never made a public pronouncement giving priority and constitutional support to the control of AIDS." On arriving from Stockholm, where she participated in the

IV International Conference on AIDS, she reported that the ministry does not have sufficient funds to carry out specific campaigns to educate the public or for technological development and basic research on the disease.

According to Lair, Brazil is on the same level as other developed countries with respect to information campaigns, professional training, medical treatment, and epidemiological monitoring, but it is lagging in AIDS research. "We must invest," said Lair. In Stockholm she shared with 7,000 specialists the conclusion that there will not be an AIDS vaccine at least for the next 10 years. Hope lies in the area of chemotherapy, with research on medicines that inhibit growth of the virus in the body.

Lair Guerra reminded us, however, that no government is capable of handling the problem alone. "AIDS is a global problem and requires a global response," she said. She believes a joint effort on the part of all sectors of society is necessary. "AIDS has come to stay and is not going to go away soon," warned the director, adding that there is a lack of a sense of cooperation. To emphasize the necessity of education as the principal means of preventing the disease, Lair is now counting on the cooperative effort of her division and various state entities, such as Electrobras, Telebras, Banco do Brasil and Sesi. In August, a meeting in Campinas, Sao Paulo, will bring together executives from all sectors, including Fiesp, CNI, and Febraban, with specialists to work together on control of the disease.

12942/12232

Increase in Yellow Fever Cases in Brasilia Reported

54000231b Brasilia CORREIO BRAZILIENSE in Portuguese 1 Jun 88 p 24

[Text] The number of cases of sylvatic yellow fever in the Federal District increased over the past year. Of the 18 cases registered in Brazil during that period, 12 occurred in the vicinity of the Federal District and in the cities of Paracatu and Unai. Last year SUCAM registered only 16 cases nationwide. As a result the Superintendency decided to increase its vaccination operations at health stations to protect travelers to midwestern and Amazonic regions.

According to the superintendent of SUCAM, Joselio Fernandes Carvalho Branco, the population of Brasilia need not be alarmed. Although four of the persons stricken in Paracatu had presented symptoms of the disease in Brasilia, there is no possibility of an epidemic in that city since the transmitting mosquito (*Haemogogus*) is not present..

"It is not possible for the disease to be transmitted here because the mosquito cannot survive in Brasilia due to the altitude and climate of the city," said Joselio Carvalho Branco. The cases of sylvatic yellow fever are centered in the midwestern and Amazonic regions. From January to March of this year, 1.2 million doses of vaccine were administered.

In the Paracatu region, which had the largest incidence, practically the entire population was vaccinated, according to the superintendent. As a preventive measure, the vaccination zones were enlarged and the number of SUCAM guards and technical teams were increased, primarily in rural areas. Today there are 262 mobile units circulating in these areas, and there are more than 100 fixed stations in the cities.

"All the cases were of vaccinated people," said the superintendent of SUCAM, recalling that of the 18 cases, 12 died. This is because if the disease is not attacked rapidly it will probably kill the patient. Yellow fever does not have a specific treatment, being viral, but medication can help a person to survive the critical phase of the illness and be cured.

The disease has as its host the monkey. Therefore, it is not possible to eradicate it. There are two types of transmitting mosquitoes: the *Haemogogus*, which transmits sylvatic fever, and the *Aedes aegypti*, which is responsible for the spread of urban fever as well as dengue. The difference between the two diseases is simply the transmission zone.

The incubation period for yellow fever varies from 2 to 5 days. In the first phase of the disease, a person exhibits symptoms similar to those of other viral diseases: stomach, body, and head aches followed by nausea and vomiting. In the second phase, called remission, there is an apparent cure as the symptoms disappear. After some days, the patient enters the toxemic phase, characterized by hemorrhaging in various parts of the body.

In this stage, the liver, kidneys, and spleen are affected. The patient begins to urinate and evacuate blood. There are delirium and convulsions; the body suffers shock and coma and finally the patient dies.

12942

Risk of Dengue, Yellow Fever Epidemic of Concern in Sao Paulo

54002031c Brasilia CORREIO BRAZILIENSE in Portuguese 1 Jun 88 p 24

[Text] SUCAM is seriously concerned about the risk of an epidemic of dengue and even of yellow fever in Sao Paulo, the number of municipalities in the state of Sao Paulo infested by the mosquito that transmits these diseases has grown to 243. The state Superintendency for Public Health Campaign increased the number of persons working in these localities, and has already sent 100 men to Sao Paulo to help with the operation, along with vaccines and equipment.

"We are worried because cases of yellow fever have increased worldwide. The situation in neighboring countries is alarming. We are surrounded," said SUCAM superintendent, Joselio Fernandes Carvalho Branco. In Peru, 123 cases of the illness have been reported up to

now, of which 106 resulted in death. African countries such as Nigeria, Mauritania, and Angola, with which Brazil has commercial ties, have suffered thousands of deaths as a result of the disease.

In Ecuador, 450 cases of dengue have occurred to present, and the numbers are also high in Paraguay, Bolivia, and French Guiana. Thus the worry about Sao Paulo—the only Brazilian state where there has been an increase in the number of cases of dengue, which is transmitted by the same urban yellow fever agent.

The endemic population of Brazil is the largest in the world, comprising 21 million people, occupying an area of 5 million square km. "This year's 18 cases, although more than those of last year, demonstrate that the vaccination work is being done well," declared Joselio Carvalho Branco, recalling that the incidence of the disease passes through cycles, increasing in some years and diminishing in others.

12942/12232

Meningitis Kills Six in Minas

54002031d Rio de Janeiro O GLOBO in Portuguese 21 Jun 88 p 6

[Text] Belo Horizonte—The population of Iapu, a small town in the Vale do Aco, is alarmed by a meningitis outbreak that has killed five people in the last 3 weeks. The outbreak began in March when the first death occurred. Two other victims successfully resisted the disease—which is bacterial, type C—and have recovered after treatment at the Marcio Cunha Hospital in Iapatinga. The Ministry of Health is planning a mass vaccination in the region.

The regional director of health, Marcos Anacleto, said that a medical team was in Iapu Tuesday, informing the population about the disease. He began preventive treatment with antibiotics for those who had the closest contact with the victims.

However, Dr Jose Geraldo Braga Mercante, who was coordinating the work of the Regional Directorate, said that this has not been sufficient to reassure the almost 10,000 inhabitants of the town. He reported that the richest families had been vaccinated at their own expense from vaccine purchased from private laboratories at Belo Horizonte and that many are taking antibiotics without prescription from local doctors.

In Jose Geraldo's opinion, the outbreak is already evident and requires a massive vaccination of the population of Iapu and its environs. The doctor has requested this vaccination from the State Health Secretariat and is awaiting the arrival of a team from that entity.

In Belo Horizonte the technical superintendent of the secretariat, Mario Lucio Peres, said that the Ministry of Health was informed about the situation in Iapu.

According to him, the ministry, which distributes the vaccine, is studying the case and will decide today on a strategy to combat meningitis in the region.

12942/12232

African Bees Attack in Minas Gerais
54002031e Rio de Janeiro O GLOBO in Portuguese
8 Jun 88 p 6

[Text] An attack on a group of students by a swarm of African bees caused panic in the town of Rubelita Norte de Minas Monday afternoon. More than 70 children between the ages of 7 and 10 and 4 adults had to be taken to the Salinas Clinic (30 km away) and 30 remained hospitalized until yesterday. In an almost 2 hour attack, the insects scattered throughout the city of 10,000, obliging commercial and public offices to close their doors. Otavio Davi Miranda related that the bees lived in the ceiling of a shed in the patio of Municipal School Avelino de Almeida and had never caused trouble. But that afternoon around 1400 hours they attacked the

children of two classes, who were having their afternoon snack and playing in the patio. In the commotion the bees invaded the classrooms and were soon inside State School Leonidas Ribeiro next door. Only with the arrival of volunteers covered with blankets, who burned rags to scare off the insects, was it possible to get the children, class by class, out of the schools. In fleeing from the bees some of the children in the patio were injured.
12942/12232

PANAMA

Aids Deaths, Number of Carriers
Panama City MATUTINO in Spanish 4 Aug 88 pp 3, 8

[Summary] Health Ministry authorities have reported that 42 of the 64 officially-diagnosed AIDS patients in Panama have died of the disease and 320 AIDS carriers have been detected among the population. The authorities also reported many of the AIDS cases have involved heterosexual patients.

AFGHANISTAN

Malaria Treatment Center Opened

54004714 *Kabul THE KABUL TIMES in English*
5 Jul 88 p 4

[Text] Kabul, July 3, (BIA)—An emergency service for malaria patients was opened today in the institute for campaign against malaria and parasitology by Dr Abdul Fatah Najm, Minister of Public Health.

This is for the first time that such a service has been established under the institute. It will function round the clock.

The Minister of Public Health, also visited various sections of the institute and gave instructions to the officials in charge for expansion of the programmes of anti-malaria campaign

/9274

BANGLADESH

Malaria Epidemic Reported in Chittagong Hill Tracts

54500167 *Dhaka THE BANGLADESH OBSERVER in English* 11 Jul 88 p 1

[Article: "Malaria Breaks Out in CHT, 30 Die"]

[Text] Chittagong, July 10—The malaria has broken out in the greater Chittagong Hill Tracts in an epidemic form.

The disease has claimed the lives of 30 persons in the past one month. According to official sources over six hundred people were being afflicted with the malignant malaria in Hill Tracts that comprise of Rangamati, Bandarban and Khagrassari districts.

Of the malaria afflicted people about three hundred people suffering from this disease have still been undergoing treatment in different hospitals in Chittagong Hill Tracts.

The malaria victims include 12 persons from Khagrassari District, eight persons from Bandarban and 10 persons from Rangamati. All these dead are Bengali speaking people. Interestingly enough, the non-tribals living in Chittagong Hill Tracts are usually prone to malignant malaria. The 20 per cent non-tribals in Chittagong Hill tracts, according to a study of Health Directorate contain malaria germs in their blood but the tribals by the large are immuned from this disease. The upazilas where the malaria broke out widespread are Matiranga, Pansari and Tabalsari of Khagrassari District, Langadu, Rajasthali, Naniarchar and Juraisari of Rangamati District and Ramu and Lama of Bandarban.

/12223

EGYPT

Authorities To Ignore Anonymous AIDS Allegations at Cairo Airport

54004620 *Cairo AL-AKHBAR in Arabic* 26 Jul 88 p 1

[Text] Strict instructions have been issued from the airport quarantine director to ignore any anonymous complaint against passengers coming from abroad afflicted with AIDS. During recent months, the quarantine office has received more than 22 complaints against passengers afflicted with this abominable disease. Upon investigation, it turned out that all the complaints were deceptive.

Health Minister Cites Only 45 AIDS Cases

54004619 *Cairo AL-AKHBAR in Arabic* 6 Jul 88 p 6

[Text] Yesterday Minister of Health Dr Muhammad Raghieb Dawidar, accompanied by Port Said Governor Gen Sami Khudayr, opened the Comprehensive Treatment Institute in Port Said. The institute works under the system of nominal fees, accommodates 150 beds, and includes all the various specialties. The minister also held a meeting of the governorate's leaders, during which he affirmed that Egyptian blood is 100 percent free of AIDS and that analyses conducted by the ministry in conjunction with its American counterpart confirm this.

The minister said that there are less than 45 cases of AIDS in Egypt, most of them foreigners who will immediately be returned to their countries. He also said that only 45 percent of this number are Egyptians who contracted the disease via transfusions of AIDS-polluted blood.

The minister indicated that he had concluded an agreement with America to supply Egypt with the equipment and materials needed for blood analysis and early detection of AIDS, and that this equipment will be distributed to all areas of Egypt and all government, university, and private laboratories. He said that this equipment will arrive in a few months and added that AIDS does not necessitate quarantine.

National Report Shows Widespread Bilharzia, Lung Disease

54004622 *Cairo AL-AHALI in Arabic* 27 Jul 88 p 1

[Text] The most recent health survey in Egypt has revealed that 3 percent of Egyptians are afflicted with urinary bilharzia and 6.7 percent with enteric bilharzia. The highest percentage of the stricken is between 10 and 15 years old, according to a study of 420,000 people.

The survey demonstrated that 20 percent of the population suffers from diseases of the digestive system and that the percentage of those afflicted in the rural areas is higher than that of the populated areas. The results also revealed that the 5.7 million smokers in Egypt consume an average of 5 million packs of cigarettes a day and that

smoking has spread among the younger generation to a level of about 440,000 smokers under the age of 15, 74,000 of them being under the age of 10. One in every 17 smokers is a woman.

Dr Amin Kamil Sa'id, a consultant at the Nutrition Institute, said that from 18 to 20 percent of Egyptian children suffer from chronic malnutrition, and that this malnutrition generally affects the children's height and weight, as well as being reflected in the development of the nervous system and consequently efficiency and productivity.

This was announced in the first national symposium on the national health survey project, which consists of a comprehensive evaluation of the health situation in Egypt using two field research methods: the personal interview and the medical examination. Twenty thousand citizens were examined and 400,000 personal interviews were conducted, representing 80,000 families.

INDIA

Guidelines Issued for Screening Foreigners for AIDS

54500154 *New Delhi PATRIOT in English 1 Jul 88 p 5*

[Text] Concerned with the growing incidence of AIDS cases in the country, the Centre has circulated detailed guidelines for screening of foreigners and deportation of positive cases, reports PTI.

The Home Ministry has written to all Ministries asking them to instruct their subordinate offices that requests for employment, assignment or admission of a foreigner could be granted initially for a short period within which he should undergo AIDS test.

If the medical examinations indicates that the foreigner has AIDS symptoms, his employment or admission may be cancelled, the Home Ministry be informed in detail about the individual and he may be asked to leave the country, the letter said.

The new procedure has come into effect from the middle of last month.

Guidelines drawn up by the Health Ministry follow the detection of about 20 AIDS cases in various states.

Last week, a prostitute died of AIDS in Bombay.

ICMR director-general A.S. Paintal had even demanded a legislation banning sex with foreigners and NRIs. But the Law Ministry did not agree to the proposal.

Guidelines for the AIDS test are:

A. Foreign Students: (I) any new foreign student being admitted in any Indian educational/research/training institute would be required to give an undertaking for

undergoing a medical test, including for AIDS, within one month of arrival in India and admission will only be confirmed after the result has been found satisfactory.

The student should report to the nearest civil surgeon, chief medical officer of health/superintendent of district hospital in which the education/research/training institute is located.

(II) Till the results are communicated, the student will be provisionally admitted and on production of the fitness certificate, admission would be confirmed. If the student is confirmed to have AIDS infection, his/her provisional admission would be cancelled and he she would be repatriated to his/her own country.

(III) The foreign student may report to any of the identified surveillance centers for the AIDS test instead of reporting to the nearest civil surgeon/chief medical officer of health/superintendent of the district hospitals.

(IV) Any foreign student who has arrived earlier in India and has been continuing the study for some time, is not required to undergo the test.

(V) The student will be required to undergo the test once only during the entire academic course. The question of annual readmissions as it is in practice, may be ignored for the purpose of AIDS testing even if the student visits home after the annual examination and rejoins the course after leave.

(VI) Any person of 18 years of age and above shall be liable to AIDS test. Children below 18 years need not be subject to screening.

(VII) HIV-free certificate within a month before the arrival from any of the WHO-collaborating laboratories may be accepted and in that case, no testing for AIDS will be required in India.

B. Other Foreigners: (I) foreigners working in various missions whether enjoying diplomatic status or not, will not be subjected to AIDS test.

(II) at this stage of AIDS screening programme, foreign journalists accredited to the Press Information Bureau have already been excluded from AIDS testing.

The administrative arrangements are: (i) The administrative authority, where the foreign nationals go for registration, should ensure that foreign nationals are properly instructed to report for AIDS-screening to the nearest designated health authority/surveillance center.

(ii) The nearest surveillance center where foreigners report, should screen foreigners for AIDS test and communicate the results to the concerned administrative authority where the foreign national has reported for registration.

(iii) In case there is no surveillance center available nearby, the local health authority (district medical and health officer/civil surgeon or any other officer assigned for the purpose, shall screen the foreigner for AIDS by taking blood sample from the foreigner and sending the same to the nearest surveillance center.

(iv) If after AIDS test, a foreign national is found to have infection, he will be liable for deportation.

(v) Absolute confidentiality shall be maintained with regard to the name and address of the patient and no publicity shall be given for the same.

(vi) AIDS-testing shall be done within one month of arrival.

(vii) While granting Visa, a clause may be added that the Visa holder is found positive for AIDS.

(viii) HIV-free certificate issued within one month before the arrival from any of the WHO-collaborating laboratories may be accepted and in that case no testing for AIDS will be required in India.

07310

Developments in Fight Against, Spread of AIDS

Results of Bombay Tests

54500162 *Bombay THE TIMES OF INDIA in English*
5 Jul 88 p 4

[Article by George Abraham: "27 Confirmed AIDS Carriers in City"]

[Text] Bombay, July 4—There are today 27 confirmed AIDS virus carriers in the city whose blood has been tested at the two screening centres at the K.E.M. and J.J. Hospitals.

These two hospitals, which have been nominated by the Centre, have between them analysed a total of 6,600 blood samples taken from "high risk groups" over the last two years.

Of the 4,720 blood samples screened at the K.E.M. Hospital, 84 were found to be ELISA sera positive, 47 of which were proved to be ELISA double positive, on a second test. All the 47 samples were sent to the National Institute of Virology, Pune, which has to date certified 24 of them as western blot positive.

Eight proved negative, while the results of 15 are still awaited, hospital sources told this paper today.

At the J.J. Hospital, about 1,000 samples have been analysed and according to Dr P.M. Khare of the microbiology department, only one of them has proved to be western blot positive. He was a foreigner and has since been deported.

Dr I.S. Gilada has also been running an AIDS clinic at the J.J. Hospital since March, 1986, and he has independently screened 880 blood samples so far. Thirty-seven of them were ELISA positive, 24 of double positive and ten of them proved to be western blot positive.

Seven of the ELISA double positive cases, all of whom were eunuchs, could not be followed up, Dr Gilada said. Of the ten western blot positive cases (confirmed AIDS carriers) two were foreigners (a French and a German who were deported), while two others—a city businessman and a prostitute—have died after they developed full-blown AIDS symptoms.

Of the 27 AIDS virus carriers, nine are prostitutes, 15 are men who are also infected with one or more sexually transmitted disease (STD), two are professional blood donors, one is a eunuch, while the other is a man who underwent artificial kidney dialysis at a private hospital here.

According to the hospital authorities, none of them has as yet shown any symptoms of the killer disease. But, they said that the detection of these AIDS carriers and the periodic eruption of a full-blown case has negated the earlier proposition that AIDS is a disease alien to Indians.

In the absence of any legislation on the subject, screening, surveillance and isolation of AIDS cases has become entirely voluntary. The public health departments of both the state government and the Bombay municipal corporation (BMC) are aware that they pose a serious health hazard to the city's population, especially the section which frequents its redlight areas.

However, these officials also pointed out that a large majority of the blood samples were drawn from prostitutes and their customers, and hence the predominance of these groups among those detected as AIDS carriers.

In the first concrete step in this direction, the chairman of the BMC's public health committee, Mr Hareshwar Patil, has proposed the setting up of a 50-bed isolation cell at the Kasturba Hospital. He told this paper that here again admissions would be voluntary, for want of any statutory powers in this regard.

Civil sources pointed out in this context that the reported threat of prosecution held out by Dr (Mrs) Kusum Shah, in-charge executive health officer of the BMC, to Dr I.S. Gilada for admitting an AIDS patient without notifying the BMC, was an idle one. The threat came in the wake of the death of a 38-year-old prostitute at the J.J. Hospital on June 19.

Though the state government designated AIDS as a "dangerous disease" by a notification on November 13, 1986, and the BMC termed the disease as "notifiable" on December, 29, 1986, the BMC Act does not require public hospitals to inform the executive health officer of an AIDS case.

Section 421 makes it mandatory for any "medical practitioner who becomes cognisant or treats a patient suffering from a 'dangerous disease' in any private or public dwelling, other than a public hospital, to give information to the executive health officer (EHO)". Dr Gilada works in a public hospital, namely, the J.J. Hospital, and hence would not attract section 421, the sources said.

Dr Shah convened a meeting of hospital deans, and officials from Bombay University, the state government's public health department, directorate of health services and the BMC's public health department, last Wednesday. The meeting, which was chaired by the additional municipal commissioner, Mr A.K. Mago, was held in the BMC's standing committee room.

It was decided that all western blot positive cases should be notified to the EHO, but official sources pointed out that in the absence of any amendment to section 421 this would still not be applicable to public hospitals, where most of the cases are detected. It was also decided to carry out epidemiological studies to ascertain the sources of infection of the AIDS case which died on June 19.

Mrs Leena Vanmali of Bombay University informed the meeting that they are initiating action to send all foreign students to the surveillance centres for an AIDS test. It was felt that a similar step should be resorted to in the case of foreign students admitted to other institutions in the city.

The Food and Drug Administration commissioner, Mr B.B. Sharma, will be asked to screen blood drawn from private blood banks and professional donors and ensure that all blood products manufactured in the state be certified to be free from AIDS before release into the market.

All blood samples which are found positive for either Australia antigen (hepatitis-B) or venereal diseases should be sent for an ELISA test, it was opined.

Mr Mago called for some legal provision to compel prostitutes to undergo a screening test, and steps for their isolation and rehabilitation if found AIDS positive. He further suggested that prostitutes should be registered, though this would be in clear contravention of the Suppression of Immoral Traffic (SIT) Act.

Dr S.M. Bhadkamkar, joint director (medical), directorate of health services, informed those present that Central legislation on the subject was in the offing, making it compulsory for blood to be screened for AIDS before transfusion.

AIDS in Karnataka

54500162 Bombay *THE TIMES OF INDIA* in English
5 Jul 88 p 14

[Passages in italics as published]

[Text] Bangalore, July 4. (PTI): The detection of an AIDS-positive case in Karnataka a Devadasi (temple dancer) of Soundatti in Belgaum district—may "only be the tip of an iceberg", with the dreaded virus present in many more members of high-risk groups, like prostitutes and professional blood donors, according to doctors of the AIDS surveillance cell here.

The doctors said what aroused their suspicion was the relatively high incidence of AIDS-positive cases in neighbouring Tamil Nadu, which had 117 cases till last year, the highest in the country.

They said the population movement between Tamil Nadu and Karnataka, particularly between the two states capitals of Madras and Bangalore, was very high and this alone was sufficient reason for Karnataka to be on an "AIDS alert."

The reason for only one AIDS-positive case being detected in Karnataka could be the low number of screenings—only 1,506 so far compared to over 10,000 in Tamil Nadu—they felt.

The doctors said the Indian Council for Medical Research was currently investigating the high-AIDS incidence in Tamil Nadu and Pondicherry.

According to an ICMR publication, which gave statistics up to October 1987, there were 13 positive cases out of 8,000 screenings in Delhi, 32 out of 5,800 in Pune, four out of 2,700 in Bombay, 14 from 1,700 in Madurai, and 93 from 6,500 screenings in Madras.

The doctors said investigations into the background of the *Devadasi* revealed that she practised prostitution and had picked up the disease from a customer. After contracting AIDS, she had a baby, which was also found to have the AIDS-causing HIV virus.

The *Devadasi* and her baby are, presently in a remand home in Belgaum, and the woman's condition is being monitored. Though she does not manifest any of the symptoms of the disease, she can transmit the virus to others, the doctors say.

The doctors said the case was only the 114th screened, and considering that "prostitution was practiced by thousands in North Karnataka," immediate large-scale screening and isolation of suspect cases should be given top most priority.

/09599

Child Deaths From 'Mystery Disease' Reported
54500161 New Delhi PATRIOT in English
11 Jul 88 p 6

[Text] Warangal, July 10 (PTI)—A mysterious disease, which has the mixed symptoms of Japanese encephalitis and gastro-enteritis has claimed the lives of 59 children out of 97 affected in Warangal district in the last couple of months, Andhra Pradesh Health Minister Dr Venkateswara Rao said here today.

He told newsmen that there had not been any breakthrough in efforts to identify the virus yet. "As the virology laboratory in Hyderabad, to which the sera were sent, could not isolate the virus, the sera cultures were sent to the institute of virology at Pune and the findings are expected in a week's time", he said.

The disease which was earlier reported in 1986, had killed 20 out of the 89 affected children then, and broke out again in May this year in a virulent form, with 21 of the 25 young patients dying, the Minister said. In June, there were 34 cases, 20 of them fatal and in the last nine days there were 18 deaths out of 38 cases, he added.

Dr Venkateswara Rao, himself a medical man, visited the Mahatma Gandhi Memorial Hospital where most of the children affected by the disease were being admitted. He discussed measures to check the epidemic with district health officials and the collector.

The Minister said 38 villages in 17 mandals of the district and 19 localities in Warangal municipal limits had been identified as the affected areas. He said cases were reported from the neighbouring district of Karimnagar also but details were awaited.

Health authorities are distributing literature on preventive measures, spraying stagnant waters with kerosene, advising people to keep away from pigs and fowls and drink boiled water and maintain cleanliness.

/09599

SUDAN

Government Establishes AIDS Centers for Hospitals

Khartoum SUDAN TIMES in English 31 Jul 88 p 1

[Text] Health Ministry officials yesterday revealed details of how they plan to deal with the threat to the nation's health posed by the deadly Acquired Immune

Deficiency Syndrome otherwise known as AIDS. Medical authorities have decided to establish two centers in each hospital to fight the deadly AIDS virus. The first center will be under the supervision of doctors and sisters working directly with AIDS patients in special wards, while a second center will be organized at blood banks to carry out blood tests and give medical advice on the disease.

A second special training session on AIDS will take place tomorrow morning at the Health Education Centre in Khartoum under the auspices of the National AIDS Fighting Campaign for the training of doctors, nurses and laboratory technicians in the teaching centers of Khartoum, Khartoum North and Military Medical Corps.

07310

Minister Declares Locust Emergency Alert
54004637 Khartoum SUDAN TIMES in English
31 Jul 88 p 1

[Text] Dr El Fatih El Tigani, Minister of Agriculture and Rural Resources declared that Sudan has become an area infested with desert locusts. He added that a state of emergency in the agricultural sector should be declared in order to direct all efforts and available resources to face this danger to the nation's food security.

Waves of these locusts are still invading Sudan across both the eastern and western borders of the country. Sudan has now become one of the most locust infested parts of the world and the Minister has appealed to the states currently financing the anti-desert locust campaigns to further increase their support to eradicate the locust. [as published]

The money allocated in Sudan is twenty-three million Sudanese pounds. A further sum of six million dollars has also been donated. The Minister is therefore convening a meeting at his ministry this evening with representatives of donor organisations to discuss with them the contribution of the various countries.

/9274

FEDERAL REPUBLIC OF GERMANY

SPD Proposals to Combat AIDS

54002516b *Frankfurt/Main FRANKFURTER ALLGEMEINE ZEITUNG* in German 20 Jun 88 p 4

[Text] Bonn, 19 June—The Commission for Domestic and Legal Policy within the executive committee of the SPD (Social Democratic Party), under the leadership of party presidium member Daeubler-Gmerlin, adopted a position paper on AIDS because of the "multitude of complex legal problems" encountered in fighting the immune deficiency disease. Mrs Daeubler-Gmelin said that as long as AIDS was incurable, fighting it would have to be aimed at four things: improving protection against infection through increased awareness and suitable protective measures; avoiding discrimination against AIDS carriers and sufferers, providing adequate financial support for research; and achieving international coordination. The SPD rejects mandatory testing, obligations to report by name, or new threats of punishment. Anyone making these demands is relying on government measures to be effective where only personal responsible behavior can offer effective protection. It would have to be made clear, if necessary through legal provision, that obligations to report by name are impermissible, "whereas obligations to report to a laboratory anonymously are appropriate and justifiable." Those submitting to voluntary testing must be guaranteed complete confidentiality. Collecting, storing, and disseminating personal data on AIDS carriers and sufferers is impermissible. Those serving prison sentences may not be subjected to mandatory testing. Knowledge of infection or illness must remain limited to the resident physician. Job interviews may not include questions concerning HIV infection, and infection may not be the grounds for dismissal. In insurance law, no exclusion of benefits clause may be inserted into existing contracts.

13233

AIDS Commission Members Voice Opposing Views

54002516a *Munich SUEDEUTSCHE ZEITUNG* in German 23 Jun 88 p 5

[Unattributed report: "AIDS Commission Recommends Consultations and Increased Awareness—Most Members Concur With Political Line of Rita Suessmuth/CSU (Christian Social Union) Who Insists on Compulsory Government Measures"]

[Text] Bonn, 22 June—Members of the Bundestag's AIDS Inquiry Commission vividly demonstrated their disagreements over AIDS precautionary measures before Bonn journalists on Wednesday. The press conference called by the commission to present its interim report resulted in heated, sometimes personal controversies between advocates of government sanctions against HIV-infected persons (along Bavarian lines) and representatives of the majority of the commission, who see a

broader awareness campaign on the risks of infection as the best way to contain the immune deficiency disease. The nearly 400-page interim report includes numerous special opinions on prevention, the topic most disputed among the experts.

The inquiry commission, to which nine representatives of the four Bundestag parties and eight experts belong (led by Hans-Peter Voigt, (CDU), began its work 1 year ago under the banner "The AIDS Risk and Effective Ways to Contain It." The 30 working sessions since then have resulted in a multitude of recommendations, which, because their implementation is a matter of some urgency, are already being presented to the Federal and Land governments in the interim report. The majority of the commission particularly favored continuing to intensify the awareness campaigns on AIDS prevention, with the focus on ways to guard against infection. Formulating and presenting the campaigns should be oriented "on the various lifestyles of the target groups." Sex education in secondary and vocational schools should be broadened and AIDS awareness increased. The commission majority expressly welcomed the initiatives of Rita Suessmuth, (CDU), the minister for Youth, Family, Women and Health Affairs.

According to the commission members, an HIV-antibody test should be recommended during consultations when it is seen as a "clean slate test" for a permanent partnership or for a lifestyle without changing sexual partners. In addition, the pregnancy checkups when there is an HIV risk. The commission unanimously advocated methadone substitution, on a case by case basis, as a method of AIDS prevention for drug addicts.

In a 30-page special expert opinion, CSU Representative Norbert Geis and professors Hans-Ullrich Gallwas, Wolfgang Spann, and Nepomuk Zoellner contradicted the majority opinion on AIDS prevention through broad awareness and reproached the advocates of this view for being one-sided. Government sanctions were also necessary, ranging from mandatory testing of suspected individuals, to compulsory reporting by name, to "isolation." Introducing a law requiring infected individuals to use condoms and making it a legal obligation to inform partners before risky contact should also be studied. According to Geis, the commission placed too much value on not discriminating against fringe groups, downplaying the public's need for protection in the process.

SPD (Social Democratic Party) Representatives Renate Schmidt and Margit Conrad protested Geis's observation that homosexual members of the commission who he mentioned by name would have backed the abolition of paragraph 175 of the penal code concerning homosexuals. Expert member Manfred Bruns, a lawyer at the Federal High Court in Karlsruhe, set the record straight by stating that only the suggestion to reorganize the

penal code had been made. He rebuked the CSU representative for repeatedly revising his own opinion within the commission to coincide with the party line each time he consulted Munich.

13233

AIDS Doctors, Psychologists Study Effects of 'Psycho-immunology'
54002528 West Berlin DER TAGESSPIEGEL in German 9 July 88 p 14

[Article by Justin Westhoff: "Favorable Progress with AIDS through Psychological Help?—'Psycho-immunology for HIV Infections' as a New Interdisciplinary Field of Research"]

[Text] The "classic" psychosomatic has been aware of the relationship between emotional experience and physical condition almost as long as every good doctor has. In the meantime, there has been a series of serious indications that the three important regulatory systems of the organism—the nervous, hormonal and immune systems—do not exist independently of each other but rather with each other in complex interaction, and are all subject to additional outside influences. It is easy to suppose that the course of an illness after infection with the AIDS pathogen HIV (human immunodeficiency virus) is partially controlled by emotional-social conditions.

To substantiate this, so that sensible therapeutic concepts can be derived, is not so easy. "The question is still open," said Prof Andreas Raedler of the Hamburg-Eppendorf University Hospital, a specialist in internal diseases and immunology.

The "German AIDS Foundation 'Live Positively'" gained the honor of hosting an international conference of high-profile attendees in Bad-Godesberg on "Psycho-immunology and HIV Infections," the first long-needed interdisciplinary forum. It became clear that the new research topic still suffered from gaps in the knowledge of both "mother disciplines" as well as from language difficulties between psychologists and immunologists. It was in fact fascinating to observe how, in the best scientific tradition, their claims were curbed in order to first find the correct questions to ask and to define tangible units of measurement.

Proven Experimentally and Clinically

Interactions between the psyche and the hormone system are considered proven experimentally and clinically, such as by the example of increased adrenalin production during stress. From the likewise young field of "psycho-oncology" there is further good evidence of a relationship between tumor growth and emotional experience. Clues also suggest here that the immune system functions as the connection. As the graduate psychologist and scientific advisor of the Foundation, Elisabeth

Schiefer-Hofmann, explained in Bonn, several experiments in various European countries in the course of the past 10 years have shown the effects of psychic stimuli not only on the nervous system but also on immunological activities.

Two questions still remain unanswered: does this also apply to the HIV infection and the AIDS illness, where the body's defenses are attacked? And, if there is a relationship between emotional state and measurable immunological data, what "clinical relevance" does it have? That is to say, does it also signify a better and longer life for the infected individual?

Even the fact that HIV-positive individuals who are considered "stable" deteriorate into the worse stages of illness after a longer period of time than infected persons with less social support and an unstable psyche—these are primarily individual observations, suggestive opinions and suppositions—would be valuable purely as a psychosomatic fact, but still could not be called "psycho-immunology." The immune system has not yet been definitely determined to be a connection between emotional condition and physical illness. This appears, however, to be a necessary prerequisite to be able to deduce how, during an immune system illness, studies of this multifaceted event can be organized. In other words, highly interesting building blocks were delivered at the conference, but it was impossible to throw the bridge across the gap between them.

First Studies Presented

One of these building blocks is the first set of studies on the above-mentioned question of whether emotionally stable HIV victims live longer. This claim is supported by work presented by Lydia Temoshok, MD, of the Psychiatric Department of the University of California in San Francisco and the psychologist, Gabriele Franke, from Braunschweig together with the Munich AIDS doctor, Dr Hans Jaeger. Some interesting aspects from Jaeger's position in the Schwabing Hospital: patients whose condition is not improving, but are receiving the mitigating and life-extending medication "AZT," could be characterized as emotionally stable. It is open to speculation as to whether this effect comes from the substance itself or from the hope associated with it. The latter would be partial confirmation for the physical-emotional relationship.

Jaeger believes a second valid observation is that people testing HIV-positive who live in a worry-free environment are generally prepared to adjust their lives to the changed circumstances, including following the rules of "safe sex." This is of considerable importance for secondary prevention, the protection against further infections, and moreover confirms one of the undesirable effects of the "Bavarian treatment catalog."

Third, Franke and Jaeger are surprised by the observation that people, who know of their infection but are displaying either none or very little of the clinical symptoms, differ little from people who test HIV-negative in the measurable degree of stress. Finally, Ms Franke points out that HIV-infected persons who are also drug addicts—and more so for women than men—are suffering from special, measurable psychic problems which could have negative effects on the course of the illness.

The California doctor and AIDS researcher Dr Temoshok was able to repeatedly show that greater stress and emotional capacity correlate with more neurological symptoms and variance in perception and behavior, but Raedler, among others, warned against premature conclusions. Since it has been learned in the meantime that the human immunodeficiency virus can directly damage brain cells along with various immunity cells, the cause and effect could easily be confused with each other.

First investigations in which psychological and immunological parameters are compared with one another—the second building block—were also submitted. Ms Schiefer-Hofmann, for example, reported on a pilot study on an admittedly few infected people. According to the study, especially depressive HIV carriers show an unfavorable relationship between helper and suppressor T cells of the immune system. And Dr Temoshok believes she has found indications that reduced stress, less fear and also a measured amount of sports activities favorably influence the interrelationship of these lymphocytes.

Meanwhile it was precisely at this point that the reduction in expectations down to a currently attainable measure set in. The attending immunologists displayed skepticism as to whether the data taken as fundamental could be stated as fact. Raedler illustrated it so: there is indeed an uncontested parallel between the T_4 number (the immune cells especially important for defense against foreign pathogens) and the clinical stage of AIDS development—but this says little about the significance for emergence of symptoms and illness which is still in large part unexplained. According to Raedler, the (illness) causing the patient to suffer is what must be monitored. Laboratory data which track the opportunistic infection must be collected. This is also possible, but for comprehensive studies for psycho-immunological purposes it is far too expensive. Here, the Hamburg immunologist thinks that the selection of at least one out of three unspecified immunity indicators is appropriate: "neopterin," "beta-2-microglobulin" or the total amount "of large volume lymphocytes."

Dr Bernd Fittschen, an MD as well as a psychologist who likewise works in the Eppendorf Clinic, has been able to show with this "economical data" correlations between emotional state and the activities of the herpes virus. This is incomparably more difficult with HIV, however, and as Raedler explained, the more easily measured

parameters only reveal something about the activity of the immune system, but nothing about the relationship between the nervous, hormonal and immune systems.

Open Discussion

The psychologists were similarly self-critical concerning their data. And so the planned psycho-immunological studies on HIV infections and AIDS presented in Bad-Godesberg were discussed in pleasant openness between the representatives of both fields.

The German AIDS Foundation "Live Positively" has already pledged a research grant of DM75,000 for a study at the University of Erlangen-Nuernberg. Dr Peter Leiberich (psychology and medicine) as well as his psychology professor Erhard Olbrich want to determine whether appropriate work on problems and extensive social contacts with people who later learn of their HIV infection would better deal with the subject, and whether this has a positive effect on the illness's development.

The graduate psychologist, Joachim Bliemeister, (University of Kiel) presented a three-part plan of study: one part of the research is limited to the relationship between emotional influences and health developments with HIV-infected people. The second part concerns whether the health of those people can be favorably influenced through special forms of psychotherapy. The third part would consist of basic research to determine the degree to which changes in the immune system have any clinical relevance at all. If it is possible to relate these three aspects, then the first presentable results can be promised. Some of the planned tests relate either purely to a psychosomatic context and on psychotherapeutical research—this would be perceived as being just as important as the indication to the contrary that not every stricken person belongs in "professional hands." Others considered the chances for success as small.

Conference participants went into the greatest detail discussing one of the studies planned for the General College of Essen. Certainly this was the case because it proved to hold so much promise. The graduate psychologist, Ann Schaefer, begins with the maxim of the "stress theory," whereby the severity and duration of individual stress reactions depends primarily on the possibilities of the individual to handle pressure situations. There are first indications that the manner of handling stress is related to limitations of immune functions. The behavior of HIV-infected persons with regards to preventing further (infections) depends on this, by the way. This supports the test to influence the actual physical health of HIV-infected people through psychotherapeutic means.

This test also has three parts: which effects do long-term psycho-social burdens have on the immune system? How does short-term stress function? And: instead of protracted psychoanalytical techniques, can short-term procedures such as group therapy favorably influence the

immune system of HIV-infected people? The "stress experiment" on people should proceed as follows: the group will be shown a specially-produced film which depicts the typical stress situations for HIV-infected people (the doctor's diagnosis and notification, word from the (sex) partner about the illness, reading a SPIEGEL article about AIDS, etc). In all the steps of the study, the subjective evaluations of health conditions, evaluation of emotional conditions by the therapists, physical functions such as blood pressure and heart rate as well as the immune status will all be determined.

Ethical questions about these first psycho-immunological tests were thoroughly and passionately addressed. An additional burden for HIV-infected people is certainly not acceptable as a basic principle. For the Essen study, however, these were unanimously approved (in this study, the known conflict situations were repeated and the test subjects would be carefully selected and in constant psychosocial care). This is because both must be the tests with people: immediate help for the individual, the "laboratory rabbits," and scientific results which signify a truly human advance.

13071

IRELAND

Health Minister Gives Statistics on AIDS Cases
54500156 *Dublin IRISH INDEPENDENT in English*
24 Jun 88 p 8

[Article by Lorna Reid: "Drug Abuse 'Dominant AIDS Risk Area'"]

[Text] The future pattern of AIDS in Ireland will be dominated by intravenous drug abuse, Health Minister Dr. Rory O'Hanlon told the Dail yesterday. And the most serious implication of this was the risk of the spread of the disease to the heterosexual community—there was evidence the virus was already spreading to that section.

Moving a £1 billion estimate for his Department, the Minister said to date there had been 49 cases of AIDS here, nine had been haemophiliacs, one heterosexual, 18 homosexual/bisexual, 14 intravenous drug abusers, four homosexual/IV drug abusers and three babies born to infected mothers.

Dr. O'Hanlon said that 60 per cent of the 742 cases identified as HIV positive were intravenous drug abusers.

He said an allocation of £450,000 had been made available from the National Lottery funds for special AIDS measures this year and there were also plans to provide a long-term AIDS programme in secondary schools.

The Minister said he did not have any plans to abolish the eight health boards. The most effective approach to health board organisation was to identify the existing failings and shortfalls. The different delivery systems would have to be tested to establish their value and the necessary adjustments in structures, management and responsibility would have to be made.

Dr. O'Hanlon said that his Department, in conjunction with the health board management, is to review the corporate and managerial functions of the boards and identify deficiencies. He would be bringing in measures to abolish the local health committees and to introduce certain controls over the unnecessary flow of patients away from local based hospital services to similar services outside their health board areas.

"Unhindered freedom of choice is not a luxury we can afford given the regional nature of hospital development," he said.

Dr. O'Hanlon said he would be proposing measures which would require nursing homes to be formally registered in advance of their establishment. The homes would have to meet certain standards in order to continue to be registered.

/12223

Dublin Said To Have Record Number of AIDS Babies
54500157 *Belfast NEWS LETTER in English*
6 Jun 88 pp 1, 2

[Article: "AIDS Babies Horror"]

[Text] Eire is in the grip of an AIDS babies epidemic. And Roman Catholic attitudes to contraception have been blamed.

Latest figures show 45 babies born to young mothers with AIDS have been registered as HIV positive immediately after birth.

The figures make Dublin and AIDS Baby capital of Europe, with proportionally more newborn infants having AIDS antibodies there than in any other city.

Three of the babies have already developed AIDS which inevitably leads to death.

Experts blame the problem on the low use of condoms by people at risk in Eire.

Until recently, contraceptives were banned, reflecting Roman Catholic teaching against birth control.

Most of the babies have been born to young working class mothers in Dublin. Many of the mothers are intravenous drug abusers, or have had relationships with men who are drug addicts.

Teenage heroin addiction is rampant in the poor areas of Dublin and experts say needle sharing is common.

Although condoms are now legally available in chemist shops and through family planning clinics, they are less easily available than in any other European city.

Some of the young mothers infected with the AIDS virus have had three or four babies.

Another factor in making Dublin's figures worse is the ban on abortion. In other European countries AIDS-infected women who become pregnant almost invariably have an abortion.

Doctors and social workers are trying to set up a comprehensive programme of research to deal with the problem.

But they say they are being hampered by major cutbacks on health spending ordered as part of Premier Charles Haughey's economy drive.

A group of medical and legal practitioners under the chairmanship of Dr Irene Hillery of University College Dublin has opened a fund with the aim of raising £1 million for research.

So far it has received a £100,000 donation from Virgin Airlines chief Richard Branson.

According to Professor Hillary Eire is reluctant to face up to the problem caused partly by economic and partly by cultural factors.

She said the country is "sitting on a timebomb".

Some of the young women who have given birth to the 44 registered AIDS babies have died since their children were born.

/12223

Irish Tuberculosis Rate Double European Average
54500160 Dublin IRISH INDEPENDENT in English
15 Jul 88 p 3

[Text] Our annual incidence of tuberculosis is the highest in Europe, at double the Continental average, an international gathering of doctors heard in Dublin yesterday.

The Republic's rate of TB is also more than four times that of Britain and three times higher Northern Ireland, despite a costly eradication campaign directed against the disease over the last 30 years.

A team of doctors from Peamount Hospital, Newcastle, Co. Dublin, has carried out extensive research into the disease, which is still responsible for at least 160 deaths every year in Ireland. About 800 new cases are recorded every year.

On average there were 159 TB deaths each year among 1,096 new patients annually, in 11 years from 1973 to 1984.

Details of the three doctors' research were outlined yesterday at the European Congress on Chest Diseases at Trinity College. Experts from all over the world are attending the symposium.

The three, Dr. Paul Kelly, Dr. Fintan Howell and Dr. Luke Clancy concluded: "There is an urgent need for a consensus on management of this condition, particularly since we have one of the highest mortality and morbidity rates in the EC."

/08309

First Cases of Lyme Disease Reported in Ireland
54500158 Dublin IRISH INDEPENDENT in English
24 Jun 88 p 3

[Article: "New Disease Here"]

[Text] Feeling lethargic this weather? Notice any mild summer flu symptoms lately? Or, per chance, a few arthritis-like pains in the bones? Lyme disease a recently discovered disease spread by tick bites—has attacked at least ten people in Ireland since the beginning of the year.

Prof. Irene Hillery, head of the Virus Reference Laboratory at UCD, said that the condition can be treated effectively with penicillin. "There is no cause for aware of the symptoms so that they can seek treatment before the disease worsens." It is believed the ticks come from deer.

/12223

Risk of Rabies, Foot and Mouth Coming Into Ireland
54500159 Dublin IRISH INDEPENDENT in English
9 Jul 88 p 3

[Article by William Dillon, Agriculture Correspondent: "Rabies Risk Looming as Euro Barriers Come Down"]

[Text] The deadly risk of foot-and-mouth or rabies getting into Ireland could increase when EC barriers on animal movements are removed in 1992, a senior civil servant told a major Dublin conference yesterday.

Mr. Michael Dowling, Assistant Secretary of the Department of Agriculture, admitted the Government was worried that Ireland's freedom from such diseases might be in danger with the arrival of the European single open market.

He told a conference on 1992, organised by ICOS, the umbrella body for co-ops, the new rules could mean we might have to take animals from countries which currently vaccinated against foot-and-mouth, instead of our policy of slaughtering.

He expressed concern that the EC, in harmonising animal and plant health regulations could move away from the high standards currently applied in this country towards lower ones operating on mainland Europe.

Mr. Dowling said it was not clear how the foot-and-mouth position was going to be harmonised. A common vaccination policy might be laid down, or certain regions might be designated free. Though Ireland would prefer the latter approach, both would create problems for us.

On the danger of rabies, he said provisions existed to allow us to retain national sanctions, subject to Commission approval, for areas of major risk.

The conference was told by EC Commissioner, Peter Sutherland, that there was a regrettable Irish tendency to see Europe, apart from being a source of handouts, as a means of securing derogations. But by doing this, we set ourselves apart.

"By over-emphasising the special cases and the peculiar difficulties, it can easily create the impression that Ireland is not a place to do business and over-emphasising our peripheralality can make it a self-fulfilling prophecy" he warned.

Trade and Marketing Minister Seamus Brennan said the removal of internal barriers and access to a market of 320 million people presented exciting and enormous opportunities.

ICOS president, Michael Gibbons hit out at the "opportunistic and petty sniping" which was sometimes lauded as competition with the co-op movement. He said the job of co-ops between now and 1992 was to structure a united farmer controlled business with the strength to compete in the market place.

Urging much closer co-operation, he said our real competitors were the giant multi-nationals who dominated the European and world market place, "It is instructive to note that, of the top 40 European food businesses, none of them is Irish," he added.

/12223

NORWAY

Weather Conditions Seen Increasing Danger of Beetle Invasion

54002523 Oslo AFTENPOSTEN in Norwegian
15 Jul 88 p 4

[Article by Steinar Arneson: "Danger of Bark Beetle Invasion Next Year"]

[Text] Tonsberg. There have been disturbingly good growth conditions for bark beetles this year. Unless the tree cultivators pay careful attention to proper forest

hygiene, we may face a new bark beetle invasion in the forests of Ostland next year, stated Ostland County Forestry Chief Kristoffer Bakkerud in Vestfold to AFTENPOSTEN.

Bakkerud is sounding the alarm after viewing the ongoing tests which are being done in Vestfold, and he believes that the situation is just as dangerous for both Buskerud and Telemark.

Dangerous Next Year

"We have set out between two and three traps in all towns in the county," explained Bakkerud. The good conditions for beetle appearance in the forests this June have laid the ground for next-year's beetle army. "He does not think that the beetles will invade the forests before the end of fall, but will rather burrow into the soil, where they will overwinter until the spring thaw. If next spring is adequately warm and dry, he fears a catastrophe.

Some Potato Rot

"Even though the combination of high humidity, much precipitation and relatively high temperatures provide danger for potato rot, there has been surprisingly little of this in evidence. Potato farmers have received a "danger warning" two or three times this year already, and I think most farmers have sprayed by now," said the chief agronomist in the largest potato municipality in Vestfold, Einar Nord-Verhaug, in Larvik to AFTENPOSTEN.

Of a total potato cultivation area of approximately 3,500 acres, the farmers in Larvik are responsible for between 70 and 75 percent of the total production, that is, approximately 42,000 tons of potatoes yearly.

An inspector from the National Plant Inspection Agency was out inspecting the larger potato farms in Vestfold and Ostfold counties earlier this week, and he confirmed that farmers have become more and more skillful in protecting themselves against dry rot, a type of fungus which can destroy entire crops. The most critical phase occurs usually in the last part of the potato season.

/08309

PORTUGAL

Brucellosis Outbreak in Alentejo Region

54002529 Lisbon O DIA in Portuguese 24 Jul 88 p 6

[Text] An outbreak of brucellosis that has been verified in the Odemira zone of the Lower Alentejo has already killed more than 100 head of dairy cattle, according to agricultural sources.

The focus of the illness, detected at Charneca de Ode-mira, in the Salvador parish, is cattle transported after being purchased at various markets by buyers who "do not check on their state of health."

The illness, easily transmittable to other animals through common grazing grounds and water sources used, is being brought under control by the health services of the agricultural zone of Ode-mira.

The farmers whose herds have been affected by the disease are indemnified for up to 20,000 escudos per head, to which is added 580 escudos per kg of meat when they are slaughtered at the Beja abattoir.

12857

SPAIN

Extremely High Incidence of AIDS in Prisons Reported

70 Percent Incidence in Basauri Prison
54002520 Madrid DIARIO 16 in Spanish 6 Jun 88 p 9

[Article by Arturo Cenzano: "AIDS, Hepatitis and Tuberculosis in Penal Institutions: First Public Health Reports Consider Prisons to be Sources of Infection"]

[Text] Madrid—The first reports on the health of prison inmates, compiled at penal institutions in Aragon and Catalonia, consider Spanish prisons to be sources of infection. The problem is, moreover, aggravated by the absence of uniform criteria for care procedures and the administration's ambiguity in regulating labor conditions for professionals who work in this field.

Specialists are of the opinion that the diseases that are now centered in the prisons will end up adversely affecting the health of the general public since we are basically dealing with highly infectious diseases. In Andalusia some 30 doctors are trying to create a state association to deal with a problem which they feel is accelerating rapidly.

The pilot study conducted in Aragon focused on 91 Daroca Prison inmates, 95 percent of whom had admitted their addiction to drugs. Of this population, 59.4 percent are AIDS carriers, a percentage that rises to 72.3 among heroin addicts. Also, 83.52 percent of those examined turned out to be carriers of hepatitis B antibodies.

The sample taken at the Catalan prisons focused on 900 prisoners. Forty-five percent of them showed the presence of AIDS antibodies, 55 percent hepatitis antibodies and about 10 proved to be suffering from active tuberculosis, a disease that had been thought to be practically eradicated and which is suddenly reappearing in the prisons.

Overcrowding in Spanish penal institutions forces those afflicted with different infectious diseases to live together, ending up infecting one another. Moreover, the health status of the prisoners, in spite of their youth, shows notable deficiencies with some very weak defenses, which especially favors the transmission of diseases.

Ninety percent of the prisoners at Daroca admit to having shared needles to inject themselves with, a situation that appears to constitute a primary path of contagion.

According to these reports, the impact of AIDS transmitted through sexual channels shows a rather reduced incidence. Only four cases of antibody carriers have been discovered among those who smoke hashish exclusively and pose a risk by engaging in prostitution.

Specialists have rather clearly profiled the Spanish prisoner who is a victim of AIDS. He is male, about 22 years old and the records show that he is a heroin addict in 83.33 percent of the cases and was unemployed before going to prison.

The data obtained make it advisable to reconvert some penal institutions into actual hospitals, given the fact that they house populations largely composed of patients afflicted with serious diseases who require highly specialized care.

However, the preventive measures that have been adopted in the prisons are surprisingly rudimentary in nature. In Catalonia each cell gets a bottle of lye every 2 weeks, an elementary disinfectant of no effectiveness against hepatitis or AIDS.

Condoms are also distributed free of charge, even though statistics recently compiled by American specialists seriously lay open to question their efficacy. The measure of preventive vaccination against hepatitis which is increasingly being adopted to avoid the spread of the disease to the healthy population is a more realistic one.

Prison officials have repeatedly spoken out against the deterioration of care levels at these prisons. A report recently submitted to the administration by the staff of Modelo Prison describes that prison as a breeding ground for parasites and infections, includes it among the high risk groups and denounces the indiscriminate mingling of infected [prisoners with the general population], and the lack of fumigations.

Aragon, Catalonia Percentages
*54002520 Madrid DIARIO 16 in Spanish
20 Jun 88 p 12*

[Article: "European Justice Ministers to Study Prison Conditions: 70 Percent of the Basauri Prisoner Population Are Infected With AIDS"]

[Text] Bilbao—Seventy percent of the 254 inmates of Basauri Prison (Vizcaya) are infected with the AIDS virus, according to the prison doctor, Victor Fernandez de Larrinoa.

In an interview published yesterday by the Basque newspaper DEIA, Dr Fernandez de Larrinoa stated that 10 of the approximately 180 prisoners infected with AIDS, all 10 averaging 24 years of age, show a very advanced stage of the disease.

The Basauri Prison doctor, who has held that post for 7 years, explained that "at the beginning of this year I used to see a new case of AIDS every 3 weeks, then later every two, then once a week and at this point I see two cases a week and soon it will be three cases."

"The situation is getting worse. I hope that the Department of Penal Institutions increases its public health staff and that the institutions in general, and our society in particular, are capable of understanding and dealing with this problem," Victor Fernandez added.

"Yesterday, for example," Fernandez de Larrinoa explained, "I had to tell a patient that he was going to die. He was already finished. I would not have wished to be in his shoes and I had to say to him very plainly: 'Look, my dear fellow, it may be days, hours, weeks. We're going to try to restore you to health, but at least let's see to it that you don't die in the street.' That's hard, very hard."

The European ministers of justice are to meet in Lisbon tomorrow, Tuesday, and Wednesday to study how the spread of AIDS should be handled in prisons.

During the conference the European ministers, who hold biannual meetings, will study the "penal and criminological issues raised by the spread of infectious diseases, including the AIDS situation."

11466

SWEDEN

Paper Argues in Favor of Methadone To Halt AIDS Spread

*53002594a Stockholm DAGENS NYHETER in Swedish
16 Jul 88 p 2*

[Editorial: "Methadone Saves Lives"]

[Text] Ever since scientists at the Ulleraker Research Center in Uppsala began trying to treat drug addicts with methadone over 20 years ago, the method has been controversial. On the part of the Drug Abuser Service, whose worthy goal is the patients' freedom from dependency, it has naturally been difficult to accept the capitulation, in principle, which gave the methadone project physicians the authority to provide the drug abusers with liquid narcotics through the pharmacies.

Evaluations have clearly indicated, however, that the treatment has been successful. Those drug addicts who received the methadone have survived considerably longer and, in many cases, they are living an outwardly

normal social life. They can handle an ordinary job and do not have to look to prostitution or criminal acts for their money. The methadone provides them with an even blood-level of narcotics without the heroin's dramatic swings between a short-lived peace and an urgent need.

The risks in providing drug addicts with methadone are obvious, however. The project control has to be rigorous.

In order to ensure that the methadone project only includes patients with serious drug dependency, a number of criteria were laid down. The National Social Welfare Board (NSWB) approved Ulleraker's original admittance regulations in 1988. According to these, a drug abuser, who is 20 years of age or older, must demonstrate a compulsory opiate abuse of at least 4 years' duration in order to be considered for the project. Furthermore, tests have to prove that the drug abuse is ongoing. At least three serious efforts at quitting the drug habit must have failed and the patient must be in an "acceptable freedom-of-choice" situation, i.e., not in custody or sentenced to prison. Advanced mixed drug abuse is also not allowed.

A debate has begun in the editorial pages of the DAGENS NYHETER about the admittance regulations and the NSWB actions in regards to the methadone question. Lars Gunne, professor of psychiatry at Ulleraker, feels that the NSWB is too inflexible in its adherence to the current admittance regulations and that it has been unable to change them in the new reality that confronted the Drug Abuser Service after the HIV-infection struck the drug addicts.

Gunne's criticism seems justified. An HIV-infected drug abuser must be allowed to receive medically advanced treatment and, for humanitarian reasons, must be given the opportunity to escape the urgent need for a fix and the degrading life of an addict. In those cases where the drug addict is not HIV-infected, there is reason to hope that his career of drug abuse might end after 10-15 years, which actually does happen. Unfortunately, all indications are that the HIV-infected person is not given this long period for reflection. Consequently, there are humanitarian and medical reasons for being somewhat more liberal in prescribing methadone for HIV-positive drug addicts.

There is also a purely social side to the methadone treatment of HIV-infected drug addicts. Methadone is taken by mouth and the risk for spreading the infection through dirty needles is reduced. Furthermore, the methadone treatment may make heroin addicts, who formerly prostituted themselves, disappear from the streets. These general arguments for the methadone treatment are one way of looking at the problem. The possibilities exist nowadays, at least theoretically, of legally taking into custody those drug addicts who knowingly spread their HIV-infection.

Should the addicts then, in their desperate search for drugs, allow themselves to become infected with HIV in order to increase their chances of receiving methadone? The risk exists. For the one who daily plays with his own death, a distant risk of AIDS is a hazier threat than it is for the rest of us. Experience and ability are required of those who are going to handle the balancing act and soften the admittance regulations for methadone treatments so that the situation becomes more humane for those already infected with HIV, without tempting those who are not.

By decentralizing admittance to the methadone program to three places, Lund and Stockholm besides Uppsala, the NSWB risks depriving itself of the expertise that has been gathered at Ulleraker. Small variances in the application of the admittance regulations in the different places can be devastating. The drug addicts are also to be found primarily in Stockholm and Malmo which will cause a strong reduction in Ulleraker's patient support.

The NSWB also persists in putting a limit on the number of patients in the methadone program. Currently a maximum of 300 patients may receive treatment. Since there are 170 in the program, there is certainly room for more, but there are no regulations anywhere else in the health care system that limit the number of patients who can take part in a treatment that is no longer classified as experimental.

This limit and the hardnosed debate with the physicians at Ulleraker seem to reflect the National Social Welfare Board's own, unfortunately still ambivalent, attitude towards methadone.

12339

Number Of HIV-Infected Continues Decline
54002537 Stockholm DAGENS NYHETER in Swedish
16 Aug 88 p 6

[Article by Annika E. Ortmark: "Increasingly Fewer Cases of HIV"]

[Text] The number of HIV-positives in Sweden continues to drop, according to the latest statistics. Both in June and July, there were 18 new HIV cases reported. This is the lowest figure since reporting on HIV started in 1985.

The trend over the last half year has been one of increasingly fewer newly reported HIV-positives. In January, the National Bacteriological Laboratory (SBL) registered 33 new HIV-positives. In March, SBL registered 26 HIV-positives, and in May, 23 new cases.

The latest statistics from SBL show only 18 newly reported HIV cases, and 8 cases of AIDS during the month of July.

"This is certainly low but this may be because of delays in reportings because of vacations, and because people are not having themselves tested to the same extent in summer," said Malin Arneborn, a nurse in SBL's Epidemiology Division.

It is not clear yet how many have had themselves tested over the last few months. On the other hand, there is no doubt that ever increasing numbers of people have been tested this year, and that fewer of them are HIV-positive.

"One theory is that the homosexual and bisexual individuals, who make up the largest group, have already been tested and found positive. The intravenous abusers have also gone through testing, so that now there will not be as many new HIV-positive people in the risk groups.

Infected Blood

According to Arneborn, many outside the risk groups are having themselves tested. This may be one explanation for the reduced number of HIV-positives. Of the 18 newly-reported HIV-positives, 6 are homosexuals or bisexuals, 3 are intravenous drug users, and one person had gotten a blood transfusion abroad in 1983 and 1985. Altogether, there have been 871 HIV cases and 214 AIDS-diseased reported in Sweden up to 31 July of this year.

TURKEY

Trade Union Wants Radiation Check at U.S. Bases
TA1208160688 Ankara ANATOLIA in English
1410 GMT 12 Aug 88

[Text] Adana (A.A.)—Harb-Is Trade Union Adana branch office called for immediate control of radiation and radon gas measurements at the American base in Pirinlik Air Base and Karatas Radar Station in southern Turkey.

Mustafa Acet, the president of the trade union, told A.A. that 6 Turkish workers at these American outfits had been subject to contamination.

Indicating that these workers lost all the hair on their heads after passing through the loading and unloading area of planes that arrived from the States in 1983, Acet claimed of these workers, Niyazi Yahsi had been affected most.

Acet declared that the verdict of "nothing wrong" by the American Hospital did not satisfy the trade union.