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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

JPRS-TEP-88-020

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## INTER-AFRICAN

### French Foundation, WHO Take Action Against AIDS

**Mrs Danielle Mitterand Presents Check to WHO**  
*54000151 Niamey LE SAHEL in French*  
*9-10 Jul 88 p 9*

[Text] The president of Fondation France Libertes, Mrs Danielle Mitterand, presented a check for 6 million U.S. dollars in Brazzaville Tuesday to the World Health Organization's (WHO) African regional director, Dr Monekosso. The money will be used to assist in the fight against AIDS in Africa.

According to a WHO press communique published Wednesday, the sum will go toward setting up a blood bank to shore up the fight against AIDS.

Mrs Mitterand, wife of the French head of state Francois Mitterand, visited WHO's regional office for Africa Tuesday. She mentioned that the money was donated by individuals who had seen the film on AIDS made by Fondation France Libertes in collaboration with WHO's regional administration for Africa. The film was shot in six African countries: the Congo, Zaire, Burundi, Kenya, the Central African Republic, and Uganda.

Mrs Mitterand expressed her organization's unremitting commitment to the fight against AIDS, pointing out that is not the only disease [in Africa]: other health problems exist, particularly maternal and childhood illnesses, which must not be ignored.

The regional director of WHO remarked that specialists had been sent to all member countries in Africa to advise, study, and set up short- and long-term programs against AIDS.

He expressed the hope that other organizations would follow Fondation France Liberte's example, by contributing to the improvement of the health of the impoverished peoples of the world.

### Anti-AIDS Day Set

*K54000151 Kinshasa ELIMA in French 27 Jul 88 p 7*

[Text] The World Health Organization (WHO) has proposed to its 148 member countries that 1 December of this year be declared International Anti-AIDS (Acquired Immunodeficiency Syndrome) Day, the Nigerian newspaper "The Punch" reported Monday.

Citing WHO sources in Lagos, the newspaper disclosed that WHO had appealed to the public health ministers of the 148 member countries to combine their efforts to prevent any further spread of the fearsome disease.

According to these same sources, the day's theme will be "How I Fight AIDS."

Dr Jonathan Mann, WHO's director in charge of the international anti-AIDS program, said: "We want every country, organization, and individual in the world to become involved in the battle against AIDS."

## CAMEROON

### Statistics on AIDS Reported

*34000012 Yaounde CAMEROON TRIBUNE in English*  
*9 Sep 88 p 3*

Sixty-two cases of infection of the deadly disease, Acquired Immune Deficiency Syndrome (AIDS) have so far been reported in Cameroon. Medical officials meeting recently in Yaounde to make available updates on the diagnosis of the virus in the country have expressed dismay over the scepticism and thick skin attitude some Cameroonians are putting up towards the sensitization campaign. Reports from surveys still show that many doubt the existence of such a disease.

Many Cameroonians seem to harp on the allegation that they have not seen patients suffering from the disease. Speaking at the Yaounde University Teaching Hospital (CUSS) Professor Lazare Kaptue said the disease exists in Cameroon.

In an expose, Dr. Mfonfu of the Ministry of Health said blood tests so far have shown 62 cases of persons carrying the AIDS virus while 35 have died from it. Blood tests for the virus began in the country only in 1985 and since then, apparatus to screening for the virus were distributed to all provincial headquarters. The aim has been to keep track of its evolution. Although the situation is not alarming yet, the evolution indicates signs of rapid growth.

The epidemiological situation of AIDS reveals that the prevalence of the anti-HIV anti-bodies in the prostitute community in Douala and Yaounde is 7.5 percent and 7.1 percent respectively. In Maroua, it is 3.3 percent.

So far provinces in which AIDS has been notified are: the Centre, South, East, Littoral, West, Far-North, Adamawa and South-West.

The prevalence of the disease is still at about 0.5 percent of the population.

### Cases Signalled in Cameroon as of August 31, 1988

Age	Masculine	Feminine	Number	Percentage
Less than 19 Years	0	2	2	3.2
19 Years	1	2	3	4.8
20 to 29	12	25	37	59.7
40 to 59	8	9	17	27.4
60 and more	2	1	3	4.8
Total	23	39	62	99.9
Percentage	37.1	62.9	100	0

Age	Deaths According to Age And Sex			Percentage
	Masculine	Feminine	Number	
Less than 19	0	1	1	2.9
19	1	1	2	5.7
20 to 39	7	12	19	54.3
40 to 59	6	5	11	31.4
60 and above	1	1	2	5.7
Total	15	20	35	150
Percentage	42.9	57.1	100	0

Source: Department of Public Health

### National Reportedly Needs CFA 2 Billion To Fight AIDS

34000725d Yaounde CAMEROON TRIBUNE in English 8 Jul 88 p 3

[Article by Nde Patrice Ateh]

[Text] The Minister of Public Health, Professor Mbete has revealed that Cameroon needs about CFA 2,000 million over the next five years to combat the prevalence of AIDS in the country. He made the declaration in Yaounde early this week while presiding over a fund-raising ceremony for fight against the Acquired Immune Deficiency Syndrome.

Professor Mbete told aid donors that the prevalence of the AIDS virus is 0.3 per cent of 0.5 per cent within the adult population. He revealed that risk groups such as free girls represent 6.5 per cent and 7 per cent in Yaounde and Douala respectively.

The Minister said that Cameroon has a relatively low rate of the HIV infection in the sub-region. He noted that, despite this privileged position the country needed urgent preventive measures to control its spread. Prof Mbete said that these preventive measures implied enormous financial resources especially during the current economic crisis. He implored upon the generosity of aid donors to help Cameroon achieve its goals.

The Minister revealed that the five-year plan is based on nine objectives. According to him the plan involves the evaluation of the epidemic now, supervise its progression, develop research strategies and reduce its transmission through sexual contact. He added that the plan also includes the control of transmission through blood transfusion, injections, needles, from mother to child and improve the knowledge of health personnel.

Prof Mbete recounted the activities of the government to combat the prevalence of AIDS in the country. He said that since 1985 the government started screenings sero-positive cases in the 10 provinces, sensitised the population through the medias, trained staff and equipped laboratories to handle discovered cases. While closing the ceremony he lauded the willingness of governments and non-governmental bodies to assist Cameroon. The Minister said that the country needs technical

equipment, material and money to achieve the slated programme for the fight. He assured all aid donors of good management, better execution, follow up, control and evaluation of the plan.

In an earlier speech at the start of the fund-raising campaign, the WHO representative from Brazzaville, Dr Roger Molouba revealed that Africa has 11,000 cases of AIDS in the last 17 months. Mr Molouba said that AIDS has no cure or vaccine but could be controlled. He called on political, administrative, religious authorities, teachers and the medias, health personnel to continuously explain to the population how to avoid AIDS. Dr Molouba reiterated the objectives of the UNO General Assembly towards the elimination of AIDS in the world. He said that the WHO, UNDP and the members of the UN system, non-governmental organisations and industrialised nations should pool their resources together to combat AIDS. Dr Molouba said that the WHO needs about 66 million dollars for the world's AIDS programme. He said that health was a right and that through the collective efforts of all and Sunday we will be able to achieve it.

In his speech Professor Kapture, Director of Health in Cameroon, revealed that as at July 1988, 59 AIDS cases has been registered. He said that the AIDS situation in Cameroon was not really frightening but enabled the government to stop its expansion. The Director noted that technicians have been trained for all the 10 provinces to handle the AIDS situation in these areas.

It will be recalled that the Acquired Immune Deficiency Syndrome, is an infectious disease spread by a virus. It is called syndrome because it consists of several signs and symptoms. This virus invades the body and weakens its resistance and makes it defenseless against infections. A carrier is a person infected with the virus but who has no symptoms. This person can still pass the virus to someone else. AIDS is spread when blood, semen or vaginal secretion of an infected person comes into contact with the blood or mucous membrane of a healthy person. It is transmitted by sexual intercourse, contaminated needles and syringes, transfusion of infection blood, infected mother to her unborn child.

The three-day fund-raising campaign was attended by representative Sweden, West Germany, China, France, Holland, Belgium, Canada, World Bank, Save the Children Federation, African Development Bank. Other participants came from the EEC, UNDP, Soviet Union, the Vatican, UNICEF, Institut Pasteur and OCEAC.

## GHANA

### Official Says Nation Lacks Personnel To Combat AIDS

34000726c Lusaka TIMES OF ZAMBIA in English 17 Aug 88 p 4

[Excerpt] Accra, Tuesday. Ghana is losing the battle against AIDS and trained medical staff and equipment

to treat the deadly disease are lacking, the Ghana news agency (GNA) reported yesterday. Dr Phyllis Antwi, charged with controlling the spread of the disease in this West African country, told GNA that an average of 20 cases a month were being recorded in each of Ghana's seven regional hospitals.

Ghana does not have enough trained medical and technical staff or blood screening equipment to contain AIDS, she added.

Ghana had recorded 334 cases of AIDS up to April this year.

## KENYA

### Polio Immunization Program Extended to All Districts

54000001a Nairobi KENYA TIMES in English  
25 Aug 88 p 4

[Article by Paul Muhoho: "Polio War Spreads in All Districts—Kibaki"]

[Text] The government has extended the polio immunisation programme to all the country's 41 districts and parents should take it seriously to protect their children, the Minister of Health, Mr Mwai Kibaki, said yesterday.

He said his ministry had over 1,000 centres in the country offering free immunisation and had identified areas with sparse population so that the programme could effectively reach them.

Said Mr Kibaki: "This is now a challenge to parents to protect their children by taking them for immunisation.

"The government has provided the necessary facilities and parents should not ignore it as just another government programme."

Mr Kibaki was speaking to the Rotary Club District 920 governor, Mr Abdul Lakha, and other local Rotarians who called on him at his Afya House office.

The delegation announced that Kenyan Rotarians would provide a grant of Shs 34 million to the ministry's Kenya Expanded Programme of Immunisation (KEPI) for the purchase of polio vaccine needed to immunise children born in Kenya in the next 5 years—over a million children a year.

The Church of Jesus Christ of Latter-day Saints (The Mormon Church) would also contribute sh 3.4 million for the Kenya Polio Plus Programme.

Some of the money—sh 1.8 million—will be used to purchase vaccines, Shs 900,000 on refrigerators and shs 720,000 for educational material to mobilise parents to take their children to clinics.

The delegation comprised of Mr Lakha, Mr Manu Chandaria, Mr Pius Menezes (past governor), Dr Eric Krystall

of Nairobi Rotary Club, Mr Ernest Mwangi of Utumishi Rotary Club, Mr Keith Woods of Nairobi North Rotary Club and Mr Rehamatali Abdullah of Nairobi South Rotary Club.

Mr Kibaki was accompanied by his permanent secretary, Mr S.A. Wasike, the deputy director of medical services, Dr J Maneno, and KEPI programme manager, Dr D.M. Mutie.

### Minister of Health Announces Leprosy Eradication

54000001c Nairobi DAILY NATION in English  
5 Aug 88 p 4

[Article by [FNU] Githinji and Ogola Muga: "Kibaki: Control of Leprosy in Sight"]

[Text] Kenya is about to eradicate leprosy, the minister for health, Mr Mwai Kibaki, said.

He was replying to the MP for Igembe, Mr Joseph Malebe, who asked how many cases of leprosy the ministry had diagnosed in Igembe Division of Meru District over the last 3 years.

He said the incidence of leprosy was high in the division and asked the minister to send a medical team there to identify, control and treat it.

Mr Kibaki said 119 cases were diagnosed in 1985, 44 in 1986, 30 in 1987 and 30 this year.

Mr Kibaki told leaders to encourage wananchi to seek treatment. He said a medical team had been combing the area from Meru to Kitui treating leprosy.

There has been a sharp increase in mosquitoes in Siakago area of Embu, an Assistant Minister for Health, Dr Bonaya Godana, said.

But the government is working to curb the menace, including using chief's barazas to educate wananchi on the methods of controlling the mosquitoes, he said.

Dr Godana told the MP for Siakago, Mr Sylvester Mate, that the government had sent officers to visit schools in the area to spray stagnant water.

He said the officers had been to Siakago Boys School, Siakago Girls, St Philip's School, St Peters Boarding Primary School, Kanyuambora School, Karaba and Gategi Schools.

He said there were enough drugs to treat mosquito-borne diseases at Siakago Health Centre.

Mr Mate had asked whether the minister was aware that, as a result of the increase of mosquitoes, malaria cases were rampant in Siakago.

He asked what urgent measures the ministry was taking to curb the spread of malaria.

The minister for public works, Mr John Koech, said repair work on the Lamu Terminal Jetty would start soon.

He was replying to a question from Lamu West MP, Mr Abdul Burjra, who wanted to know whether the minister was aware that the jetty was badly damaged. He asked why work had not started despite contracts having been given out.

**Increasing Number of Bilharzia Cases Noted**  
*54000001b Nairobi DAILY NATION in English*  
8 Sep 88 p 13

[Text] Nearly 3.9 million Kenyans will be suffering from schistosomiasis (bilharzia) by the year 2000, a representative of the Food and Agriculture Organisation (FAO) in Kenya, Mr U.J.H. Grieb, says.

He said about 10 percent of the Kenyan population suffers from the disease. This, coupled with the rapid population growth rate, now at 3.8 percent, suggested that the increasing population would ultimately lead to intense transmissions, he said.

Mr Grieb was addressing the eighth session of the panel of experts on environmental management for vector control at Unep headquarters in Gigiri near Nairobi.

The 1979 national census, he said, showed a population in excess of 16.5 million. Approximately 52 percent were in the 5-14-year-age group. At the end of this year, it is projected that the population will be in excess of 23 million and by the year 2000 it will be 38.5 million, again with roughly 52 percent of the population being in the 5-14-year age group, he said.

"Assuming that there is no change in the transmission pattern then nearly 3.9 million Kenyans will suffer from Schistosomiasis," he said.

However, he said the Kenya Government was aware of the problem and was determined to fight it.

Programmes have already been mounted in the planning stages of agricultural and irrigation development projects to assess the health hazards in areas where schistosomiasis was endemic, he said.

**MOZAMBIQUE**

**Three Percent of Maputo Population Said To Have AIDS**  
*34000726e Pretoria THE PRETORIA NEWS in English*  
9 Aug 88 p 4

[Text] Maputo. More than three percent of the population of Maputo is infected with the AIDS virus, Mozambique's national director of health, Dr Joao Schwalbach, has said.

Dr Schwalbach said tests had shown that 3,2 percent of the Maputo population, 2,09 percent of Beira's population and 5,08 percent in the northern town of Nampula was infected.

In Tete province 3,4 percent of the population was carrying the AIDS virus.

He said it had been recently been discovered that the AIDS virus HIV-2 was more prevalent in Mozambique than HIV-1, the strain held responsible for the AIDS epidemic in the United States and Europe.

So far the number of HIV carriers who have gone on to develop the disease was so far "relatively" small, he said, but declined to give precise figures until the World Health Organisation was notified.

**Rumours**

Dr Schwalbach called on the Mozambican media to start a campaign to combat the rumours about AIDS in the country.

He said in some parts of northern Mozambique it was claimed that all people from Maputo had AIDS while other rumours claimed all foreigners were carrying the virus.

Italians working in Mozambique have been particularly singled out.

Another rumour is that all Mozambicans working on South African mines carry the disease which can be transmitted by touching the goods they bring back.

Dr Schwalbach said the Mozambican media should warn the people of the serious nature of the disease "but it should not aim to panic them".

**SOUTH AFRICA**

**Employee Cannot Be Fired Because of AIDS**  
*34000725b Johannesburg THE STAR in English*  
19 Aug 88 p 5

[Article by Dianna Games]

[Text] The fact that an employee is diagnosed as having AIDS does not give an employer the right to sack him or her, and such action could result in a court ruling of "unfair dismissal".

That is the warning given to employers in a booklet produced by Assocom which is to be distributed to all chambers of commerce and businessmen.

Entitled AIDS in Employment, it says employers should treat AIDS-infected employees like other employees with serious health problems.

It warns employers to take the provisions of the Labour Relations Act into account and to observe the confidentiality of the employee's health condition.

It suggests that employers should place condom-vending machines in the workplace.

The pamphlet, which has an introductory message from National Health Minister Dr Willie van Niekerk, gives details of AIDS and its forms of transmission. It says as it is not spread by casual contact, it does not pose a common threat in the work situation.

Van Niekerk says government is enthusiastic about the community, including the private sector, becoming involved in an anti-AIDS campaign.

"Employers should, nevertheless, review working methods to see whether there is any possible risk to their employees or their customers, bearing in mind the methods of transmission of the disease".

If an employer felt unable to make an informed assessment of such risks he should contact the Health Department for expert advice.

The pamphlet said it was accepted internationally that routine screening should not be undertaken, and it counselled employers about accepting advice to the contrary.

**Educational Video on AIDS To Be Released**  
34000725c Durban THE DAILY NEWS in English  
3 Aug 88 p 9

[Text] A 24-minute educational video about AIDS, aimed at the black community and featuring modern medical specialists and sangomas (African traditional healers), has been released in Durban.

The video is part of an AIDS-awareness programme launched by a Durban company with the backing of the South African Institute of Medical Research and the Natal Medical School.

Speaking for the company, Miss Tracy Needham said there was an urgent need for educational material to make people aware of AIDS, especially from the labourer to the artisan level.

"Our video is one of the first in an effort to get the black work force aware of AIDS and its dangers. It explains in details what the disease is all about, how it affects human beings and the manner in which it is spread. We have used live footage of victims to get the message across."

She said the video encouraged men to use condoms as one of the preventive measures.

"There is a great deal of misconception that AIDS does not exist, that it is a plot to curb the high birth rate among blacks. We use doctors, sangomas and inyangas (herbalists) to explain that the disease that is sweeping the world is a very real threat to life and that steps can be taken to curb it."

The video, described as shocking, is professionally scripted and put together by movie-maker Mr Don Flowerday, who spent months in research and worked out a blueprint.

"What we have done is to put together a package that is part of an awareness programme," he said. "We have people who will train staff to run classes in factories which will join in the fight against AIDS."

The video, in English and Zulu, is being made available to companies with large labour forces.

**Police Capture Two More ANC Insurgents With AIDS**

3400725a Durban THE DAILY NEWS in English  
9 Aug 88 p 1

[Text] Police have captured another two ANC insurgents suffering from AIDS, bringing the total to seven.

And the AIDS infection of ANC insurgents was used today by the police to warn people not to give the ANC any assistance or have any contact with its members.

Brigadier Leon Mellet, spokesman for the Ministry of Law and Order, claimed to have firm information of AIDS being rife in ANC training and detention camps in Angola and Zambia.

"We have information that there have been a number of suicides as result of people catching AIDS. We also have information that people selected for training in Russia have to be free of AIDS.

Brigadier Mellet said that since the extent of the AIDS problem had been uncovered, all captured ANC members were tested immediately for AIDS as were people who had assisted them.

The Department of Prisons announced at the weekend that five convicted ANC terrorists were suffering from AIDS.

Brigadier Mellet confirmed the capture of two more. He gave the assurance they were in medical care.

The Department of Prisons gave the assurance today that "all confirmed sufferers and carriers of the disease are segregated from the rest of the prison population.

"These individuals are counselled and cared for by informed and trained personnel."

The spokesman also gave the assurance that all high risk prisoners were routinely screened.

## TANZANIA

### **Health Ministry Seeks More Accurate AIDS Test** *34000726a Dar es Salaam DAILY NEWS in English* 21 Jul 88 p 3

[Text] The Ministry of Health and Social Welfare is groping for a standard method to be used in detecting victims of the Acquired Immune Deficiency Syndrome (AIDS) virus, the National Assembly was told yesterday.

The Minister for Health and Social Welfare, Dr Aaron Chiduo, told the House that the manner in which AIDS cases were being determined was "full of uncertainties".

He pointed out, for example, that five to 20 per cent of people confirmed by screening to have contracted the virus never developed manifest symptoms of AIDS.

The Minister said some proven cases of AIDS were later found to be negative. There was also a percentage of people screened for AIDS who proved "false-positive", he told the House.

Dr Chiduo was reacting to reported by Ndugu Daud Zimbihile (Muleba) during question time, that one person who was confirmed to be an AIDS victim by the Muhimbili Medical Centre was "cured" by a district hospital in Kagera and had now returned to his employer.

The MP further said one of the people who travelled to Zaire for treatment after being confirmed to have AIDS was sent back because he was found to be devoid of the virus.

Dr Chiduo admitted that the screening process had revealed numerous "puzzles" which were being studied by his ministry. He reminded the House that these uncertainties were also evident in other countries because of the elusive nature of the as yet incurable disease.

Replying to another supplementary question by Ndugu Jitto Ram (Women), the Minister said his ministry would use audio visual facilities in disseminating public information on AIDS.

He said a film on the ravages of AIDS in Kagera region where the virus was first reported in 1983 had been shot and would be screened throughout the country under the public education campaign being waged by his ministry.

Ndugu Ram expressed dissatisfaction with the Ministry's public education programme, saying its impact was minimal.

In the original question, Ndugu Peter Feer (Muheza) wanted to know when Bombo Regional Hospital in Tanga would get AIDS screening equipment. Dr Chiduo said plans were underway to provide Bombo hospital with blood screening equipment by this September.

Meanwhile, Dr Chiduo told the House that funds allocated to his ministry for the importation of drugs and other medical supplies were grossly inadequate, a situation which forced the ministry to order for one very essential supplies whose scarcity would cause deaths.

He told the House that the country needed 30 million U.S. dollars for the importation of medical supplies annually but his ministry received 4.9 million dollars in 1987/88.

He was answering Lieutenant Salehe Massudy (Tanga) who called for government measures to replenish drug stocks at Bombo hospital in Tanga.

He told the House that the regional hospital was in short supply of such essential drugs as aspirin and chloroquine in addition to other medical facilities.

Dr Chiduo urged Tanga regional authorities to approach the Federal Republic of Germany (FRG), which was financing a Regional Integrated Development Programme (RIDEP) in Tanga, to supply some of the drugs.

Replying to a supplementary question by Ndugu Luka Kitandula (Mkinga), the Minister said some private hospitals imported drugs under the trade liberalisation scheme but many of them were stocking drugs stolen from government stores.

He told the House that thefts at the Central Medical Stores (CMS) was a big headache to his ministry because the culprits used elusive methods.

Ndugu Kitandula wanted to know how private hospitals and dispensaries which were always well stocked, obtained their stocks.

### **22 Reportedly Die of AIDS in Ruvuma Region** *34000726b Dar es Salaam DAILY NEWS in English* 23 Jul 88 p 3

[Text] The Ruvuma Regional Medical Officer, Dr Peter Raphael, said on Wednesday that AIDS was rapidly spreading in the region and called on the people to strictly adhere to preventive measures advocated by the Ministry of Health and Social Welfare.

He was speaking on the first day of a four-day workshop on the control and monitoring of the disease, attended by District Medical Officers, District Health Officers, Nursing Officers and Party and government officials, Shihata reported.

Dr Raphael told the workshop participants that since the first case of AIDS was discovered in Ruvuma Region in April 1986, 22 people had died of the disease as of April this year.

He said his region had recorded another 62 AIDS patients between 1986 and April this year of whom 47 were men and 15 women.

Dr Raphael said the workshop's objectives was to devise an action plan and appropriate methods of controlling the disease in the region.

In his opening speech, the Acting Ruvuma Regional Development Director, Ndugu Antony Mwampeta, called on the workshop participants to formulate an effective action plan that would ensure information and education on the control of the disease was easily communicated to the people in the region.

He urged health authorities in the region to ensure that the action plan was implemented by all concerned parties and further called on District Medical Officers to report to the regional hospitals on any new victim in a bid to effectively monitor the situation.

## UGANDA

**359 Children Under 13 Said To Have AIDS**  
*34000726d Lusaka TIMES OF ZAMBIA in English*  
26 Aug 88 p 7

[Text] Kampala, Thursday. Hundreds of Ugandan children have AIDS.

A report by the health ministry's AIDS control programme said 359 AIDS cases had been found among children aged 13 and under. Most cases were diagnosed in the first 23 months of life.

The report to a three-day seminar now taking place in Kampala on control of Acquired Immune deficiency Syndrome said the mothes of 244 of the children had what is called AIDS-like illness.

Risk factors for some of the children included blood transfusions, inoculations done by unauthorised clinics and traditional skin piercing. About 54 per cent of those infected were boys.

Only 17 of the children were recorded as having died, but the report said the authorities did not know what had happened to most of the others.,

About 5,000 cases of AIDS have been diagnosed in Uganda since 1983, and AIDS control programme director Samuel Okware said the number of new cases was doubling every six months.

## ZAMBIA

**Number of AIDS Cases Said To Increase to 900**  
*34000725e Lusaka ZAMBIA DAILY MAIL in English*  
18 Aug 88 p 5

[Excerpt] AIDS cases in Zambia have increased to 900, Dr Benson Chirwa from the Ministry Health told the National AIDS Surveillance Committee meeting yesterday.

Dr Chirwa who attended a recent conference on AIDS in Arusha, Tanzania said the cases on the dreaded disease had increased by 146 compared to 754 in June.

At the same meeting, Comrade Benson Sianga from the Ministry of Information said the Italian government had donated money to improve the campaign against AIDS on the electronic media.

The committee has also decided not to dismiss healing claims by traditional healers, but to follow the pattern of their treatment and improve its progress on the AIDS patients.

Government has also recommended that condoms be given to traders, truck drivers, uninformed forces, travelling executives and adolescents.

The committee has reported that part of the donations received to service the radio and television, to be used to buy radios which will be distributed to people in rural areas to teach them more about AIDS.

## HONG KONG

### Experiments Using Herbs Against AIDS Under Way Here

#### University Study

54400115a Hong Kong *SOUTH CHINA MORNING POST* in English 31 Aug 88 p 3

[Article by Gabrielle Chan]

[Text] Experiments using Chinese herbs are being carried out on humans and animals at the Chinese University of Hong Kong in an attempt to find a possible treatment for AIDS sufferers.

Head of the university's Chinese Medicine Material Research Centre, Professor Chang Hnon-mou stressed the experiments could not be interpreted as a cure but were concerned with keeping the immune system healthy.

The AIDS virus damages the immune system allowing various diseases to attack the body of the carrier.

"I must stress we have no cure and are unlikely to have one, but our experiments are concerned with the immune system so that the body can better fight off diseases of all kinds," said Professor Chang.

"These experiments are for both general immunology and the AIDS virus."

"I don't expect a miracle drug to cure AIDS, but from the clinical experiments of Chinese herbs it is possible to develop drugs to enhance the body's resistance," he said.

Professor Chang says the study of immunology has advanced rapidly since the discovery of AIDS and the Chinese University has been using newly-developed techniques to test herbs which have been used by the Chinese for centuries.

Although he said he was aware of some herbal treatments already on the market to enhance the immune system, Professor Chang added that to publicise these would be irresponsible.

A leading immunologist and world expert on the AIDS virus agreed there was potential in the use of traditional Chinese medicine in healing or maintaining the immune system.

Professor Ron Penny, the Australian Government's Commonwealth adviser on AIDS, was in Hong Kong this week for a seminar on the AIDS virus.

"It is obvious that a number of substances already exist in Asian countries that do influence the immune system and some of them have an anti-viral action," he said.

"It is possible that the development of some of these products in these countries may be worthwhile."

#### Pilot Program

54400115a Hong Kong *SUNDAY MORNING POST* in English 11 Sep 88 p 3

[Article by Gabrielle Chan]

[Text] The Hong Kong Government may consider herbal treatment for AIDS patients after the head of the AIDS Counselling and Health Service meets a visiting expert in herbal and holistic medicine today.

Dr Patrick Li, head of Hong Kong's AIDS service, will meet Professor Robert Crougths of the Maharishi European Research University to discuss case studies which show vast improvements in patients suffering from Acquired Immune Deficiency Syndrome.

Professor Crougths said the 7-month pilot program, which includes diet, herbal food supplements and meditation, showed improvements in all 15 HIV positive patients.

"Doctors from governments around the world have been approaching the Research University with AIDS cases they find difficult," the professor said.

"We give them a program and the herbal treatments and they report back to us with results.

"I think this is what Hong Kong will be aiming at."

Professor Crougths believes the ancient system of health called the Maharishi Ayurveda could eventually completely eliminate the world of AIDS.

"The Western way has not worked so far—this type of holistic approach is being taken more and more seriously by Western doctors," he said.

The herbal food supplement is a Ayurveda preparation made from 15 herbs collected from the Himalaya mountains. It is taken in a tablet and paste form every day and Professor Crougths believes it strengthens the immune system, leaving a feeling of well-being.

#### Emotional

"People who take this mixture along with 15 minutes of meditation morning and night are 70 percent less likely to become sick and when they do get ill they recover quicker," he said.

"The AIDS patients who have taken part in the pilot program have shown increases in energy, appetite, improved emotional stability and functioning of the immune system.

"We cannot say yet whether it will 'cure' the virus, but it certainly stops it from progressing."

One patient undergoing the treatment was a 43-year-old man diagnosed as HIV positive. He suffered persistent swelling of the lymph glands, weight loss, sleep disturbance and depression, all considered as AIDS-related.

After 3 weeks on the Ayurveda program, the patient reported a 6 kilogram weight gain, a reduction of swelling in his lymph glands, improved appetite and sleep patterns.

Professor Crouchs taught at the University of Amsterdam in Holland before joining the Maharishi European Research University in Switzerland.

He believes the Ayurveda method of health, founded by Maharishi Mahesh Yogi in 1957, is the answer to AIDS and other viruses.

"We have no medicines that have been effective for any virus in Western medicine," he said.

"So this is why this very ancient system of natural medicine is being rediscovered."

### **Many Doctors Threatening To Leave Government Service**

*54400115b Hong Kong HONG KONG STANDARD in English 3 Sep 88 p 1*

[Article by Denise Wong]

[Text] Sixteen percent of Government doctors are planning to leave the public sector in a year's time, according to a survey of the Government Doctors' Association (GDA).

The percentage is double last year's wastage rate indicated by an annual survey undertaken by the Medical and Health Department.

The GDA survey on 444 doctors in the past 2 months indicated that one-third with working experience of over 15 years intend to quit in the coming year.

In an open forum organised by the GDA last night, which had a record attendance of near 600 doctors, the association urged the Government to urgently improve doctors' working conditions and environment in a bid to keep them in the territory.

"We are very concerned that the drastic wastage rate of experienced Government doctors will hamper the standard of public medical services if the Government does not take concrete steps to improve the situation," said Dr Dickson Chang, chairman of the 900-strong association.

Dr Chang said no matter what the change of medical structure, the Government should be committed to providing a high standard of public medical and health services.

Doctors attending the forum urged the Government to improve promotion prospects, staffing structure, training opportunities, facilities and supportive clerical staff, overtime pay, and salary scales before the setting up of the independent Hospital Authority (HA).

At present, over 90 percent of hospital beds are provided by government and subvented hospitals, but are served by about 45 percent, or 2,400, of all registered doctors. Among them, 1,700 work in Government hospitals.

the Government plans to split the Medical and Health Department next April into the Health Department and the Department of Medical Services—an operational arm of the HA.

The provisional body of HA, chaired by former Senior Member of the Executive Council, Sir Sze-yuen Chung, will start operation on 1 October. The statutory body of HA is scheduled to be set up a year later.

Deputy Secretary for Health and Welfare Mr Adolf Hsu told THE STANDARD that the Health and Welfare Branch and the Medical and Health Department were studying ways to retain doctors in the public sector.

The solutions studied include increasing promotion, training opportunities and salaries before the setting up of HA, said Mr Hsu.

He said a progress report of the study would be submitted to the health panel of Omelco when the next session of Legco starts in October.

And the proposal would be submitted to the Civil Service Branch for consideration later, he added.

The Government Doctors' Association also asked that their representatives and the public sit on the central and regional board of the Provisional Hospital Authority (PHA) and the HA.

Mr Hsu said membership of the PHA would include personnel with experience and knowledge in the medical field, and representatives from different sectors of society.

"The final appointment (of members) will be in the hands of the Governor. But it is certain that members, or at least part of the members, of the PHA will be appointed before the starting of its operation on 1 October," he said.

The GDA survey indicated that 20 percent of doctors with 10-15 years' work experience plan to leave the public sector in the coming year.

For those with 5-10 years' experience, 28.6 percent intend to quit.

The main reasons given include uncertainty about the HA, lack of job satisfaction, better financial rewards and esteem in private practice.

Regarding job satisfaction, the sense of achievement in providing patient care, and training opportunities to obtain advanced medical knowledge were ranked at the top.

The association urged the Government to improve promotion prospect by creating more senior posts for consultants and senior medical officers (SMO).

Dr Chang noted that in Hong Kong, a consultant was defined as an administrative head of a clinical unit with 150 to 200 beds. And, most of the duties and responsibilities of the consultants were taken up by the SMOs.

"As the SMOs are virtually working as consultants, why not offer them the appropriate professional status in order to retain them?" asked Dr Chang.

The association also proposed increasing local and overseas postgraduate education opportunities, providing adequate clerical support, office space and materials, offering overtime pay according to the actual on-duty and on-call hours, and setting up an independent pay scale to accommodate the special characteristics of the profession.

Dr Chiu Hin-kwong, one of the two Legco candidates in the medical constituency, said he supported the views of the doctors.

"The promise of the Government to study on interim measures to retain experienced Government doctors before the setting up of the HA is a good starting step. But we have to monitor the development closely," he said.

Dr Chang said the findings of the survey and the association's proposals would be submitted to the Chief Secretary, the Medical and Health Branch and the Medical and Health Department very soon.

### **Latest AIDS Figures Cited: 125 Carriers, 11 Deaths**

*54400113 Hong Kong HONG KONG STANDARD in English 27 Aug 88 p 3*

[Text] Two more persons were found to be infected by the AIDS virus last month, bringing the number of carriers in the territory to 125.

The Medical and Health Department said yesterday no new patients had been reported in the past four months.

To date, AIDS has claimed 11 of the 13 patients who developed the disease. Six of the patients are Chinese.

The AIDS surveillance programme has so far tested 98,799 people for AIDS.

Among the 125 found to be positive, 52 are haemophiliacs, 33 were referred from Government hospitals and clinics, 29 from private practitioners and subvented hospitals and 11 from social hygiene clinics.

Under the programme, high-risk groups such as intravenous drug abusers, sexually promiscuous people and haemophiliacs were tested for AIDS antibodies.

Meanwhile, the Hong Kong Red Cross blood transfusion service has screened 438,773 units of donated blood.

One unit was found to be AIDS positive last month.

### **SOUTH KOREA**

#### **Fourth Confirmed AIDS Patient Dies**

*SK2909051588 Seoul THE KOREA TIMES in English 29 Sep 88 p 12*

[Text] The Health and Social Affairs Ministry announced yesterday that a AIDS patient under special government medical care died on Tuesday. He was identified only as Kim.

All four Korean AIDS patients have died according to the ministry.

The ministry announced, 23 other people who tested positive in the AIDS anti-body test are under special government care. They include 13 males and 10 females it said.

INTER-AMERICAN

Caribbean AIDS Situation, Countermeasures Described

Report on Incidence

54400003 Bridgetown DAILY NATION in English  
29 Aug 88 p 10

[Text] Incorrect information about the AIDS situation in Barbados has been published twice in recent weeks.

The difficulty in both cases has to do with confusion over the number of AIDS cases from the number of deaths resulting from AIDS; and the number of cases of AIDS, from the rates per 100,000 population.

The following information was extracted from a Caribbean Epidemiology Centre (CAREC) report from which the news item originated was reproduced:

"As of March 31, 1988, the 19 member countries (population 6.5 million) have reported 733 cases, of which 78 per cent have been reported since January 1986.

"During the first quarter of 1988, 79 patients with AIDS were reported. Of the total 733 cumulative cases, 458 had died giving a case fatality ratio of 62 per cent.

"About 90 per cent of the cases were reported from five countries, namely, Trinidad and Tobago, Bahamas, Bermuda, Barbados and Jamaica; 74 per cent were from the first three countries. Distribution of cases and deaths in selected countries were:

"Trinidad and Tobago (277 cases and 187 deaths), Bermuda (75 and 58), Barbados (60 and 39) and Jamaica (52 and 36). AIDS has so far not been reported from Montserrat and British Virgin Islands. These are the only two territories in the Americas not to have reported any cases of AIDS."

"The annual incidence rates of reported cases, in some of the Caribbean countries, are among the highest in the world. During 1987 the rates per 100,000 population varied from 0 to 38.3, median 4.27. The countries with high rates were Bahamas (38.3), Bermuda (35.35), Turks and Caicos (23.5) and Barbados (9.4)."

Reported Cases by Year and Country as of 31st March, 1988

Country	Year							Total
	1982	1983	1984	1985	1986	1987	1988	
Anguilla	-	-	-	-	-	2	-	2
Antigua	-	-	-	-	2	1	0	3
Bahamas	-	-	-	36	50	90	12	188
Barbados	-	-	2	9	20	24	5	60
Belize	-	-	-	-	1	21	3	75
Bermuda	-	-	3	27	21	21	3	75
British V.I.	-	-	-	-	-	-	-	-
Cayman Is.	-	-	-	1	1	1	-	3
Dominica	-	-	-	-	-	5	1	6
Grenada	-	-	-	2	1	5	3	11
Guyana	-	-	-	-	-	12	2	14
Jamaica	1	0	1	4	6	33	7	52
Montserrat	-	-	-	-	-	-	-	-
St. Christopher/Nevis	-	-	-	-	-	1	-	1
St. Lucia	-	-	-	4	-	7	-	11
St. Vincent	-	-	1	-	2	6	1	10
Suriname	-	-	-	-	2	5	1	8
T & T	-	8	19	45	77	86	42	277
Turks & Caicos Is.	-	-	-	-	-	2	2	4
Total	1	8	26	128	183	308	79	733

Cases Reported per 100,000 Population by Country, 1987 and Cumulative Cases per 100,000 as of 31st March, 1988

Country	Mid-Year Population in 1987	No. of Cases Reported in 1987	1987 Case Rates per 100,000	Cumulative Cases per 100,000
Anguilla	75,000	2	2.6	2.6
Antigua	82,000	1	1.2	4.0
Bahamas	235,000	90	38.3	80.0
Barbados	256,000	24	9.4	23.4

Cases Reported per 100,000 Population by Country, 1987 and Cumulative Cases per 100,000 as of 31st March, 1988

Country	Mid-Year Population in 1987	No. of Cases Reported in 1987	1987 Case Rates per 100,000	Cumulative Cases per 100,000
Belize	166,000	7	4.2	4.8
Bermuda	59,400	21	35.4	126.0
British V.I.	13,600	-	-	-
Cayman Is.	20,100	1	5.0	15.0
Dominica	80,200	5	6.2	7.5
Grenada	11,700	5	4.3	9.4
Guyana	988,000	12	1.2	1.4
Jamaica	2,400,000	33	1.4	2.2
Montserrat	13,600	-	-	-
St. Christo- pher/Nevis	52,100	1	1.9	2.0
St. Lucia	140,000	7	5.0	7.9
St. Vincent	109,000	6	5.5	9.2
Suriname	385,000	5	1.3	2.1
T & T	1,230,000	86	7.0	22.5
Turks & Caicos Is.	8,500	2	23.5	47.0
Total	6,325,200	308	4.8	11.6

#### Thrust of Counteraction

54400003 Bridgetown DAILY NATION in English  
29 Aug 88 p 10

[Article by Debra Ransome, CANA writer: "Region Taking Up Challenge—Focus on AIDS Prevention"]

[Excerpts] The Caribbean community is claiming a front seat in developing education programmes on the killer disease AIDS.

"The Caribbean is actually way ahead in terms of mobilisation...I've been told that by Latin American health experts," one official at the Port of Spain-based Caribbean Epidemiology Centre (CAREC) told CANA.

"The region as a whole is probably the one region in the world that is preparing national and regional plans on AIDS," said Dr. Emanuel Hosein, Trinidad and Tobago's Health Minister.

"We have always dealt with the facts as facts. As governments in the region, by and large, we have been honest about it. Therefore, we have had to be seen to get on with business," Hosein, chairman of the Caribbean Community Health Ministers' standing committee said. "We're over the stage of trying to hide it."

#### Pushing on

Unlike many other parts of the Third World, the Caribbean has pushed ahead with AIDS prevention and education rather than focus on who is really to blame for the disease.

Whilst doctors in Africa related how they spent too much time trying to prove AIDS was not an African disease and far eastern administrations still often state that AIDS is a problem of the decadent west, the Caribbean has managed a more positive approach.

Members of Trinidad's national AIDS committee publicity arm has expressed the fear that their work must be balanced between education and creating a sort of "what the heck" fatalism—that AIDS is rampant and that a person could catch it in any case.

Caribbean states moved relatively quickly, when compared to other regions, to upgrade their capacity to deal with the fatal disease: Barbados' Queen Elizabeth Hospital acquired a Bds\$50,000 machine to screen blood for AIDS and tackle the fear of undergoing blood transfusions.

St. Lucia sought an agreement with Barbados for help in detecting the virus. And Trinidad's Health Ministry announced a series of anti-AIDS measures in mid-1985 including screening of high risk groups and guidelines for health personnel.

When the first two cases of AIDS babies and their deaths were reported in Trinidad in July 1985, the warning that AIDS was becoming a heterosexual disease was in the air.

Months ahead of English households, receiving such information regularly from the authorities there, and with the United States government only just beginning to tackle the problem in late 1987 and in 1988, from as far back as early 1985, Caribbean health ministry officials and other agencies were launching AIDS information campaigns.

One question which many participants at the London seminar raised was the growing tendency in western Europe to promote the use of the condom as the answer to AIDS.

The Caribbean region and the Latin American population in the United States avoided this "safe sex" message and opted for the "sex with fidelity" message.

Whilst Trinidad's Family Planning Association (FPA) announced record-breaking condom sales for Carnival 1987, little publicity on AIDS was given in locally-assembled AIDS prevention campaigns to the possible use of the condom as a solution.

Jamaican radio has advised men to use condoms, Bermuda reported a condom shortage last year. In Trinidad, condoms are provided in counselling sessions and on a one-to-one basis, but, as Hosein pointed out "I think what we haven't done is go out on a condoms campaign...because that sort of thing runs contrary to a family life scheme."

#### WHO proposal

Instead of focusing on the condom answer, the states of the Caribbean have been moving into fully-fledged national AIDS programmes pumping money into projects along the lines recommended by the World Health Organisation (WHO) last year.

One challenge identified for the Caribbean was making sure the AIDS prevention message actually gets through.

Attempts through publicity related to festivals—Carnival in Trinidad and Reggae Sunsplash in Jamaica—are already the topic of discussion by international Red Cross officials who have recently said it was time to study the Caribbean which could have a lesson for others in terms of community-specific AIDS education.

### BAHAMAS

**Ministry of Health Reports on AIDS Situation**  
54400001 Nassau *THE TRIBUNE* in English  
19 Aug 88 p 12

[Excerpt] Thirty-eight new cases of Acquired Immune Deficiency Syndrome (AIDS) have been diagnosed in the Bahamas for the first six months of this year, Minister of Health Dr Norman Gay confirmed this afternoon.

That brings the total number of "confirmed cases of the disease" to 214, said Dr Gay. The total number of deaths due to AIDS since 1985 when statistics started being kept is 104.

Of the 38 new cases, said Dr Gay, 35 are adults and three are children; 21 of those cases are men and 17 are women.

"These numbers confirm what I have already indicated, and that is, that in the Bahamas, AIDS transmission is now mainly heterosexual, that is, male to female and vice versa," said Dr Gay.

For the first six months of this year, he said, there have been 21 deaths due to AIDS. Some of those deaths were persons who were diagnosed and confirmed previously.

This marked the second Ministry of Health press conference on AIDS for the year bringing the nation up to date on the national AIDS crisis.

Chief Medical Officer Dr Vernel A. Allen said that the standing committee on AIDS has continued to meet for the past six months. There were also meetings of the four major subcommittees, she said.

A major activity of note, she said, was the production and approval of the national short term programme for AIDS prevention and control.

This plan of action, said Dr Allen, will enable the Ministry to strengthen its capability to effectively deal with AIDS education; further develop an audio-visual unit within the Health Education Division; establish a counselling service for AIDS patients, their relatives and contacts, including fellow workers; expand the blood screening capabilities of the Blood Bank.

### BARBADOS

**Larva of Malaria-Carrying Mosquito Found**  
54400004 Bridgetown *BARBADOS ADVOCATE* in English 9 Sep 88 p 1

[Text] The larva of a mosquito identified as a carrier of the dreaded malaria has been located in the area of Graeme Hall Swamp, Christ Church.

And the Ministry of Health has declared war in that area to eradicate the insect and maintain Barbados' 58-year-old record as a country free of malaria.

Health Minister Mr. Branford Taitt and senior officers of his Ministry yesterday gave an update on the campaign which includes other specific areas around the country.

The larvae of the *Anopheles Aquasalis*, a vector of malaria was first detected in 1986 by an entomologist from the Pan American Health Organisation. Since then four other species, the *aedes taeniorhynchus*, *culex inflictus*, *deinocerites magnus* and *psorophora pygnaea* were identified.

Mr. Taitt said the first three can be considered nuisance mosquitoes "while *anopheles aquasalis*, primarily a vector for malaria, breeds in brackish water in mangrove swamps and similar conditions."

He said it is restricted to the coast and areas that are influenced by tides and that frequently the presence of the mosquito is associated with mats of larvae.

"The mosquito only poses a threat when it is present in large numbers and in areas where the disease is endemic," Mr. Taitt said noting there had been no indigenous cases of malaria since 1930. Any cases reported since then have been imported.

The programme launched by the Ministry includes the removal of algae and rotting vegetation from canals which provide a natural habitat for the multiplication of *Anopheles aquasalis*.

Other aspects of the programme are:

The removal of overgrown vegetation from the edges of the banks which provide a shade for the larvae.

Clearing access roads to facilitate the movement of personnel through the dense foliage, and clearing the canals to allow the free flow of water and encourage the proliferations of fish throughout the system. Flooding of surrounding areas during heavy rainfall will be minimised.

He said that the programme would continue long after his Ministry is certain all traces of the mosquito are gone.

The Minister made it known there are no known cases of malaria and there is no possibility of transmission.

However Government is taking no chances and according to Mr. Taitt: "If we get the assistance of the population in eliminating the mosquito then it means the chances of an epidemic will be reduced considerably."

Mr. Taitt said while noting the country is not in danger since "we are down to a very tiny group of mosquitos in the swamp."

Other areas where surveillance is being carried out are Chancery Lane, The Stream, Maxwell Pond, Deal Pond and Ince's Pond, Christ Church; Greenland, St. Andrew; Spring Hall, St. Lucy; Lower Carlton, St. James; and Three Houses, St. Philip.

The Minister reported that the measures implemented in the area of the Graeme Hall Swamp are producing the desired results.

He also announced his Ministry would be employing a special team of 12 people to deal with the area around the Graeme Hall Swamp. Protective gear will also be used.

**Weevil Damaging Mangoes, Could Affect Exports**  
*54400005a Bridgetown BARBADOS ADVOCATE in English 6 Sep 88 p 1*

[Text] The possibility of Barbados exporting mangoes could be hampered by the outbreak of the Mango Seed Weevil now wreaking havoc in the Caribbean.

The weevil is causing severe damage to the fruit here and in some Caribbean countries. But the Food and Agriculture Organisation (FAO) says it has reasons to believe the insect will spread throughout the Caribbean.

Infestation is heaviest in the parishes of St. George, St. Thomas, St. Andrew and St. Philip, and a local scientist believes that should Barbados reach the stage where it wants to export mangoes, it is unlikely to do so since the mango weevil is an international quarantine pest.

Without quantifying the damage in terms of dollars and cents, Dr. Jeffrey Jones, a scientist in the Ministry of Agriculture, said the pest is causing severe problems in Barbados.

He is of the opinion as well that it would be better for a regional approach be made to tackle the problem since it would be costly for an individual state to embark on such a programme, and there is also the risk of re-infestation.

The outbreak of the Mango Seed Weevil and its impact on the industry were aired yesterday at the opening of a FAO-sponsored workshop on Mango Seed Weevil at the Caribbee Hotel, Hastings, Christ Church.

Agriculture Minister Mr. Warwick Franklin said that the pest is responsible for the severe restriction of trade in mangoes since several countries had taken steps to halt the importation of infected fruits.

"The difficulties both economic and technical which have come in the wake of this outbreak...are stern reminders of the need to strengthen and maintain effective plant protection systems," Mr. Franklin told the opening ceremony of the workshop.

He said it is unfortunate the difficulty had arisen at a time when Caribbean Governments were diversifying their agricultural sectors.

The FAO's local representative, Mr. Frederick Zenny, also underlined the fears expressed by Mr. Franklin.

According to Mr. Zenny: "Since the first official report of the Mango Seed Weevil in St. Lucia in 1984, the trade of fresh mangoes in the Caribbean has suffered serious setback because of quarantine restrictions imposed to prevent the spread of the weevil."

He said that based on observations by FAO's Consultant Dr. Robert Woodruff, it can easily be expected that the insect would spread through the Caribbean, whether or not embargoes are enforced.

The weevil thrives and develops in the mango seed. The adult lays eggs on the tiny fruit soon after the plant flowers.

**White Fly Causing Revenue Losses to Crop,  
Cotton Growers**  
*54400005b Bridgetown BARBADOS ADVOCATE in  
English 9 Sep 88 p 1*

[Text] Food crop and cotton farmers in Barbados are losing thousands of dollars in revenue to the White Fly, a pest which was discovered locally last year while farmers were harvesting their cotton crops.

Mr. Owen Ward, manager of Foursquare Plantation, St. Philip, stated that last year, 21 acres of cotton were destroyed by the White Fly, which he said was discovered during the harvesting of the cotton crop.

He explained that he had been forced to take most of the land out of production because of the pest, adding that they destroyed thousands of dollars worth of crops last year. He said experts were called into control the pest, and although they used at least five different pesticides, none was able to halt the invasion.

Mr. Barry Richards of National Hatcheries, St. Philip, said that he had found that the small pest seemed to enjoy eating the leaves of the squash plant.

He said that they had been able to control the pest, and had found that it reproduced every four days, which required that they spray the fields every four days, which was a costly exercise.

Mr. Richards said that the adjoining cucumber and melon fields were not affected although some of the pests had been found among them.

He too said that crop destruction could run into thousands of dollars, and climb even higher if a solution was not found.

**JAMAICA**

**Ministry of Health Reports Latest Figures on  
AIDS**  
*54400002 Kingston THE DAILY GLEANER in English  
30 Aug 88 p 1*

[Text] There are now 64 Jamaicans with Acquired Immune Deficiency Syndrome (AIDS).

The latest person diagnosed with AIDS is a 44-year old woman. This case was imported into the island. Up to the end of July there were 63 AIDS cases. Forty-five of the AIDS victims are dead and eight of them are children.

According to sources at the Ministry of Health over 300 Jamaicans tested positive for the Human Immuno-deficiency Syndrome AIDS virus. Infection with the virus ranges from a complete absence of symptoms to mild illness, to debilitating neurological disorders and fatal disease. AIDS is the end stage of the infection.

The AIDS virus which is spread here mainly through sexual contact, attacks the body's immune system and breaks down its resistance to disease.

As of last month, 100,410 cases of AIDS were reported officially to the World Health Organization Global Programme on AIDS, from 138 countries. This is the first time since reporting of AIDS cases began that the total number exceeded 100,000.

## INDIA

### **Parliament Told 1988 Statistics on AIDS** *54500003 Bombay THE TIMES OF INDIA in English* *11 Aug 88 p 6*

[Excerpt] New Delhi, August 10 (PTI & UNI)—Fifteen Indians died of AIDS in the country during the first six months of this year, the Rajya Sabha was told today.

They were among the 22 persons who had full-blown AIDS, with the remaining seven being foreigners, the minister of state for health, Miss Saroj Khaparde, said in a written reply to Mr B. Manhar and others.

Of the seven foreigners, two died in the country and the remaining were repatriated.

The minister said the number of persons found sero-positive for AIDS had increased on account of extensive surveillance facilities developed all over the country for persons belonging to high-risk groups.

Miss Khaparde said a centre for AIDS research and control, temporarily located in Pune, as an extra-mural project of the ICMR would shortly be shifted to Delhi or some other city.

### **Unusual Spread of Cancer Reported in Kerala** *54500002 Bombay THE TIMES OF INDIA in English* *8 Aug 88 p 4*

[Text] Trivandrum, August 7—Though the incidence of cancer is lower in developing countries than in western societies, in Kerala the disease is likely to emerge as a serious problem soon.

In 1986 alone, the number of new cases registered (4,633) was 10.5 per cent in excess of the previous year's 4,182. Over a period of five years beginning 1982, there has been an increase of 28 per cent (or 1,000 cases) in the number of new registrants.

Kerala, which has a very high density of population (65.4 persons per square km) and life expectancy, has very low infant mortality and birth rates. Ironically, according to Dr M. Krishnan Nair, director, Cancer Research Centre at the Medical College here, it is this high life expectancy which has led to degenerative and neoplastic (cancer) diseases.

In Trivandrum city, the incidence of oral (mouth and throat) cancer is the highest (25 per 100,000 population or 33 per cent of all types of cancers) compared to Bombay, Singapore, the U.K. and the U.S. This is followed by lung cancer (18 per cent of all types of cancers). Most of those who suffer from oral and lung cancers are male. Both are tobacco-related and, therefore, preventable.

## Bread-Winner's Risk

But it is cause for concern that lung and oral cancers afflict people in the age group 35-64, the productive years of life. Also, lung cancer cannot be detected early and the death rate due to it is nearly 90 per cent and that within three to six months of detection. This has resulted in many families losing its bread-winner.

Another important feature of lung cancer in Kerala is that Muslims form the largest single group afflicted by it, whereas among Brahmins the incidence of all forms of tobacco-related cancer is less. This, doctors say, could be due to vegetarianism and abstainism from tobacco-related "pleasures."

Among women, incidence of uterine cervical cancer (30 per cent of all types of cancer) is followed by breast cancer (20 per cent) and mouth and throat cancer (18 per cent).

However, the incidence of cervical cancer is perhaps the lowest in the country but higher than what obtains in developed countries. Dr Krishnan Nair attributes this to higher mean age at marriage (27 years) and lesser number of children and better personal hygiene.

At the same time the incidence of breast cancer, more prone among the unmarried, is very low compared to the rates in western countries. Interestingly, in Kerala it is more prevalent among Christians and Muslims. Doctors have no clue as to why it is so.

While cancer is likely to attack at least 300,000 people in the state by the turn of the century (out of 4.5 million for the country as a whole) facilities right now for its treatment are less than adequate. While, according to a WHO estimate based on population, the state should have had 26 cobalt units it has just 12 now. Some medical colleges do not have adequate facilities to treat cancer patients and cancer surgery has not become a speciality in any medical college in the state.

But it must be said to the Left Democratic Front government's credit that it is seized of the issue. A ten-year plan to control the disease through propagation, early detection and successful therapy has been launched with a total outlay of Rs 7.92 crores.

At another level, a unique scheme, "cancer care for life", has been introduced so as to remove the financial hurdles which hamper the patients treatment. Under this scheme a person has to pay a one-time Rs 101 and the unfortunate even of his/her being afflicted by the dreaded disease, which accounts for one out of ten deaths the world over, hotel charges, travel, diagnostic and treatment facilities would be borne by the government. Already over a crore of rupees has been collected under this scheme which does not have peers even in the west.

### Yaws Syndrome Staging Comeback in Tribal Areas

54500004 Madras *THE HINDU (Supplement)* in English 14 Aug 88 p 1

[Excerpts] Living in the dense forest far away from civilisation, Polaju Lakshamma (23) contracted an infectious and painful sore from her mother when she was a child. She suffered from the sore for ten long years. When she was delivered of a baby at a primary health centre, she was administered penicillin injection. The sore disappeared suddenly. The doctor was unaware that she was suffering from yaws disease, which was presumably eradicated in the country in the early Sixties.

Yaws has now made its reappearance in the contiguous tribal villages of West Godavari, East Godavari and Khammam districts in Andhra Pradesh. It required concerted efforts of a medical team to comb the forest for yaws cases for two years, treat them with penicillin and bring the disease under control once again in West Godavari district.

Yaws was first brought by European invaders to Ceylon where it was called "parangi", meaning foreigners' disease. It was carried to India when some Ceylonese labourers were imported to work in tea gardens of Assam in 1887. From tea plantation workers in Assam it spread to Orissa and Madhya Pradesh. It became prevalent in Bastar district of Madhya Pradesh by the 1920s and a mass campaign was organised to check it with arsenicals in 1935-46. Ironically, the disease was eradicated in Ceylon by the 1940s, thanks to paranteal arsenicals and general improvement in communication and health care in rural areas.

But it became prevalent in geographically contiguous areas in Central India including Bastar, Bilaspur, Sarguja, Sidhi, Shahdol and Raigarh districts of Madhya Pradesh, Mirzapur in Uttar Pradesh and Palam in Bihar. A yaws control programme was launched with the help of the World Health Organisation and UNICEF from 1952 to 1964. In this period, two lakh cases of yaws were detected in the four States of Orissa, Andhra Pradesh, Madhya Pradesh and Maharashtra where nine million people were estimated in the risk group. The programme achieved dramatic results by bringing down the prevalence rate from 14.6 per cent to one per cent making eradication of yaws a distinct possibility. But that was not to be.

While conducting flood relief measures in West Godavari district in 1983, Dr. K. Indusekhara Rao of Cholera Combat Team stumbled on some yaws patients. With some effort he found out four more cases. Having heard about the resurgence of yaws, he undertook a systematic survey sponsored by NICD which brought to light 12 cases in West Godavari district. He felt the need to conduct medical camps as near as possible to tribal habitations to identify more patients. Mr. Joseph, then Project Officer, Integrated Tribal Development Agency

readily agreed to provide two vehicles for the medical team to reach interior tribals villages for conducting the camps. The agency also agreed to foot the cost of medicines.

With the help of local health officials, Dr. Indusekhara Rao conducted 37 medical camps in the last two years in West Godavari district. In all they covered a population of 44,404 in the agency area and examined 5,600 patients who turned up at the camp nearest to their village. Of them 84 were found to be suffering from yaws (1.5 per cent). The disease was in the primary stage in six patients, secondary stage in 62 patients and in the tertiary stage in 16 persons. A majority of the sufferers belong to the Koya Community which is known for its unhygienic ways of living among the tribals. More than 90 per cent of the patients in the age group of 30-50 admitted that they had treatment for yaws in the early Sixties and that it relapsed. Rances recurred because of inadequate or irregular therapy. Only one patient showed bony destruction with ankylosis. All of them responded well to 2.4 to 4.8 megaunits of long acting penicillin at weekly intervals. Few of them required 9.6 megaunits for complete healing.

A similar effort is necessary to identify the yaws patients in the contiguous East Godavari and Khammam districts also to eradicate the disease as people move from one district to the other in search of food.

According to information obtained by NICD in 1985, yaws is now existing, albeit at a low level, in at least ten districts in the country namely, Khammam, Vizianagaram, West Godavari in Andhra Pradesh, Keonjhar, Mayurbhanj, Denkanal, Phulbani, Balasore and Koraput in Orissa and Bastar district in Madhya Pradesh.

### Meningitis Epidemic in Orissa, Statistics Given

54500005 Calcutta *THE TELEGRAPH* in English 1 Aug 88 p 5

[Text] Bhubaneswar, July 31—Meningitis, which has assumed epidemic form in Orissa's four backward southern districts, has claimed 461 lives during the first six months of 1988, as per the state government's own admission.

The official statistics on the number of people affected by meningitis are part of a report to be submitted to the Union government. According to the official figures, in the tribal dominated Koraput district, 416 people of the 1,473 affected by the disease, died this year. The district recorded a daily death rate of at least two.

The worst affected areas of the district included Kashi-pur, Dasmantpur, Narayanpatna, Lakshmipur, Kalyansinghpur, Mindiliput, Bissamcuttack, Muniguda, Dabugaon and Gudari blocks. The disease also spread to the urban areas of Jeypore and Rayagada.

The three other districts affected by meningitis were Kalahandi, Phulbani and Ganjam. The official statistics put the Kalahandi death toll at 16, pointing out that the disease spread to 31 villages and 43 afflicted persons were saved. The Kalahandi toll is alleged to have been put at much less than the actuals because of the interest the Prime Minister's office has been taking over the district. Unofficial reports, corroborated by legislators of the district, put the toll at several hundreds, the worst-affected areas being Langigarh, Bhawanipatna, Thua-mul-Rampur and Madanpur-Rampur blocks.

The official report recorded the deaths due to meningitis in Phulbani and Ganjam districts at 12 and 17 respectively during the period under review. In Phulbani, 41 seriously affected people were saved, while 200 people were saved in Ganjam district, the report added.

Though the government claims to have taken adequate measures against meningitis, the disease is still playing havoc in wide areas of these districts. Reports available from these areas suggest that meningitis cannot be fully controlled unless clean drinking water and nutritious food is supplied to all villages.

**Viral Fish Disease Spreading in Northeast**  
*5450001 Calcutta THE TELEGRAPH in English*  
*31 Jul 88 p 5*

[Text] Silchar, July 30—A viral disease which affected fish in Assam's Cachar and Karimganj districts a fortnight ago is now fast spreading in Tripura and Mizoram. The district magistrates of Cachar and Karimganj have banned the sale of fish.

According to official sources here, an alert has been sounded in these states by the Union health ministry.

This is the first time that such a disease has struck in the country. The virus, which was detected two years ago in Kampuchea is suspected to have been carried into the two border districts by shoals of fish from Bangladesh during the recent floods.

A remedy to this disease is yet to be formulated. Two experts, Dr M.K. Das from the Central Inland Fisheries Research Institute, Barrackpore and Dr M. Barua from the Guwahati-based Fisheries Research Institute, visited the districts recently. Reports are being awaited from them.

The ban on the sale of fish, however, has led to discontent among fishermen in the districts. They staged a series of demonstrations here demanding prompt measures to fight this disease. The valley's fishermen account for about seven per cent of the total population. Apart from the river Barak and its tributaries, over 14,000 tanks are also used as major outlets for fishing.

The Cachar deputy commissioner, Mr Subhash Das, has provided 100 kg of rice to the fishermen as relief.

About 30,000 fishermen and retail traders in Tripura have been put in a tight spot following the sudden slump in fish sales, PTI reports from Agartala.

Experts ruled out any cause for alarm since the authorities had been directed to mix at least 100 kg of sodium bicarbonate and 300 kg of salt in ponds and at various points of rivers to prevent the disease from spreading.

A team which visited the two main fish markets of Agartala recently, did not find a single diseased fish, official sources said. Such teams are also visiting other markets in the state to detect diseased fish.

The CPI(M) leader and former chief minister, Mr Nripen Chakraborty, has urged the government to provide relief to the fishermen.

## ISRAEL

### Polio Virus Found in Sewage Water

**Hadera Region Declared Infected**  
*TA2209204288 Jerusalem GOVERNMENT PRESS*  
*OFFICE in English 22 Sep 88*

[Excerpt] "YEDI'OT AHARONOT p 1: Dvora Namir reports that a virulent strain of polio virus has been detected in samples of sewage water taken from 20 locations in the Hadera region. An especially high concentration has been found in Or Aqiva and Umm al-Fahm. The area has been declared an infected region.

**Health Ministry Begins Vaccination Campaign**  
*TA2009132688 Jerusalem THE JERUSALEM POST in*  
*English 20 Sep 88 p 1*

[Excerpts] Residents of Hadera and the surrounding areas who are 35 years old and younger will be vaccinated against polio, after the polio virus was found in sewage in the area, health minister Shoshana Arbeli-Almoslino announced at a press conference here last night. The press conference was held the day after the sixth and seventh cases of polio were confirmed. Most of the victims have mild or relatively mild cases, but the first two victims remain in very serious condition. She stressed, however, that the current vaccination campaign is largely preventive because over 97 percent of the population has either natural or acquired immunity to the virus. The difficulty in finding those that are not immune, prompted the health authorities to vaccinate everyone.

## SUDAN

**Army Tests for AIDS on Kenyan, Ugandan Borders**  
*54004601b Khartoum SUDAN TIMES in English*  
*7 Sep 88 p 1*

[Text] The Sudanese government has decided to impose a test for the deadly disease AIDS on its borders with the

East African countries of Kenya and Uganda. This decision has caused some misunderstanding and is likely to disrupt the delivery of the desperately needed food supplies from East Africa, delivered by trucks across the borders with these two countries.

Reports from the borders say that the Sudanese Army has set up AIDS test check-points on these borders. All drivers of trucks coming into Equatoria Province are tested for AIDS before they are allowed to proceed to Juba. The testing is reported to have become very complex and the Sudanese military at the borders are said to be so rough that East African drivers are said to be seriously considering not making the journey into Sudan by truck.

Besides the delays and the rough treatment of the drivers by the border-guards, stories in the two East African countries have begun to circulate that the Sudanese Army is forcing East African drivers to 'donate' blood for transfusions for soldiers wounded in the civil war. It is said in East Africa that the Sudanese Army extracts a pint of blood at the border from each truck driver.

The matter has begun to cause concern in East Africa. It is thought that the two East African governments of Kenya and Uganda are considering retaliatory action against Sudanese entering their country. This would mean Sudanese citizens having to undergo AIDS tests themselves when entering Kenya or Uganda.

#### **Malaria Spreads in Khartoum**

*54004602 Khartoum SUNA DAILY BULLETIN in English 11 Sep 88 p 11*

[Text] Khartoum, Sept. 11 (SUNA)—Malaria disease has recorded a considerable increase in some national capital residential areas, according to the Health Emergency Committee.

The committee said in its daily report on the health situation that the disease had led to the death of 21 persons in the national capital during the past few days.

The report said health surveys conducted at Shambat, suburb of Khartoum North, had shown that some 17 percent of the citizens were malaria bacillus carriers.

The Ministry of Health had started an emergency campaign to contain the situation by aerial spraying of insecticides at the affected areas, it noted.

The report affirmed the ministry will follow up the situation closely.

The committee said that, as for other diseases, the situation is "satisfactory."

#### **Minister Says Locusts at Critical Stage**

*54004601a Khartoum SUNA DAILY BULLETIN in English 7 Sep 88 pp 6-8*

[Text] Khartoum, 7 September (SUNA)—Minister of Agriculture Dr al-Fatih al-Tighani has warned that the threat posed by desert locusts in the country has entered a critical stage.

Speaking in the Constituent Assembly yesterday, the minister said the pests have developed from the stage of grasshoppers to fully mature insects, a matter which would make it difficult to combat the pest.

He said the locusts swarms presently in Sudan are estimated at 61 swarms.

He indicated that each swarm covers an area of 100-150 square kilometers and eats 80 tons of plant material a day.

He said 14 spraying planes as well as some 120 vehicles are currently working in various locusts infested areas.

The minister warned against the danger of the pest, saying that the grasshoppers cover an area of 600,000 hectares in Darfur, 400,000 hectares in Kurdufan, as well as 500,000 hectares in other regions.

The minister said the insect is covering an estimated area of 5 million hectares of Chad. He indicated that reports reaching the ministry indicated that a large part of the locusts are expected to enter Sudan to affect half a million hectares.

He said the available insecticides are insufficient to 655,000 hectares while they expected the delivery of other 600,000 liters of insecticides from donor countries and organizations to be sprayed over an area of 1.4 million hectares.

**DENMARK/GREENLAND**

**AIDS Prevention Campaign Assessed**

*54002402 Copenhagen BERLINGSKE TIDENDE in Danish 2 Sep 88 p 7*

[Text] The number of gonorrhoea and syphilis cases in Nuuk (Godthad) has again risen over the summer, after an AIDS campaign on Greenlandic television last spring caused the number to fall markedly. In April, when Greenland's television featured programs on AIDS, only 28 gonorrhoea cases and a single syphilis case were reported. In July, the numbers had again risen to 36 and 8, respectively. These increases do not alter the overall trend of dramatic decline in the number of venereal disease cases in recent years, however.

**GREECE**

**AIDS Statistics Show New Cases, Deaths**

*54002403 Athens I KATHIMERINI in Greek 15 Sep 88 p 16*

[Excerpt] Fourteen new cases of AIDS have been noted in Greece in the past two months of July and August, while in the same period four deaths from the disease were registered with the Ministry of Health. Currently, then, registered cases total 141 (6 in 1984, 7 in 1985, 22 in 1986, 53 in 1987, 39 in the first 6 months of 1988, and 14 in the past 2 months), while the number of deaths is 64.

Of the total number of cases, 116 are Greeks and 25 foreigners, 130 male and 11 female.

Approximately 50 percent of the infected (71 persons) are homosexual/bisexual males, 28 had normal sexual habits, 17 were hemophiliacs, 11 had received blood transfusions before the blood supply began to be monitored, and 3 were drug addicts. Four cases were children under the age of 12—two of them hemophiliacs, one with Mediterranean anemia, and one born to parents who carried the virus.