

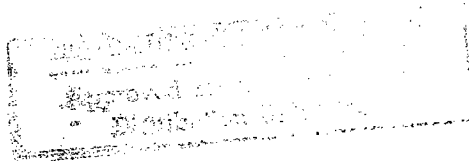
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27 SEPTEMBER 1988



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JPRS Report



Epidemiology

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Epidemiology

JPRS-TEP-88-019

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AIDS Incidence, Testing Consent, Jail Sentence Reprieve

Incidence Report

54200052 Vancouver *THE SUN in English*
4 Aug 88 p A1

[Text] Toronto—The growth in the number of AIDS cases in Canada has outpaced predictions by the federal health and welfare department.

There were 1,704 cases of AIDS by the end of last year—61 more than predicted in the department's most pessimistic forecast.

And officials have now revised their forecasts for AIDS, suggesting there will be 6,997 to 11,112 cases in Canada by the end of 1992. The range is a result of using different mathematical models to forecast the spread of AIDS.

While officials now predict thousands more cases than they had previously expected, they say the rate at which it's spreading has slowed.

When AIDS first became known, the number of AIDS cases doubled each year. Now the number is doubling every 17 months. To date, 1,896 Canadians have been diagnosed with AIDS, of whom more than half have died.

CMA Testing Consent Resolution

54200052 Toronto *THE GLOBE AND MAIL in English* 24 Aug 88 p A5

[Article by Deborah Wilson]

[Excerpt] Doctors should obtain informed consent from their patients before testing for exposure to the AIDS virus, delegates to the Canadian Medical Association's annual meeting urged yesterday.

The resolution was part of the association's effort to devise for the first time a comprehensive policy on dealing with the fatal disease.

Unlike other medical tests, there is little possible gain and potentially, considerable harm for the patients taking a test for exposure to the virus that causes acquired immune deficiency syndrome, said Andrew Young, chairman of the council that wrote the policy.

"Persons who are HIV seropositive may be at risk of losing their friends, their income, housing, educational and travel opportunities," Dr Young said. There is no effective treatment or cure and there are a significant number of tests that falsely show exposure to the virus.

Association spokesman Douglas Geekie said that the policy leans distinctly in favor of recognizing patients' rights and interests first, and gives secondary importance to the interests of health care professionals and governments.

But the policy did not pass without protest and the resolution was watered down to specify that consent for HIV testing should be obtained "wherever possible."

Delegates were told that legal advice from counsel for the 48,000-member Canadian Medical Protective Association, which insures doctors, warns that informed consent is required before testing patients for HIV exposure. And a 1980 Supreme Court of Canada decision also upholds the patient's right to give informed consent for medical tests.

Delegates to the annual meeting also recommended that a physician treating and HIV-exposed patient personally try to get the patient's cooperation to trade his sexual contacts. If that route is not practical, doctors were urged to turn the task of tracking down the patient's sexual contacts over to public health officials.

Dr Young, chairman of the council that drafted the recommendations, said there is evidence that it is less effective for strangers such as public health officials to try to track down individuals who may be at risk of AIDS because of sexual involvement with an HIV-exposed person.

Jail Sentence Reprieve

54200052 Ottawa *THE OTTAWA CITIZEN in English*
26 Aug 88 p A11

[Text] Kitchener—A man infected with the AIDS virus has been given a reprieve from a jail term by a provincial court judge who feared he would hasten the man's death by putting him behind bars. William Marks, 21, of Waterloo, Ont., was given three years' probation Wednesday for 25 counts of writing bad cheques worth almost \$4,400. "If it were not for the fact of the illness, sentence would be one year with three years' probation," Judge Donald MacMillan said before handing down a suspended sentence. "This (man's) disease is showing signs of progressing." MacMillan said a jail cell "may be the kind of place where diseases with fatal consequences may be acquired."

07310

Growth in Drug-Resistant Malaria Strain Cases Reported

54200053 Toronto *THE GLOBE AND MAIL in English* 16 Aug 88 p A10

[Article by Andre Picard]

[Excerpts] The number of Canadians contracting a killer strain of malaria that is resistant to drugs has increased dramatically, and travellers should take extra precautions before visiting the Third World, a new report says.

"We can no longer guarantee protection with anti-malarial drugs, so people will have to be more cautious and take more responsibility," Jay Keystone, director of the tropical disease unit at Toronto General Hospital, said in an interview.

Last year, 515 cases of malaria were reported in Canada. About 70 per cent were caused by *Plasmodium falciparum*, a type of parasite resistant to chloroquine, which, until recently, virtually guaranteed protection against the disease.

Falciparum malaria has become a major problem in Africa, where extra precautions are a must, said Richard MacLean, director of the McGill center for tropical diseases at Montreal General Hospital.

He said increased tourism and immigration have contributed to the rise in malaria cases. Last year, 72,000 Canadians visited Africa and 8,200 Africans immigrated to Canada.

Dr MacLean said there are anti-malarial drugs other than chloroquine, but they have serious side effects.

He and Dr Keystone presented their findings in a recent issue of *Canada Diseases Weekly Report*, a publication of Health and Welfare Canada.

Dr Robert Wittes, chief of global health and quarantine at the Laboratory Centre for Disease Control in Ottawa, said the Government agrees with their conclusions and is concerned about the potential increase in malaria cases in Canada.

07310

Botulism Outbreak Kills 1,000 Ducks in Manitoba
54200054 Toronto THE GLOBE AND MAIL in English 20 Aug 88 p A3

[Text] An outbreak of botulism has wiped out about 1,000 ducks—a third of the nesting population in the prime waterfowl area of Netley marsh, about 40 kilometers north of Winnipeg.

And officials say the illness could spread and cause a further decline in an area once filled with ducks.

Conservation officer Kent Whaley said the hot, dry weather and south winds from nearby Lake Winnipeg have produced ideal conditions for the botulism outbreak. Mr Whaley said some of the animal life in the water dies and decomposes. The ducks then eat the material which contains the botulism toxin and die from food poisoning.

07310

Restricted Cholera Epidemic Reported in Xinjing
HK1909105088 Hong Kong AFP in English
1043 GMT 19 Sep 88

[Text] Urumqi, China, Sept 19 (AFP)—Cholera has broken out in a poor section of Kashgar, but the legendary Silk Road market city remains open to travellers, Chinese and Western sources here said Monday.

The epidemic is restricted to a southern suburb and "many people are sick," a medical student from the area said. "It is a poor area. People have no money for food there," he added.

A Chinese soldier whose unit is based in Kashgar said he had heard that "less than 100" patients had succumbed to the waterborne disease.

Pakistani traders and Western travellers reported no signs of cholera in the city center, but one Pakistani said Chinese long-distance taxi drivers have been asking their passengers to obtain health certificates to be shown at highway checkpoints.

One ticket seller at the Urumqi bus station said there was no problem in making the three-day overland trip to Kashgar. The Xinjiang airline company, a unit of the Civil Aviation Administration of China, was also selling tickets.

A Xinjiang government official confirmed that Kashgar was open to tour groups and individual travellers, but he rejected a request by Western correspondents now in Urumqi to go there, citing an illness he called "intestinalitis."

Chinese journalists now touring Xinjiang were also told they could not go to Kashgar.

Last week two British journalists who arrived in Kashgar said they were confined immediately to their hotel by police, then jabbed with electric prods when they tried to break away.

Authorities accused them of not having obtained permission from the regional government to go to Kashgar.

Cholera in Xinjiang is popularly known as "erhaobing"—literally, number two sickness. Plague is first and smallpox, now eradicated, third.

More than 650 people died in Xinjiang in a hepatitis epidemic that gripped the region in late 1986 and was not tamed until the beginning of this year.

A Xinjiang health official said the often fatal form of hepatitis, which was neither the A or B variety, had infected 12,000 people in the affected areas near the border with Pakistan.

Official Discusses AIDS Prevention
54004815b Beijing ZHONGGUO XINWEN SHE in
Chinese 0946 GMT 24 Aug 88

[Text] Hong Kong, 24 Aug (ZHONGGUO XINWEN SHE)—With the opening up of China to the outside world, AIDS which is known as a fatal disease has now become a threat to the interior. Facing such a critical situation, what is the response of China's medical experts? The reply of Zeng Yi, vice president of the China Institute of Preventive Medicine who is now visiting Hong Kong, is: Spare no efforts to take preventive measures.

In an interview with ZHONGGUO XINWEN SHE reporters, this virology professor said: To date we have not yet found any AIDS sufferer in China. In the AIDS survey conducted in the major cities opened to the outside world since 1985, only 14 cases of out of 30,000 human serum samples sent to the laboratory for examination were found positive. Of this, 10 foreigners and 4 Chinese were haemophilia sufferers because they received blood injection imported from other countries. The survey is still under way.

However, Professor Zeng said that we should not be blindly optimistic about the situation. As an infected disease, it is impossible to guarantee that the disease will not be infected in the mainland. The crux of the matter is to effectively take preventive measures and never let the disease spread. This is an important matter related to the later generations of the Chinese nation.

Professor Zeng took part in the preparatory work for establishing the China AIDS Prevention Research Foundation. The research foundation carried out a series of activities following its establishment: An AIDS exhibition was sponsored in cooperation with the Tianjin Cultural Bureau (the exhibition will be held in turn in the coastal cities); a drive to know more about AIDS was promoted in cooperation with JIANGKANG BAO (Health Journal); pamphlets on AIDS were published and issued; and a telefilm entitled "Shadows of AIDS" was shot.

The China Institute of Preventive Medicine set up a National AIDS Inspection Center and successfully separated AIDS virus. A reagent for diagnosing AIDS through serum laboratory test was successfully trial-produced at the beginning of this year and then put into batch process. With 1.3 million yuan invested by the government, the installation of the P3 security laboratory for studying AIDS set up by the institute will be completed very soon. There are now very few laboratories of such a kind in Asia.

Zeng Yi, deputy director of the China AIDS Research Foundation, said that the most difficult thing at present is a lack of funds. Following the establishment of the foundation, he continued, we received a number of applications for funds submitted by virology and pathology experts for conducting research on AIDS. However, the foundation was incapable of providing the funds as it

was established not long ago. Hence, the foundation appealed to personages of all circles to offer support. Zeng Yi said that China is willing to share its AIDS research achievements with all countries. He also disclosed that the foundation will set up a liaison office in Hong Kong and sponsor an exhibition of paintings by Hong Kong artists to solicit contributions. Some mainland performing troupes will also make benefit performances abroad to collect donations for the foundation.

/9604

Epidemic Prevention Efforts Need Funding
54004815c Beijing CHINA DAILY in English
25 Aug 88 p 3

[Report by staff reporter]

[Text] Fund and personnel shortages and a heavy workload are jeopardizing China's epidemic prevention efforts.

The country only has 16 technical personnel in epidemic prevention work for every 100,000 people, according to participants at the recent founding ceremony of the Management Association of Epidemic Prevention, the first of its kind in the country.

Although infectious respiratory diseases have been largely curbed over the past few years, there has been little progress in eliminating diseases of the digestive tract.

At present, the country has nearly 6 million tuberculosis patients, 440,000 people suffering from snail fever, and 70,000 lepers, according to the newspaper HEALTH NEWS.

The country, with a population of more than 1 billion, has only 160,000 technical personnel in public epidemic prevention. And about one-third of them have had no formal training.

State funds for epidemic prevention have accounted for less and less of the total public health funding for the past 5 years. The amount has been reduced to about 13.5 percent from the 17 percent in 1979.

Meanwhile in Beijing, public health departments recently stressed again that small and medium-sized restaurants should use disposable chopsticks for the sake of hygiene.

Such chopsticks are a great help in preventing infectious diseases. There is enough wood for raw materials, according to officials in the Beijing Public Health and Epidemic Prevention Station.

Beijing authorities urged in May 1987 that such chopsticks be used in all small and medium-sized restaurants, hotels and privately-run food stalls.

But last week when some members of the station investigated in the city, they found that a few restaurants had

stopped using disposable chopsticks for the sake of their own convenience or for more profits.

Officials in the Beijing Public Health Bureau said such units should use disposable chopsticks since their disinfecting facilities are not satisfactory, especially during peak business hours.

Many people doubted whether the country, which is experiencing a shortage of wood, could afford to use so much wood for such chopsticks and whether they are really hygienic.

Members of the epidemic prevention station concluded after they visited Northeast China that such doubts are unfounded, according to the HEALTH NEWS.

They said disposable chopsticks are mostly made of birch, a kind of tree which cannot be used in building or furniture-making.

Birch resources in Heilongjiang and Jilin Provinces and the Inner Mongolia Autonomous Region total 220 million cubic metres. The two provinces produce 360,000 cubic metres of birch a year. The amount used for disposable chopsticks accounts for less than one-third, the paper said.

Research at the Beijing station also showed that almost all used chopsticks contain harmful germs, 30 percent of which still exist even after the chopsticks are disinfected.

/9604

Snail Fever Reappears in Jiangsu Province
54404815a Beijing XINHUA in English
1034 GMT 23 Aug 88

[Text] Beijing, 23 Aug (XINHUA)—Snail fever had reappeared in east China's Jiangsu Province where it was thought to have been wiped out 12 years ago, the GUANGMING DAILY reported today.

Oncomelania, a freshwater snail that is the intermediate host of the blood fluke, has been found in 47.6 million square meters of paddyfields, ditches and ponds.

The incidence of the disease has increased but the paper did not give the exact number of patients.

Local medical experts predicted that if effective measures are not taken, the infected area will expand to a record level within 8 years.

The experts attributed the comeback of the disease, once rampant in the province, to a relaxation on prevention programs and to cuts in funding.

Instead of building dykes to block the movement of water snails—common in the past—the local government is testing new methods of eradication.

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INDONESIA

More AIDS Cases Reported in Indonesia
54004326 Jakarta SUARA KARYA in Indonesian
24 Aug 88 p 11

[Excerpt] The number of persons confirmed to have been infected by the AIDS virus in Indonesia has increased

from three in 1987 to seven today. These include two foreigners—Dutch and Australian nationals. This was stated by Dr. Gandung Hartono of the Health Department after opening an AIDS seminar and workshop in Jakarta yesterday.

CZECHOSLOVAKIA

Spread of Lyme Disease Noted

54003005 Prague RUDE PRAVO in Czech 5 Jul 88 p 4

[Article by Zdena Stepankova: "Our Doctors Battle With a New Disease"]

[Text] In the past two years we have been encountering with greater frequency the disease known as Lyme borreliosis. Articles have been appearing in the popular medical press. Those who want to learn more can read about the disease in professional journals. Unfortunately, the number of people afflicted by the disease has also continued to increase.

Lyme borreliosis was discovered in 1975, and is named after the town of Lyme in the state of Connecticut in the U.S. The illness was first described as an epidemic form of arthritis, or joint inflammation, and the primary victims were small children. Then, fortunately, two mothers noticed that the joint inflammation occurred soon after the children had been bitten by ticks.

We now know that this infectious disease is caused by the spirochete *Borrelia burgdorferi*, that ticks are the primary carriers, but that any biting insect can carry the disease. Different bodily systems are affected during the course of the illness, primarily the skin and the nervous system, but others as well. In its later stages the motor systems, and mainly the joints, are affected.

The Rheumatic Disease Research Institute in Prague is currently studying the later affects of the disease, joint inflammation.

"Our job is complicated by the fact that we see only the serious cases," states Karel Trnavsky, M.D., Doctor of Science, the director of the institute. "In view of the seriousness of this illness, the ministry of health has set up a central commission for the fight against Lyme borreliosis. This group includes representatives from specific specialties affected by the illness. The group includes a specialist in infectious diseases, a dermatologist, a neurologist, a pediatrician, an internal medicine specialist, and a rheumatologist. From our institute, Marika Valesova, M.D., candidate for doctor of science, works on the commission, and at the same time heads up our own research project. We are attempting to describe definitively the joint inflammation caused by this new disease, and to find the most effective techniques for treating these changes in the joints. We believe that we have reacted in time to this disease, and are expecting to continue our work on it into the next 5-year plan."

"Since November 1986 we have examined about 50 people afflicted with this illness. They were referred to us based on their specific case histories, clinical findings and the presence of specific antibodies against Lyme borreliosis," Dr. Valesova informed us. "The course of

the joint inflammation was quite diverse. It appears that the most frequently affected joints are the large ones of the lower extremities. Currently we are using antibiotics to cure patients, and have been experiencing positive results. When there is joint inflammation we are administering heavy doses of penicillin (in the millions of units). The main purpose of our research project is to discover other appropriate treatments."

Currently the largest incidence of this disease is in Prague and in the Central Bohemian kraj, and in a number of other localities. Regional experts in the specialties involved have been informed about the symptoms of this disease, and how to diagnose it and treat it. For treatment to be effective, as with all diseases, this disease must be diagnosed in time.

We always stress prevention. Is this possible with Lyme disease? "Above all people must realize that Lyme borreliosis is only one of the risks that come from man's coexistence with nature," says Dr Valesova. "We have known for decades that ticks can carry any number of diseases. It is probably that the number of people afflicted with Lyme disease will increase. Under these conditions it is most important that the disease be diagnosed in time, and that the treatment for the disease be available."

We complain to each other frequently about sore backs, knees, and other joints. Is it possible that we have become victims of Lyme borreliosis? Should we immediately get admitted to the Rheumatic Disease Research Institute in Prague?

"Above all, people should not get themselves into a state of panic over this," says Dr Valesova. "If you suspect anything, follow the usual procedure. Visit your district or factory doctor. He or she can evaluate the symptoms and arrange for proper treatment. Only patients who have been diagnosed previously, and have been referred to us by other experts, are admitted to the Rheumatic Disease Research Institute."

"Our responsibility, and our goals reflect this, is to establish diagnostic criteria for the use of doctors at the regional and district level, so that they can catch the disease in its early stages and treat it properly, based on up to date medical guidelines. More serious cases should be treated at facilities staffed by one or more representatives of the commission for the battle against Lyme borreliosis," says Professor Trnavsky.

More precise diagnostics is certainly having an impact on the increases in the numbers of people with this disease. There are more than enough incentives for research. One clear advantage is that the Rheumatic Disease Research Institute is not involved solely in research, but also treatment. It therefore has at its disposal immediate and reliable practical experiences.

9276/12223

BARBADOS

Chief Medical Officer Corrects 1987 Figures on AIDS

54400110 Bridgetown *BARBADOS ADVOCATE* in English 15 Aug 88 p 2

[Text] Barbados recorded 24 cases of AIDS in 1987.

This was stated yesterday by Acting Chief Medical Officer, Dr Beverley Miller, in response to an article carried in the 7 August 1988 edition of the *SUNDAY SUN*.

The article, headlined "AIDS Alarm," stated that "Barbados reported 40 cases to WHO in 1987, but its overall total was 55 victims at the end of last year." The same article also reported that "...for every 100,000 people in Barbados, the country recorded 13.3 AIDS victims last year, the seventh highest ratio in the whole world."

Dr Miller said that the information carried was incorrect and quite misleading.

The Acting Chief Medical Officer said that she was surprised at the error in the quotation of the figures, as statistical information on AIDS is released quarterly to the local media as well as to PAHO/WHO.

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BERMUDA

Government Figures on AIDS Show Link to Drug Use

54400109 Hamilton *THE ROYAL GAZETTE* in English 22 Jul 88 p 6

[Text] The pattern of AIDS in Bermuda is gradually changing as the disease kills off more intravenous drug abusers.

Government figures to the end of June show 58 percent of the Island's 81 definite AIDS cases involved intravenous drug abusers—down significantly from early last year when the group accounted for about 80 percent of all cases.

As a result, homosexual and bisexual men now make up 21 percent of total reported cases while the sexual partners of either group make up 12.3 percent of cases.

Medical officers have identified a fourth category identified as "other," which accounts for 10 cases or 8.6 percent of the total.

Chief Medical Officer Dr John Cann yesterday said the group included AIDS victims who have not been able to pinpoint or declare the cause of their infection.

"Others," for example, might include men who refuse to reveal a homosexual encounter to their doctors, people who have forgotten a long-ago sexual liaison abroad or victims of infected blood transfusions. The category also includes Bermuda's one pediatric case.

Dr Cann said AIDS has had a dramatic impact on the intravenous drug community, killing so many people that they have begun to account for fewer overall cases.

"It spread like wildfire through that community," he said. "A tremendous number of them died and, as they did, their proportion fell off."

Dr Cann said the pattern of drug abuse in Bermuda appeared to be changing as AIDS' penetration of the IV drug community increased.

"As a result of AIDS, people are more into cocaine than heroin," he said.

The doctor suggested the proportion of IV drug abusers in the AIDS picture was falling because the community itself was diminishing through AIDS attrition.

Yesterday's statistical report did not record the number of people identified as being exposed to the AIDS virus. The previous report to the end of March showed 178 such people with 20 showing AIDS-related symptoms and 132 described as asymptomatic.

Yesterday, Dr Cann said he decided those figures needed to be re-verified with medical officials around the Island because of recent staff departures at Health and Social Services.

In the 3 month period to 30 June, medical officials said six more people died of AIDS. The death toll now stands at 66, just over 81 percent of all identified cases since records first began earlier this decade.

AIDS continues to hit people between the ages of 20 and 49 years. Blacks make up just over 90 percent of all cases, with men accounting for 82 percent of the total.

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ECUADOR

Cuban Assistance in Dengue Outbreak

High Praise, Gratitude Expressed

54002035 Quito *EL COMERCIO* in Spanish 20 Jul 88 Sec A p 7

[Text] The team of Cuban experts who fought the dengue outbreak successfully, and who instructed Ecuadoran personnel in the fight against this epidemic, were received yesterday by President Leon Febres Cordero.

Citing the work done by the Cubans, Public Health Minister Jose Tohme expressed the government's gratitude for the foreign mission's contribution, stating that the Interinstitutional Committee's decision to request the Caribbean country's assistance had been a wise one.

The Cuban delegation remained in Guayaquil approximately 60 days executing a carefully worked out plan that brought the epidemic under control.

According to Tohme, the Cuban experts fumigated 350,000 dwellings in Guayaquil and other provinces and cities along the Ecuadoran coast, besides conducting courses and, in particular, instructing the Ecuadoran personnel who must continue the fight against the epidemic as long as the *Aedes aegypti* mosquito is not eradicated.

The country now has a program designed—he said—together with the training that was received, to continue the fight against this disease. It is good to know—he added—that Ecuador can count on the support of our Cuban brothers, and we will always remember not only the training received from them but also their magnanimous gesture.

The Cuban ambassador to Ecuador, Carlos Zamora, said that the assistance provided by the Cuban Government to combat the dengue outbreak was gratifying.

He added that the event reflects the level of good relations between Ecuador and Cuba, and demonstrates the potential for exchanging effective, solidary and fraternal assistance among the brotherly countries of Latin America, independently of the respective political and ideological positions they may defend.

Zamora thanked the Ecuadoran Government for the warm welcome it accorded to the Cuban experts and for the brotherly manner in which they were treated and made to feel as if they were in their own homes. [Box, Sec A p 7]

Febres Cordero Expressed Gratitude

President Leon Febres Cordero expressed his thanks publicly to the Cuban Government for the assistance provided by that Caribbean country's team of experts in the successful fight against the dengue outbreak that ravaged the population of the Ecuadoran coastal region during the first months of this year.

The head of state, who received the Cuban delegation in the Yellow Room of the Presidential palace, said that the assistance provided by Comandante Fidel Castro reflects the excellent level of diplomatic relations between Ecuador and Cuba.

He said that, the Cuban team having accomplished a highly successful mission in controlling the dengue outbreak that struck Guayaquil and various provinces along the coast, it is fitting that we express our gratitude for the humanitarian aid provided by the Cuban Government.

4-Year Program Ahead

54002035 Quito *EL COMERCIO* in Spanish
21 Jul 88 Sec A p 10

[Text] Guayaquil, 19 Jul—With the contribution made by the Cuban delegation of fumigators and epidemiological doctors, whose work will be completed on 21 July, the dengue problem has been eradicated from the country. Work on controlling the *Aedes aegypti* mosquito is to be continued on a permanent basis for at least 4 more years by the Ecuadoran personnel who were given the necessary training, said the under secretary for public health, Dr Alejandro Saenz Ubilla.

The number of Ecuadoran fumigators will be increased to 200. They will take the place of the Cuban personnel who will be bringing their work in the country to a close, and will maintain a state of alert, not only during the winter but also during the summer.

Saenz stated that since the dengue outbreak produced no deaths it is considered to have been of a primary strain and not of the hemorrhagic type, which is characterized by far graver symptoms. The national government has earmarked the sum of 115 million sucres to cover the cost of this program. The Cuban delegation did a magnificent job of which the public is fully aware, at no cost whatever to the Government, it was indicated.

He said that some of the hospital equipment that is to be distributed within the next few days to different public health institutions has already arrived in this country, and will cover 20 percent of the country's needs in this respect, based on the loan that has come from Spain. Additional equipment will be forthcoming through credits granted by Belgium and the German Democratic Republic, making it possible to distribute more aid to many units.

Humanitarian Aspects, Cubans' Efficiency Cited

54002035 Quito *EL COMERCIO* in Spanish
26 Jul 88 Sec A p 5

[Article by Plutarco Naranjo: "Thanks, Cuba"]

[Text] The work that Cuba has just completed in Ecuador is something that must not go unperceived, and much less so from the standpoint of expressing our sincere appreciation. Grateful as we also are for the highly esteemed cooperation we have received from other nations and international agencies in different aspects of public health, we must nevertheless acknowledge that any other country could hardly have been able

to control, in as short a time and as efficient a manner, the dengue epidemic that struck Guayaquil and other parts of our coastal region in recent months.

Cuba is one of the most experienced countries in the fight against dengue. But the Cubans' scientific knowledge, their techniques and their experience were not the sole factors that enabled the control of the epidemic. To these must be added the Cuban Government's timely decision to lend Ecuador its immediate humanitarian and material cooperation. Paraphrasing the saying to the effect that a timely gift is a dual gift, I would say that timely help is a twofold help. Cuba's help was rapid, without difficult terms, or prior negotiations on matters of payment, or signing of the usual agreements. Cuba responded as if to a problem of its own. An initial visit by a first group of doctors and scientists to evaluate the magnitude of the problem was followed by the immediate dispatch to our country of an experienced and able public health team of some 100 persons, bringing with them as well their own equipment, insecticides, larvicides, and other materials.

They quickly zoned the city of Guayaquil and began their work, which consisted of fumigating dwellings and treating the most diverse deposits of water, both in the streets and in dwellings, with a chemical product that would kill the larvae without harm to human beings, thus eliminating mosquito breeding places and foci. A sanitizing campaign of this nature is a race against time. It is oblivious to feast days and national holidays. The Cubans, in addition to training our Ecuadoran personnel, set an unforgettable practical example of how one must work without respite and even at personal sacrifice when the health and lives of thousands of citizens are at stake.

Prior reports of the presence of an undesirable visitor, a mosquito known scientifically by the name of *Aedes aegypti*, dated back to more than 2 years before the outbreak. The larvae appear to have entered the country by way of containers of vehicles or replacement parts from countries in which the mosquito is endemic. When the female bites a diseased person, then a healthy one, it transmits the dengue virus. During a biological cycle, the female is capable of biting several tens of persons. The epidemic is estimated to have begun in January or February of this year. It reached its peak around the end of April, at which time approximately 450,000 persons had contracted the disease. The number of infected persons reached an overall total of approximately 900,000, the majority of them being residents of Guayaquil and, in particular, its suburbs such as Guasmos, where sanitary conditions are deplorable. The epidemic also spread to a part of Duran and to other areas in the province of Guayas, such as Santa Elena, and reached the edges of the province of El Oro.

In their rapid and systematic campaign, the Cubans succeeded in fumigating approximately 250,000 dwellings. This is the first time that a job of such magnitude has been accomplished in such a short time.

The epidemic has now been conquered, the Cubans have now returned to their country, not without first emphasizing the responsibility we must now assume for continuing the tasks of epidemiological control and sanitation. Pools and puddles of water must be eliminated, and water containers must be provided with protective covers, to prevent their becoming foci and breeding places for mosquitoes. Flies also deposit their eggs on clean water. Garbage must be picked up and transported in closed conveyances. Municipalities and populations in their entirety must cooperate in safeguarding their own health.

We have been through an epidemic produced by a strain of virus that is of a benign type. The disease is characterized by a rise in body temperature or high fever, headache, pain in the joints, gastrointestinal disturbances, and other symptoms, but is usually not fatal. On the other hand, the disease produced by other strains of virus can produce hemorrhagic dengue, which is highly fatal.

The population that was stricken by the disease received immunization against the Type I virus, but is not immunized against the other types. Unless the antimosquito campaign is pursued, the door will remain open to a more lamentable future epidemic with a high mortality figure.

9399

GUYANA

Medical Cooperation With Venezuela Agreed Upon

54400111 Georgetown GUYANA CHRONICLE in English 11 Aug 88 pp 4-5

[Text] Medical cooperation between Guyana and Venezuela has been advanced with the decision by the medical authorities to offer treatment to Guyanese in the areas of cardiology and ophthalmology.

This developed out of negotiations between President Desmond Hoyte and President Jaime Lusinchi.

Up to a decade ago Venezuela had performed a number of operations on hole-in-the-heart patients from Guyana. The territorial issue caused a halt in Guyanese patients seeking medical attention in the neighbouring republic.

When President Desmond Hoyte paid an official visit to Venezuela last year he initiated talks on cooperation in health with his Venezuelan counterpart.

These talks continued when President Jaime Lusinchi paid a reciprocal visit to Guyana later last year.

Minister of Health Dr Noel Blackman had earlier paid a visit to Venezuela as a follow-up to the one made by President Hoyte. He and his delegation made concrete proposals for cooperation. The Guyana delegation sought cooperation in cardiology, ophthalmology, cancer therapy and neurology.

Both sides agreed that patients will be sent when such treatment is not available in Guyana. Through the present agreement, Guyana will stand the cost of the air fares while the Venezuelans will provide the medical services.

/9604

EGYPT

Health Ministry Claims Country Free of Malarial Mosquitoes

54004623 Cairo AL-AKHBAR in Arabic 25 Aug 88 p 1

[Text] The Ministry of Health has announced that Egypt is completely free of the "Gambia" mosquito that carries malaria. Malaria spread in Sudan after the recent floods. Analyses and exploratory missions affirmed that the border region between Egypt and Sudan is completely free of these mosquitoes. Analyses also affirmed that no Egyptian had been stricken with this disease in the populous regions around the High Dam lake. This was stated yesterday by Dr Salah al-Haq, a Ministry of Health agent for indigenous diseases. He added that all necessary measures had been taken to protect the country against these mosquitoes, and that he is now surveying the Egypt-Sudan border regions to prevent the spread of these mosquitoes into Egypt.

Experts Prepare for Locusts Coming From Saudi Arabia

54004618B Cairo AL-AKHBAR in Arabic 21 Jun 88 p 8

[Article by Raji al-Wardani]

[Text] Last Friday at dawn, an urgent cable from the Saudi authority responsible for locust control was received by its counterpart in Egypt, confirming that huge and formidable swarms of locusts had formed in the north of the country, especially in the regions of Tabuk, Ha'il, and al-Jawf opposite Egypt's eastern borders following the spring breeding season in Saudi Arabia, to begin their migration throughout the coming weeks to their summer breeding grounds in Sudan via Egypt along the Red Sea coast and in north and south Sinai.

Two days earlier, an opposition newspaper published an alarming report about swarms of locusts coming from the west—Libya specifically—that managed to devastate 600 feddans of farmland in five Egyptian governorates. This number, if true, is more ludicrous than frightening because during this year's breeding season, locusts have caused the highest rate of damage worldwide, destroying 3 million feddans in Algeria and over 300,000 hectares in Morocco.

For the first time, Egypt was faced with armies of locusts advancing from three directions—south, west and east—with successive breeding seasons around the year, turning our land into locust transit areas during migration to breeding grounds and new takeoff bases for this destructive pest!

AL-AKHBAR was the first to draw attention to the importance of consolidating all efforts to halt the locust threat, and was the only one to attend the most vicious locust control battle in the southern region of Abu-Ramad. Today we meet Ministry of Agriculture officials to review and assess the outcome of locust invasions

coming to us from the west in the last few weeks and also to shed some light on a possible threat from the east, the greatest threat of all, as officials and advisors call it.

Danger in Libya

Many questions are being raised: What is the outcome of the fight against locusts invading from the West? Have the locust control campaigns come to an end in the south and the west or are the bands of locusts renewing their attack? What precautions have we taken to control the greatest danger, the swarms of death coming from the east? How true are the reports which last month said that swarms of locusts attacked many governorates, including al-Sharqiyah, Aswan, al-Fayyum, al-Wadi al-Jadid and Marsa Matruh?

Engineer Joseph Tawfiq, UN advisor in Egypt and the undersecretary of state for locust control in the Ministry of Agriculture, replied: "By the time the battle against the swarms of locusts coming from Sudan in the south was over and their movements and breeding patterns were monitored and studied in northwest Africa, these swarms were expected to threaten the western borders of Egypt from the Libyan side at the end of April. Accordingly, locust control committees set out to cover strategic regions adjacent to the Libyan borders, from Marsa Matruh, Sidi Barrani and Sallum to the oases—Siwah, al-Bahriyah, Abu-Minqar and West Mawhub in the al-Dakhiliyah Oases—and east al-'Uwaynat region."

The UN advisor added: "Being aware of the danger the invading locust swarms can pose, and due to the expanse of the Western Desert that enables locust swarms to move about unimpeded, thus allowing them to get to the Nile Valley farmlands in no time at all—as was the case in 1955 when the swarms went into the Western Desert and attacked the agricultural areas in al-Jizah Governorate and other governorates in Lower Egypt, continuing their migration through Sinai to invade some Middle Eastern countries—we took into account the possibility that such an invasion might reoccur because of the spread of locusts in the northwestern regions of Africa this year is similar to the way it was in the aforementioned year. Hence, all responsible sides were on the alert to this incoming danger and the armed forces, the Border Guard in particular, played an active role in the control process.

Locust Invasion Begins

When the locust invasion began as expected, swarms came last April 29 from Libya and spread out over areas in some regions of East 'Uwaynat, in Bir Tiqawi in particular and other massive groups went to West Mawhub regions in al-Dakhilah Oases, Abu-Minqar, al-Farafirah, al-Bahriyah Oases and Siwah. These swarms were controlled upon arrival because the committees were on the lookout for them. The first period of invasion passed but the committees remained in place

because a more severe threat to Egypt was expected to come from some Libyan regions where the locusts were breeding. This prediction came true for as of 26 May a more violent locust invasion began from the southwest, accompanied by very hot sand storms that blew over Egypt during this period, bringing with them huge swarms of locusts fanning out in the same aforementioned areas. This was in addition to the Baris region in al-Wadi al-Jadid. Other troops also appeared in some adjacent regions in al-Fayyum Governorate and some areas of Asyut and south al-Tahrir where control operations got under way simultaneously and the locusts were wiped out. The Air Force equipped seven spray planes for immediate intervention whenever the locusts appeared to be threatening the country's agricultural wealth; but, thank God, the locusts were controlled in due time, even the small concentrations that made it to the outskirts of the agricultural areas in the Nile Valley without any damage, bringing the operation to an end in the first week of June.

Control Continues

Regarding the danger coming from the east, Dr Yasin 'Uthman, chief of the Central Administration for Epidemic Control in the Ministry of Agriculture, said: "In the coming weeks, control operations will concentrate on the eastern areas along the Red Sea shores and North and South Sinai to counter possible invasions by locust swarms forming in the north of Saudi Arabia following the spring breeding period and beginning their migration to Sudan. Hence, all precautions are being taken to counter these swarms as was done in the western sector. Control committees will continue control operations until the end of June so that we may once again get ready for the next fall season."

Dr Yasin 'Uthman emphasized: "It must be noted that the danger is no longer limited to the south, but also comes almost all year round from the east, west and

south. This stated fact illustrates the enormity of the danger and the formidable task we are undertaking to protect the country's agricultural wealth. Incidentally, we are in the process of starting a locust control training course to train new groups of men in state-of-the-art control equipment which we have recently received. The course will be run in the city of al-'Arish, for we expect Sinai to be the scene of new incidents kindled by swarms of locusts coming from the east!"

Libya and Locusts

Arab, African and Asian countries have suffered locust attacks and, of course, have been keeping the UN FAO organization up to date on this and have not withheld any reports or data on locust movements from neighboring countries. Why? Because the locust war is primarily a world war that calls for concentrated efforts and close cooperation to ward off the danger, except for Libya.

No Losses...No Losses

Asked about the damage or losses the locusts have caused during control operations, Engineer Samir 'Abd-al-'Aziz, director of the technical office for locust management and agricultural aviation, said: "Would you believe it if I say that locust war losses in our midst are nothing to speak of?!"

Eng Samir said: "There are two reasons for this. The first is the speed and intensity with which control operations got underway against the swarms of locusts the moment they come in to settle. The second is that these swarms were arriving after a long journey to the depth of our desert, feeding on desert grass and tall trees that served as wind buffers, such as the camphor and the (cazorina) trees, which were sprayed immediately."

12502

GREECE

AIDS Statistics: Relatively Low Figures on Increase

54002530 Athens I KATHIMERINI in Greek
3 Aug 88 p 16

[Text] In two months, 18 more people have been added to the list of the victims of the fatal AIDS. Data provided by the National AIDS Committee, indicate that 39 cases of AIDS have been recorded in the first semester of 1988, and that 18 of them occurred during the period between April and June.

The sad account of the scourge of the century in our country has been 127 victims, of which 60 have already passed away. Most of the victims of the disease are men between 20 and 40 years of age.

A recent research study on AIDS conducted by the Ministry of Health concluded that there have been 6 cases of AIDS in 1984, seven in 1985, 22 in 1986, 53 in 1987, and 39 during the first six months of 1988. It is clear that despite the fact that our country is not facing an acute problem of dissemination of AIDS, the spread of the disease, as scientists have already predicted, will be speedy. It should be noted that out of the 127 cases of AIDS, 120 were men and 7 were women. By age group and by sex, the statistics are as follows: 0-11 months, one case (woman); 1-4 years, no case recorded; 5-9 years, one case (woman); 10-12 years, two cases (men); 13-14 years, no case; 15-19 years, two cases (men); 20-29 years, 33 cases (31 men and 2 women); 30-39 years, 46 cases (45 men and 1 woman); 40-49 years, 19 cases (men); 50-59 years, 11 cases (10 men, 1 woman), 60 years and up, 11 cases (10 men and 1 woman). There has been one more case involving a man of unknown age.

Finally, it should be noted that despite the fact that we are going through a crucial period, such as is a summer period, the National AIDS Committee has not convened since the time it was broadened at the beginning of June. According to reports, evaluation of the recent cases was not done by all the members of the official committee but by a small ad hoc committee, a few members of which were on the AIDS Committee, to speed forwarding the data to the World Health Organization.

8193/9274

IRELAND

AIDS Spread in Ireland Is Faster Than Average

54500176 Dublin IRISH INDEPENDENT in English
11 Aug 88 p 6

[Article by Edward Cunningham]

[Text] The number of AIDS victims in Ireland is increasing at a much faster rate than the worldwide average, a senior Department of Health official revealed last night.

The Irish total, now standing at 61, is doubling every six to seven months—in contrast to the international average of around nine months, according to Dr James Walsh, Deputy Chief Medical Officer at the Department.

He warned that the rapid growth rate here will put massive pressure on our health services over the coming months and years.

The worrying trend is being closely monitored by health officials, who now face the possibility that Ireland will top 100 AIDS cases mark by year's end. Intravenous drug abuse accounts for the majority of AIDS cases here.

Even if Irish costs turn out to be substantially lower than those currently estimated for the care of AIDS victims in the U.S., they will still be very large, Dr Walsh predicted.

U.S. patient care costs range from \$50,000 to \$150,000. "Even if ours are less than half that, it still represents an awful lot of money," he commented.

Officials will closely study emerging AIDS victims figures to see if the 6-7 month trend continues. There is a possibility that it could be slightly distorted by late notification of new cases.

Meanwhile, Cork dentists are refusing to treat homosexuals and haemophiliacs because they may have AIDS. The high risk patients have to travel to the Dublin Dental Hospital for treatment, it was confirmed yesterday.

Now the Dental Hospital in Cork is considering opening a special isolation unit to treat them. But this proposal has been criticised by the Cork AIDS alliance as "making outcasts of high risk patients."

Mr Mike Simpson, of the Alliance, said there was no danger to dentists provided they took the normal precautions.

/9274

ITALY

AIDS on Increase Among Heterosexuals

54002531 Rome LA REPUBBLICA in Italian
3 Aug 88 p 20

[Article by Alessandra Longo]

[Text] Rome—While television is showing images on AIDS which are standard, cold, but reassuring, the disease situation is becoming gloomy. This time we are not dealing with newspapers spreading unscientific bad news. The alarm that shrieks like a familiar TV ad comes from a very official source: the Senate Committee on Health. Its president, the Socialist Sisinio Zito, accompanied by his Christian Democratic colleague Mario

Condorelli—a medical doctor and university professor—described the preoccupying situation. One fact stands out above all: after having wrought havoc among drug addicts and homosexuals, AIDS is now attacking the groups “not at risk.” That is, it is attacking the “common mortal,” the people who felt safe and above any risk. In conclusion, to use Zito’s words: “AIDS is now a problem for all, a social and medical emergency without precedence.” This should persuade the government “to immediately tackle its responsibilities.”

“So as not to lose one single day, one single hour,” the committee yesterday decided to speed up things by making public some of the results of a fact finding investigation which lasted six months.

Here are the numbers: from 1982 to June 30 of this year, 2094 cases of AIDS were verified; of these, 1025 have resulted in the patient’s death. These figures are incomplete, explains Zito, since those that are hit by this plague “often go abroad and escape the survey.” These figures increase the total estimate made by the World Health Organization which claims that there are over 90,000 people sick with AIDS in the world. And even here the rule of underestimation comes into play. According to the WHO, the virus has already condemned to death 200,000 people.

People shouldn’t think that our 2094 cases are few. Zito invites us not to arrive at hurried conclusions. He wants to explain the phenomenon even if he cannot give information which is 100 percent reliable. In any event, he is careful to distinguish the figures which came out of his investigation and the Committee, from those furnished a few days ago by Donat Cattin (“I don’t really know where the minister dug up that data...One thing is certain: what we present is the result of six months of work.”)

The argument is not only concerning those sick of AIDS. What is alarming is the silent presence of the virus. In Italy those infected, that is, those that are HIV positive, are estimated to be 200,000. A high percentage of these will fall victim of the disease within the next five years. Who is saying this? The WHO forecasts that by 1993 there will be 20,000 to 60,000 new cases of AIDS among the high risk HIV positive masses, and this does not include 40,000 to 100,000 cases of LAS and ARC—which are precursor stages of the disease—and a further increase in the multitude of the HIV positives which could approach the half million mark.

“It is an exponential curve,” they comment at Palazzo Madama. The heterosexuals are warned. They are the group characterized by the “highest rate of increase;” every six months the number of those hit by the virus doubles. This is the reason that “now the problem concerns everybody,” and above all, the government. It will be discussed in Parliament and in the Senate, with live TV coverage. These are the intentions of the Health

Committee which hopes to debate AIDS before the summer recess. The reason for such haste is in the statistics, obtained through interviews, meetings, and trips abroad.

There’s no time to lose, warns Zito. In Italy, the age group which succumbs to the disease are the youths between 20 and 29. This will also bring “demographic problems,” the senator forecasts. In conclusion, it is an emergency. It is not enough to have stereotyped dancers [on TV ads] describing the harshness of the moment and to warn the masses. The members of the Health Committee want the government to seriously act on the danger. They want more preventive measures in the schools, in the military, and in the prisons. They demand what is needed but not yet available: hospital beds, microbiology laboratories, day hospitals, home care. They also warn that this mysterious disease which strikes whites and blacks, rich and poor, will cost the state thousands of billion [lire], a far cry from present day budgets. In America, the government has already allocated about 20,000 billion lire to 1991, solely for the assistance of known AIDS cases.

The committee room is enveloped by a somber atmosphere. The only witty remark that tries to break the somber mood comes from Zito, at the end, with the microphones turned off, as a response to the dilemma of “sexual abstinence or not.” The president of the Health Committee, although worried by the results of the investigation, does not agree with radical solutions, and advises: “Do your thing, go ahead, make love, but I beseech you, do it the right way.”

13120

NORWAY

HIV-Infected Armed Forces Personnel To Be Discharged

54002540 Oslo AFTENPOSTEN in Norwegian
29 Aug 88 p 4

[Text] Those infected with the HIV-virus will be declared unfit for military service because a majority of experts believe that too much physical activity might accelerate illness. This was said by the commander of the Armed Forces Medical Corps, Carl Frederik Tidemann. He said that so far there has been only one soldier who has been excused from military service because of HIV-infection. The Armed Forces do not accept intravenous drug users or homosexuals since these individuals often have psychological problems with military life. Tidemann believes that AIDS is a small problem in the Armed Forces, since the conscripts do not belong to the risk groups. He asserted that soldiers are not very sexually active, even if they often boast the contrary.

UNITED KINGDOM

BMA Urges Anonymous AIDS Tests, More Statistics Given

54500174 London THE LONDON DAILY TELEGRAPH in English 27 Aug 88 p 4

[Article by Peter Pallot]

[Text] Doctors yesterday urged the Government to introduce blood tests to track the spread of AIDS.

There were "no legal or ethical" objections to anonymous screening, even if people who gave blood samples were not told that part of the specimen might be tested for virus, said the British Medical Association.

But it stressed that samples should be "totally anonymous", so that even the patient's doctor would not know the outcome of tests.

Under the BMA plan, laboratories would check blood left over from other tests so that experts could tell how quickly the virus was spreading. Only age, sex and area of residence would be noted.

This would give a snapshot of the impact of AIDS without infringing ethical codes.

The association's statement was in response to an official report calling for screening with patients' specific consent.

The Department of Health said it welcomed all contributions to the AIDS screening debate, but it had not shifted from the view that blood to be tested should be taken only with the full consent of the patient.

At the end of last month, official records showed that there had been 1,669 AIDS cases, of whom 916 had died.

But estimates of the numbers infected with the virus vary from 50,000 to 100,000.

Doctors argue that information about the spread of the virus is one of the few ways of controlling the epidemic, allowing authorities to target health education at the right groups.

Critics say that recent campaigns have been too wide, and that homosexuals, drug addicts, prostitutes, bisexuals and their partners should be targeted. [sentence as published]

A group of distinguished scientists and doctors, including presidents of some of the medical royal colleges, recently argued that pregnant women should be anonymously screened.

That plan met opposition from the Royal College of Obstetricians and Gynaecologists.

/9274

Rise in Measles, Mumps Cases, Vaccination Mandatory

54500173 London THE DAILY TELEGRAPH in English 25 Aug 88 p 1

[Article by David Fletcher]

[Text] Mumps and German measles are to be made notifiable diseases from October as part of a Government drive to eradicate childhood diseases which can cause death and deformity.

Sir Donald Acheson, Chief Medical Officer, has written to all doctors urging them to step up vaccination levels to 90 per cent of children—as in America where measles, mumps and rubella (German measles) have almost been eliminated.

The campaign, announced yesterday, is linked to the introduction of a vaccine which will give babies lifelong protection against the three diseases.

Doctors are also being required to report all cases of mumps and rubella so that the Department of Health can have an accurate picture of the extent of the diseases.

Sir Donald said: "Our aim is to eliminate measles, mumps and rubella and the congenital rubella syndrome in this country.

"To achieve this goal, at least 90 per cent of children aged one to two must be vaccinated. This target is not unrealistic."

At present only 72 percent of children are vaccinated against measles and the figures for mumps and rubella are lower.

About 100,000 people a year in Britain catch measles, of whom some die and about 1,000 suffer serious complications such as encephalitis.

Six young children have died and more than 70,000 cases of measles have been reported so far this year in England and Wales, compared with 29,000 for the corresponding period last year.

The pharmaceutical firm, Evans Medical, is gearing up production at its Speke plant near Liverpool to produce one million doses a year of the new three-in-one vaccine, which is at present available only from overseas producers.

Dr John Heap, the company's medical director, called on the Government to follow the example of America, where children are not allowed to start school without a vaccination certificate.

He admitted that a compulsory vaccination policy raised questions about civil liberties. But he said it seemed to

be more of an assault on civil liberties to put people at risk of diseases which could be eliminated.

Dr Heap said: "Worldwide, the measles infection kills around two million children every year before they reach the age of five, and all these deaths could be avoided.

"We should at least put our figures into line with the United State and other European countries."

/9274

Plea for Cash To Erase 'Scourge of British Horses'

54500172 London THE DAILY TELEGRAPH in English 31 Aug 88 p 6

[Article by Godfrey Brown]

[Text] A 60-year battle to beat a mystery disease which is the scourge of the British horse population enters a new and hopeful final stage this week with a fund-raising campaign to eradicate grass sickness launched by Lady Sanderson at the Scottish Championship Horse Trials at Thirlestane Castle, Lauder.

The disease, first recorded in 1909, is almost always fatal. It causes alimentary paralysis, the animals cannot swallow or excrete, and it has baffled experts for more than 60 years. It is a major problem in Scotland, but is present in all areas of Britain.

Launching the equine research and grass sickness fund, Lady Sanderson said no-one was proud that grass sickness remained one of the great unsolved disease mysteries of the 20th Century.

"We desperately want to change that, but we need the assistance of industry, horse owners, clubs and societies throughout the country to achieve this".

Many years of research have been carried out at both the Moredun Research Institute and the Royal School of Veterinary Studies, Edinburgh.

"What has been lacking has not been the dedication or scientific skill of the research teams: continuity of funding, particularly in recent years, has been the single biggest drawback in reaching a successful conclusion."

All who had a concern for the health and welfare of horses now had an opportunity and responsibility to try to rectify the situation, she said.

Lady Sanderson said grass sickness had long been regarded as a scourge of the British horse population. It caused huge losses in the early 1920s, and in 1928 some 800 horses, mainly Clydesdales, died from it.

Between 1923 and 1953, the Scottish horse population fell from 203,000 to 50,000, and the disease contributed to the decline.

Many people claimed that grass sickness advanced the manufacture of the tractor and other farm machinery because of the catastrophic effects on the working horse population.

Dr I. D. Aitken, director of the Moredun Research Institute, described grass sickness as "an enigmatic and disastrous disease."

To the practising veterinary surgeon and the research worker "there is embarrassment and frustration on having to admit that, 60 years on, we still do not know the specific cause."

/9274

Public Warned on 'Disease Risk' From Urban Foxes

54500170 London THE DAILY TELEGRAPH in English 13 Aug 88 p 4

[Article by Peter Pallot]

[Text] The rapidly-growing urban fox population could be posing a serious threat to children who pick up parasites from animal excrement, an expert said yesterday.

Dr John Lewis, a London University biologist, was commenting on the case of the seven-year-old girl who on Wednesday was awarded an undisclosed four-figure sum after being infected by a parasite.

Rachel Hall, of Lune Grove, Blackpool, became blind after playing in a park three years ago where a worm-infected dog had defecated. The legal case is believed to be the first of its kind.

But Dr Lewis, head of a project investigating the toxocara parasite, said the threat posed by foxes could be greater than that from dogs.

About 90 per cent of foxes were infected, which meant that their excrement, scattered in parks and back gardens, would carry thousands of minute eggs which could infect humans.

About 10-20 per cent of domestic pets were infected, but half of police dogs carried the parasite and infection rates among hounds living in kennels would also be high.

"The problem of toxocara eggs is that they are viable for a year or longer and once they enter the human intestine, they can burrow out into any organ," said Dr Lewis.

If the parasite burrowed through to the optic nerve—the most serious outcome—blindness would result.

Official records of 1,000 cases a year could be a hundred-fold under-estimate, said Dr Lewis, 49, who works at the university's Royal Holloway and Bedford College at Egham.

There were about 200-300 cases of blindness.

The disease was usually misdiagnosed. One victim was operated on for cancer of the bowel, he continued.

"You can be a good owner and not let your dog defecate in a public park, and regular worming will get rid of the parasite."

But that would not solve the fox problem, which should be tackled with a similar approach as we would take to a rabies outbreak, he continued.

Backed by the Government-funded Natural Environment Research Council in a unique project, Dr Lewis has "tagged" 400 foxes with low-dose radioactive markers.

Dr Stephen Tapper, a zoologist at the Game Conservancy Trust, said that the burgeoning rural fox population might be causing the rapid growth in urban foxes. Gamekeepers were killing five times the number of foxes compared with the early 1960s.

"People's attitudes before the war, when everyone kept poultry, was that foxes were public enemy number one.

"But with chickens kept securely, farmers do not feel that way any more and that is what has led to their increase."

Despite campaigns by local authorities to encourage dog owners to clear up mess left by their animals, doctors have increasingly expressed concern at the amount of excrement left in public places.

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