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Epidemiology

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Epidemiology

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ANGOLA

Government Reports 56 AIDS Cases

54000116a Luanda JORNAL DE ANGOLA in Portuguese 18 Feb 88 p 3

[Text] Angolan Health Minister Dr Ferreira Neto, in an exclusive interview given to ANGOP [ANGOLAN PRESS AGENCY] on Wednesday, said that there are 56 AIDS cases in Angola.

Ferreira Neto said that, among the 56 victims, 23 are carriers of the virus with a clinical symptomatology while 27 are also carriers but do not reveal any clinical symptomatology although 6 were clinically confirmed.

According to the minister, among those clinically confirmed, four are Angolans living in Europe and two suspected cases are in Luanda, confirmed by laboratory analyses in Stockholm, Sweden.

Minister Ferreira Neto on the occasion also announced that the foundations are going to be laid in July of this year for drafting a medium-range program to fight this disease.

The Angolan government official, who believes that informing and educating patients who are carriers of the virus constitute main weapons to avoid contagion, remarked that a short-term action program has already been drawn up in the People's Republic of Angola for the year 1988.

As results of the work done by the National Technical Commission on AIDS, Minister Ferreira Neto listed, as main tasks, the establishment of the epidemiological watch system for AIDS, including the preparation of individual notification file cards for suspect cases.

Other activities mentioned by the minister included the processing of standards for diagnosis and care for patients with AIDS as well as the development of laboratory tests, called "Elisa Technique," especially for blood donors, including basic and advanced training for laboratory personnel in performing these tests.

Other tasks mentioned by the minister included the continuous performance of serum-epidemiological surveys to describe the AIDS situation and to sensitize doctors so as to inform them and mobilize them for the fight against this disease. In the opinion of Ferreira Neto, the current epidemiological situation deriving from the infection by the AIDS virus is not alarming but does call for certain precautions and energetic measures to prevents its further spread not only by virtue of its immediate consequences but also in the light of the serious implication of having to divert large sums of health budget revenues, earmarked for basic health programs, to the need for paying the high costs of medical care involved in this disease.

With the intention of helping create the resources for fighting the disease, the People's Republic of Angola will shortly benefit from WHO assistance estimated at about half a million dollars (1 Dollar is equivalent to about 30 kwanzas), according to the minister.

This amount will be used to train supervisory personnel and to purchase equipment for the laboratory that will conduct the AIDS tests.

Ferreira Neto reported that the provinces of Zaire, Uije, Northern Lunda and the provinces along the shore are the areas facing the most serious risk of contagion of this disease due to their location near the borders as well as other international factors; he announced the establishment of regional laboratories to check on the disease.

In response to a question as to whether a patient with the disease must be isolated, the minister replied that it is much more important to control the patient rather than to isolate him since, as he added, the very scientific foundation of the disease does not point to isolation.

Talking specifically about areas in which contagion is easiest, he mentioned sexual contacts, arguing that persons who maintain monogamous sex relations are much more protected than those who have various sexual contacts.

Urged to comment as to whether Angolan specialists are involved in investigating the disease, he gave assurances to the effect that the main concern at this time is the prevention of the disease because, according to clinical experience in the more developed countries, the most important thing is to prevent the disease since, after the patient contracts the virus, it becomes very frustrating for a doctor to stay with a patient who will die sooner or later.

As for age groups, the minister emphasized that those most heavily hit are in the age group between 20 and 49.

So far, no medications have been found that cure the disease completely. There are only some drugs that alleviate the disease. A safe, effective and economical vaccine has not yet been found but there are some prospects as to the possibility of the discovery of a vaccine within 5 years, he disclosed.

Regarding the participation of the People's Republic of Angola in the recent world summit meeting of health ministers, held in London, he said that Angola on that occasion presented an overall view of the disease situation in Angola along with its development and the measures that have already been taken.

He added that one of the important questions taken up at the forum was the creation, by all countries, of a high-level general coordination agency so as to take

measures, to prevent the disease, since, as he emphasized, these actions cover not only the health ministry but also other areas, specifically, social and legal areas.

Ferreira Neto deplored the fact that AIDS has caused other problems in this sector which he is directing at a moment when he faces a tremendous personnel shortage.

The Angolan government official praised the support given by the Swedish International Development Agency, an organization which has been collaborating with the People's Republic of Angola in this field, particularly in the first serum-epidemiological studies conducted in the provinces of Luanda and Benguela.

05058

Fight Against Cholera Viewed

54000116b Luanda JORNAL DE ANGOLA in Portuguese 18 Feb 88 p 3

[Text] N'Dalatando—Between 15 January and 13 February of this year, 75 new cases of cholera were detected and treated in the townships of Bolongongo and Cazengo, Northern Kwanza Province, according to Provincial Health Delegate Rodrigo Pinto.

Among the cases reported, 45 were registered in the townships of Bolongongo, while the rest came from Cazengo. The situation is already under control due to the dynamic effort made by provincial health agencies and mass and social organizations.

Recently, as a matter of fact, 8,000 doses of anticholera vaccines were distributed to the people in the township of Bolongongo, along with 7,000 "Fanasil" tablets and 4,000 Tetracyclin tablets to stop the epidemic.

Parallel to the vaccinations, the health delegate explained, the fight against cholera involves health education for the population through lectures in health centers and hospitals, as well as strict observance of primary health care regulations and cleaning drives.

Since its appearance in 1981 in Northern Kwanza, cholera has claimed 104 victims, above all in the townships of Cazengo, Lucala, and Cambambe.

05058

ETHIOPIA

105,000 Vaccinated Against Meningitis

54000098a Addis Ababa THE ETHIOPIAN HERALD in English 25 Feb 88 pp 1, 6

[Text] (ENA)—A total of 105,000 children have been vaccinated in the capital against meningitis owing to the rapid emergency measures taken by the Ministry of Health to prevent and put under control the spread of the disease, it was revealed in a statement here yesterday.

The Epidemiological Department of the Ministry pointed out that the disease manifested itself in Addis Ababa only and measures were taken since February 14, 1988 to undertake mass vaccinations in various governmental departments, mass organizations, kindergartens, schools and other places where there is high concentration of people.

The statement gave the symptoms for meningitis, which mostly affects the youth under the age of 20, such as fatigue, fever, head-ache, vomiting, and a strain on the neck as well as irritability in children and advised the public to consult doctors based on such symptoms.

The statement further revealed that a team set up to deal with the problem is operating actively by going through all the zones of the capital to treat affected persons and to give injections and vaccinations to immunize the masses. Effort is being exerted to reach as many people as possible, the statement revealed.

The statement called on the public to take heed of the advice given by medical experts to protect themselves from the disease.

The statement in conclusion noted that although the disease is prone to affect people in the equatorial belt once every ten years, there was not any conclusive information about the state of the disease in countries within this belt at present.

/09599

GABON

WHO Donates Laboratories for Aids Testing

54000123 Libreville L'UNION 1 Apr 88 p 7

Health equipment in the struggle against Aids was reinforced by the acquisition of three new laboratories for detecting the Aids virus. The three laboratories were presented by Dr Komlan, World Health Organization [WHO] representative at the local WHO headquarters to Dr Jean-Pierre Okias, minister of public health and population in the presence of some of his closest colleagues.

The new laboratories in addition to the University Center of Health and Science (CUSS), the International Center for Medical Research in Franceville (CIRMF), and the National Laboratory at the Hospital Center in Libreville (CHL) will prevent seropositive blood from being given to healthy individuals..

One of the three laboratories has been allocated to the Ministry of National Defense. The other two are to be allocated according to the needs and priorities of the different services of the Ministry of Public Health.

Following Dr Komlan's presentation the chief counselor to the American Embassy in our country, S.E. Kenneth M. Scott J.R. gave to Minister Okias more than 10,000 condoms out of the 500,000 that his country gave to the Gabonese people.

The ceremony gave Dr Okias the opportunity to encourage the Gabonese people to once again take better care of their health. The minister was also very pleased about the national awareness of health problems. He indicated that to date 15 official cases of Aids have been recorded as well as 50 seropositive.

KENYA

Seminar Launches AIDS Education Campaign

54000105a Nairobi THE WEEKLY REVIEW in English 11 Mar 88 pp 26-27

[Passage in italics as published]

[Text] The media campaign to inform the public about AIDS announced last month by the minister for health, Mr. Kenneth Matiba, began in earnest last week when the National Aids Committee of the ministry invited pressmen to a seminar at the Kenya Medical Research Institute. The seminar for journalists last Friday was an important part of the Kenya National AIDS Control Programme, launched by Matiba on February 12. Experts involved in the programme made presentations and led discussions on various aspects of the disease and methods by which its spread could be hindered.

Among the most eloquent and informative presentations at the seminar was that of Mrs. E. Ngugi of the health education sub-committee of the NAC who informed the audience that a survey done in the Pumwani area of Nairobi on a sample of 800 people had revealed that about 61 per cent of the prostitutes in the city may be carriers of the HIV virus, the main known cause of AIDS. Ngugi, who works for the community health department of the ministry of health and now heads the health education sub-committee of the AIDS programme, also told the journalists that, before the introduction of the educational programme, only eight per cent of the prostitutes surveyed used condoms on a regular basis, but that, after health education carried out by her sub-committee, the percentage of regular condom users had jumped to 50 while 90 per cent said they now use condoms sometimes. She said that there had been "a great deal" of co-operation between the prostitutes with her sub-committee. Ngugi stressed, however, that condoms are only a last-ditch measure, when the major thrust of the anti-AIDS educational programme does not work. The main effort, she said, is directed at eliminating, or at least reducing, promiscuous heterosexual behaviour, which is the major cause of the spread of AIDS in Kenya, by recommending abstention or sticking to one sexual partner.

In his presentation about the clinical aspects of AIDS, Dr. M. Owili, a consultant dermatologist at the Kenyatta National Hospital and a member of the clinical sub-committee of the national AIDS programme, said that the presence of HIV or antibodies to the virus in the body does not automatically mean one will develop AIDS and that usually it takes three to five years before the symptoms of the killer disease are apparent. He pointed out that there are many carriers of the virus who cannot be said to have the disease. Owili described the early symptoms of the disease itself as fatigue, dizziness, sweating, sneezing, development of fungus, loss of appetite, diarrhoea and a subsequent rapid weight loss. These symptoms would be followed by the development of other opportunistic infections which can affect the lungs (resulting in a persistent cough) and other vital organs. Owili also stressed that AIDS is a syndrome and not a single disease and that, so far, no cure has been discovered for it. He announced, however, that Kenya is one of the centres in Africa, along with Zambia and Zaire, that have been chosen by the World Health Organisation (WHO) for field trials of azidothymidine (AZT), a drug that has shown promise in being able to stop the AIDS virus from multiplying in the body but which does not, however, cure the syndrome. The drug has been prescribed for AIDS patients in the United States and in Europe.

AZT is an expensive drug and the recommended daily dose of six to ten tablets for a single AIDS patient would cost about shs. 200 to 400 in Kenya. Since treatment must be continued for long periods and in some cases the lifetime of the patient, only those countries with the best-funded health systems could afford it at that price. This is the main reason why AZT has not come into widespread use for treatment of AIDS victims. The drug has also produced a number of side effects in clinical trials, including anaemia severe enough to necessitate blood transfusions in patients who received it for four to eight weeks. According to Owili, the drug is now produced locally by Wellcome Kenya, a subsidiary of a US corporation.

Last November, two African researchers from Zaire and Egypt announced that they had discovered a drug that has proved effective in the treatment of AIDS. Last week, the two doctors repeated their claim at the first Egyptian international conference on AIDS in Cairo and told the delegates that trials on 337 patients had produced "very satisfactory results with 80 per cent success". The Zairean partner in the research, Prof. Lurhuma Zirimwabagabo, told the conference that the new drug, known as MM-1 is nontoxic and attacks the AIDS virus and restores the body's immune system with virtually no side effects. When he was contacted by *The Weekly Review* by telephone early this week, the head of the Kenya AIDS programme, Prof. M. Mugambi, who is also director of the Kenya Medical Research Institute (KEMRI) said that he has "only heard about the drug in press reports." He also said that his committee on AIDS had not received any report, through either the usual WHO channels or any other, about the MM-1 drug.

At the journalists' seminar on AIDS last week, a WHO expert seconded to Kenya, Dr. Peer Sieben of Denmark said categorically that no drug or vaccine that has been discovered anywhere in the world could cure or prevent AIDS. He was optimistic, however, that some means of controlling and finally eliminating the killer disease would be discovered in the near future "because so much effort is being put into the search by the whole world and so many top scientific and medical brains are working on it." Talking on the global dimensions of AIDS, Sieben said that the killer syndrome has reached truly epidemic proportions and that no single nation can now claim to be free of AIDS. Questioned by journalists about the probable origins of the disease, Sieben replied to the effect that the origin is now immaterial, since it now affects every country in the world. He said, however, that the HIV virus may be a mutation of an otherwise less dangerous virus which has been caused by increased pollution and radioactivity.

Quoting WHO statistics on AIDS globally, Sieben told the journalists that, by the end of last year, there were about 100,000 AIDS victims reported in 132 countries of the world and that five to ten million people are infected with the HIV virus. He estimated that within five years, there will be between 500,000 and 3,000,000 cases of AIDS (as opposed to HIV infection) and that by 1991 there will be at least a million victims of the disease. In the continental distribution of AIDS cases, America leads with nearly 50,000 cases. Europe has reported about 7,500 cases, while Africa has nearly 6,000 cases reported by 32 countries (including Kenya). Asia and Oceania have reported the fewest cases, with 208 and 678 victims respectively. Thirteen of the African countries have reported more than 50 cases. Kenya reported 1,304 cases of AIDS in 1987.

According to Mugambi and Dr. F. M. Mueke, AIDS was first recognised in Kenya in 1984. In Kenya, as in other African countries, the disease spreads mainly through heterosexuality. The male-female ratio is 1 to 1 and the highest incidence occurs in people between the ages of 16 and 29. Mueke said that the disease mostly affects urban and peri-urban high income/high education people and that few cases had been reported in rural areas and among small children and old people.

The aims of the current national AIDS education campaign in Kenya are mainly to reduce transmission of the disease and to reduce mortality and morbidity among victims. The educational campaign is going to be aimed at target groups, apart from informing the general public. The target groups for various modes of information and different messages are two major groups: potentially vulnerable persons such as school students, youths out of school, long-distance truck drivers, prisoners and prostitutes, and opinion leaders such as working professionals, health care workers, teachers, journalists, politicians and church leaders. For each of these sub-groups, an information package will be designed by the National AIDS Committee that suits their particular needs. The role of the mass media in spreading correct information about AIDS was very much stressed in last week's seminar. Since the programme has just started, it is still too early to predict what the outcome will be. As one of the participants put it, "the main problem will be how to change people's attitudes and behaviour".

/09599

AIDS Study Results Cited

54000108c Dar es Salaam TANZANIA DAILY NEWS in English 6 Feb 88 p 2

[Text] Nairobi, Friday. The risk of catching Acquired Immune Deficiency Syndrome (AIDS) in a single sexual encounter with an infected person may be as high as eight per cent, William Cameron of the University of Nairobi said yesterday.

Cameron was presenting the results of a study on men who frequent prostitutes in Nairobi's Pumwani district and who attended the city's main sexual diseases clinic with other complaints between March 1986 and December 1987.

He told a medical conference that out of 100 men who reported only one recent experience with a prostitute and who initially tested negative for the antibodies associated with AIDS seven developed the antibodies within two to seven weeks.

The men told the researchers that they had not slept with anyone else in the meantime.

The study did not attempt to trace the prostitutes to check they were AIDS carriers but previous research had shown that more than 85 per cent of the women working the streets and bars of Pumwani were infected with the virus.

Cameron's results apply mostly to men who had genital ulcer diseases at the time of the sexual exposure and may not be relevant for those without.

The doctor, a Canadian attached to the University's Medical Microbiology Department, said the study found clear evidence that genital ulcer diseases and lack of circumcision facilitated transmission of the AIDS virus.

A larger study on the effects of multiple sexual exposures found that only one out of 117 circumcised men without ulcers seroconverted while for uncircumcised men with ulcers the seroconversion rate was 15 out of 55 or 27 per cent.

Cameron concluded that, using the acturial life table method, the risk of infection from one sexual exposure was eight per cent.

Another study submitted to the same conference found that of 112 babies born to mothers carrying the AIDS virus, seven were probably infected with the virus.

The babies were about 150 grams (five ounces) lighter at birth than ordinary babies and many more of them had swollen lymph nodes, a possible sign of AIDS infection.

/09599

Anti-AIDS Campaign Handled by Four Sub-Committees

54000105b Nairobi KENYA TIMES in English 7 Mar 88 p 11

[Article by Wacheghu Mwakelemu: "How the Campaign Is Being Organised"]

[Text] The first national effort to curb the spread of AIDS in Kenya has been mounted by the Ministry of Health.

This consists of a massive anti-Aids campaign which will be spearheaded by the national Aids committee formed in 1985.

The committee has the responsibility of laying strategies for combating the spread of the killer disease through a public health education programme. Made up of 14 members drawn from a wide spectrum of expertise, the team drew up a five-year working plan up to 1991, through which the public will be educated on Aids control methods.

The committee is divided into four sub-committees, each addressing itself to specific aspects of the problem.

The epidemiology sub-committee deals with the general study on the patterns of the disease, information management, rural and urban surveys and documentation of the cases.

The laboratory sub-committee will offer technical support to all procedures requiring laboratory facilities, oversee the screening of blood, especially blood offered for transfusion and be involved in research work.

So far, 34 screening points have been established in all provincial hospitals and more will be set up in the district hospitals in due course. Well over 50,000 units of blood have been screened while diagnosis and research facilities have been established.

The clinical sub-committee is charged with the treatment of Aids.

The most important sub-committee, however, is the health education (or information, education and communication) sub-committee.

The sub-committee has the duty of drawing up the most appropriate methods for the public health education programme. "In the absence of any anti-Aids drug, public education is the only alternative we have," said Mrs F. Ngugi who chairs the sub-committee. Specific target groups have been identified which include youths in school and out of school.

Long distance truck drivers, prisoners, and prostitutes.

The committee will also seek the assistance of professionals in various fields including doctors, nurses and other health workers, journalists, politicians, religious groups and others.

/09599

Malaria Statistics Cited

54000105c Nairobi DAILY NATION in English 12 Mar 88 p 14

[Text] Malaria claimed the highest number of lives in Narok District last year, the District Public Health Officer, Mr Samuel Muthenji, says in his report for the year.

Mr Muthenji said that there were 44 deaths out of the reported 35,107 cases of clinical malaria.

However, he said, the Government, through the public health department, was committed to eradicating the disease by clearing mosquito breeding areas and mounting an educational campaign on the killer insect.

He said the fight against the disease has been intensified in Kilgoris Division where frequent outbreaks have been reported.

He said two permanent anti-malarial drains were constructed last year in Narok town and Kilgoris trading centre and thanked Narok County Council for providing insecticides to fight the insect.

Meanwhile, Mr Muthenji has asked wananchi to keep their environment clean to prevent disease outbreaks.

He told them to dig pit latrines and provide drainage for stagnant water. (KNA)

/09599

NIGERIA

Government Approves $1.1 Million for AIDS Prevention

54000119b Kaduna NEW NIGERIAN in English 15 Mar 88 p 9

[Text] The federal government has approved the sum of four and a half million Naira for the prevention and control of acquired immune deficiency syndrome (AIDS), this year.

This was announced in Lagos at the weekend by the Minister of Health, Professor Olikoye Ransome-Kuti at the inaugural launching of the AIDS committee on education.

The minister who was represented by Dr Ashely Dejo from the Ministry of Health, said this was to buttress the set-up plan under the WHO short term plan which a technical services agreement had been signed.

According to him, no effort contributed towards the arrest of the spread of this scourge in our midst could be too much. Nigeria occupies such a vital position on the African continent, having, as it does, about a quarter of the population of Africa."

Professor Ransome-Kuti said if AIDS was allowed to gain a strong foothold in Nigeria, the picture for the continent would be very grave indeed.

Professor Ransome-Kuti therefore suggested for closer integration not only with the activities of the national expert advisory committee but also with the state committees for effective control all over the nation.

"I trust that the flame being lit today will soon grow to a brighter illumination such that Nigerians and prosperity will always have cause to give glory to your efforts after, as we hope AIDS would have been eradicated just as the world has successfully eradicated smallpox," he added.

The patron of the committee, Alhaji Shehu Musa (CFR) commended the federal government for voting such amount of money for the prevention and control of AIDS in the country.

/9604

Government Efforts in Screening HIV Strains Detailed

54000119a Lagos NEWSWATCH in English 28 Mar 88 pp 40-41

[Article by Louisa Aguiyi-Ironsi: "AIDS: Eleven Go Down"—The dreaded disease makes slow but steady killer progress in Nigeria]

[Excerpts] Acquired Immune Deficiency Syndrome, AIDS, has so far killed 11 people in Nigeria. Nine others who have been diagnosed as sero-positive to AIDS antibodies will inevitably join that number. The number of affected persons is expected to double every 6 months.

By the end of last year, the National Expert Advisory Committee on AIDS, NEACA, headed by Etim Essien, a professor of hematology, had screened 18,195 people in nine centres located in seven states including Lagos, Borno, Anambra, Bendel and Kaduna. Ademola Fagbami is virologist at the University College Hospital UCH, Ibadan, and a recipient of a grant from the Ministry of Science and Technology, has screened 2,000 blood samples taken from people with signs and symptoms resembling AIDS. These are people suffering from fevers of unknown origin, tuberculosis, persistent diarrhoea, weight loss as well as voluntary blood donors and prostitutes. The results have all been negative.

The picture of the spread of AIDS in Nigeria is not a complete one. Of the 21 states in the country, only seven have screening centres. One of the centres in Lagos State, it was reported, recently ran out of reagents. Of the 18,000 blood samples screened 8,000 were done by the Maiduguri centre. The fee being charged for screening may not encourage more people. The University of Nigeria Teaching Hospital, Enugu, said the Ministry of Health directed that apart from children and likely carriers, fees ranging from six naira for those on salary grade level 10 to N50 for those earning higher be charged. Private laboratories according to Essien will be allowed to screen for AIDS, but will not be allowed to issue certificates to their patients either to declare them infected or AIDS-free. Such testimonials, he said, can only be issued by government hospitals.

Local and international experts who met in Lagos August last year, said that people whose blood samples read positive for the AIDS tests were mainly prostitutes and high class urban dwellers. Although it was established that the main route of transmission was sexual, it could not be determined when and for how long the victims were infected. That task is now impossible as the victims with the disease have all died.

One of the dead, a woman, Fagbami told NEWSWATCH, sought treatment for persistent diarrhoea at the UCH, Ibadan in the middle of 1983. She was treated off and on for that ailment, but she kept going back to the hospital for a variety of other recurring infections. She got pregnant and had a baby who died. She was later admitted for 7 months in 1987, before she was finally diagnosed as having AIDS. She died in December last year. The indication is that the woman was infected with the AIDS virus, HIV, for at least 5 years before her death.

Exactly what AIDS virus Nigerians are being infected with has not been fully determined by NEACA. Western media have alluded to what some scientists call the "Nigerian virus" which has different clinical manifestations of the disease. That virus, Fagbami says, is what the international committee on taxonomy of viruses decided should be called HIV-2. It was determined that the newer French-discovered virus, LAV-2 was the same as HTLV-4 previously described. Screening for HIV-1 is

more common because the testing kits for HIV-2 manufactured only by the Pasteur Institute in Paris, are in short supply. HIV-2 infection said to be prevalent in West Africa, was recently discovered in South Africa which hitherto had only HIV-1 infection.

If there are doubts about what type of virus is causing AIDS in Nigeria, there is none about the fact that the incidence of the disease is rising. Olikoye Ransome-Kuti, minister for health, said that the country should not be deceived by the low number of 20 AIDS victims recorded in the country so far.

Doctors are concerned that the non-cooperation of AIDS patients with medical personnel may frustrate the campaign to check the spread of the disease. Idris Mohammed, chief medical director of the University of Maiduguri Teaching Hospital and I. Akinsete of the Lagos University Teaching Hospital, were reportedly angered over the manner AIDS patients who included prostitutes deserted the hospital when they tested positive for HIV. Their concern is that the run away patients could intentionally continue the spread of the disease. No law, however, empowers a doctor to hospitalise or isolate a patient found to be infected with the AIDS virus. Doctors are therefore torn between the devil and the deep sea. If they keep the infected person in hospital, there are no drugs to treat him with. If they let him out on the streets, they run the risk of exposing others to infection.

According to a declaration adopted by the conference of 148 ministers on the global impact of AIDS last January, "in the absence at present of a vaccine and cure for AIDS, the single most important component of national AIDS programmes is information and education." In Nigeria, battle on that front has already been waged by a non-governmental organisation the AIDS Committee on Education, ACE. The organisation according to Doyin Okupe, its chairman, aims to help Nigerians and AIDS victims by establishing centres for information on AIDS and carrying out public enlightenment programmes. ACE last week, provided an AIDS hotline—685790. Callers' enquiries on any aspects of AIDS will be answered by medical doctors between the hours of 9 am to 3 pm daily.

The Federal Ministry of Health intends to set up an AIDS committee in all the states as it has been done in Borno, Cross River, Akwa Ibom and Rivers. These committees would be responsible for appropriately informing their communities on the disease. The programme and other AIDS control and preventive measures which include strengthening surveillance systems will be funded from N4.5 million voted for it by the government.

AIDS has been reported from every part of the world. The largest number of cases is in the United States. Nigeria ranks 88th of 127 countries. According to a report of an international survey of people's attitudes towards AIDS in 35 countries, only 46 percent of Nigerians are aware of AIDS. Forty percent say they are "very concerned" about it and only 10 percent of Nigerians believe that AIDS is the most urgent health problem facing the country. According to Fagbami, AIDS is not a serious problem for now. People are not changing their sexual habits. The only thing, he says, that will alert most Nigerians to the seriousness of AIDS, is if someone well-known to them contracts the disease. They may never get to know that someone unless screening centres planned by the Health Ministry, are set up in all the states.

/9604

Government Signs Accord To Eradicate Guinea-Worm

54000119c Kaduna NEW NIGERIAN in English 16 Mar 88 p 16

[Text] The Federal Government has signed an agreement for the eradication of guinea-worm with an American private organisation, Global 2000, founded by former U.S. President Mr Jimmy Carter.

The agreement followed talks between Nigerian health officials led by Minister of Health, Professor Olikoye Ransome-Kuti and officials of Global 2000, headed by Mr Carter, during his 2-day private visit to Nigeria, en route to Ghana for a guinea-worm international conference.

Under the one-year agreement signed on Sunday, Global 2000 and the American Bank for Credit and Commerce International will provide fund for the establishment of a national secretariat for guinea-worm eradication.

The project would involve a national survey on the crippling water-borne disease as well as education of people in the affected areas, on how to prevent and tackle the disease.

Guinea-worm is regarded as an endemic disease in Nigeria, having affected several parts of the country at different times, with huge economic consequences.

The Nigeria-Global 2000 accord is expected to address the question of potable water in the rural areas, since insanitary water supply is said to be the chief cause of the disease. (NAN)

/9604

TANZANIA

Health Minister Addresses Regional Medical Officers

54000109a Dar es Salaam TANZANIA DAILY NEWS in English 12 Mar 88 p 1

[Article by Christopher Mwalubandu: "Take Full Part in Anti-AIDS Campaign, Medics Told"]

[Excerpt] Regional medical officers have been told to participate fully in the implementation of the five-year AIDS control programme to be launched early next month.

"What other guidelines do we need? This is an emergency situation and the disease will not wait for more theories to be formulated. People should change attitudes and behaviour to avoid exposure to the disease. Through education and counselling we should show them the way". The Minister for Health and Social Welfare, Ndugu Aaron Chiduo, said in Dar es Salaam yesterday.

The Minister was addressing over 60 regional medical officers, health officers and senior laboratory technicians from the Mainland and Zanzibar as well as senior officials in the Ministry of Health at the end of a four-day meeting on AIDS at the Muhimbili Medical Centre (MMC).

Ndugu Chiduo said each region should evaluate available resources and identify requirements that would be needed to facilitate the campaign. The Minister was responding to remarks made by some regional medical officers that they needed extra time for preparations.

"Let us focus our attention on the campaign so that next time we meet we should be discussing achievements made in the implementation process", the Minister said.

Earlier, the Acting Chairman of the National AIDS Control Programme, Professor Samwel Maselle, said the campaign would be launched on April 7 to coincide with the World Health Organisation (WHO) Day.

The launching would be preceded by a week-long chain of activities aimed at raising public awareness on AIDS and ways of avoiding infection. The activities include radio programmes, panel discussions, relevant songs, video shows, articles in newspapers, cartoons and posters, all related to the situation of the disease in the country.

/09599

AIDS Control Program Underway

54000109b Dar es Salaam TANZANIA DAILY NEWS in English 17 Mar 88 p 3

[Article by Ichikaeli Maro: "AIDS Body Draws Control Strategies"]

[Text] The information, education and communication sub-committee of the AIDS Control Programme has started consultations to establish strategies for distribution of condoms under the five-year AIDS control programme in Tanzania.

The Chairman of the sub-committee, Doctor Justin Nguma, of the Faculty of Medicine at the Muhimbili Medical Centre (MMC), said in Dar es Salaam on Tuesday that the aim was to give protective groups in the society.

Talking to heads of institutions and their public relations officers at the Institute of Finance Management (IFM) in Dar es Salaam, Ndugu Nguma said priority would be given to learning institutions, military camps, industries and other productive centres. These constitute the high productive groups in the country.

He said when the consignments arrived in the country they would be distributed to health centres, dispensaries and through other means to be approved by the heads of institutions. The public would be educated on how to use them.

He, however, cautioned that the distribution of condoms was not meant to encourage promiscuity in the society. "Rather, to provide safety measures for those who can not indulge in safe sex".

However, he said, the use of condoms was not an answer to the AIDS epidemic. More important is for individuals to change their sexual habits. The use of condoms will only be a last resort.

Earlier, the AIDS Control Programme Manager, Doctor Lyamriakunge of the Ministry of Health and Social Welfare, briefed the audience on how the disease started, its spread and magnitude.

Doctor Lyamriakunge said since the disease was discovered in the United States in 1981 and in Africa in 1983, it had now developed to a global problems.

He said there was need to coordinate individual governments' efforts in fighting the epidemic through mass education.

He said the WHO's special programme on AIDS was also meant to fight the disease using the same methodology.

The Ministry of Health and Social Welfare in collaboration with WHO experts last year established a five-year strategy aimed at controlling the disease in Tanzania.

He said the major task to be undertaken under the programme would be to screen all donated blood, strengthen the blood bank and encourage the use of sterile instruments in all health centres and dispensaries.

/09599

Cholera Statistics Cited

54000108b Dar es Salaam TANZANIA SUNDAY NEWS in English 13 Mar 88 p 1

[Word in italics as published]

[Text] Fourteen people in Iringa Rural District have died of cholera within three days, the Iringa Regional Medical Officer, Dr. Ichael Mwakajila, has said.

Dr. Mwakajila said the disease erupted early this week in Idodi, Tagamenda and Nduli Villages, adding that the most affected village was Tagamenda where 12 people have died and 35 others admitted in hospital.

He said a team of medical personnel from Iringa had gone to the villages to contain the disease—*Shihata.*

/09599

More Wasps Ordered To Control Mealybugs

54000108a Dar es Salaam TANZANIA DAILY NEWS in English 15 Mar 88 p 1

[Article by Christopher Mwalubandu: "More Wasps From Nigeria." Words in italics as published]

[Text] Another consignment of wasps (*Epidinocarsis lopezi*) for controlling cassava *mealy bugs* in the country is expected sometime this month from Nigeria, according to the Minister for Agriculture and Livestock Development, Ndugu Jackson Makwetta.

The first wasps were brought in the country on February 25 also from Nigeria. They were released in cassava plantations at Pugu Secondary School in Kisarawe District and Kinondoni District for trials.

Ndugu Makwetta said in Dar es Salaam yesterday that Ministry officials were surveying cassava farms to identify sites which were free from ants where the wasps could be released. Ants, locally known as *sangara*, are enemies of wasps and they could affect the efficiency of the latter in controlling *mealy bugs.*

The Assistant Commissioner (Plant Protection), Ndugu Albert Mushi, said ants and *mealy bugs* live in close association for mutual benefit. The ants protect *mealy bugs* from enemies and in turn they feed on droppings from the bugs which contain some sugar.

"Fortunately, the ants are in isolated places and their effect on preventing wasps from performing the noble duty will not be significant", he said.

Ndugu Mushi said *Epidinocarsis lopezi* could destroy up to 95 per cent of *mealy bugs* when released in a farm. He said the new order of wasps would be bred by the Ministry so that fresh insects could be released to newly-infested cassava plantations.

Ndugu Mushi said one wasp could destroy 60 *mealy bugs*, which 20 would die by being stung and 40 would be killed by larvae hatching out of eggs laid by wasp. Once released, wasps can on the average disperse 100 kilometres per year, he added.

On training of experts, Minister Makwetta said between next May and June, three officials would go to Nigeria for a short course on biological control at the International Institute for Tropical Agriculture (IITA) in Ibadan.

He said specialists of biological control would train other officials and field staff at the sites of operations. "It is going to work. There must be some patience as it takes time to get the results", the Minister said.

Meanwhile, a group of agricultural experts will tour Ludewa District in Iringa Region to assess the damage of cassava plants by *mealy bugs* and study several environmental factors that may have contributed to the pest explosion.

"Biological control is, of course, a permanent strategy but we believe there must be other ways of going around the problem. That is the objective of the tour which will include studying soils, vegetation and cultural practices at specific sites to get specific solutions", Ndugu Mushi told the *Daily News.*

He said in areas with good rainfall there was opportunity for peasants to invest their energy and resources in crops other than cassava which would still ensure them against food shortages.

/09599

UGANDA

AIDS-Infected Students Expelled From USSR

54000111 Nairobi SUNDAY TIMES in English 3 Apr 88 p 24

[Text] Kampala, Saturday. The Soviet Union has expelled 15 Ugandan students suspected of carrying the virus which causes the incurable disease Aids, officials in Uganda's Ministry of Education said.

Soviet authorities deported the students last week when they tested positive for the virus upon returning to Moscow from a European holiday, the officials said on Friday.

Ugandan health authorities said last February they had identified 2,752 cases of Aids.

The Soviets expelled 20 Ugandan students last year because they tested positive for Aids and refused entry to 13 others who arrived in Moscow in September for the start of the academic year.

A spokesman for the Soviet embassy in Kampala said last November that under Soviet law, a test for Aids (Acquired Immune Deficiency Syndrome) was compulsory for anyone wanting to stay in the country for more than three months.

The Soviet Union will award 90 scholarships to Ugandan students next academic year, education officials said.—*Reuter*

/09599

Vector Control Division Officials Issue Statement

54000098b Kampala THE TELECAST in English 2 Mar 88 p 3

[Text] Simple controllable diseases like malaria have claimed and will continue claiming hundreds of lives in Uganda as long as the Ministry of Health headquarters officials continue embezzling funds meant for the Vector Control Division.

Chloroquin, a drug which was disrecommended for use in tropical countries is still a standard drug in Uganda because officials in the ministry continue "eating" on its importation.

This is contained in a memorandum issued by a group of twelve experts in vector borne disease control who physically called at the offices of the TELECAST yesterday. They put the blame of the spread of sleeping sickness, bilhazia, malaria and river blindness on these officials who they claimed misappropriated funds meant for chemicals to control these diseases. They gave the example of sleeping sickness which has spread from Busoga up to Mukono and Kampala areas. Only 27 cases were reported in 1977 but now there are thousands who are infected. "In fact it had been virtually eradicated," they said.

The experts said a recent statement by the Permanent Secretary that the Division was under-staffed was not true. As a matter of fact, the Division is adequately staffed but the experts have been redundant since 1977. They do not get any chemicals neither are any control projects initiated because money is not forthcoming.

They castigated the officials for not changing to FANCIDAR from chloroquin as a recommended standard drug for malaria. They reasoned that though WHO recommended FANCI-DAR, the officials have ignored the recommendation because they do not want to switch from their traditional suppliers where they get a percentage.

Finally, the statement calls for the government to institute measures to make the Division equipped and make sure money allocated by government is utilised for the good of all Ugandans. "Otherwise we shall continue to lose lives through controllable diseases like malaria and yellow fever".

/09599

ZAMBIA

AIDS Control Program Outlined

54000106b Lusaka SUNDAY TIMES OF ZAMBIA in English 5 Mar 88 p 7

[Text] The Ministry of Health is to undertake a nationwide evaluation exercise to determine the impact of AIDS awareness mechanisms.

This was said in Parliament yesterday by the Minister of Health Cde Rodger Sakuhuka when he replied to a question by Chasefu MP Mr Charles Nyirenda.

He said there had been no large scale evaluation studies conducted to assess the impact of the mechanism of educating the people on AIDS but the minister said that the efforts being made were appreciated.

A survey conducted recently to assess the knowledge, attitudes and practices relating to AIDS among students in three Lusaka secondary schools and from letters from the public to the health education unit showed that mechanisms taken so far were beginning to bear fruit.

Since the AIDS epidemic started, a total of 74 deaths occurred between 1985 and December 1987 of whom 34 were females and 40 were males out of 570 cases reported.

The minister said that 33 blood screening centres were established at central, general and selected district and mission hospitals to test blood donors of HIV infection and suspected AIDS patients.

There were two other centres at the Tropical Diseases Research Centre (TDRC) in Ndola and the University Teaching Hospital (UTH) in Lusaka.

He outlined measures taken by the ministry to ensure that it updated and disseminated basic scientific developments about AIDS.

These included publications from the World Health Organisation (WHO) on the global situation concerning AIDS and recent scientific findings of the disease, participating in international seminars, technical cooperation with developing countries and subscription to major scientific journals.

Other measures included encouragement of local research and the publication of research papers in both local and international journals, and receiving of regular notification of all AIDS cases from hospitals throughout the country.

/12232

NORAD To Support AIDS Education Project

54000106a Lusaka SUNDAY TIMES OF ZAMBIA in English 6 Mar 88 p 1

[Excerpts] NORAD has released more than half a million Kwacha to the newly Copperbelt health education project much of which will be ploughed into the fight against AIDS in the province.

"The project has been approved and NORAD has released an initial sum of K600,000 so it is up to us, rather our responsibility to carry out our proposals."

He challenged the mass media to lead the campaign against the spread of the fatal syndrome which had so far claimed many "young lives."

During the question and answer session Dr Rao dispelled claims by some traditional healers that they had formed a cure for AIDS.

He told the gathering attended by NORAD coordinator Dr Chandra Mouli and Copperbelt provincial medical officer Dr Clement Musowe who officiated at the function that the fight against the disease was a mammoth task which called for concerted efforts.

Dr Mouli revealed a plan of action which among other things 50,000 booklets and 130,000 pamphlets on AIDS will be printed and distributed in schools.

As far as AIDS was concerned the health education exercise should not be a passive programme but an active and aggressive one to deliver the goods.

The Ministry of Health was doing everything possible to arrest the spread of the killer disease in Zambia. He commended NORAD for the good gesture saying the agency had many more other projects in Zambia.

/12232

Christian Council Demands AIDS Booklet Withdrawal

54000124 Johannesburg SOWETAN in English 8 Apr 88 p 9

[Text] Lusaka—The Christian Council of Zambia has demanded that a booklet distributed to secondary schools aimed at fighting the spread of the dreadful Acquired Immune Deficiency Syndrome among pupils be immediately withdrawn because some of its contents are in bad taste.

The booklet is being distributed by the Ministry of Health through the Aids Surveillance Committee headed by Dr Sam Nyaywa to promote anti-Aids education campaign in the country.

The programme which is funded by the Norwegian Agency for International Development (Norad) also includes a similar leaflet for pupils in primary schools.

Leading the protest against the booklet is CCZ women's programme co-ordinator Sister Edith Mutale who said the material had prompted the council to seek an audience with chairman of Unip's women's affairs subcommittee of the central committee, Mrs Mary Fulano.

Discussed

Commenting on the matter, author of the booklet Dr Kathrine Baker refused to have the booklet withdrawn, while Mrs Fulano said she had no prior knowledge of it.

Sister Mutale said she had written to the chairman of the Aids Surveillance Committee to state the CCZ position on the matter.

She said: "This matter has also been discussed at the highest level of representation in Christian organisations, including the committee of six of the CCZ."

Sister Mutale was backed by the director of the Pentecostal Fellowship Association of Zambia, Bishop Mambo, who said the booklet contained a "very sad" state of affairs and should be withdrawn.

The passages at the centre of the sharp reaction are on page 15 of the booklet which say:

"Sleep only with your permanent girl/boy friend and make sure she/he sleeps only with you. Do not take any new sexual partners."

Another one says: "Use a condom (e.g. Durex sheath) and family planning foam (e.g. Emko) for every sexual act. These are available without prescription from most chemists."

Prostitute

"Never sleep with a prostitute who asks for money for sex, or a man who offers money, or with any girl/boy who has had many previous sexual partners," says another passage.

Bishop Mambo said as a church it thinks that the approach to the problem was wrong, and accused the Ministry of Health of telling school children to practise sex before marriage as long as it was considered safe.

The issue further showed that the government was doing a lot of things without consulting churches first to avoid clash of opinion later, he said.

/09599

Federal Funding Boost Reported

AIDS Hospice in Toronto

54200033 Toronto THE GLOBE AND MAIL in English 1 Mar 88 p A4

[Article by Joan Breckenridge]

[Excerpts] After more than two years of planning and fund raising, Canada's first AIDS hospice opens today, ushering in a new era of treatment.

The goal of Toronto's Casey House is to provide AIDS patients who have no one to look after them with 24-hour care in a comfortable home-like setting during the last days of their lives.

What distinguishes the hospice from a hospital is that it will not provide active treatment to patients. It will simply supply a peaceful place for people with acquired immune deficiency syndrome to experience a dignified death.

Although the 12-bed center will serve only a fraction of the city's people terminally ill with AIDS, its creators hope it will set a new model of care that other communities will quickly follow.

Despite space limitations, "it's going to give many people a better last few weeks or months than they otherwise would have had," said June Callwood, the writer and community activist who led the drive for the hospice.

The recent approval of $2.3 million in annual operating funds by the provincial Ministry of Health guarantees that the experimental project will have a long life.

The hospice funds will be filtered through St Michael's Hospital. The ministry would approve financing only if Casey House was affiliated with an accredited hospital.

The interior of the hospice, which is located in two renovated Victorian homes, rivals any five-star hotel. The founders are already worried that they will be criticized for being too extravagant.

The structure cost $1.5 million ($1.1 million came from the provincial Government and $400,000 was donated). Of the $1.3 million in renovations, about $812,000 came from donated goods and services.

These donations came from "people who think nothing is too good for people dealing with this disease," said Andrew Cruikshank, executive director of the hospice.

The walls are lined with original art donated by Canadian artist. The expensive interior design was done by a volunteer group of 35 Ontario designers.

Although the health care equipment was paid for, the quality is top notch. The rooms have $5,000 computerized beds that can be programmed to shift a patient's position automatically.

The $12,000 bathtub is big enough to accommodate someone lying on a stretcher. A special shower accommodates a wheelchair. All the rooms have television and stereo.

At Casey House—which was named after Ms Callwood's son, who was killed in a motorcycle accident—31 full-time and part-time nurses will provide constant care. About 10 doctors will be on call.

All the nurses "have already dealt with their fear of contagion with AIDS," said John Flannery, the hospice's director of nursing. All are comfortable with the gay lifestyle.

The nurses also had to be able to handle the reality that their patients will all eventually die. A standing "do not resuscitate" order is in force.

"We're not here to save lives," Mr Cruikshank said.

Nevertheless, the hospice will not permit anyone to take any active steps to end a resident's life prematurely.

Funding Boost

54200033 Ottawa THE OTTAWA CITIZEN in English 4 Mar 88 p A5

[Text] Canada's national AIDS program has received a $1.6 million boost from the federal government for more research and education, said the coordinator of Health and Welfare's AIDS center.

Greg Smith, of the Federal Centre for AIDS, said the money will cover the cost of producing education videos for hospital employees and street kids. It will enable the Canadian Public Health Association to produce more information pamphlets on the deadly disease and to finance research in Canadian laboratories.

The Canadian Hemophilia Society and Canadian AIDS Society will also get more money for studies, conferences and counselling, said Smith.

Many hemophiliacs were infected through AIDS-contaminated blood-clotting products, before blood began to be screened and treated in 1985.

"We're meeting the needs being identified," said Smith.

The increased funding was announced this week in the government's supplementary spending estimates. The money, already committed to dozens of projects, is to be used before Mar 31, the end of the fiscal year.

"This just reflects the fact that activity has stepped up," said Smith.

Without the extra money, Smith said the AIDS center would have run a deficit this year. Increased funding brings its budget to $40.6 million over five years.

More than 1,600 cases of acquired immunodeficiency syndrome have been reported in Canada. AIDS destroys the body's immune system and its ability to fight off disease.

07310

AIDS Blood Donor Charge, Education Drive, Union Noted

Tainted Blood Donor Charge

54200035 Vancouver THE SUN in English
17 Mar 88 p A6

charged a homosexual with common nuisance for donating blood contaminated with the AIDS antibody to the Red Cross.

James Charles Thornton, 26, of nearby Vanier, Ont., was charged late Tuesday. He was released on his own recognizance and is to appear April 6 in provincial court.

It's believed to be the first time in Canada that a person has been charged under the Criminal Code for donating blood containing the AIDS antibody. Presence of the antibody indicates the person has been exposed to the deadly disease.

Committing a common nuisance includes anyone who, "endangers the lives, safety or health of the public."

The charge states that on Nov. 16, Thornton donated, "to the Canadian Red Cross Society a quantity of his blood knowing that his blood had previously been found to contain antibodies to human immunodeficiency virus and intentionally withholding this information," from the Red Cross.

"To the best of our knowledge, it's the first charge of its type in Canada," Supt. John McCombie of the Ottawa police said at a news conference Wednesday.

McCombie said other charges considered included mischief and administering a noxious thing. Attempted murder was not considered because there was no obvious victim who could demonstrate they had contracted the antibody or virus.

CITIZEN on Dilemma

54200035 Ottawa THE OTTAWA CITIZEN in English
23 Mar 88 p A8

[Text] Ottawa police have raised some vital public policy questions by releasing the photograph of a man accused of deliberately giving the Red Cross a blood donation contaminated with the AIDS antibody.

After police consultations with the Crown attorney's office, it was decided to charge James Thornton of Vanier with committing a "public nuisance." Police officials suggested that Thornton be arrested so he could be held in custody pending a bail hearing.

Police said they have information that Thornton is sexually active; they wanted a chance to convince a judge he should be kept in custody to protect the public.

The Crown attorney's office, however, made the decision to charge Thornton by summons. That procedure only requires the suspect to show up in court at a specified date. Crown Attorney Andrejs Berzins insists it is up to the regional health department, not his office, to deal with allegations of unsafe sexual practices.

But Dr Ian Gemmill, the region's associate medical officer of health, counters that it is inappropriate to expect health officials to police the sexual activity of AIDS carriers.

This apparent uncertainty about jurisdiction raises the most significant question: is no one authorized, under the criminal justice system or provincial health legislation, to protect the public from people who would wilfully spread a deadly disease? If not, is such authorization not justified in the public interest?

It was clear that nobody in the Crown attorney's office or the regional public health department wanted to get involved in the controversial business of policing sexual activity.

This created a leadership vacuum that prompted unusual but not unprecedented action by the Ottawa policy. They called a news conference, where they issued Thornton's photograph and address, along with a warning that he is believed to be sexually active.

The police knew this action could expose Thornton to public hostility if not abuse. But they decided the need to protect the public was paramount. Ironically, the police have been accused of homophobia, though their warning was mainly of value to members of the gay community.

There is no simple way to protect society from AIDS carriers who make the heartless decision to expose unknowing sexual partners to the disease. As Gemmill noted: "Once a person has been infected (with AIDS) they are going to be infected for life. So how long do you keep them incarcerated?"

That's just one such problem to tackle urgently. AIDS has created grave new dilemmas for our public health, criminal and privacy laws. We must update these to reconcile the competing needs of public safety and civil liberties.

Ontario Education Campaign

54200035 Toronto THE GLOBE AND MAIN in English 25 Mar 88 p A11

[Article by Joan Breckenridge]

[Excerpt] CFTO-TV Ltd has reversed its decision not to allow the Ontario Government to purchase air time for a commercial that is part of a massive AIDS education campaign.

"We're running all of the adds," CFTO president Douglas Bassett said yesterday.

Mr Bassett said he personally screened all six of the television commercials and couldn't see any reason why they shouldn't be run.

The Canadian Broadcasting Corp. is standing firm on its decision not to run another commercial which is also part of the campaign.

"We will accept the message if, and only if, changes to the script are made," CBC spokesman Richard Chambers said from Ottawa.

The commercials are part of a $7 million multi-media AIDS campaign announced Wednesday. It is designed to dispel persistent myths about AIDS while providing information about how to stop its spread.

Ontario is the first province to attack the continuing ignorance about AIDS with an advertising program. The federal Government has been strongly criticized for failing to take similar action.

Both the CBC and CFTO immediately said they would refuse to run at least one of the advertisements.

A spokesman for CFTO would not say why this decision had been made. An explanation still has not been given.

Ontario Incidence

54200035 Ottawa THE OTTAWA CITIZEN in English 24 Mar 88 p A8

[Excerpt] The Ontario government deserves credit for a comprehensive new two-year information campaign that will provide the public with all the facts needed to make sensible decisions about protection from AIDS.

Until a cure for Acquired Immunodeficiency Syndrome is found, education and prevention are the only ways to curb the spread of this lethal disease.

The campaign should also help to dispel the myths and misconceptions about AIDS that create unjustified fears and hysteria; these in turn can jeopardize the rights of the afflicted.

As of Monday this week, 648 cases of AIDS had been reported in Ontario, with 377 deaths. The $7 million cost of the education campaign is considerable, but clearly justified. It should save lives and reduce the number of AIDS patients requiring hospital care. This now costs up to $200,000 a year.

The information blitz includes a brochure entitled AIDS: Let's Talk, which will be mailed to every household in the province. Every aspect of the campaign is aimed at getting people to call a provincially-funded telephone hotline, staffed by public health nurses and other health professionals, in Ottawa and Toronto.

Vancouver Workers Union

54200035 Vancouver THE SUN in English 7 Mar 88 p A3

[Excerpt] Counsellors, educators and clerical workers of AIDS Vancouver have voted to join the Office and Technical Employees Union, Local 378, making them the first AIDS organization in Canada to join a union.

"We decided to join a union because, due to the nature of the AIDS health crisis, we have difficult working conditions," Leslie Wagman, coordinator of information and education for AIDS Vancouver, said in a news release.

07310

Increase in Viral Influenza Cases Reported

54200036 Toronto THE GLOBE AND MAIL in English 15 Mar 88

[Article by Lawrence Surtees]

[Excerpts] Disease control experts believe the height of the flu season is yet to come as a new variant of the influenza A virus, nicknamed the Shanghai flu, makes its way across North America.

The current outbreak of viral flu and flu-like illnesses reached epidemic proportions in nine U.S. states three weeks ago, the Centres for Disease Control in Atlanta said.

Deaths from flu or flu-related pneumonia exceeded the "epidemic threshold"—defined by the centres as 6 per cent of all reported deaths—in 121 U.S. cities.

Canadian statistics are not as startling.

However, the most recent statistics from Ottawa for the week that ended March 9 show a marked increase in the number of confirmed cases of both A- and B-type

influenzas, compared with reports last month, said Elly Bollegraaf, influenza surveillance officer at the bureau of communicable disease epidemiology at the Laboratory Centre for Disease Control.

But the figures are based on lab tests done two to three weeks ago, so they may not be indicative of current conditions.

Ms Bollegraaf also cautioned that the statistics are based entirely on reported cases for which highly specialized lab testing has been done.

"It's difficult to say what viruses are causing the illness without the testing, which is rarely done," she said.

"The fact that we have most cases reported in Alberta shows how the statistics are skewed towards areas that do more testing, as opposed to areas that may have greater outbreaks."

She attributes the greater incidence in Alberta to a more vigorous viral testing and reporting program and to greater vigilance due to the Calgary Winter Olympic Games.

For that reason, she says it is difficult to predict the flu properly and whether a particular strain has run its course.

Of the 85 reported and confirmed cases of influenza-A, she said, only one is known to be from a different strain. "It would be accurate to assume that the rest of the A-type cases are caused by H3N2 strains," Ms Bollegraaf said.

So far, the Department of Health and Welfare statistics portray what she calls "sporadic" and "moderate" incidences of A-type flu.

But doctors are being kept extremely busy with this year's viral outbreak.

"We've seen an incredible increase in all viral flu-like illnesses over the past month from other years," said Dr. Warren Rubenstein, a physician with the family practice unit at Toronto's Mount Sinai Hospital. "It's the biggest outbreak I've seen in all the years I've practiced."

Although the unit does not keep count of all cases, Dr. Rubenstein said he is seeing about 25 per cent more patients with viral illnesses on a given day now than in comparable previous periods. "But the general symptoms are also more severe and last longer."

As with most viral diseases, old and young people are most at risk at developing life-threatening complications. High-risk patients can be treated with an anti-viral drug called amantadine, which acts against A-type viruses.

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Wasp Found Effective in Test Against Budworm

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[Article by Stephen Strauss]

[Text] A tiny wasp, no bigger than a pinhead, could become an ally of farmers and foresters in their effort to find a natural way to kill destructive insects.

Recent tests conducted near Hearst, Ont., indicated that when a variety of the trichogramma wasps were released in a three-hectare stand of trees the insects were able to kill 80 per cent of an infestation of spruce budworms. This effectively meant the predator wasps brought the infestation under control.

The budworms are a major source of forest destruction, particularly in the Maritimes. The human risks associated with chemical spraying to control them has also sparked continued protests—particularly in New Brunswick.

The Hearst tests are part of a joint Canadian-Chinese project looking into ways of expanding the application of the naturally appearing parasite in farming and agriculture.

John Laing, a University of Guelph biologist, told a conference in Toronto organized by the International Development Research Centre and the Canadian Science Writers Association that Canada was benefiting from China's experience in the field.

While Canadians have been aware of the 1-millimeter-long wasp's destructive potential for 100 years, the Chinese have led the way in applying its use over the past 50 years.

Gou Xueqi, a graduate student studying at Guelph, told the meeting that this was because it has proved relatively inexpensive to use—about 10 per cent of the cost of chemical pesticides. It also alleviated Chinese concerns with the long-term environmental effects of man-made pesticides.

Varieties of the wasps will lay their destructive eggs in 400 species of insects, particularly butterflies and moths. In China, it is principally used to flight corn borer and sugarcane stem borers.

A special advantage of the wasps from the Canadian perspective is that adding them to the environment appears unlikely to cause some unforeseen ecological damage because they do not last the winter. "It does its job and dies off," Prof. Laing said.

In the joint research, China is contributing its expertise in commercially rearing wasps in large moth eggs. The Guelph researchers are trying to do the same thing in smaller eggs that are the natural homes of numbers of agriculturally useful species.

While the effectiveness of the wasp as a natural predator has been demonstrated, Prof. Laing said after his presentation that a variety of problems would have to be overcome to bring the pesticidal wasps to a commercial market in Canada.

These include preservation of the breeding eggs the wasps have laid their eggs in, a cheap and efficient means of spreading these eggs in fields and forests, and an integration of the wasps with other means in use to control other agriculturally harmful pests.

In terms of the spreading question, while the application near Hearst was made using a helicopter, Prof. Laing said other people have experimented using model planes over farmers' fields.

Prof. Laing added that a key advance to industrialize the use of wasps may grow out of current Chinese work to produce an artificial medium for the wasp eggs to grow in.

One of the most onerous and time consuming parts of the program is growing the moths whose eggs become host material for the breeding wasps.

The larger part of the Guelph research is given over to moth breeding. The Chinese have experimented with an artificial egg, including among other things nutrients taken form a chicken egg.

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Epidemic Status of Shigella Type I

54004805 Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 9 No 2, Feb 88 pp 59-62

[Article by Pan Shaowu [3382 4802 2976], Chinese PLA Medical College No 3: "Recent Developments Concerning the Prevalence in China of Shiga Type I Bacillus Dysentery"]

[Text] It has been nearly 100 years since the Russian scholar Grigor'er (1891), and the Japanese scholar Shiga (1898) discovered the shiga type I dysentery bacillus, yet this still exists and frequently harms man. Although shiga type I dysentery has been rarely seen for many years in developed countries, and only here and there in developing countries, during the 1960's and early 1970's, it was prevalent over a wide area in Central America.[1-3] It began in Guatemala and spread rapidly, engulfing all six Central American countries by 1970. It endured for 3 years and caused a high death rate. It later was carried into Mexico and spread to the United States.[3] This disease has also been epidemic since 1972 in some Asian countries such as Sri Lanka, Bangladesh and India, as well as in the African countries of Somalia, Zaire, Rwanda, Burundi, and Uganda.[4,5] More noteworthy is the appearance of a similar situation in China.

Prevalence in China

Up until the 1940's, this disease was rampant in China, but decreased steadily. During the 1950's, only one epidemic of shiga type I bacillus dysentery occurred, this one among Tibetans in Lhasa, Tibet. During the 1960's, an epidemic of this disease occurred over small areas in a few places such as Shijiazhuang, Xuzhou, and Bengbu. In other provinces, municipalities, and autonomous regions, it was seen only here and there or not at all. Since the 1970's, however, in quite a few areas one after another, there have been outbreaks or fairly large scale epidemics. The prevalence of the disease is described briefly below.

The Guangxi-Zhuang Autonomous Region. An epidemic first broke out in a production brigade in Wuping County in 1973, spreading to surrounding counties later on. Subsequent to 1975, some counties and communes in Bose Prefecture had dysentery epidemics attributable mostly to the shiga type I dysentery bacillus that were particularly severe in Jingxi County.[6] During outbreaks between 1977 and 1978, the incidence ranged from 1,120 to 2,570 cases per 100,000 shiga type I dysentery bacillus accounting for 75.9 percent of all bacilli isolated.[7]

Hunan Province. Shiga type I bacillus dysentery had been eradicated for many years. In 1974, however, an epidemic suddenly occurred in Lingling Prefecture and spread to neighboring cities and villages. This type of dysentery bacillus continued to account for between 40.4 and 56.3 percent of all bacillus strains isolated right up until 1978.[8] During the same period, there was a limited outbreak of shigella type I dysentery in Qiyang and Changning counties in Hengyang Prefecture, the percentage of that type dysentery bacillus found being similar to that for Lingling Prefecture.[9]

Guangdong Province. First outbreaks occurred between 1974 and 1977 in Changjiang and Dongfang counties on Hainan Island, followed by a spread to the surrounding Lin'gao, Ledong, Lingshui, Baisha, and Baoting counties. The epidemic fell in one place only to rise in another for a period of 4 years, the incidence being nearly 10 percent in some areas, and the mortality rate running between 0.37 and 2.53 percent. In more than 70 percent of all cases, and in as many as 91.7 percent of cases, shiga type I dysentery bacillus was found, making this the single most serious nearly island-wide epidemic.[10-12] In addition, during 1976 and 1977, a shiga type I bacillus dysentery epidemic occurred in Zhangjiang Prefecture. Subsequently between 1979 and 1984, three dysentery outbreaks in which the shiga type I bacillus was dominant occurred in suburban Guangzhou.[13,14]

Yunnan Province. One outbreak occurred from June through August 1983 in Chuxiong Prefecture. Local health and epidemic prevention stations found 100 percent of 51 strains of dysentery bacilli sampled to be shiga type I dysentery bacilli.

Shandong Province. From 1971 through 1981, no shiga type I bacillus dysentery patients were seen in the Yanzhou Prefecture area, but suddenly in 1982, this form of dysentery appeared among garrison troops there, and the number of cases increased rapidly. A similar situation also occurred in Zibo Prefecture where a six-fold increase in the incidence of that type of dysentery occurred in 1983.

Henan Province. A dysentery epidemic occurred in Anyang Prefecture in 1979 with an incidence rate of 4,796 per 10,000. Most of the bacilli isolated from patients were shiga type I dysentery bacilli.[15] Next, an epidemic occurred in suburban Zhengzhou in 1980 where the incidence rate was higher than had been seen in the prefecture for the previous 20 years. Another outbreak occurred in 1981, bacteriological examination showing between 79.5 and 92.7 percent of the bacteria isolated to be shiga type I bacilli. Later, during 1981 and 1982, another epidemic occurred in the city where the percentage of shiga bacilli climbed from 13.8 percent to 51.2 percent.[16] In addition, in Zhongmou, Pingdingshan, Shangqiu, and Jiaozuo counties, and in Kaifeng City, dysentery epidemics attributable to shiga type I bacillus affected both the military and the civilian population alike in varying degrees from 1979 through 1983.

Hebei Province. Shiga type I bacillus dysentery had been stamped out for more than 10 years only to appear suddenly during 1982 and 1983 in Shijiazhuang, Qinhuangdao, Zhangjiakou, Hengshui, and Baoding. The detection rate was high, and it had clearly spread and become epidemic over a certain area.

Gansu Province. A limited epidemic of dysentery attributable to this type bacillus occurred during the summer and fall of 1981 in Wuwei County.[17,18] In 1982 an acute dysentery outbreak occurred in Lanzhou City resulting from the contamination with shiga type I dysentery bacilli of collectively eaten food.[19]

Xinjiang Uygur Autonomous Region. In 1977, shiga type I bacillus dysentery broke out and spread steadily affecting Hotan, Kashi, Urumqi, Yengisar, Bazhou, Aksu, Ili, Hami, Shihezi, Yecheng, Changji, and Hutubi counties,[20-22] and causing a region-wide epidemic that lasted for more than 6 years and had an incidence of between 2,300 and 5,000 per 100,000, the highest since the founding of the People's Republic.

In addition, a large percentage of the bacillus dysentery in Chaoyang Prefecture in Liaoning Province, and in various prefectures of Shaanxi Province is attributable to the shiga type I dysentery bacillus.

In summary, during the past more than 100 years, the shiga type I dysentery bacillus has caused epidemics of various sizes in at least 10 Chinese provinces. These epidemics have affected areas as small as a commune or a village or as large as all of Hainan Island and all the prefectures in Xinjiang Province. In some areas, outbreaks were quickly brought under control, while in other areas the disease dragged on for many years, causing very great damage to the people's health and to the building of socialism.

Discussion of Several Problems

1. Analysis of Reasons for Outbreaks of Shiga Type I Bacillus Dysentery: During the past more than 10 years, in many parts of the country shiga type I bacillus dysentery has spread from a small number of isolated cases to become an outbreak or to occur suddenly after it had been stamped out for many years. Examples are Wuwei County in Gansu Province, where not a single strain of shiga type I bacillus was found in the isolation of 843 strains of bacillus from patients from 1971 through 1979. Then, in 1981, a limited epidemic suddenly occurred.[17] A similar situation in Xinjiang was also a classic example,[8,22] The reasons have not yet been fully explained, however, analysis shows they may be related to the factors below.

a. For many years, bacillus dysentery in China has been predominantly of the flexneri type, the sonnei type being predominate in individual areas. But there is no cross immunity between the flexneri and sonnei types and the shiga type I dysentery bacilli. Consequently, the public at large possesses no specific immunity to shiga type I, so susceptibility to it has increased everywhere.

b. Germs are spread from sources of infection in various hidden ways. First, classic dysentery patients[19,23] and those who are potential patients or carriers as a result of not having received proper treatment may be easily overlooked as sources of infection. In addition, general surveys have found that healthy people who have not suffered from bacillary dysentery may be carriers of the shiga type I dysentery bacillus.[10] It is generally known that there are both pathogenic and non-pathogenic strains of dysentery bacilli. However, experiments have demonstrated that under certain conditions, shiga type I dysentery bacilli that had lost their pathogenicity may revert, with certain frequency, to being pathogenic bacilli.[24] Next, with the policy of opening up to the outside world and enlivening [the economy] internally, there are frequent contacts inside and outside the country, and a large movement of people. Unless health control keeps pace, there is a greater possibility of increasing and spreading the sources of infection. In fact, most of the shiga type I bacillus dysentery that occurred in the United States during the 1970's was among tourists who had been to epidemic areas in Central America.[25] According to a British report, among the germs isolated from travelers who had returned from developing countries from 1972 through 1978, 80 percent were shiga type I dysentery bacilli.[3] These facts help explain this possibility. Analysis shows that the epidemic that occurred in Jingxi County in Guangxi Province during 1977 may very possibly have come from a neighboring country.[7] Third, primates have a definite susceptibility to dysentery.[26] They both came down with the disease and are natural carriers of the disease germs; consequently, they may become sources of infection. In addition, some people have isolated the shiga type I dysentery bacillus from lake silver carp.[27] Whether this plays a certain role in the spread of bacillus dysentery merits attention.

c. Yet another reason is poor hygienic conditions and lax preventive work. In numerous areas, epidemics of shiga type I bacillus dysentery began in rural villages, and a rural incidence rate that is markedly higher than for cities obviously is closely related to this factor.

2. Epidemic Seasons and Methods of Transmission of Shiga Type I Bacillus Dysentery: In China, there are patients suffering from this type of bacillus dysentery all year round. However, except for Lhasa, Tibet where epidemics have occurred in winter, in most places, the disease occurs during summer and autumn. Some scholars have pointed out that the peak for shigella epidemics is 1 month later than the peak for the flexneri type of bacillus dysentery. As for transmission methods, the major epidemic in Central America and the outbreaks in Sri Lanka were transmitted mostly from water sources.[28] Nevertheless, diverse methods of transmission have been found in China. In addition to transmission from water sources.[29] outbreaks have resulted from food contamination.[19] It has also been transmitted through close contact in daily life, outbreaks within the same household being very high.[10,13] Reportedly, the stool of dysentery patients may contain $10^{(5-8)}$ dysentery bacilli per gram, but as few as between 10 and 100 bacilli can cause dysentery infection.[30] Infection experiments on volunteers show drug resistant strains of shiga

type I bacteria to be more infectious than non-resistant bacterial strains.[24] Furthermore, when these bacteria are placed in water or spread on glass slides, they can survive for several days.[11] Thus, various conditions are provided for the germs to spread and cause illness.

3. Several Problems Should Be Watched To Prevent Shiga Type I Bacillus Dysentery From Becoming Epidemic:

a. The toxins produced by this type of dysentery bacillus include cell toxins, enterotoxins, and neurotoxins. Pathogenicity is consequently strong. Some patients may suffer from serious complications such as hemolytic uremic syndrome, septicemia, and leukemoid reactions.[5] Infants are also prone to convulsions. Hence, a misdiagnosis is to be guarded against.

b. It has recently been discovered that in some areas the shiga type I dysentery bacillus has undergone various biochemical changes. Examples include its ability to retard the fermentation of lactose, and the appearance of an acid reaction on plates containing SS, maikangkai [7796 1660 0418], China blue, and eosin methylene blue agar. The colors and classic descriptions of bacteria colonies are different. This phenomenon should be given serious attention in evaluating isolated bacilli. If ignored, misdiagnosis may result. In addition, some new changes have occurred in the fermentability of cane sugar, maltose, arabinose, sorbitol, and salicyl glucoside.[17] It has also been discovered recently that sodium citronate and malonic acid salts serve as sources of carbon for shiga type I dysentery bacilli.[31] The evolution of these traits should be taken into consideration when making evaluations.

Though certain changes have taken place in the biochemical properties of this bacillus, the structure of antigens remains consistent. Thus, not only can serological techniques be used in evaluating suspicious strains, but the corresponding antibodies in patients in which antigens have been found may be used in serological diagnosis. Some people have confirmed that patients in the early stages of shiga type I bacillus dysentery have exhibited IgM antibodies directed against somatic polysaccharides. Since these antibodies disappear quickly, use of passive blood clotting experiments to test for these antibodies can be used both to help diagnose this disease, and also in public health supervision.[25,32]

c. For various reasons, including R gene transfer, this bacillus has become a strain resistant to many drugs. It is practically 100 percent resistant to SD, and it is resistant to a very large percentage of commonly used antibiotics, and the number is increasing with each passing year. The drug-resistance situation for this type is more serious than for shiga flexneri, the same situation applying to both Central America and China. Consequently, drug sensitivity testing must be done for treatment, and the principle followed of "not just going by the book but by the reality" to try to select a drug to which the disease will be sensitive so as to cure it at its source. Research has verified effectiveness in using SMZ-TMP in the treatment of patients having recurring shiga type I bacillus dysentery that is resistant to many different drugs, the dysentery bacilli in their stool turning negative rapidly, and there being no side effects. This is currently the most effective drug for treatment. In addition, research on Chinese herbal remedies also deserves to be given attention. For example, some people have discovered that these bacilli are highly sensitive to eucalyptus leaves, so scutellaria root [Radix scuttelariae],[12] and to eclipta [Herba ecliptae]. Some people have also verified satisfactory results from the treatment of this type of bacillus dysentery with Chinese ephedra [Ephedra sinica].[11] In summary, because of the constant increase in drug resistant bacteria strains, effective control of the disease and complete removal of sources of infection require further screening and research on treatment drugs.

Clinical observations show the toxins produced by many shiga type I dysentery bacilli to be stronger than from other types of dysentery bacilli, causing serious pathological changes in intestinal walls, slow recovery, and a fairly long time required to get rid of the bacilli.[19] As a result, it is important to guard against immediately halting drugs as soon as clinical symptoms begin to disappear in order to prevent the chronic persisting type dysentery or marking the patient a carrier. Such a patient can become a threat to everybody and serve as a major source of infection causing outbreaks.[29]

d. Since there presently exists no ideal bacillus vaccine for organic immunization, health propaganda and education has to be intensified to increase the public's knowledge about hygiene as a way of blocking the spread of this bacillus.

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9432/9274

Second Peak of Hepatitis A Not Expected in Shanghai

54004806 Beijing CHINA DAILY in English 22 Mar 88 p 3

[By staff reporter]

[Excerpt] Eleven people had died of Hepatitis A in Shanghai out of a total of 292,301 cases in the city by March 18, according to a report released by the Ministry of Public Health in a news conference held in Beijing yesterday.

Hepatitis A hit Shanghai earlier this year and the number of people contracting the disease had increased sharply since January 19. But the number of new cases has steadily declined to the present level where about 800 people are contracting it each day, said Dai Zhicheng, an official with the Ministry of Public Health at the conference.

"The second peak of the epidemic of Hepatitis A is not expected to come since the present group of patients contracted the contagious disease through channels other than by having directly eaten hairy clams contaminated with Hepatitis A virus," Dai said, adding that 87 to 90 percent of the first batch of patients had eaten uncooked clams.

The report by the Ministry of Public Health has now been submitted to the World Health Organization. This year, some areas around Shanghai also saw an increase in the incidence of Hepatitis A but did not develop into an epidemic, according to Dai.

By March 15, about 70,000 people had been found to have contracted the disease in Zhejiang Province, south of Shanghai, with most of them living in Ningpo, Hangzhou and Zhoushan Islands.

By March 10, a total of 35,984 cases of Hepatitis A had been discovered in Jiangsu Province, north of Shanghai, with most of the patients living in cities along the Beijing-Shanghai railway such as Nantong, Suzhou, Wuxi and Changzhou, Dai said in answer to questions raised by reporters.

Last year, about 12,000 residents were diagnosed as hepatitis patients in Beijing. This year the incidence of the disease has dropped by 14.3 percent to 2,381 cases by mid-March from 2,770 cases in the same period last year, CHINA DAILY learned from Dai Ke, an official with the Beijing Municipal Bureau of Public Health.

Hepatitis A epidemics usually occur every five to seven years in the spring or autumn, said Dai, adding that the Hepatitis A epidemic in Shanghai was the most severe he had ever heard of.

Since no effective vaccine has been found to prevent the disease from spreading, each individual should continue to practice good health habits to prevent the virus entering the body from the mouth, Dai warned.

The Shanghai hepatitis epidemic, which shocked the country, is having considerable impact on daily life, ranging from an improvement in personal hygiene to turning the Shanghainese into the most unwelcome guests.

The most direct result is that the hairy clam, a favourite food in southern China, no longer appears uncooked on the dining table—and probably never will again. Medical authorities have said it was the source of the Hepatitis A outbreak because of its living in polluted water.

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Leprosy Seen Eliminated by 1997

54004804 Guangzhou NANFANG RIBAO in Chinese 25 Jan 88 p 3

[Article by Beijing XINHUA, 24 January 1988]

[Summary] According to Health Department consultant Ma Haide, China will basically eliminate its oldest epidemic disease—leprosy—by the year 1997, and some areas may even be able to achieve this goal by 1995. Leprosy in China has been epidemic for 2000 years and there were more than 500,000 cases at the time the PRC was founded. Today the number is about 70,000. Since combined chemotherapy was developed in the 1980's, the propagation of the disease has been effectively controlled, enabling the transfer of leprosy patients from inpatient treatment to outpatient status and from physical isolation to chemical isolation. The course of combined chemotherapy requires only 2 years for the multibacterial type and only 6 months for low bacterial type.

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HONG KONG

Spread of AIDS Via Intravenous Drug Use 'Played Down'

54400087b Hong Kong SOUTH CHINA MORNING POST in English 23 Mar 88 p 3

[Article by Mary Ann Benitez]

[Text] Health authorities have played down the threat of the spread of AIDS through the use of contaminated hypodermic needles by intravenous drug users, even as more heroin addicts are found to be injecting the drug, rather than smoking it.

The Committee on Education and Publicity on AIDS said in a press briefing yesterday that the spread of AIDs through IV drug use remained "controllable" because sharing needles among these addicts was not very prevalent.

Government consultant Dr Yeoh Eng-kiong said: "In the United States where IV needles are not freely accessible, they do not have methadone programs and the usual practice (among) IV drug addicts is they share blood like in a brotherhood; this sort of behaviour promotes the spread of the virus.

"In Hongkong, even though our addicts do share needles, it's not to the same extent and needles are freely available here and the infection has not been introduced into the IV drug population," he said.

But anti-drug fighters have observed that local drug addicts were ignoring fears about catching AIDS and using needles to inject heroin.

Commissioner for Narcotics Gareth Mulloy said: "The present indications are that it's becoming more popular to inject rather than to chase the dragon, or to smoke."

Government statistics showed there were 9,633 heroin addicts last year, an increase over 9,352 the previous year. Of them, about 1,000 have been tested for the presence of antibodies to the AIDS virus and no carriers have been detected.

AIDS expert Dr Robert Gallo, during a visit to Hongkong last week had warned that the use of contaminated hypodermics by IV drug abusers continued to be a major obstacle in the fight against the AIDS pandemic. He did not think that Asia, with its large heroin-addicted population, could continue to disregard this potential problem.

The AIDS education committee at the same time unveiled a new $600,000 publicity campaign urging community involvement in the AIDS battle.

Committee chairman Dr Lee Shiu-hung said: "The community should take part by stimulating awareness and concern, disseminate information, discuss problems and issues, encourage change of behaviour and support services for HIV (human immuno-deficiency virus) infected people."

A cornerstone of the new campaign, to begin next month, is the use of adult comic books which depict the AIDS virus as a menacing green monster—aimed at the less literate.

An assistant director with the Government Information Service, Mr Peter Moss, said: "The comic is a result of two surveys of people's awareness of the disease.

"Those surveys threw up the point that some less literate members of our population weren't getting the messages as well as we would have liked."

Another guidebook for parents will be released next month, together with a travellers' information kit on how to minimise the risk of infection when going overseas.

Mr Moss said: "One of the difficulties is in trying to reach all the adult population, in the process we also are getting this message across to youngsters who are watching television and are wondering what AIDS is."

/9274

Hepatitis 'Under Control'; 3-State Cooperation Set

54400087a Hong Kong SOUTH CHINA MORNING POST in English 16 Mar 88 p 3

[Article by Mary Ann Benitez]

[Text] The local outbreak of hepatitis A, which may have killed one person, is under control, health authorities said yesterday.

However a possible second wave of the epidemic could occur with the approach of summer.

The Director of Medical and Health Services, Dr Thong Kah-liang, said yesterday the outbreak had peaked. "The daily incidence of viral hepatitis is not increasing very much," he said.

So far, 1,166 people have come down with viral hepatitis since January 1, of whom 497 have been confirmed as suffering from hepatitis A.

[In its 19 March edition, page 4, the paper gives the following figures on the incidence of hepatitis:

[The number of reported hepatitis A cases is now 536, six up on Wednesday's figure.

[According to Medical and Health Department statistics, the number of viral hepatitis cases notified since January 1, is 1,216. Of these, 536 are hepatitis A, 72 are hepatitis B and the remaining cases are still under investigation. The total number of hepatitis patients now in hospital is 157.]

The infection is suspected of claiming one life and a post-mortem examination has been ordered on the victim.

Dr Thong advised people to continue observing personal and food hygiene because the outbreak could recur, particularly during the hot summer months when the incidence of the virus doubles from the normal 100 cases a month.

He said recent travels to China could result in fresh cases as the virus had a long incubation period with symptoms appearing up to two months after infection.

Dr Thong also said better control of the spread of hepatitis A and three major communicable diseases was expected following a meeting of health official from China, Hongkong and Macau.

The meeting identified viral hepatitis, cholera, AIDS and malaria as a "common concern" needing joint efforts among the three territories.

The World Health Organisation-sponsored conference last week was attended by 35 officials from Hongkong, Macau, Beijing, Guangdong, Guangzhou, Shenzhen, Zhuhai and Hainan.

The local outbreak of the milder form of hepatitis happened about the same time that an epidemic hit Shanghai, leading to suspicions of a link.

So far, only a common food item—shellfish—had been identified as a possible source of infection in Hongkong, but it was not necessarily the same shellfish that caused an epidemic in China where at least 300,00 [number as published] people required hospital treatment.

Exchange of information on communicable diseases among the three territories was considered of paramount importance for speedier control of the spread of infection.

Dr Thong said the next meeting, expected in mid-year, would tackle details of how to go about exchanging information and the functions of joint technical groups.

/9274

Hepatitis Cases Continue To Rise; Shellfish A Cause

Latest Figures

54400081 Hong Kong SOUTH CHINA MORNING POST in English 4 Mar 88 p 3

[Text] The number of hepatitis A cases reported in Hongkong is now 386—10 up on Wednesday's figure.

According to Medical and Health Department statistics, the number of viral hepatitis cases reported since January 1 is 963.

Of these, 386 are hepatitis A, 39 hepatitis B and the remaining cases are still under investigation.

The total number of hepatitis patients now in hospital is 137.

Warning on Shellfish

54400081 Hong Kong SOUTH CHINA MORNING POST in English 2 Mar 88 p 3

[Article by Mary Ann Benitez]

[Text] More than 60 per cent of the hepatitis A cases reported during this year's outbreak in Hongkong were linked to shellfish, health authorities said yesterday.

The Government's Hygiene Advisor, Dr Ron Perry, said two thirds of the known 922 hepatitis victims had eaten shellfish within a month of falling ill—within the incubation period for the disease.

However, he said seafood could not be blamed for the entire outbreak as the 40 per cent of the victims could not recall eating shellfish for several months before contracting hepatitis.

Shellfish eaten in Hongkong is either caught locally—often in heavily polluted waterways—or imported from China.

The hepatitis A epidemic in Shanghai, which has infected an estimated 300,000 people and claimed seven lives, has been attributed to contaminated shellfish.

Government doctors say the local outbreak, which started in the new year, was showing no sign of peaking and it is almost certain the number of infections would top 1,000 this month.

Of the 922 reported cases, 353 have been diagnosed as hepatitis A, the milder form of the virus that is caught through food and water. No deaths have been reported.

Because of the long incubation period of virus A, which takes from 15 to 50 days to break, people infected could unknowingly pass on the disease if they fail to observe food and personal hygiene.

Dr Perry said he would advise people to refrain from eating any form of food that could be contaminated—such as shellfish and snacks not hygienically prepared—as a short-term preventive measure.

07310

PHILIPPINES

Plan To Require AIDS Test for Seamen Dropped

HK200337 Hong Kong SOUTH CHINA MORNING POST in English 20 Apr 88p 3

[Text] The Philippine Government has dropped its demand that foreign seamen entering its ports should carry AIDS clearance certificates.

According to its Commission on Immigration and Deportation, the rules were eased after intense lobbying by the International Shipping Federation in London and seamen's unions in Manila.

The Philippines had earlier planned to detain seamen without AIDS clearance certificates on board their ships and to escort those found with the dreaded virus out of the country.

It had also planned to fine owners of ships whose crew had no AIDS clearance certificates.

Last night, the diyector of the Hong Kong Shipowners Association, Mr Michael Farlie, welcomed Manila's decision.

"It is extremely pleasing to all concerned," he said. "A lot of pressure was put on them last week through unions, officers guild representatives in the Philippines and the International Shipping Federation in London."

Shipping firms and unions in Hong Kong had expressed concern over Manila's restrictive rules.

Mr Farlie said the regulations could have caused a great deal of inconvenience.

Earlier, the Philippine Government had bowed to pressure from the airline industry against the same rules being enforced on airline crew arriving in manila.

VIETNAM

Crop Pests Reported To Spread Nationwide

BK250412 Hanoi Domestic Service in Vietnamese 1000 GMT 23 Apr 88

[From the Daily Press Review for 23 April]

[Text] NHAN DAN today reports that as a result of increasing sunshine and warmer weather, crop pests and diseases have tended to spread widely, requiring timely preventive and control measures. In the northern provinces, rice blast has affected more than 80,000 hectares, while leaf rollers, rice mealy bugs, and brown and white planthoppers have ravaged some areas. In the southern provinces, insects and diseases have damaged the late winter-spring crop, with leaf folders currently attacking 10,000 hectares of rice in Tien Giang and Tay Ninh Provinces and some areas in a number of central provinces. Crop pests and diseases are developing strongly in areas planted with many other crops. Control measures should be taken in time to deal with this situation.

INTER-AMERICAN

AIDS in Caribbean Increasing Among Women, Children

54400084 Port-of-Spain DAILY EXPRESS in English 26 Mar 88 p 2

[Article by Bernadette Scott: "AIDS Increases Among Women and Children"]

[Text] Transmission of Acquired Immune Deficiency Syndrome (AIDS) by heterosexuals is increasing in the Caribbean, according to CAREC Epidemiologist Dr James Hospedales.

Dr Hospedales said current trends also showed that the virus was affecting younger people, between the ages of 15 and 29, and more women and children.

He was speaking at as news conference called to discuss the outcome of the 14th Meeting of the Caribbean Epidemiology Centre's (CAREC) Scientific Advisory Council held on Thursday.

Acting Director of CAREC Dr David Bassett said a new building to house the Global Programme on AIDS Education and Information Centre, would be dedicated to the memory of the late Dr Peter Diggory, a former Director of CAREC who died earlier this year.

Dr Bassett said construction would begin as soon as clearance was given by the government of Trinidad and Tobago, and the building would cost about US $30,000.

It was also noted that as of February 16,1988, 753 cases of AIDS had been reported by CAREC Member Countries, and it was estimated that by 1990 a total of about 5,000 cases might be diagnosed.

"It is known that there are many more infected persons than cases of AIDS," Dr Bassett said. "With evidence of changing epidemiologic patterns and continued transmission, the need for surveillance, counselling, prevention and control is of paramount importance."

The Council also reviewed CAREC's financial status and discussed the no-payment of quotas by some member countries. In light of this situation, the Council decided to request the Director of PAHO to send letters directly to regional Ministers of Health, to urge complete payment of quotas as soon as possible.

It was revealed too that a Conference of Ministers responsible for Health will be held on June 6 in Trinidad and Tobago.

/12223

ARGENTINA

Government AIDS Scientific, Educational Efforts Reported

54002018 Buenos Aires LA NACION in Spanish 20 Mar 88 Supp pp 10-11, 14

[Article by Susana Mammini, of the Scientific and Technical Information Center (CYT)]

[Text] Acquired Immuno-Deficiency Syndrome [AIDS] has shocked mankind at the end of the 20th century, particularly the world's sophisticated health systems. This shock has unquestionably influenced the possibility of controlling the disease, and has been conveyed to all sectors of the society that it has affected.

Because it is unknown, complex, and still unpredictable in all its clinical manifestations, AIDS has mobilized discussion in all areas of Argentine society. Scientists, legislators, public servants, artists, soccer players, leaders of emergency settlements, educators, politicians, prostitutes, homosexuals, heterosexuals, young and old have one common denominator: the fear of a fatal disease which, 5 years after its appearance, has proven not to spare sex, age, or social class.

Some polls in Argentina show that, in 1987, AIDS supplanted the fear aroused by the danger of dying in an automobile accident. The greatest dread still relates to cancer, although there is every indication that, since AIDS is a contagious disease transmitted through sexual or blood contact, it will soon represent the most dreaded threat.

The shock caused by AIDS has also produced disorder. Like an unexpected table companion, it has forced all sectors of the society to flee, because it affects the country's inhabitants as a whole. Even today, some government agencies are still arguing about the appearance of the first case in Argentina. In June 1982, a homosexual youth was treated at the Fernandez Hospital in Buenos Aires, and was diagnosed as having AIDS. At the same time, a young flyer entered the Mar del Plata Regional Hospital, and was later transferred to the federal capital. Was he the same patient, and, upon being transferred, was he declared a Buenos Aires case? Are we talking about two different patients? It matters little, in view of the facts: That first patient has already died, as a result of the deficient state of his immune system.

To date, the scientists have found just one thing responsible for this immuno-deficiency: HIV, or the human immuno-deficiency virus. In Argentina, HIV 1 and HIV 2 are the two types of virus identified thus far. Moreover, the imminent isolation of the virus in the country is expected to shed more light on the behavior that it uses in human cells to multiply.

AIDS in Statistics

The latest report from the World Health Organization (WHO), dated 29 February 1988, reveals that there are 81,433 declared cases of AIDS in the world. The United States of America has the worst share, with 53,069 cases reported. Brazil ranked second for a few months last year, having displaced France; but the information and education programs initiated by the Latin American country caused France to return to that position. Nevertheless, in Latin America Brazil ranks first, with 2,325 cases; followed by Mexico (713), the Dominican Republic (352), Colombia (153), and Argentina.

According to the statistics from the National Ministry of Health (up until 12 January 1988), there are 154 reported cases of AIDS in our country, all related to the male sex and located in an age bracket ranging from 7 months to 63 years.

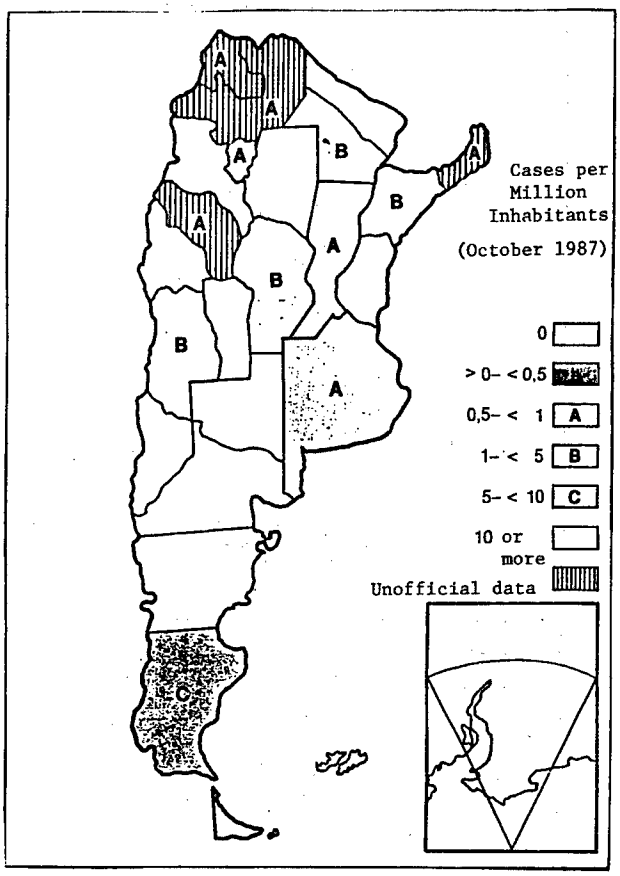
The figure on infected persons, announced at the end of last year by Dr Benetucci of the Muniz Hospital, totals 10,000 individuals who have developed antibodies against the HIV virus and who are carriers of the disease.

On the table of AIDS incidence in South America, Argentina ranks, along with Uruguay, Chile, Paraguay, Peru, and Colombia, among the countries which have recorded between one and five cases per million inhabitants. The rate of AIDS prevalence in the world places the Argentine Republic in the number 47 position, indicating 0.19 cases per 100,000 inhabitants.

The south also exists insofar as AIDS is concerned. Based on the number of inhabitants, Santa Cruz Province is the one with the highest density. Although only one case of AIDS has been reported to the government authorities, its small population (114,942), according to the 1980 census, ranks it in that position. According to the estimate per million inhabitants, Santa Cruz is followed by the territories of Corrientes, Cordoba, Chaco, and Mendoza. Cordoba is one of the provinces that is most prominent for producing information on AIDS, and the tracking of cases and carriers is done efficiently; something reflected in the productivity of the campaigns being undertaken nationally and on the provincial level.

Buenos Aires, Tucuman, and Santa Fe are the provinces with the smallest number of cases per million inhabitants, according to official sources. Other sources indicate the presence of AIDS patients in Salta, Jujuy, Misiones, and La Rioja Provinces.

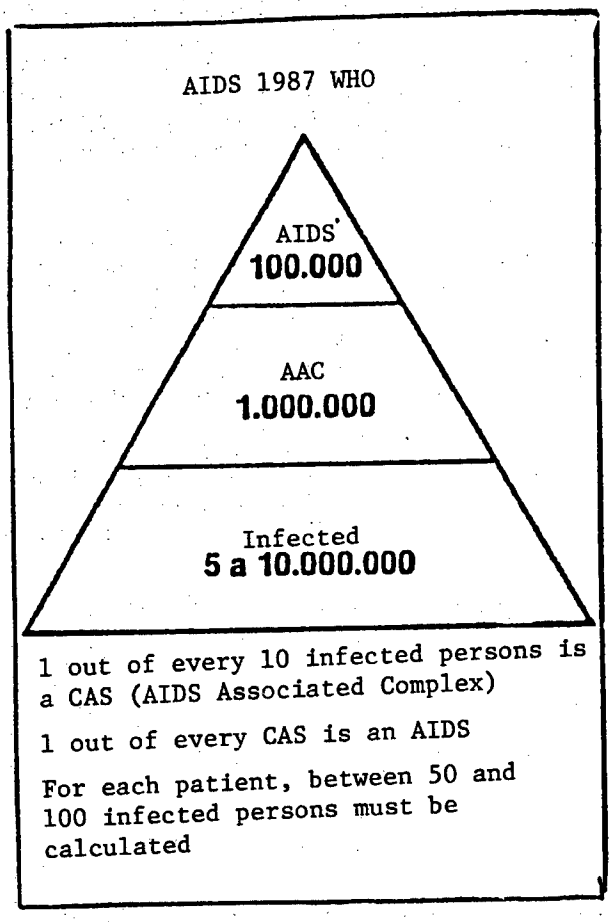
At first, AIDS appeared in our country as a traveler's disease. Most of the cases claimed to have become infected abroad, particularly in the United States, Europe, and Brazil. Only 14 patients claimed never to have left the country; which prompts one to assume that the infection occurred inside our borders.



This fatal disease (over 50 percent of the reported cases of AIDS have already succumbed) threatens to spread rapidly throughout the entire country. According to the WHO calculations, by 1992 there may be about 100,000 infected persons in Argentina. Nevertheless, AIDS requires extreme reliability in handling the data. In this regard, Dr Maria Elena Estevez, a researcher at the National Academy of Medicine, maintains: "WHO has calculated that, for every declared AIDS patient there are from 50 to 100 infected individuals. This doesn't mean that they have already been located, but they can't be claimed not to exist either. The forecasts for the future indicate that the propagation curves in Argentina will not differ from those of the United States, Europe, or Brazil, where the disease has spread rapidly."

We Are All the Target of AIDS

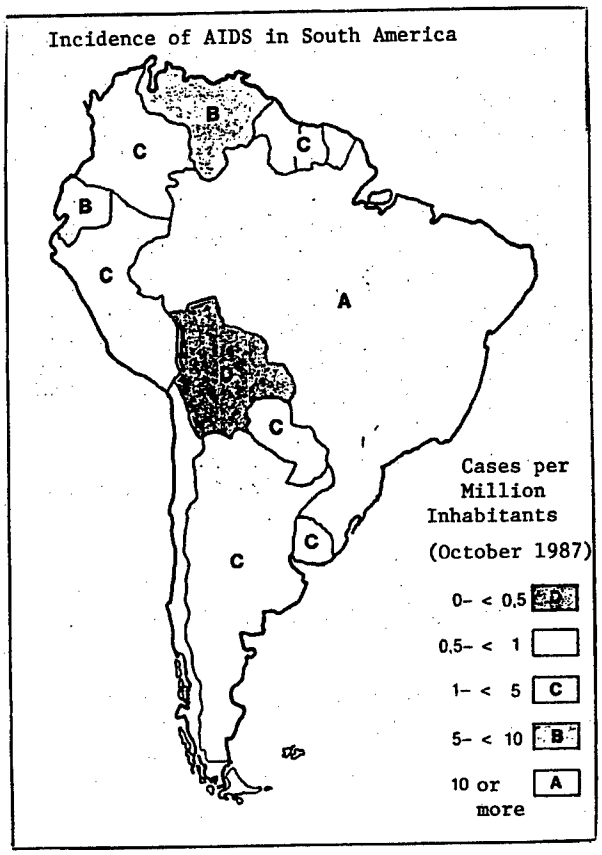
As in most Western countries, at its beginnings AIDS concentrated on the homosexual community in Argentina as its target. Today, although most of the cases are associated with this social sector (59.57 percent), the large number of infected persons recorded among the intravenous drug addict population prompts one to assume that the latter will soon be the social group at highest risk. Estevez claims: "The large cities are the site of the greatest risk, because they have high rates of drug



addiction. For example, this surely holds true of Mar del Plata and Rosario; but it certainly occurs in the country's other large urban centers."

In the federal capital, the information on AIDS cases is very difficult to specify, although the municipality of the city of Buenos Aires has its own plan, which is bringing satisfactory results. This is not the case in Buenos Aires Province, where Dr Jorge Cueto (a former official of the Provincial Health Ministry's program for sexually transmitted diseases) declares: "There are 15 reported AIDS cases (as of 30 November 1987), and over 400 infected persons. These figures have surely changed now, and over 150 of the infected individuals are from Mar del Plata." Cueto stresses: "Nevertheless, I think that this city is the site in the country where the best work is being done on epidemiological control and treatment of AIDS."

According to Estevez' analysis, "The federal capital and Greater Buenos Aires are a serious problem, because I don't think that the activities are well coordinated in those locations." In the San Isidro district, the 20 cases of carriers reported in the emergency settlement known as La Cava are a clear reflection of the fact that AIDS does not stop when it comes to needy social sectors. The



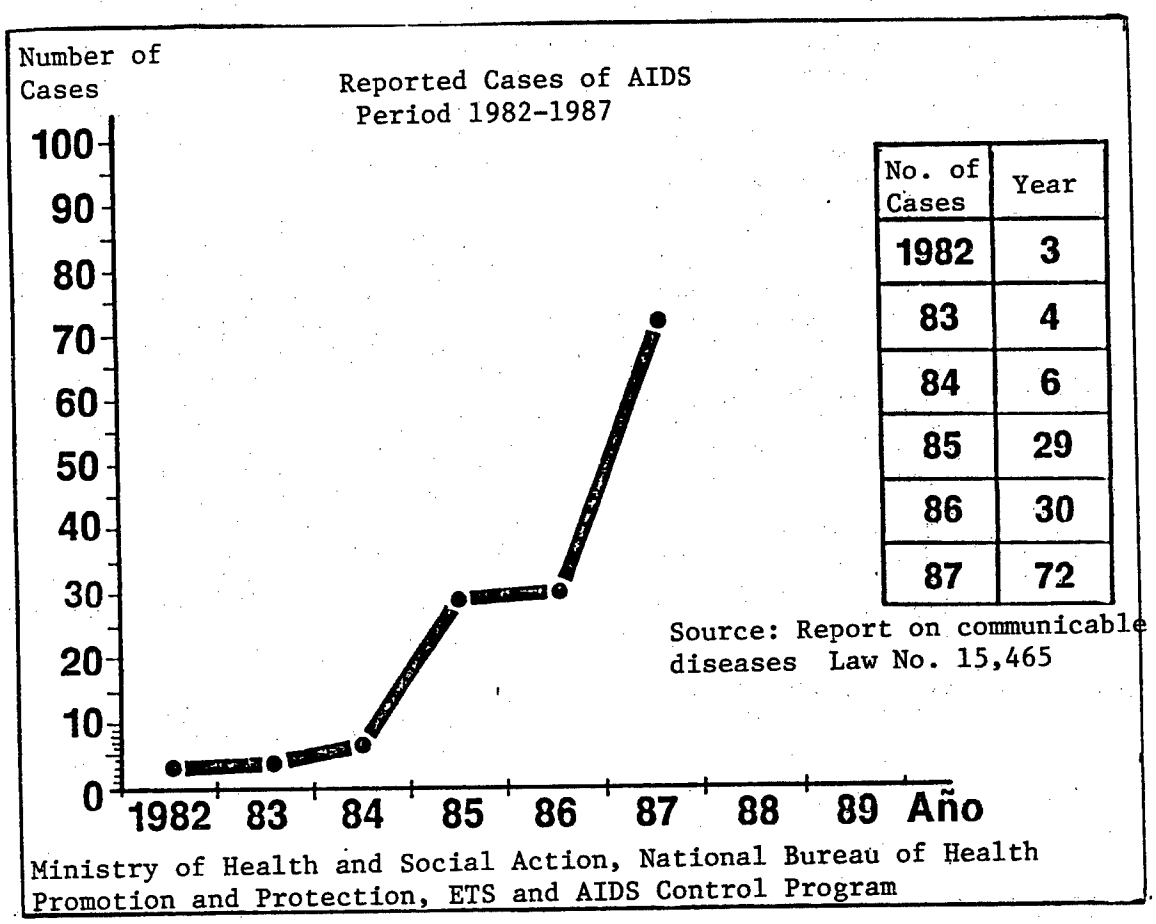
first case of a woman with AIDS is being studied, although it has not yet been officially declared. Affected children aged between 1 and 14 years, and newborns who have inherited the virus from their mothers show AIDS' indiscrimination toward sex and age. The Ezeiza, Caseros, Devoto, and Batan jails have AIDS cases among their inmates; and in Buenos Aires Province the problem is now a concern of the authorities in children's institutions. Male and female prostitution is controlled in some Argentine provinces. The legislators are preparing laws and resolutions in an attempt to curb the spread.

Over and above the successes or the mistakes made, AIDS has managed to mobilize Argentine society, which is gradually losing its individual way of thinking that "it won't happen to me." Scientific research, the incorporation of social sciences into the prevention plans, the joint effort, and, most of all, education, will succeed in dealing AIDS in Argentina a coup de grace. The general slogan appears to be: patience, but with activity.

The Argentine Campaign: AIDS Is Life

Last July and August, we Argentines found ourselves surprised by an active publicity campaign undertaken by the National Health Ministry and aimed at curbing the spread of the virus which causes Acquired Immuno-Deficiency Syndrome (AIDS).

Key: 1. Sources of Contagion 2. Brazil 3. Brazil and 4. and Europe 5. Europe 6. Europe and 7. Others 8. Unknown 9. AIDS Cases (December 1987) 10. Newborns 11. Bisexuals + Addicts 12. Homosexuals + Addicts 13. Addicts 14. Hemophiliacs 15. Homosexuals 16. Bisexuals 17. Infected With VIH (October 1987) 18. Homosexuals and Bisexuals 19. Heterosexuals 20. Prostitutes 21. Without Data 22. Blood Bank



Some opinions afford corroboration of the saying that "what is good, if brief, is twice as good." A repercussion study carried out by the government agency on a population sample from the homosexual community shows that the resources deployed have brought their results. During the period 1984-85, homosexuals were not using condoms; but in 1986-87, the use of this preventive measure rose to 27 percent.

Dr Mario Ambrona thinks that, "The AIDS Is Life campaign attained its goals, because it reached nearly all of the country's health teams, and also large sectors of the population. But this isn't all; I think that it should be permanently reinforced, and executed very responsibly; because its economc cost is extremely high, and failure means (in addition to the loss of material resources) that the population will have attitudes that we don't want.

"Condoms in supermarkets and women carrying them in their purses (for when men forget) is one of the goals that I have set for myself in this second phase of the anti-AIDS campaign," Ambrona emphasizes; adding: "We are also considering expanding the system of laboratories in several provinces, and continuing to train professional and paramedical groups."

2909

BRAZIL

53 Percent of All AIDS Cases Reported in Sao Paulo

54002019a Sao Paulo O ESTADO DE SAO PAULO in Portuguese 10 Mar 88 p 17

[Text] Brasilia—The Southeast Region accounts for two-thirds of the AIDS cases recorded in the country. This fact was revealed yesterday by the chief of the epidemiology service of the Ministry of Health, Pedro Cherquer, in a monthly review of reports. Between 1982 and 1988, 2,766 cases of AIDS were reported in all of Brazil, 2,033 of these in the states of Sao Paulo, Rio, Espirito Santo, and Minas Gerais. Sao Paulo alone has 1,608 cases, which represents 53.61 percent of the total number of cases in the country.

The Ministry of Health recorded 24 new cases in February and received reports of another 91 cases pertaining to January 1988 and 1987 which were not yet computed and which the Secretariats of Health have only now reported. The profile drawn up by the epidemiology service shows that persons in the most sexually active

ages—25 to 44 years—are in the largest risk group. The disease affects more persons between 30 and 34 years of age, who represent 73.29 percent of the cases already recorded. With regard to transmission, there was an increase in the incidence of AIDS among females in the month of January.

A bill that President Sarney forwarded to the National Congress yesterday, dealing with hemotherapeutic activities and defining the responsibility of the agencies and agents who execute them, provides that the carrier of AIDS may avail himself of his Service Time Surety Fund (FGTS) independent of rescission of his work contract or any other type of monetary benefit to which he has a right. The bill also grants an exemption from import taxes, especially for medication intended for the treatment of AIDS patients, in addition to medical care. The bill also establishes a penalty of 2 to 6 years in prison for anyone who donates or gives his blood knowing that it is contaminated with pathogenic agents that cause infectious-contagious disease.

8711/6091

6 Percent of Adult Population Afflicted With Diabetes

54002019c Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Mar 88 p 16

[Text] Brasilia—The Ministry of Health conducted a census in nine Brazilian capitals and determined that about 6 percent of the adult population is afflicted with diabetes and that the majority do not know that they have the disease. According to the director of the Chronic-Degenerative Disease Division, Geniberto Paiva Campos, about 6 million adult Brazilians are diabetics.

The preliminary results of the survey conducted in Sao Paulo, Rio de Janeiro, Salvador, Porto Alegre, Recife, Belem, Brasilia, Joao Pessoa, and Fortaleza indicate also that "diabetes is not a disease of the rich, as was thought," Geniberto Campos said. While 4 percent of the upper class have the disease, 8 percent of the low-income class are diabetic. According to the director, poor people are more subject to the disease because they eat less protein and more sugar, one of the causes of the disease.

"There is a great lack of knowledge on the part of the diabetics. A large number of persons do not know that they have the disease," he declared. In the upper class, one out of four of the persons afflicted does not know that he is diabetic. In the lower class, three out of four do not know that they have the disease, according to the survey. This factor causes a high death rate due to diabetes in Brazil because those people do not take the necessary precautions. Paiva Campos said that the majority of diabetics who do not know that they have the disease can be treated simply by diet, without the use of insulin (diabetes negates the body's capacity to produce insulin, which is responsible for burning sugar in the system).

According to 1981 figures, 30,000 to 40,000 persons died of diabetes in Brazil. But according to Paiva Campos' estimate, the figure is much greater, accounting for 8 to 10 percent of all deaths recorded in the country. The survey conducted by the Ministries of Health and Education, National Council, of Scientific and Technological Development, and Brazilian Societies of Diabetes and Endocrinology reveals that 5.9 percent of the population of the Sao Paulo capital have diabetes and another 4.2 percent are susceptible to the disease because they showed an intolerance to glucose in the test. The highest rate is in Belem, which recorded 9 percent, followed by Rio (6.9 percent) and Porto Alegre (6.8 percent).

The Northeast showed the lowest rates: In Fortaleza, 2.6 percent of those surveyed were diabetics, and in Recife, 3.3 percent, which surprised the experts, according to Geniberto Campos. A larger number of diabetics was expected in that region because it is poorer and the population eats meal, mainly manioc. Paiva Campos explained that manioc has a substance that attacks the pancreas and is detrimental to the production of insulin in the body.

The agencies that promoted the study met yesterday in the Ministry of Health to prepare a manual intended for doctors and diabetics. According to Paiva Campos, 500,000 manuals aimed at alerting doctors and patients about the ways of controlling the disease will be distributed to the diabetics and about 5,000 to the health professionals.

8711/6091

Leprosy Incidence Estimated Unofficially at 500,000

54002019b Sao Paulo O ESTADO DE SAO PAULO in Portuguese 19 Feb 88 p 10

[Text] Brasilia—The incidence of Hansen's disease (by decree-law in 1976, replacing leprosy as the name of the disease) in Brazil is comparable to the rates in Africa and India, countries with the largest number of cases of the disease in the world. Even so, with the deterioration of the health system in the country, Hansen's disease "has not received the priority that it deserves" from the state and federal governments, according to the director of the Dermatological Hygiene Division of the Ministry of Health, Maria Leite de Oliveira. She estimates that there must be about 500,000 Hansen's sufferers in Brazil, although in 1986 only 243,681 persons were officially reported as having the disease.

An example of the neglect of the fight against Hansen's disease is the campaign in the press conducted for 2 weeks in January, the first campaign in the history of the

program of combating the disease in Brazil. In the opinion of Maria Leite, there is prejudice "at all levels" related to Hansen's disease—a disease that basically attacks "poor people" without the power of pressure in society—on account of the lack of government interest in resolving the problem. "But if the growth of the endemic disease continues, the highest levels of society are going to be affected. That is already happening in the North," she declared.

In only 2 weeks of the campaign, the state of Amazonas doubled the number of daily reports of Hansen's disease, recording 10 new cases a day, or an average of 300 a month. For that reason, Maria Leite says that the campaign has to continue to prevent the disease from spreading throughout the population. With only the number recorded, Brazil occupies fourth place in the world in the number of Hansen's sufferers and accounts for 80 percent of all cases in Latin America. More than 108,000 of the total number of Hansen's sufferers are concentrated in the Southeast Region, but the disease is growing with greater intensity in the Northeast, at 11 percent per year, followed by the Center-South, at 9 percent per year. The program to fight Hansen's disease calls for a campaign in the media every quarter. The first one began in January after many political difficulties. The minister of health himself, Borges da Silveira, admitted that the campaign was politically "lacking in interest" but declared: "We have to have courage and combat Hansen's disease realistically and without hypocrisy." According to him, the eradication of Hansen's disease is a priority of his administration.

According to the ministry's data, Hansen's disease is responsible for a larger number of disabled persons than infantile paralysis. Even so, a ministry aide said that if it depended on him, the campaign would not have been conceived.

8711/6091

Dengue, Yellow Fever Mosquito Carriers Found in Parana

54002019e Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Mar 88 p 16

[Text] Curitiba—The Superintendency of Public Health Campaigns (SUCAM) announced yesterday that foci of the carrier mosquito of dengue and yellow fever, the Aedes Aegypti, were detected in the northern region of Parana, especially in Londrina and Maringa, in the western part of the state, Foz do Iguacu and Guaira, and in the cities bordering on Paraguay, where there is a dengue epidemic.

"We still do not know if there are infected mosquitoes in those cities and regions," declared the SUCAM regional director in Parana, Fernando Cesar de Oliveira, "but up to now we have not found any case." According to him, there is a "reasonable" danger of a dengue epidemic, especially in Foz do Iguacu and Guaira, inasmuch as those regions have a hot climate favorable for the development of the carrier mosquito. "Since our state borders Paraguay, which is presently experiencing the disease, we cannot be too careful," declared Cesar de Oliveira.

According to him, SUCAM took some measures, such as preventing the transportation of old tires in those regions, and including Parana in the campaign to combat dengue launched by the Ministry of Health at a cost of 25 million cruzados. According to the director of the superintendency, that explains the distribution of leaflets, and billboards in Curitiba calling on the population to fight the Aedes. "The proliferation of the mosquito in Curitiba is much more difficult," he explained, "because of the variations in temperature. It is necessary for the whole population to participate."

8711/6091

SUCEN Uncovers Dengue Focus in Ubatuba, Sao Paulo

54002019d Sao Paulo O ESTADO DE SAO PAULO in Portuguese 15 Mar 88 p 14

[Text] North Coast—SUCEN detected a focus of dengue in the urban center of Ubatuba on the North Coast during a routine inspection. According to the directrix of the regional superintendency, Dr Ana Claudia Chaguri, the mosquitoes "must have been carried along with the donations brought from the capital and the interior for those left homeless by the floods that occurred during the last carnival."

Three SUCEN teams that are working in Ubatuba isolated a 500-meter area on Tomas Galhardo Avenue, near the Atlantico Roadway Express garage, where the focus was found. "Despite the fact that we found two other mosquito foci in different houses, no victim of dengue was detected in Ubatuba," the SUCEN experts declared.

Superintendency employees are checking all the houses in the delimited area. In addition to disinfection activity, SUCEN is informing the population about the dangers of dengue and what can be done to prevent the emergence of foci of the dengue-carrier mosquito. According to Dr Ana Claudia Chaguri, "In 1987 we had two dengue foci on the North Coast: one in Ubatuba and another in Caraguatatuba. The present one is the first we have detected in this coastal region this year."

8711/6091

COLOMBIA

Prison Population Studied for AIDS, Other Disease Rates

54002015 Bogota EL TIEMPO in Spanish 14 Mar 88 p 12D

[Article by Guillermo Munoz: "AIDS: 2.5 Percent of Prisoners Have Virus"]

[Text] Popayan, 12 Mar—About 2.5 percent of the prisoners in the San Isidro National Penitentiary in this city are likely to develop AIDS. This was revealed by a study by an interdisciplinary scientific group from the University of Cauca.

The report is part of a diagnosis of the precarious health conditions of the 750 prisoners in that penitentiary.

Patients who were examined carefully by the researchers have the symptomatology of carriers of the virus even though they have not developed the disease.

The first analyses verify that those patients had antibodies against AIDS. About a hundred other contagious diseases were also detected.

Crowding and lack of public and private assistance "are causative factors in the deterioration of health in the prison."

The work was carried out by: Dr Samuel Martinez and Dr Rafael Olaya, professors at the Department of Health Sciences of the University of Cauca; Maria Lilia Diaz and Guillermo Rodriguez from the prison; and bacteriologist Maria Elisa Vernaza from the San Jose Hospital.

From May to July 1987, the scientific group carefully analyzed the condition of each one of the prisoners. They drew up clinical and paraclinical charts and observed the sociocultural behavior that complements the preliminary figures.

Dr Rafael Olaya told EL TIEMPO: "The study is not complete. We must wait for final results in order to calmly and precisely establish the condition of these patients."

The clinical chart for the San Isidro Penitentiary, based on the studies, shows the following percentages: respiratory infections, 56.6 percent; protein and caloric malnutrition, 49.6 percent; skin infections, 45.4 percent; hepatitis, 35 percent; and cardiovascular diseases, 21.6 percent.

There were lower percentages of protein malnutrition, hypertension, and sexually transmitted diseases.

The results of the paraclinical tests reveal the following: antibodies against hepatitis A, type IG positive, 99.3 percent; skin reaction of more than 10 mm to tuberculin test, 62.8 percent; intestinal parasitosis, 62.2 percent; surface antigen of hepatitis B positive, 20 percent; serological reaction to syphilis, 10.4 percent; and antibodies against AIDS, 2.5 percent.

The research doctors noted the following in the study: crowding, inadequate water supply, and poor waste disposal.

Physical and chemical examination of the water showed a great deal of turbidity and color which were not removable by sedimentation. Microbiological analysis revealed the presence of protozoa.

The sociocultural chart that complements the report on San Isidro indicates the following problems: homosexuality, 1.2 percent; drug addiction, 31 percent; alcoholism, 65.2 percent; illiteracy, 8 percent; and lack of an elementary education, 64 percent.

The scientific group proposes urgent medium and short-term plans like medical treatment, epidemiological vigilance, health education, and improvement of sanitation conditions.

Reactions, Measures

The prisoners at San Isidro reacted with fear and protest. There are many prisoners crowded in there. Their way of life does not warrant the major risk of the large number of infectious-contagious diseases that the medical research group discovered.

It was learned that the prison directors passed urgent measures and contacted public health organizations to prevent the spread of the known diseases and viruses.

In collaboration with the study group, a large number of patients were isolated. The context and steps of the emergency health plan that will be adopted were explained.

The prison directors separated the prison population to prevent contagion or more illness. They also reassured the guards and administrative employees who were alarmed by the critical diagnosis.

7717

JAMAICA

Government Study Shows High Infant Mortality Rate

54400085 Kingston THE DAILY GLEANER in English 19 Mar 88 p 3

[Article: "Study Shows High Mortality Rate Here"]

[Text] Jamaica has a high rate of infant mortality based on preliminary findings of a perinatal mortality survey done by the Ministry of Health.

The estimated rate of perinatal mortality is 38.1 for each thousand births islandwide. Within the 14 parishes, Westmoreland has the highest rate at 52.3 per thousand with Kingston having 29 per thousand.

Dr. Deanna Ashley, Senior Medical Officer with specific responsibility for maternal and child health in the Ministry, disclosed this yesterday at a two-day conference of the West Indies section of the American College of Obstetricians and Gynaecologists at the Jamaica Pegasus Hotel, New Kingston.

The survey which was done over a period of one year was begun in September 1986 and questionnaires were sent to 10,310 mothers throughout the island. There were 393 incidents of infant mortality and 1.853 foetal and neonatal deaths.

Dr. Ashley disclosed that additional data were picked up later by field workers. Maternal mortality was 10.4 for each thousand; and one of the leading causes of maternal death is hypertensive diseases.

Eighty per cent of the births were attended by midwives while 14.2 per cent were not attended by any trained member of the health team.

Dr. Ashley said no specific conclusions had been reached and no recommendations had yet been made based on the fact that the studies were as yet not totally completed.

The survey was done primarily to document the existence of perinatal morbidity and determine ways to make changes to reduce the rate and improve maternal and child care in Jamaica.

Declaring the conference open, Dr. Janet LeGranade, Chief Medical Officer in the Ministry, said that in the past there had been a significant under-reporting of maternal and infant mortality in Jamaica.

/12223

PERU

Summer Brings Rise in Incidence of Malaria

54002016b Lima EL COMERCIO in Spanish
20 Mar 88 p A 9

[Text] Due to the high incidence of malaria cases recorded in the country from January to March, the Ministry of Health has ordered control measures in the so-called endemic zones of Peru.

Although the current number of cases recorded was not specified, it was reported that there were 39,163 cases of malaria in the country last year. The largest number occurred in Piura Department.

Other departments affected were San Martin, Ayacucho, Madre de Dios, Cajamarca, and Junin.

In a press release given to this newspaper, the ministry reported that malaria cases increase during the first 3 months of the year due to the intensity of the rains. These help mosquitoes, carriers of the disease, proliferate.

They explained that about 644 workers from the sector will spray housing with special substances, search for cases, and diagnose and treat them.

They also indicated that the Bicameral Budget Commission discussed a supreme decree that would permit 1,000 tons of DDT at 75 percent to be acquired for malaria control this year.

Ernesto Albinacorta, executive director of the Program for Malaria and Other Transmissible Diseases of the Ministry of Health, indicated that malaria in Peru is produced by the carrier known as Plasmodium-Vivax.

Although this malaria is not fatal, it weakens the patient so that he is predisposed to contract another disease that can be fatal.

He stated that there is no fatal malaria in the country. That type is caused by the Plasmodium-Falsiparum.

7717

Yellow Fever Outbreak in Jungle Areas

70 Dead in La Concepcion

54002016a Lima EL NACIONAL in Spanish
29 Feb 88 p 6

[First paragraph is EL NACIONAL introduction]

[Excerpts] Cuzco—Half a dozen people have died from yellow fever in La Concepcion. This raises the number of deaths from this disease, which was thought to be eradicated in Peru, to 70 so far this year.

Another 20 people are dying with little hope of receiving any help due to high waters and flooding of the Alto Urubamba and Kumpirisiato Rivers.

The impossibility of getting aid to the town of Kiten where five people died recently leads to fear that the disease will spread to other places.

According to reports from Kiten, the disease broke out after flooding of the Urubamba and Kumpirisiato Rivers and landslides at the beginning of this month. The mayor of Kiten, the site of these natural phenomena, requested medical aid because of the danger that the disease will spread.

There is a growing number of victims from this fatal disease which has spread in the Peruvian jungle. The situation in San Ignacio and Tarapoto, towns northwest of Lima, was very serious. San Ignacio is one of the areas

most likely to harbor and spread the dangerous yellow fever. There have been 24 deaths in this region, declared an emergency zone by the Ministry of Health in 1986, all from this disease.

Because of these facts, the director general of the Tingo Maria Base Hospital, Dr Alfredo Tataje, issued a warning. He indicated that outbreaks of yellow fever are seriously endangering the jungle population and threatening the health of the residents of Lima.

Dr Tataje was very concerned. He demanded that the health authorities based in the capital pay more attention to this disease because the risk persists and the consequences might be much more dramatic in the future.

The head of the Tingo Maria Hospital warned that the central authorities should pay particular attention to the cases recorded so far. He repeated: "These are not isolated cases. These are cases that would not be unusual in the capital itself."

While in Lima, the former director of the Collique Base Hospital Center, Dr Enrique Negron Zumaeta, echoed the concern of his colleague from Tingo Maria. He explained that our authorities consider cases of yellow fever to be distant problems that will never affect the residents of the capital.

He stated that they are wrong. Precisely because it is a tropical disease, the climate and atmosphere in Lima are excellent for its spread, causing known disastrous results.

The doctor also stated that the zones most likely to suffer from that disease are the shantytowns and squatters settlements.

41 Cases in Jungle Areas

54002016a Lima EL COMERCIO in Spanish
2 Mar 88 p A 10

[Text] Some 41 cases of yellow fever have been recorded so far this year in the endemic zones of Madre de Dios, San Martin, Huanuco, Ucayali, and Junin.

This was revealed by Luis Leon Garcia, director of the Program for Malaria and Other Transmissible Diseases.

He stated that this fatal disease, transmitted by the "Haemagogus" mosquito, is more common from January to March. This is the rainy season in the jungle which favors proliferation of the mosquito.

He indicated that there were 20 cases in Madre de Dios, 10 in San Martin, 8 in Huanuco, 2 in Ucayali, and 1 in Junin.

He reported that 150 deaths from yellow fever were recorded last year. The largest number were in Huanuco, 35, and Junin.

He revealed that the Ministry of Health is developing an intensive vaccination program, through its Departmental Units, for the prevention and eradication of this disease.

For example, he said that there are 13 properly implemented vaccination posts in districts like Ollantaytambo, Huaypata, and Quillabamba in the Cusco Province of La Convencion.

He said that although this service is offered in six different places in Madre de Dios, the people are reluctant to be immunized. Many of these people, especially the gold washers, are illegal residents from other zones.

He also reported plans to acquire 2 million doses of vaccine through PAHO this year. This doubles the 1 million doses of vaccine received in 1987.

He indicated that the vaccine, a French vaccine called "Virus Ceppa-17 D," can be stored longer than previous ones.

Tropical Medicine Institute Incidence Report

54002016a Lima EL COMERCIO in Spanish
13 Mar 88 p E 3

[Text] A few days ago, it was reported that 41 cases of yellow fever had been recorded so far this year in the endemic zones of Madre de Dios, San Martin, Huanuco, Ucayali, and Junin. According to experts from the Tropical Medicine Institute of the University of San Marcos, this figure is within normal limits for times when this cyclical disease becomes more acute.

Dr Jorge Alarcon, head of the scientific epidemiology section of the Daniel A. Carrion Institute, and his assistant, Dr Alejandro Ferrer, indicated that there is no reason to be alarmed. The cyclical behavior of yellow fever is based on several factors.

Ecological changes, like the rains, and increased internal immigration exacerbate the disease. The incidence begins to increase in January, continues to climb in February, and reaches a critical point between March and early April. Then it drops, reaching a low point in September, October, and November.

The experts explained that yellow fever is an acute infectious disease (which crops up suddenly) produced by a virus. However, there are two types of yellow fever: urban and jungle. The differences between them are the carrier that transmits the disease and their geographic zone.

The typical symptoms are fever, sweating, headache, prostration, nausea, and vomiting. These symptoms can be confused with acute hepatitis and other pathologies. The skin and mucus turn yellow (jaundice).

Jungle yellow fever generally affects foreigners like colonists and migrant workers. Apparently, the natives progressively acquire complete resistance. This does not happen with the immigrants; they must be vaccinated.

Dr Alarcon and Dr Ferrer explained that the disease is not transmitted directly and there is no reason to isolate the sick. The cycle of the disease is simple: the virus is transmitted from one infected person to another by the bite of a Haemagogus mosquito, for jungle yellow fever, or the Aedes Aegypti mosquito, for urban yellow fever.

Maynas, Huallaga, Satipo, Apurimac, Urubamba, and Tambopata are the main areas for mosquitoes that carry jungle yellow fever. People who have to travel to those areas can be vaccinated at the control posts established. In Lima, they can be vaccinated at the Ministry of Health or the Immunization Center of the National Children's Health Institute. The vaccine, the only way to prevent the disease, takes effect in 1 week.

The Daniel Alcides Carrion Tropical Medicine Institute of the University of San Marcos supports some activities that the Ministry of Health has undertaken to control the disease. For example, it has participated in plans for a national manual on yellow fever, brigades to diagnose the disease in the endemic zones, and the exchange of information. Also its specialists have collected larva to identify the mosquito.

7717

INTERNATIONAL

Locust Eradication Campaign in Maghreb Countries Continues

45040113z London AL-MAJALLAH in Arabic 13-19 Apr 88 pp 68-71

[Text] Officials combatting the locusts in the Arab Maghreb countries are no longer concealing their feeling that the war against these insect pests wreaking havoc on agricultural crops requires Maghreb coordination, following the failure of each country unilaterally to eradicate the plague coming from Mauritania and Niger. This plague is spread across a wide range of northern West Africa and is threatening agricultural crops in these regions. Therefore, contacts and negotiations have taken place between Morocco and Algeria to coordinate efforts toward eradicating the locust swarms. In this context, Driss Basri, Moroccan interior minister and minister of information, met with his Algerian counterpart, El-Hadi Khediri, and concluded an agreement unifying efforts to stop the advance of the locusts. The two Maghreb ministers visited the afflicted areas along the border of the two countries, an area which is staggering under losses from the locusts which have reached 50 percent of agricultural production.

In the same context, a meeting of the Arab Maghreb countries' agricultural ministers was held in Tunisia to examine their capability to fight the locusts, which would enable the eradication of a portion of them from agricultural crops in Tunisia, Algeria, and Morocco. During this meeting, each delegation gave a presentation on the locust situation in its country, the damages sustained by agriculture as a result of it, and the results achieved by fighting it. An agreement was concluded during the meeting in Tunisia concerning the necessity of supporting an exchange of information on locust migration, the areas where they may be found, and climatic conditions and weather forecasts which affect their migration.

The United Nations' FAO indicated that coordination of efforts among the afflicted countries will perhaps not be adequate to stop the advance of the locusts, which have begun to threaten Spain, Italy, Egypt, and Jordan. Swarms have been spotted over the island of Crete and Greece. Edouard Saouma, director general of the FAO, called on industrialized nations to send speedy aid to the Arab Maghreb countries to eradicate locusts which he described as the worst disaster that Maghreb agricultural crops have been exposed to since the fifties.

Arab Maghreb countries, especially Morocco, Algeria, and Tunisia, have obtained a group of planes, spraying equipment and pesticides from a number of countries. The Kingdom of Saudi Arabia also gave dozens of vehicles and tons of pesticides to Morocco and Algeria as part of a generous aid [package] to eradicate the locusts. The French foreign minister announced that Paris had sent 2.5 million French francs worth of assistance to Morocco [in the form of] helicopters and protective clothing. The FRG sent 3 million marks to Morocco for the same purpose.

Locust eradication sources in Rabat say that no fewer than 10 Arab and European nations have sent aid to the Maghreb or have expressed their commitment to it.

According to these same sources, approximately 800,000 hectares have been treated with pesticides since the first of October. The locust eradication operations are continuing at such an intensity that 30,000 hectares a day are being treated by 79 planes and hundreds of vehicles and helicopters.

In Algeria and Tunisia, where the southern areas are exposed to devastating attack by locust swarms, half of the date and olive crops have been destroyed. Army personnel are assisting the experts in the treatment operation.

The director of the FAO believes that the locust eradication campaigns will cost $150 million, and that even if final eradication of this pest takes place, the repercussions of the pesticides on animal husbandry will be negative. He called for the removal of livestock from areas which have been treated, considering that the liquid pesticides might threaten these animals with serious consequences.

Many of the experts currently supervising the locust eradication campaign believe that this matter would not have reached this degree of seriousness had cooperation taken place from the outset (in the fall) when the FAO announced locust swarm movement in Niger toward Mauritania and then into southern Morocco, where they laid the bases for eggs and hatching.

EGYPT

AIDS-Infected Vials Found in Alexandria

54004604 Cairo AL-AHRAR in Arabic 29 Feb 88 p 3

[Article by Usamah al-Karam]

[Text] By sheer coincidence, it was discovered that vials infected with the AIDS virus have found their way to the market. It appears that this was a well-planned operation whereby three batches of vials for the treatment of allergies, a common ailment in Egypt, were brought into the country. But for divine intervention, the AIDS epidemic would have been spread throughout Egypt.

Dr Raja' 'Abduh, chairman of the Popular Council's health committee in Alexandria, set off a bombshell during the assembly's meeting of 10 February 1988 when she announced that AIDS-infected vials were found in the market and had been used by government hospitals.

But for divine intervention when a major hospital in Alexandria discovered the AIDS virus in the histaglobin vials, this deadly disease would have spread among the population.

These serious events infuriated the Alexandria Popular Council, prompting it to demand the adoption of strict measures against those responsible for allowing the histaglobin vials to be released to pharmacies and hospitals.

Not the First Time

The remarkable thing is that this is not the first time that AIDS-infected vials have been released. The university children's hospital in al-Shatibi discovered that the vials used to treat children with hemophilia were infected with AIDS, and it was able to protect our children from the spread of this disease. However, the persistent question remains: have other children been treated in other hopsitals in Egyptian villages and hamlets, and are the infection-detection capabilities found in al-Shatibi Hospital available in all other hospitals?

The Mystery of Batch 519

The suspicion that Egypt has been targeted by outside forces is confirmed by the fact that these medicines keep coming in. Indeed, in an effort to mislead Egyptian authorities, the vials were put on the market in three batches carrying the numbers 519, 521, and 545. Tests conducted by the Alexandria Health Administration on samples taken from batches 521 and 545 showed that these two batches were free of the AIDS virus, but health ministry laboratories determined that batch 519 was infected with AIDS and this finding was confirmed by NAMRU [the Naval Medical Research Unit of the United States in Egypt].

So who is responsible for this batch making its way to Egyptian markets, notwithstanding cabinet Decree No 210 of 1987 prohibiting the medical release of any imported or illicit blood units, components, or derivatives before being pronounced free of hepatitis and the AIDS viruses? The cabinet decree clearly stipulated the need to test samples from all batches shipped in from abroad, and that shipments must be accompanied by an official certificate from an authorized agency certifying that the blood units are free of hepatitis and AIDS viruses.

All this notwithstanding, batch 519 found its way to government hospitals and pharmacies.

The remarkable thing is that the importer of these deadly vials is the public sector's Egyptian Pharmaceutical Company.

I asked undersecretary of health Dr Hasan al-Ghurabi:

[Question] Do you have any AIDS detection apparatuses?

[Answer] We have two apparatuses at the main blood bank because we do not release a single blood bag without testing it for hepatitis and AIDS viruses.

[Question] Then how did the infected vials get to the people in Alexandria?

[Answer] Medicine does not come under our jurisdiction, for it is tested and distributed nationwide by the central health authorities in Cairo.

[Question] The problem, therefore, is not confined to Alexandria?

[Answer] Correct. All that we did was to report the vials in compliance with cabinet Decree No 435 of 1986 stipulating that AIDS is a disease that must be reported immediately and, accordingly, samples were immediately dispatched to the ministry.

[Question] Why did you ask for tests to be conducted in Cairo, even though tests conducted by the Alexandria Health Administration were negative?

[Answer] To ascertain the accuracy of the tests and protect people's health.

The Primary Culprit

But whom do the scientists hold responsible for this serious incident which was discovered in a hospital by sheer coincidence? And what should be done to make sure this tragedy does not recur?

Dr Yusuf 'Izz-al-Din, dean of the Pharmaceutical College at Alexandria University, believes that this is primarily the responsiblility of the Ministry of Health because medicine is imported by the Egyptian Pharmaceutical Company and is supposed to be checked before being released to the market, particularly from the standpoint of prevention, namely testing it to ensure it does not carry any disease. This medicine is a blood derivative, and the first thing health ministry officials (Drug Control Agency) should consider are tests to make sure it is free of the AIDS virus. This requires modern detection devices, and those in dereliction should be held accountable.

Dr Mansur Khalifah, professor at the Pharmaceutical College at Cairo University, believes that the culprit in this incident is the Ministry of Health because such new drugs must be sent to the ministry's laboratories before being put into circulation. Therefore, the responsibility falls on the health ministry laboratories and the Drug Control Agency.

Dr Mansur Khalifah calls for drug registration in Egypt and not just abroad. This requires each company to send samples and test instructions, and if certain testing materials are not available in Egypt, companies must be asked to supply them, and thereafter ministry laboratories can have their say.

Strict Control System

Dr Ra'uf Hamid, assistant professor at the Drug Control Agency, says that this incident underscores his previous demand that a strict control system be instituted in Egypt and jurisdictions and responsibilities be defined within the agency, because recurring incidents have confirmed a serious flaw in the drug control system which requires prompt intervention. Otherwise, the health of the citizen, children more than adults, officials, and the public at large will be exposed to grave dangers of proportions known only to God.

12502

INDIA

Meningitis Deaths in Koraput Near 'Alarming' Number

54500125 Calcutta THE STATESMAN in English 12 Mar 88 p 7

[Text] Bhubaneswar, March 10—Meningitis continues to plague Koraput district, with 142 people during of the disease between December 19, 1987 and February this year, according to official sources.

A senior Congress (I) member has appealed to the Health Minister to rush medicine, equipment and staff to the affected villages to check the death toll from assuming alarming proportions.

Giving a detailed break-up of the toll and the villages affected, the legislator said a total of 350 attacks had occurred in 72 villages of four blocks in the district, the worst hit being Bissam Cuttack block where 259 persons were affected, of whom 98 died. In Munniguda block, of the 60 reported attacks, 32 persons had died.

Legislators of the district said that in spite of repeated claims by the Government that it had been able to prevent meningitis taking an epidemic form, the disease was spreading to nearby villages. They alleged that the medical teams and equipment were insufficient to combat the situation.

Pointing out that a similar request to the Health Minister was made earlier, they said it had now become imperative, failing which the poor tribals were doomed. It is learnt that a minister of the district had also written to the Health Minister pleading for more medical teams.

/06662

Leprosy Said To Be Increasing

46070007 Calcutta ANANDA BAZAR PATRIKA in Bengali 23 Jan 88 p 4

[Text] Opening of special wards for leprosy patients is virtually a failure.

It has been learned from a source in the state health department that in the Sixth 5-Year Plan the project for opening one special ward for leprosy patients in each of 25 hospitals in West Bengal has proved to be a failure for all practical purposes. According to the details provided by the health department, so far such wards have been opened in only ten hospitals, and only in seven of them actual treatment of patients has started. The duration of the Sixth Plan was from 1980 through 1985. The central government was to bear all expenses for opening all such wards. In the meantime, Mr Nurul Hasan, the governor of the state, stated that the number of persons suffering from leprosy has been steadily increasing. The main cause for this disease is poverty.

From another source in the state health department it has been learnt that the employees of the leprosy wards in Bishnupur Hospital, Bhatpara Hospital, and Koochbihar J. D. Hospital were receiving regular salary during the past two years in spite of the fact that they have not treated one single patient. Last Thursday, Dr P. K. Ghosh, deputy director in-charge of leprosy treatment said with the exception of ten hospitals, no work has been undertaken toward opening such wards in any other hospitals. He said that under the Sixth Plan period, all expenses for building such wards were to paid by the central government. Now, the planning period is over. Consequently, it appears that the central government might no longer pay for this project.

Dr Samar Chaudhury, secretary of the state Hind Leprosy Prevention Society complained that common people have not yet overcome their abhorrence for lepers. As a result, leprosy patients cannot be treated in regular hospitals. The state government has not been able to meet the required minimum number of opening new wards for leprosy patients. It should be noted that the state president of the organization is none other than the state health minister, Mr Prashanta Shur. And, the chief minister himself is president of the state chapter of the leprosy education program. In spite of all this, the Hind Leprosy Prevention Society complained that leprosy patients in West Bengal do not receive adequate treatment. Samar Babu has further stated that due to the opposition from the citizens, leprosy patients could not be treated at all in some hospitals. Dr P. K. Ghosh, deputy director of the leprosy treatment, concurred. Yet, he stated that during the past two years, one medical officer, three nurses, one physiotherapist and three general duty attendants received full salaries in each of the three hospitals mentioned above. These employees have no work to do, because these wards could not be opened

due to the objections of the common people. The other seven hospitals where such wards are in operation are Suri, Rampurhat, Kharagpur, Bongao, Diamond-Harbor and Jhargram.

Currently it is estimated that there are 460,000 leprosy patients in West Bengal. In Calcutta there are five leprosy patients for every one thousand people. However, Purulia, Midnapur, Birbhum, Bankura Jalpaiguri, Malda and Murshidabad have the largest number of leprosy patients. The big question is whether the number of leprosy patients in West Bengal is actually increasing? In answer to this question, the deputy director said that though the number of patients has not gone down, the number of newly infected patients have been greatly reduced. In Gouripur Leprosy Hospital in Bakura, 550 beds remain fully occupied all the time. Dr Ghosh informed us that for all practical purposes, this hospital has been transformed into one leprosy colony. The waiting list for people trying to be admitted to the hospital has been becoming bigger and bigger day by day. If these twenty beds could have been added to the twenty-five hospitals as proposed, there would have been at least 500 more beds for patients to be treated. Dr Ghosh said that there should be separate arrangements for treating leprosy patients in all village medical centers. That is required by law. According to the government report, in the leprosy hospitals in the state, positions of twenty-five medical officers, including one deputy director are vacant. It has been reported that young physicians are reluctant to come forward to treat leprosy.

In this country, multidrug therapy has currently become very effective in treating leprosy. However this therapy is not reaching all patients. A source in the state health department reported that even after complete cure, patients are not fully rehabilitated. The state government is urging the repeal of the law that mandates that upon positive detection, leprosy patients must divorce their spouses. Leprosy patients are still dismissed from their jobs. Due to the fact that leprosy patients cannot get back to their homes, the Gouripur Leprosy Hospital has now been transformed into a leprosy colony. For these reasons, Hind Leprosy Prevention Society would like to strike at the root of human psychological attitudes. On 30 January, on the death anniversary of Gandhiji, at a gathering at the foot of his statute, the general public will be urged to combine their efforts to eradicate leprosy.

In the meantime, at a conference of dermatologists, venereologists and leprologists from all over India, the state governor, Mr Nurul Hasan, stated that leprosy was spreading rapidly in the state. The state health minister, Mr Prashanta Shur, said that the new strains of sexually transmitted diseases were also on the increase. However, the state government was conscious of this development, and was taking adequate steps to prevent such diseases. Mother Theresa said that these people must be ministered with all heart and soul. Leprosy patients should not be neglected or discarded. Dr Ranjit Panja welcomed all attending the conference. 12195/9274

ISRAEL

Malta Fever in Territories

ta1730611 Jerusalem Domestic Service in Hebrew 1200 GMT 15 Apr 88

[Text] There has been a large rise in the number of people suffering from Malta Fever in East Jerusalem and Judaea and Samaria. Our correspondent Yaron Enosh was told by the Health Ministry that 40 cases have been discovered in East Jerusalem alone over the last month, compared to only 36 cases for all of 1987. Dr Lewenthal, director of the Health Ministry's Jerusalem District, said that the outbreak of the disease stems from difficulties in supplying fresh and pasteurized milk products during the commercial strikes in the territories.

Specialists Answer Citizens' Questions on AIDS

54001014 Moscow TRUD in Russian 26 Jan 88 pp 3-4

[Article consists of a group of specialists answering readers' questions about AIDS: "AIDS: The Crossroads of Opinions;" the specialists who took part are listed in the third paragraph, which appears in the source as part of prefatory material in the article. Words in boldface as published]

[Text] On the June 16 of last year, under the headline "AIDS: Dangers Real and Imaginary," this newspaper told about why Moscow's Infectious Hospital No. 2 discharged a group of people in whom the virus AIDS—acquired immune deficiency syndrome—had been found. The cause for the publication was a letter to the editor whose authors were sharply critical of the action of the physicians and who demanded that the people infected with the virus be confined to special hospitals. Explanations were then given in the newspaper, and the principles of prevention—based primarily on personal hygiene and observing moral standards—were addressed.

Many readers, however, were not assured. New questions and new assumptions came up, and it became clear that the conversation had to continue. After analyzing the letters that came in (more than 800), we compiled a set of questions and sent them to the USSR Ministry of Health.

A meeting of the leading AIDS specialists took place recently in the ministry. Participating in the meeting were the USSR chief state health physician, Deputy Minister A. I. Kondrusev; the USSR Academy of Medical Sciences [AMN] president, V. I. Pokrovskiy; the deputy director of the Institute of Immunology, Doctor of Medical Sciences R. M. Khaitov; the leading scientific research associate at the USSR Academy of Science's Institute of Sociological Studies, Doctor of Medical Sciences V. M. Lupandin; the deputy chief of the Main Directorate of Quarantine Infections of the Ministry of Health, Yu. M. Fedorov; and the chief of the AIDS section of that directorate, O. F. Bogatyrev. Representing the readers was Trud science reviewer V. I. Belitskiy.

CORRESPONDENT: I remember well how two years ago, in this very office, the then deputy minister—USSR AMN Academician P. N. Burgasov—refused to give permission for publication of the first information in Trud on the new disease. He declared (and even wrote on the original that has been given to you for your perusal) that our country was not fearful of AIDS, because its roots are in the flourishing homosexualism and the western way of life. At that time, we could print the information only in an abbreviated form and with the "special opinion" of the academician. I bring this up in order to stress how considerably things have changed over the last two years in medicine itself and, in particular, in regard to the problem of AIDS. Today, people not only want information—complete, objective information about the state of affairs—they also want to take part in protecting themselves from the misfortune. Many of the letters of the readers were written with the confidence that their opinions would be heard and considered. And so now they have the stage.

We need to conduct a broad discussion of manner of treatment and the status of patients and those infected with the virus. The effect the disease has on the mental state of the patient is unpredictable—won't it happen that, embittered, he will purposely infect others? Abroad, the term already exists—"AIDS-terrorist."

V. POKROVSKIY. I don't think the medical people need to consult with the general public on whether to discharge AIDS patients or not. Only the physicians are capable of deciding that. The most important thing here is to establish a barrier from the disease. That's extremely important! And specialists will do that. I mean, we don't conduct public discussions of, say, the technology for smelting steel—we consult with steel workers and their managers, if the technology is not there. It's the same here.

Many readers demand that we isolate all AIDS patients and all those infected with the virus and that we set up special hospitals—like prisons—where they could treat themselves, and so forth. Here's my answer.

As far as AIDS patients go—of course, there's room for them in the hospital, because the virus severely damages the immune system, and the individual's body is left essentially without any defenses. Only a few such cases have been detected so far—one of our citizens, who is permanently in the hospital, and three foreigners, in whom the disease was found to already be in a late clinical stage, and we couldn't manage to save them.

As far as infected individuals go—that is, people in whose body the virus has been found, but the disease itself has not yet developed—this is the most dangerous contingent in epidemiological terms. Particularly if the individuals don't know that they are carriers of the virus, because then there won't be any restraining factor in their behavior. However, let's take a look at what the real danger is.

It is well known now that AIDS is not transmitted through casual contact. There are only two routes—sexual and through the blood. The most likely means of infection is through homosexual contacts. In my opinion, therefore, it would seem that those who demand that infected individuals be kept under lock and key want to lead an immoral way of life, constantly changing sexual partners. Our moral and social norms have nothing in common with such a manner of dealing with the issue. And that solution is unacceptable for another reason: if we were to adopt the principle of isolation they are thrusting upon us, the virus carriers—knowing that they would be put behind bars no matter what the reason for

their being infected—would not go to a physician, thereby making it impossible to identify them, and the chain reaction of an epidemic would start.

As far as "AIDS-terrorists" go—only a mentally unstable individual could become that. The answer: have a psychiatrist examine all individuals identified as carriers of the virus.

Some people are afraid that, they say, infected individuals are not daunted by criminal punishment for the spead of AIDS. In the first place, however, a good many people infected with the virus do not become ill—that is, the presence of the virus does not mean certain death. In the second place, fear of becoming ill will, for them, be a stimulus to follow a prescribed regime and way of life.

I must say that these problems have also been discussed in detail abroad. Worldwide opinion indicates that if the western countries had gone the route of isolating the virus carriers, the scope of the epidemic would have greatly exceeded today's level.

A. KONDRUSEV. The people who are demanding that AIDS patients and infected individuals be cooped up are extremists who know nothing of the nature of the disease or of the psychology of patients. But we have to be aware of the existence of such a point of view. We want the extremists to understand us.

V. LUPANDIN. But for that we ourselves have to understand something. The extremists defend their own point of view as emotionally as they do, not because they are such hot-headed people, but because the press (including the issue of Trud that we're talking about) does not elucidate all the socially significant aspects of the problem. Let's say we identify an infected homosexual who was infected through sexual contact. He's examined, and then they release him. But according to our laws, he is a criminal. Are homosexuals punished as criminals? If not, why are the lawyers silent? If they are punished, why are the newspapers silent? We will not settle this issue here, but we must raise it if we want people to understand us.

From time to time, homosexuals seduce the mentally retarded and the mentally unstable, from whom you cannot expect sensible actions and who are therefore dangerous when it comes to an epidemic. What do we do with them? That's also unclear at this time. Or you have this consideration: AIDS is essentially a sexual disease. And in the sexual sphere, deceit is not infrequent... You can't approach this strictly from a medical point of view—you need joint efforts with sociologists, psychologists, lawyers... Lawyers are especially concerned with the rights of the individual—both of the infected individual and the individual threatened with disease and therefore capable of employing any means to protect himself.

I also consider isolation inadvisable. But in each individual case, arguments that the people can understand are needed. Which is always true when we want to affect public consciousness.

CORRESPONDENT. Here's a question for the president: Is the Academy of Medical Sciences in touch with public opinion experts?

V. POKROVSKIY. For now, we are conducting in-house studies in that sphere. The Institute of Sociological Studies and other institutions of the USSR Academy of Sciences need to be included in the work.

R. KHAITOV. But that hasn't happened yet, and I would like to explain a little better to the readers why it is incorrect to think that the threat of prison will not deter the virus carrier. The carrier is essentially a healthy individual, and no one knows when he will become ill—in three years, five years, ten, or if it will happen at all. According to today's statistics, 20-25 percent of the infected individuals become ill. Which means that they have every reason to be afraid of the severe punishment specified in the Decree—up to seven years imprisonment.

In general, purposeful explanatory work that addresses specific social groups is very important. In the summer of last year, epidemiologists in San Francisco (one of the hardest hit cities in the U.S. by the disease) told how over the past two years they conducted a very intense information campaign that differentiates among groups, and last year the number of newly infected individuals was down by 10 percent. That is the first real result achieved exclusively with explanation in the battle against AIDS.

CORRESPONDENT. The next group of questions is about confidential testing: "It is for conscientious people, but in the high-risk groups there are no conscientious people—homosexuals and prostitutes certainly can't be considered as such. Where is the guarantee that the individual who finds out confidentially that he has the disease will go for treatment?"

V. POKROVSKIY. Our starting point is that the individual does not want to die, and when he finds out that he has the virus, he'll go to a physician. Here are the figures: in Moscow, nearly ten thousand individuals have been tested anonymously, 10 individuals have been identified as infected, and of those 10 people, only one has not reported for additional studies. And I am certain that that person is not a "fugitive," but one of those who, in any event, are reexamined in some of our centers and therefore are registered in one of them.

Many of your readers, by the way, suggest opening such offices everywhere and making them fee-based. I support that suggestion. The tests cost about five rubles apiece,

and to date more than three million have been done. In addition to being in Moscow, confidential offices exist in Leningrad, Kiev, Riga, and Krasnodar and in more than 20 other cities.

CORRESPONDENT. Still, the fear is great of infection through casual contact. Our readers write this: "People are staying away from plastic-surgery, stomatological, and gynecological offices because they fear that unsterile instruments will be used; they are afraid to get manicures or to get shaves at the barbershop, to drink out of "shared" glasses, to eat in dining halls and cafes, or even to go to the baths. No matter how well-based all the claims are, isn't the virus really dangerous in a casual setting?"

R. KHAITOV. A huge number of epidemiological observations exist. Roughly a thousand medical "accidents" have been thoroughly analyzed—where medical people have pricked their skin with needles that had just been used or where they had some other kind of direct contact with the blood of an infected individual. And what do we have? Only seven cases of infection have been verified.

I will repeat what has already been publicized: the virus is extremely unstable; it is not transmitted in the air, and it dies quickly in water, other fluids, and in the air; it can withstand temperatures of only up to 57 degrees. In a word, routine disinfection and boiling is completely sufficient to destroy it. As far as nonsterile instruments go—instruments in all clinics are carefully sterilized to prevent hepatitis B, which guarantees a thousand times over the destruction of the AIDS virus. Of course, instruments outside the medical setting also have to be thoroughly disinfected—there won't be any problems in daily services if this is earnestly explained to one's clients.

CORRESPONDENT. People often ask, " Can the virus be transmitted through normal sexual contact? If so, how can we protect ourselves against it?"

V. POKROVSKIY. Yes, it can be transmitted that way, but not always. There is only one means of protection: the condom.

CORRESPONDENT. Here is a new group of questions: "What was done with the foreigners among us who were found to have AIDS?"

A. KONDRUSEV. Valentin Ivanovich already talked about those patients. The infected individuals were quickly deported. By the way, 254 such individuals have been identified among us (33 of them, Soviet citizens). I remind the readers that, according to Decree of the Presidium of the Supreme Soviet of the USSR, we have the right to examine any individuals who we have reason to believe may be infected. Primarily, they are those in the high-risk groups, and then blood donors, citizens of ours who work for long periods overseas (especially in countries that have a high incidence of AIDS), and foreigners who stay in our country for more than three months. True, some countries consider our methods too strict. But the World Health Organization supports such a policy. And the director of the WHO Program for AIDS, J. Mann, has said that we are doing everything properly.

CORRESPONDENT. Not knowing all this, the readers are asking, shouldn't we reduce our contacts with countries that have a lot of people with AIDS? And some think that we need to cancel festivals, the Olympics, and other international meetings—they say, they're too dangerous.

YU. FEDOROV. We have a system that's developed to prevent an epidemic. In 1987, during just two summer months, more than 15 thousand foreign students went through the medical stations of the USSR Ministry of Higher and Secondary Special Education. The capabilities of our services are such that we can check thousands of people at virtually the same time. So, there's no need to cancel or limit international arrangements.

CORRESPONDENT. Everybody wants to know, "Where did the virus come from in the first place—is it not the creation of genetic engineering that escaped or was set free?"

R. KHAITOV. Unfortunately, this version that blames genetic engineering is very popular, and it's on the conscience of some of the mass media who don't go to the trouble of consulting specialists...

V. POKROVSKIY. I'd like to add that we have carefully analyzed the articles that have appeared in the Soviet press—there have been 73—and in 19 of them we have found incorrect information that frightens the public, information like that AIDS is transmitted by mosquitoes, through perspiration, and so forth. Sensationalism makes things worse.

R. KHAITOV. Today, data is accumulating that makes it possible to assume that this virus formed as a result of a change in a virus of ancestral pre-eminence. We already know of several similar viruses—some that cause the disease and some that don't. Two of them have a very strong structural resemblance to simian AIDS. Now scientists are drawing a kind of a "tree" that grows out of a universal ancestor-gene, and its "branches" are viruses that live in the bodies of various animals. One of them probably "jumped" over to man the way the cetacean virus did a hundred years ago, and now it gives us influenza epidemics.

CORRESPONDENT. The next question shows how the readers want to get in the act: "What is being done to prevent the disease? To identify all those who have been infected? Do you need any help with anything?"

A. KONDRUSEV. We do need help: each person must himself observe good hygiene, must participate in promoting a healthy way of life, must bring his children up properly. This will be a big help to each person and to the nation.

And now a little bit about the work that is being done. It is based on a government program that is slated to continue up to 1995. More than 40 scientific institutions are involved in the search for the most effective methods and means of diagnosing and treating AIDS. We have developed reliable testing systems for checking blood and enzyme immunoassay measuring devices that will now be manufactured on a large scale for research organizations across the entire country. Scheduled to open are more than a thousand diagnostic laboratories, of which 247 already have. They check donor blood and its preparations, and they examine individuals in the high-risk groups. The program calls for setting up the manufacture of disposable instruments, the training of personnel—more than two thousand specialists every year—and a multitude of other measures. A great deal of money has been earmarked for the battle against AIDS.

CORRESPONDENT. The readers are willing to participate with their own money. They suggest things like: "Create an AIDS fund and open a specific bank account; set aside one day across the entire country for this; introduce a special tax..."

O. BOGARYREV. We have also received such suggestions. But for now, there is no need to set up such a fund. It would be better if such a fund were a charity fund—if need be, money could be withdrawn to fight AIDS.

B. LUPANDIN. No, I don't think we should refuse such suggestions. In the first place, there's never too much money. And in the second place, an individual feels as if he's participating in a community affair when he contributes money, and that's important—what Aleksandr Ivanovich said...

A. KONDRUSEV. Perhaps we need to think this question over.

CORRESPONDENT. The readers have other suggestions—let's at least briefly review the main ones. Any objections? OK: "We suggest making a mark about the disease on passports; stamping a clearly visible spot (the back of the hand)."

YU. FEDOROV. That's naive. Look, suppose we stamped someone's passport; all he'd have to do is "lose" it. You can't infringe people's rights, no matter what they become ill with. If you did, you could end up stamping people's foreheads for riding the tram without a ticket.

CORRESPONDENT. How about "It would be good to check the blood of all of those who are pregnant and to forbid infected women to give birth"?

V. POKROVSKIY. According to an order issued by the USSR Ministry of Health, the blood of pregnant women already is tested for AIDS. But there's no need to specifically forbid childbirth—there are medical methods that make it possible to determine beforehand whether or not the child will be infected and to take the necessary measures in good time.

CORRESPONDENT. "We should check all those who are getting married."

O. BOGATYREV. In many regions, those who wish to do so can already do that, and we think it's useful and that the public will have to gradually become accustomed to the idea. As a mattter of fact, right now the ministry is examining the question of whether those who are getting married should undergo a medical examination, which would include a test for AIDS. The reason for such a measure would be to inform the couple that wants to get married of the possibility of their having defective offspring.

Those were the kinds of questions our readers asked and the answers the specialists gave them. From many of the letters it was apparent that, alas, some people still have a low level of understanding of the problems associated with the fight against AIDS. It's nonetheless very important information: the feedback makes it possible to see where the line is either absent or not working. It's also clear that the press has not included enough of the opinions of sociologists or lawyers (and the representative of the USSR Ministry of Justice that we invited did not come to our meeting, unfortunately), so that the work of informing the public would not fall, improperly so, to the medical people alone...In conclusion, the **president of the USSR Academy of Medical Sciences, V. I. Pokrovskiy,** has this to say:

I would hope that, as a result of this and other discussions like it, you don't get the impression that the AIDS problem is merely temporary. Yes, we are certain that we can monitor the situation and control it. But the problem is serious and unique, and the difficulties are many. This is a program that will span a decade, and accomplishing it will require the participation of all levels of the public, all agencies. It's not for nothing that the Americans, the first to feel the blow of the epidemic, compare the threat of AIDS to that of nuclear war.

We must must also consider the economic aspect, which we didn't touch upon today. In the United States, the cost of treating one AIDS patient for a year is $50,000-$60,000—and that's not counting the colossal social and economic loss that comes from people being removed from the labor force. Political questions are also extremely important: international problems arise from time to time out of fear of AIDS—people begin checking, for example, where the greatest prevalence of the disease is, where an "export" comes from, and so forth.

Of course, everything possible and necessary is being done to avert an epidemic. Fortunately, thanks to the high social and moral standards of our society, we are about five years "behind" a number of western countries in terms of the incidence of the disease—and in this day and age, that's a huge span of time. We are, of course, participating in international programs, and we are making our contribution to the solution of this, a colossal problem for all of mankind. All of this, however, is a cause not for complacency, but rather for efforts of even greater intensity and consistency on the part of all the specialists and health-care officials who are responsible for the matter as well as on the part of every other individual in the country.

13227

AIDS Prevention Measures in Ukraine

54001015 Kiev RADYANSKA UKRAYINA in Ukrainian 27 Jan 88 p 4

[Article by Yu.P. Spizhenko, deputy minister, Ukrainian SSR Ministry of Health, in response to letter by M. Voytenko, Kiev]

[Text] Unknown a decade ago, today AIDS ranks on par with cancer and heart attacks as a scourge of humanity.

AIDS has become a most serious challenge to medicine, public health, and society at large on a global scale. The governments of many countries have made a serious effort at combating the spread of AIDS, with the allocation of large funds aimed at prevention and treatment.

AIDS is now known to be due to the human immunodeficiency virus (HIV). While HIV is rapidly destroyed by sunlight, high temperatures, and disinfectants, it can persist in the body for as long as 5 years or longer without any evidence of disease. The virus is activated by alcohol intake, mental and physical stress, and chronic diseases, all of which reduce disease resistance, particularly when it comes to viral diseases.

The AIDS virus attacks white blood cells that have been designated 'helper cells' and bear responsibility for protecting the body against infections with viruses, fungi, bacteria, and helminths, and the development of cancer. The AIDS virus can attack brain cells and lead to brain tumors. After HIV begins to multiply in the body, the body's resistance to infections and tumor development virtually disappears. The body is defenseless against viruses and other microorganisms that affect the lungs, digestive organs, and the central nervous system, and chronic conditions become exacerbated, especially tuberculosis. The afflicted individual presents with a constant high temperature, debilitation, and systemic disease that leads eventually to death. The published literature shows that 80 percent of the patients die within 2 or 3 years of infection.

Medical scientists everywhere are searching for drugs against this lethal disease. The search for vaccines has been equally unsuccessful.

These facts deserve serious consideration by those that lead a careless life. The source of infection is an infected human being. The virus can be found in the tears, saliva, and—primarily—in the seminal fluid and blood. Consequently, the routes of transmission include intimate contact as well as by blood transfusion and clinical use of blood products that are contaminated with HIV. Most frequently AIDS afflicts homosexuals, prostitutes, and drug addicts. The latter are also vulnerable because of the debilitating effects of narcotics.

Unfortunately, alternative routes of transmission have also been demonstrated. Almost 70 percent of children born to mothers with AIDS are also infected. In addition, and this is of general interest, any damage to the skin or mucous membranes by HIV-contaminated instruments, such as razors or scissors in barber or manicure shops, may also lead to infection with HIV.

In 1987 AIDS was reported in 85 countries with a total of 38,401 cases. Through September 1987, an additional 20,000 cases have been reported, encompassing an additional 38 countries. The overall trend is one of an increase in the incidence of AIDS. In 1981 in the United States one new case was reported per day, on the average; by the end of 1982 this figure had grown to three to four cases per day. In 1983 there were 10 new cases per day, in 1984 20, in 1985 35, and in 1986 58 new cases were reported every day.

Never before had the world been faced with a disease that spread so rapidly over the globe.

AIDS is a pandemic that exceeds the intensity of the cholera pandemic of 1980-1986. At that time cholera attacked 42 countries, largely in Africa and Asia.

As yet there are no means available for the control of AIDS. Since no drugs are available, individual precaution is obviously the most important factor. This places special emphasis on sex education at home and in the school and on the practice of sound personal hygiene.

Much is being done in the USSR to combat AIDS. Special risk groups are under close scrutiny. Special diagnostic laboratories utilizing the latest technologies for HIV detection have already been established at most Ukrainian blood transfusion centers. By 1988 all oblast-level blood transfusion centers in Ukraine will have such facilities. To date, none of the individuals that are being monitored have been shown to be HIV carriers. In Kiev an anonymous laboratory has been established for diagnosing AIDS. The studies are being conducted by the Kiev Scientific Research Institute of Epidemiology and Infectious diseases with its extensive laboratory and clinical resources.

The number of AIDS victims increases daily. Studies in Ukraine have revealed a pre-epidemic stage. Examination of 28,000 foreign students studying in Ukraine has shown that 86 are infected with HIV, and that 17 had to be hospitalized because of early manifestations of AIDS. Only a well-informed and careful public can prevent the devastating spread of AIDS.

12172/9604

DENMARK/GREENLAND

Ten Greenlanders Infected With HIV

54002466 Copenhagen BERLINGSKE TIDENDE in Danish 2 Apr 88 p 4

[Text] AIDS has still not been confirmed in Greenland, but there are 10 known cases of infected men. Three of them have symptoms, however, which perhaps indicates the beginning of the development of AIDS. The first incidence of infection with HIV in Greenland was found in September 1985 in the case of a homosexual who became infected in Denmark. Only in November 1987 did new cases appear. This time it was two men, one of whom had become infected in Copenhagen, the other in Africa or in Copenhagen through homosexual contacts.

/08309

FEDERAL REPUBLIC OF GERMANY

High Error Quota in First Aids Test

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 14 Apr 88 p 1

[Text] The Aids Commission of the Bavarian Landtag has warned of a high error quota in Aids testing. The first test, it warned, has an error quota of up to 30 percent. "There are rheumatic diseases which at first glance react exactly like Aids antibodies," said SPD Landtag deputy Karl Heinz Mueller. In this way, "dramatic misdiagnoses" had been made. The commission called for a unified regulation in announcing test results, in order to avoid unnecessary fears on the part of those concerned. According to research conducted by the Aids Commission, to which all parties represented in the Landtag belong, only the second test gives a relatively reliable result.

FINLAND

Salmonella Infection Traced Largely to Spain

54002469 Helsinki HUFVUDSTADSBLADET in Swedish 25 Mar 88 p 11

[Text] The high number of salmonella cases is disturbing health authorities in Helsinki. So far this year, 196 salmonella cases have already been confirmed among Helsinki residents who visited abroad. In addition, 32 Helsinki residents have become infected in this country.

Antti Ponka, director of the municipal Health Administration, said on Thursday [24 March] that the number of cases has increased to a disturbingly high degree, compared with earlier this year. The municipal Health Administration has therefore communicated its concern regarding the salmonella situation to the Spanish tourist authorities in Finland. Forty-three percent of those infected have gotten the infection while in Spain.

Special researcher Anja Siitonen of the National Health Institute reported that by mid March approximately 1,600 cases of salmonella had been confirmed in Finland. Corresponding figures for last year this time were approximately 1,200. For all of last year, a total of almost 5,200 cases of salmonella were confirmed.

07310

FRANCE

Report Shows Increase in AIDS Among Prison Populations

54002461 Paris LE FIGARO MAGAZINE in French 19 Mar 88 p 131

[Interview with Dr Solange Troisier by J-F Mongibeaux]

[Text] Dr Solange Troisier has just made public her report on AIDS in prisons. (Footnote 1) (Dr Solange Troisier, who held a chair in penitentiary medicine until 1983 and is the author of the book "Prison Doctor" [Round Table], is currently a member of the Social and Economic Council and international president of Penitentiary Medical Services.) The figures are frightening. But, [she advocates] the adoption of humane measures in response to this plague. The distinguished former head of prison medicine passionately comments on this disquieting report for our readers.

[Question] What led you to investigate AIDS in prisons?

[Answer] I undertook this prison study, which lasted over 2 months, at the request of the minister of Justice, Albin Chalandon, and with the consent of Michele Barzach, minister of Health.

[Question] How many AIDS-infected individuals are there in French prisons?

[Answer] My work concerned only prisons in the Paris region, Fresnes, Sante or Fleury-Meroges, and prisons in the south of France, such as Draguignan, Nice or Marseille. The populations in question are by definition high-risk populations: drug addicts, prostitutes, etc. In short, I based my findings only on prisoners who requested a test or consented to one.

The first observation is that the number of seropositive individuals has more than doubled at Sante Prison in one year! In 1986, we had only 20 percent seropositives. In 1987, we have 50 percent! Of 221 cases "investigated"—either at the request of the prisoner or because the physician was alerted by clinical symptoms—we find half of the prisoners infected.

[Question] These distrubing figures come from Sante Prison. What is the situation elsewhere?

[Answer] One should not, of course, generalize, but I found exactly the same figures at Fleury-Merogis: a seropositivity rate of over 50 percent, and even 60 percent at Nice and Draguignan!

Among women, the problem is dramatic: the percentage of positive blood samples is nearly 90 percent at Draguignan and at Nice. Thus, in Nice for instance, 32 of the 50 female prisoners were tested: 27 of them were positive. But I repeat, any extrapolation from these figures, which concern a medically selected, high-risk population only, must be avoided.

[Question] What do you recommend?

[Answer] As a confirmed liberal, I am against systematic blood-testing. I am opposed to this violation of human rights and of the Athens oath taken in 1979 by certain prison doctors. Article 3 of this oath specifically prohibits experimentation on incarcerated individuals without their formal consent.

I have drawn up a list of 14 propositions for the minister of justice. Several prisoners have already died of AIDS. Agreements must be implemented between the ministries of Justice and Health to insure that these prisoners are cared for in specialized wards and that, if death is unfortunately unavoidable, they die with dignity—not with two police officers at the foot of their bed! With the assistance of the Ministry of Health, I have created the concept of "specialized teams", based in already existing centers. Teams would come to the prison once or twice a week to care for seropositive individuals, sparing them transfers to the hospital under police escort.

The battle against AIDS implies the adoption of a preventive strategy, with its two classic components: hygiene and education. Everything must be done to stem the plague.

09825

TURKEY

AIDS Foundation Begins Activities

54002462b Istanbul GUNAYDIN in Turkish
26 Feb 88 pp 3, 9

[Article by Sinem Erdogdu: "Aids Foundation Established Yesterday"]

[Text] The Turkish Infection Foundation, founded to fight all infectious diseases and primarily AIDS, has begun its endeavors.

Chairman of the foundation's Board of Trustees, Professor Dr Enver Tali Cetin, announced that they will also establish a virology laboratory to do AIDS research at a cost of 1 billion Turkish liras.

Professor Cetin, indicating that there are 10 million persons carrying the AIDS virus in the world and 40 people in Turkey, said, "We will focus our studies particularly on this subject because there is no definite treatment and the danger to humanity is continuing."

13430/9604

Doctors Warn Against Hormone-Treated Meat From U.S., EEC

54002462a Istanbul TERCUMAN in Turkish
27 Feb 88 p 6

[Article by Ozcan Yurtcu: "Imported Meat Effeminizes"]

[Text] Ankara (TERCUMAN)—"Hormone-fed animal meat," banned in European Community countries, but imported by some municipalities and consumed in large quantities in our country, has created a perilous situation. Hormone-treated meat, in particular demand among middle-income families because of its low price, causes uterus and breast cancer and cardiovascular diseases in women and leads to a decrease in potency in men and intensifies effeminate characteristics. Officials said that hormone-treated meat particularly threatens children in developmental stages.

Great Danger

Turkish Veterinarians Association Central Council Chairman Yucel Akinci revealed that "a large portion of Turkey's imported meat spreads danger and causes serious illnesses and physical changes in the people who eat it." Akinci said that in many meat-exporting countries, primarily the United States, animals are given hormones "to make them gain weight rapidly." Akinci provided the following information:

"This is a cost-reducing way to have the animal develop and reach slaughter weight in a short time. A ring-shaped hormonal medicine, named "zerenol" [as published], is implanted at birth in the animals' ears. The animal, with the estrogen it receives from this medicine, gains weight rapidly. However, the hormone also passes on to the people who eat the meat and causes serious hazards."

Banned in EEC Countries

Akinci, recalling that the consumption of hormone-treated meat was prohibited in EEC countries by the EEC Joint Agriculture Commission as of 1 January 1988, urged that the matter be examined carefully and appropriate measures be taken in Turkey. He added that this kind of fattening is done mainly in the United States, and that the EEC countries import the meat from the United States. Akinci said, "After the ban went into effect, there remained more than 1 million tons of hormone-treated meat in the EEC countries. They are searching for ways to dispose of it. Hormone treatment

becomes untraceable 15 days after the animal is slaughtered. Therefore, EEC countries have begun to ask for assurances that the meat they are buying from each other is hormone-free. We believe that the government should give careful consideration to the subject. We are warning the officials. Moreover, the purchase of hormone-fed livestock intended for slaughter should be stopped."

What the Experts Say

Associate Professor Dr Aydan Usmen of the Hacettepe University Endocrinology Department, answering our questions, said that a sufficient amount of hormones is present in every person's body and the entry of excess hormones into the body may cause serious problems. Usmen added:

"In the event estrogen enters the body, it causes uterus and breast cancer and cardiovascular diseases in women and it suppresses sex characteristics, while enhancing effeminate traits, in men. Negative effects are seen in developing children."

13430/9604