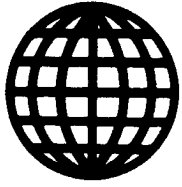


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INTER-AFRICAN

Malaria Deaths in South Africa, Namibia, Zimbabwe

54000143 Johannesburg *THE CITIZEN* in English
8 Jun 88 p 11

[Text] Defence Headquarters confirmed in Pretoria last night that 42 members of the Defence Force were being treated in the No 1 Military Hospital at Voortrekkerhoogte for malaria.

None of the patients—brought to Pretoria from different commands throughout the Republic and the Operational Area—was in danger.

The latest increase in the incidence of the disease among members of the Security Forces follows a general increase in Malaria, including the emergence of a new strain, throughout the sub-continent this year.

Sources reported yesterday that more than 50,000 known cases of malaria have occurred in recent months along in the Matabeleland area of Zimbabwe.

In South Africa, malaria has been reported for the first time in many years in the north-west Cape.

And in South West Africa known deaths from the disease, it is learnt, are now heading for the 100 mark with nearly 2,000 known cases reported.

Among deaths from malaria recently were last year's Defence Force Chef of the Year, Warrant Officer Gordon van der Westhuizen (38) and, in Pretoria, well-known businessman Mr Boet Vorster, at the age of 53.

/12232

MOZAMBIQUE

Mavalane Hospital Increases Vaccinations

54000142c Maputo *NOTICIAS* in Portuguese
1 Jul 88 p 3

[Text] There were more children vaccinated under the Preventive Medicine Program at Mavalane General Hospital in Maputo during the month of May than in previous months.

According to figures given to our reporter by Vasco Chilaule, a technician in preventive medicine at that health unit, 1,175 children were immunized against various diseases, including diphtheria, whooping cough, and poliomyelitis, 491 received measles vaccines, and the same number was vaccinated against tuberculosis.

Vasco Chilaule also said that 800 pregnant women were immunized against tetanus and students from five educational institutions were given medical examinations to determine their state of health, so that preventive measures could later be applied.

According to the same source, in May Mavalane General Hospital launched a door-to-door campaign directed at controlling vaccinations by visiting the homes of patients and informing people as to the importance of and need for preventing diseases, particularly in children. This action resulted in increased numbers of patients coming to the hospital to prevent various diseases.

Mavalane General Hospital has the capacity to vaccinate an average of 120 persons a day.

09805

UEM Medical Students Begin Door-to-Door Vaccination Programs

54000142b Maputo *NOTICIAS* in Portuguese
28 Jun 88 p 8

[Text] Under the Extended Vaccination Program, students from the School of Medicine at Eduardo Mondlane University [UEM], in coordination with the city's health agencies, will be conducting door-to-door visits in the communities of Malanga and Mafalala as part of their July Activities (AJU/88). Their objective is to make the people aware of the importance of and need for immunizing children and pregnant women, and of how to prevent burns.

According to what our reporter learned from a source in the Center for Preventive Medicine and Medical Examinations, a course to train the students involved in this work began yesterday.

During this 1-week training session, to take place at the Center for Preventive Medicine and Medical Examinations, the students will be taught how to conduct the visits, which are scheduled to take place next month.

"In this short course the students from the University's School of Medicine who will be assigned to the Center for preventive Medicine and Medical Examinations during their free time will learn appropriate ways to teach people about the importance of and need for vaccinations," our source said.

She pointed out that in addition to students from the School of Medicine, teams of workers from health centers, the Red Cross of Mozambique, the Department of Social Communications, and students from various educational institutions in the capital would also be making these visits. She also said that they intended to change the pressure tactics used in the past to persuade people into an extensive information campaign so that the people would go voluntarily to health units.

"In previous years during door-to-door campaigns, the teams would not only inform the people about the importance of vaccinations but would practically use coercion on those who had not met their medical schedules. And this is what we want to avoid in these visits, because the important thing is for the people to understand the need to vaccinate their children and to go voluntarily to the health centers," the spokeswoman from the Center for Preventive Medicine and Medical Examinations indicated.

Speaking about the results of the work accomplished since the start of the year to inform people about the importance of vaccinations, a program which has involved Party and government agencies in the capital, People's Democratic Organizations, and the health workers themselves, our source regarded them as relatively satisfactory.

Prevention of Burns

During these door-to-door visits, the students from the School of Medicine of Eduardo Mondlane University are not only going to talk to people about the importance of immunizing children and pregnant women, but are also going to explain about the dangers of fire.

To this end, last weekend there was a meeting at the city's Center for Preventive Medicine and Medical Examinations involving people working in preventive medicine in various health centers in the city to discuss the major causes of burns and ways to prevent them.

It was mentioned that recently many patients with severe burns, especially children, had been admitted to the various specialized infirmaries of the Central Hospital in Maputo.

09805

ZIMBABWE

Malaria Deaths in Mutare

*54000142a Maputo NOTICIAS in Portuguese
28 Jun 88 p 8*

[Text] Over 120 people died of malaria in a 2-month period at the Mutare city hospital on the Zimbabwean border, according to a ZIANA report.

The Zimbabwean news agency quoted Dr Samuel Makanza, the physician in charge of the Mutare general hospital, who said that there had been a high incidence of malaria caused by mosquitos born in the stagnant water left after a heavy rainy season.

"It has been very bad during the past 2 months," Makanza said. "The hospital has been recording 2 or 3 deaths a day," he added.

In May the health authorities in the western province of Matabeleland recorded 95 deaths from malaria, including 9 in the provincial capital of Bulawayo.

The health authorities also said that there had been an increase in malaria cases in Zimbabwe's central provinces, but that statistical data were not yet available.

09805

Medical Officer Reveals New Military Policy on AIDS

54200046 Toronto *THE GLOBE AND MAIL* in English 24 Jun 88 p A4

[Article by Joan Breckenridge: "AIDS Tests Mandatory for Soldiers Going to U.S."]

[Excerpts] Canadian Forces personnel must now submit to a mandatory AIDS test before they can go to the United States for specialized military training.

However, the new military policy on AIDS firmly rejects mandatory testing of all of Canada's 87,000 military personnel.

The estimated 1,000 people a year affected by the mandatory testing directive can refuse to take the test, but by doing so they would give up the chance to obtain training unavailable here and deemed essential to the forces' operational effectiveness.

The directive is in response to a U.S. Defence Department policy requiring all foreign military personnel to test negative for AIDS before participating in training that could lead to injury and the subsequent use of emergency "buddy system" blood transfusions.

It does not affect those travelling to the United States to take up embassy, liaison or NORAD postings or to engage in classroom training.

Canada has no plans to impose a similar policy on foreign military personnel coming to this country.

Voluntary and Red Cross screening, as well as clinical diagnosis, have turned up five cases of acquired immune deficiency syndrome and nine cases of exposure to the virus in Canada's forces. Two of the AIDS sufferers have died.

In the majority of cases, exposure has been attributed to both heterosexual and homosexual contact, although in a couple of the cases, no risk factors have yet been established. All those affected have been men.

"Certainly, the potential for using unscreened blood in the battle field exist," said Lt.-Col. Martin Tepper, a medical officer in the Directorate of Preventive Medicine at National Defence Headquarters in Ottawa.

The military regards its members as walking blood banks to be tapped in times of emergency. An infected soldier who donated his blood to an injured comrade on the battlefield or after a training accident could give him AIDS.

"The risk, though, by and large, is pretty low compared with the rather large risk of dying if you don't get a transfusion," Dr. Tepper said during a recent telephone interview about the AIDS policy, which came into effect in mid-May.

Dr. Tepper said that "widespread testing of low-risk populations for HIV has not been felt to be a useful endeavor," and this is why mandatory testing of Canadian personnel was rejected.

With only 14 exposures to date, the military population is considered to be at very low risk. The current rate of exposure in a military population of 87,000 is one in about every 6,000.

Canada's AIDS policy stresses education, voluntary contact tracing and free condoms as the means of preventing the spread of the virus.

/06662

New Brunswick Mollusk Ban Declared Due to Red Tide

54200047 Ottawa *THE OTTAWA CITIZEN* in English 23 Jun 88 p A19

[Text] St Andrews, N.B. (CP)—Red tide has hit parts of New Brunswick's northeast coast for the first time ever in sufficient quantities to force the federal Fisheries Department to close them to mollusc harvesting.

The closed area includes Kouchibouguac National Park, where clamdigging is a popular attraction for campers.

Red tide, known officially as paralytic shellfish poisoning, temporarily contaminates clams, mussels, quahogs and oysters. Other shellfish such as lobsters, scallops and crabs are not affected because their digestive systems do not store the toxin as molluscs do.

A fisheries spokesman said the ban will remain in effect until tests show the level of toxin has declined in the molluscs.

/06662

AIDS Prevention Program Outlined

54004809a Beijing ZHONGHUA YIXUE ZAZHI
[NATIONAL MEDICAL JOURNAL OF CHINA] in
Chinese Vol 68, No 1, Jan 88 pp 2-4

[Article by Sun Xinhua [1327 2450 5478], Sanitation and Antiepidemic Section, Ministry of Public Health: ["AIDS and Its Prevention in China"]]

[Excerpts] Ours is a country with a large population to which a steadily increasing number of foreigners have come to work, to study, to do business, and to travel since the adoption of the policy of opening to the outside world. In addition, the number of people that China has sent to other countries to work and to study has also steadily grown. Prevention of an epidemic disease such as AIDS in China is a matter of major importance affecting the health of 1 billion people and the smooth building of the four modernizations. This has become one of the important tasks in the health work of the country. Since 1984 health units have intensified their efforts to guard against AIDS. As of now, five imported cases of the disease have been found in mainland China; however, no instance has been found in which a Chinese resident of mainland China has contracted AIDS.

During the past 3 years, China has taken some preventive actions and done much work in the prevention of AIDS as follows:

1. It has set up an AIDS prevention work team. This work team is made up of specialists in medical health administration, epidemic diseases, pathology, clinical work, and Chinese traditional medicine. Their duties are to guide the work of AIDS prevention throughout the country, to do technical consulting, and to offer suggestions for the formulation of plans, policies, major organizational and technical measures, scientific research, and training for the prevention of AIDS in China. Some provinces such as Zhejiang and Fujian have set up counterpart teams.

2. Formulation of the "National AIDS Prevention Program" has as its goal "halting the entry from abroad, the occurrence, and the spread of AIDS, and reducing the incidence of disease and deaths caused by the AIDS virus." Preparations have been made ranging from assembling leaders, setting up specialized organizations, and providing publicity and education, training, monitoring, quarantining, and research.

3. AIDS has been made a reportable infectious disease, and one of the infectious diseases to be quarantined and monitored in China as part of greater emphasis on control. AIDS sufferers and carriers are prohibited from entering China, and the importation of all blood products, except serum albumin, is forbidden in order to strictly guard against the importation of AIDS.

4. AIDS monitoring stations have been set up in the key cities of Beijing, Shanghai, Guangzhou, Fuzhou, Hangzhou, Xian, and Shenyang. Incomplete statistics show that serological testing for AIDS has been done on approximately 10,000 people in key groups.

5. Health, news, and publishing units are using a combination of newspaper, magazine, radio broadcasting, and television to educate, teach society about AIDS, publicize the causes of AIDS, the ways in which it is transmitted, symptoms, diagnosis, prognosis, and preventive measures so that the public can deal correctly with AIDS. In addition, education of medical treatment personnel has been improved to prevent their on-the-job infection with AIDS. Health departments in some provinces (Guangdong and Shandong) have printed information booklets and posters on the prevention of AIDS for widespread publicity.

6. Technical training classes have been run for the training of specialists in AIDS. Approximately 10 such classes were run during 1986 and 1987 to train provincial and municipal basic level permanent technical cadres involved in epidemic disease, clinical, and examination work. AIDS monitoring, examination, and diagnosis can now be done at the basic level in most provinces and municipalities.

AIDS is spread mostly via the blood and sexual intercourse. The traditional life style of the Chinese people, their sense of morality, and the social system help in guarding against AIDS. However, with the economic and cultural opening to the outside world, and the increase in tourism, the possibility exists that AIDS can be imported into the country and become epidemic. We cannot just sit back and relax or treat the situation lightly; we must increase vigilance and take rigorous action to protect the health of our 1 billion people. Current efforts in AIDS prevention are concentrated mostly in the following three fields:

1. Continued improvement of public publicity and education, and the training of special technical personnel. This includes the filming of AIDS prevention movies and television films, and the printing of posters, booklets, and prevention handbooks so that the public will both understand the danger that AIDS poses and will protect themselves, and will also not be needlessly frightened. Improvement in the quality of technical personnel will help timely discovery of sources of infection and taking action to prevent the spread of AIDS.

2. In improving the monitoring of AIDS, not only should monitoring stations be better staffed and professional standards be improved, but provinces and municipalities that are able should expand their monitoring work, and strengthen their local monitoring capabilities in order to monitor more people.

3. Foreign experiences in AIDS prevention should be diligently studied and summarized, and then applied, with conditions in China in mind, to the building and perfection of a control system for the prevention of AIDS in China. International cooperation and exchanges of scientific information should be bolstered.

On 1 February 1987, the World Health Organization established a special AIDS program for the purpose of supporting and strengthening national AIDS programs throughout the world, to play a global guiding role, to coordinate international cooperation, and to participate in campaigns of common interest. China is cooperating actively with the World Health Organization to obtain timely information about WHO and individual countries' control actions, and the newest developments and progress with regard to AIDS. Modern science and technology is changing with each passing day, and AIDS research is likewise developing at full speed. People are steadily gaining a more profound and more complete understanding of AIDS. If all the countries of the world will work together, not only can AIDS be prevented, but it can be controlled and eradicated.

9432

Application of Monoclonal Antibodies To Detection of HBsAg Subtype

54004809b Beijing ZHONGHUA YIXUE ZAZHI [NATIONAL MEDICAL JOURNAL OF CHINA] in Chinese Vol 68, No 1, Jan 88 pp 49-50

[Article by Hou Yong [0186 0516], Pathology Section, PLA Hospital No 302; and Liu Yanfang [0491 1750 0119] and Yang Xiaoyan [2799 2556 3601], Pathology Teaching and Research Section, Fourth Military Medical University: "Application of Monoclonal Antibodies to Localized Detection of HBsAg Sub-types"]

[Text] Formerly the blood serology method was used in the detection of type B hepatitis antigen (HBsAg) subtypes. We applied three different Chinese-prepared HBsAg antigen determinant monoclonal antibodies (McAb), to the immunohistological chemical staining of paraffin sections of hepatopathic tissue. Then we made comparisons with polyvalent antibodies, observing the locations of "a", "d", and "r" antigen determinants. We also observed positive hepatocellular carcinomas (HCC) and cirrhotic tissue (CL) of different HBsAg sub-types having pathomorphological features. A report appears below.

1. Materials and Methods

A total of 184 archived hepatitis tissue specimens obtained from both cadavers and living patients were supplied by 10 units in eight of China's provinces, municipalities, and autonomous regions. Of the total, 86 had HCC, 61 had CL, and seven had hepatitis. The remaining 30 had other hepatic diseases (such as hepatic duct cell carcinoma, and cavernous hemangioma of the

liver), which were used as controls. The main antibodies came from HBsAg antigen determinants "a", "d", and "r" McAb that had been prepared by the Pharmaceuticals and Biologicals Certification Institute of the Ministry of Public Health.

The principal method used was the four step PAP method. First, polyvalent antibodies and a mixture of the "a", "d", and "r" McAb (at a ratio of (3:1:1) were used in the PAP staining of the above mentioned specimens. Then each of the three kinds of McAb were used for the continuous PAP staining of sections from the HBsAg-positive patients that had been screened out. Usually, for the positive cases, just once was sufficient to show positive staining. In order to be sure about the results, the McAb were used in the staining three times of those cases that had stained negative. Finally, the HBsAg sub-type was determined on the basis of whether or not there was three kinds of antigen determinants in each sample of tissue. (See Table 1). In addition, each specimen was HE stained. The HCC were divided into four grades using the Edmondson^[1] indicators. The CL were divided into macronodular, micronodular or not completely segregated types using the WHO standards^[2]. The extent of CL pathogenic change and activity was rated slight, medium, or severe.^[3]

Table 1. Different Staining Results and Correlation to HBsAg Sub-type

	HBsAg Sub-type			
	adr	adw	ayr	ayw
Anti HBs/a	+	+	+	+
Anti HBs/d	+	+	-	-
Anti HBs/r	+	-	+	-

Of the 184 hepatic disease tissue specimens, 124 showed positive for HBsAg. The HBsAg positive test rates were: HCC 65 percent (56/86), CL 90 percent, hepatitis 3/7, and control group 33 percent (10/30). Sub-type test results were: adr, 114 cases; adw, 2 cases, ayw, 7 cases; and ayr, 1 case. Three kinds of McAb were used to stain each of the adjoining sections of the adr sub-type, and the distribution of positive locations was substantially the same. However, some staining results were strong and others weak, and the progression was from anti HBs/a to anti HBs/r to anti HBs/d. Multivalent antibody comparison showed the McAb stained results to be characterized as follows: Strong specificity, distinct background and weak non-specific staining. The anti HBs/a and the multivalent antibodies had identical positive locations and positive test rates.

The 10 cases of non-adr type hepatopathic tissue was morphologically observed. Observations are shown in Figure 2. Characteristics of the HBsAg positive specimens that showed up under the microscope were as follows: The HBsAg was mostly of three kinds (inclusion bodies type, membrane type, and total cytoplasm type)

found in the cytoplasm of the liver cells and the liver carcinoma cells. In the non-cancerous tissues, positive cells were irregularly distributed in scattered, focal, or diffuse groups. In particular, a fairly large number of the HCC cases combined with CL were found in the atrophied liver cells along the sides of the carcinoma, where they were concentrated in a band (See Figure 1). In 24 of the 86 cases of HCC cancerous tissue, HBsAg positive

material was found in the cancer cell cytoplasm; however, in most of the patients, positive cancer cells were very few, and most were close to the edges of the cancer tissue. Nearby were frequently large amounts of non-cancer positive liver cells. In a small number of patients, there were a substantial number of positive cancer cells. Where the number was greatest, in virtually all the cancer cells could be found HBsAg positive matter (See Figure 2), while in the surrounding non-cancerous tissue, only a few positive cells were seen.

Table 2. Pathomorphological Characteristics of 10 Cases of HBsAg Sub-type Hepatic Tissue

Patient No	Sub-type	Pathological Diagnosis	Degree of Liver Cancer Differentiation	Cirrhosis		
				Type	Degree	Activity
1	ayw	CL	No liver cancer	Macronodular	Severe	Severe
2	ayw	HCC	IV	Macronodular	Slight	Slight
3	ayw	HCC	IV		None	
4	ayw	HCC	II		None	
5	ayw	HCC	IV		None	
6	ayw	HCC	IV		None	
7	ayw	Liver turning cancerous	No liver cancer		None	
8	adw	CL	Same as next above	Macronodular	Severe	Severe
9	adw	CL	Same as next above	Micronodular	Medium	Severe
10	ayr	Slow acting liver	Same as next above		None	

HBsAg positive matter was also seen in the cytoplasm of some patient's cholangiolar epithelium cells and Kupffer's cells, and in the nuclei of a small number of liver cells. In two cases, HBsAg positive matters was found in the small veins of liver interstices.

3. Discussion

Among the five kinds of antigen determinants in the HBsAg sub-type, d and y, and r and w pairs were sub-type determinants controlled by and mutually repulsed by allelic genes. The absence of a certain sub-type determinant among HBsAg positive patients indicated the existence of another sub-type determinant for its allelic gene. On this basis, we designed a method using three different antigen determinants (a,d, and r) McAb to test for four different main sub-types. Since archived paraffin specimens keep better than blood serum, when pathological retrospective HBsAg sub-type epidemic disease tests are done, their use is superior to existing serological methods. In immunohistological chemical research, HBsAg McAb is a more ideal reagent than polyvalent antibodies. The differences in results from the three kinds of McAb staining were identical with the antigen determinants' antigenic strength (a being greater than r, which was greater than d, which was equal to or greater than y, which was equal to or greater than w).

Among the 124 HBsAg positive cases, 114 were adr sub-types. This squares with the results obtained from the blood serum communicable diseases survey conducted in China (particularly north China) in which the

adr sub-type was dominant. A look at the HBsAg positive detection rate reported in this article shows an extremely close correlation between HCC and CL and hepatitis B virus (HBV). Their detection rate, which was higher than for the controls, has statistical significance (χ^2 test P less than 0.01). This differs from the ayw sub-type patients shown in Table 2 where five of seven ayw sub-types were HCC, the degree of differentiation showing a great amount of difference (four cases at grade IV, but only one case being concurrent with light CL in the early stage, and one case in which there was no liver cancer but CL was severe and activity marked. Despite the too small number of patients, one cannot come to the conclusion on the basis of the statistics that the ayw sub-type positive HCC and CL are not closely correlated, and poorly differentiated. This phenomenon merits further study using a large number of patients. The above method provides a feasible technique for the pathomorphological study of HBsAg sub-type levels.

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(Draft received on 1 November 1986; revised and returned on 12 Sept 1987)

9432

Role of Academy of Preventive Medicine Hailed

*54004807e Beijing JIAN KANG BAO in Chinese
5 Mar 88 p 3*

[Article by Zheng Lingqiao [6774 7227 11564]: Chinese Academy of Preventive Medicine Harvests Bumper Crop in 1987; Takes the Lead in the Prevention of Infectious Diseases and Parasitic Diseases and in Solving Major Health Problems“

[Text] The Chinese Academy of Preventive Medicine showed outstanding achievements in its research work during 1987, the entire Academy taking on 335 separate scientific research projects, including high technology projects for the state and the tackling of Seventh 5-Year Plan problems, spark plans, and inviting tenders for natural science funds accounting for 45.4 percent of the total. At the end of 1987, 98.4 percent of key projects had been completed, three of them earning state prizes for scientific and technical progress, one winning a national prize for invention, and twelve receiving Ministry of Health prizes for science and technology.

As a result of its ability to take firm control of key technical elements in health and epidemic prevention work, the Chinese Academy of Preventive Medicine exhibited ability to deal with important emergency epidemic situations. On 13 occasions during 1987, the entire Academy sent out joint survey teams, exhibited technical superiority in multiple disciplines on 12 occasions, rapidly assessed the cause of illnesses, and made recommendations for the control or handling of epidemic situations or poisonings. From the time that the first AIDS case was brought into China in 1985, it took the Academy only somewhat more than 2 years to develop and produce a diagnostic reagent, to isolate the virus, and to organize nationwide monitoring.

In the course of working on epidemiology, the Academy delved into basic research and laboratory research, frequently finding new measures and new methods applicable to the prevention of diseases. Noticing a low incidence of disease in children having lactose fermenting bacteria, it went on to discover that these bacteria had many antigen groups in common with the protein on the membrane of meningitis cocci and lipoid oligosaccharide, and it verified that their use in the preparation of live vaccines could protect animals against attacks from meningitis bacteria. Both safe and effective, this lay a good foundation for the prevention of the B group of epidemic encephalitis.

In the realm of prevention and treatment of parasitic diseases, the institute engaged in protracted on-site and laboratory research in the prevention and treatment of

schistosomiasis. It proposed the suiting of general methods to circumstances inside embankments and on outside flats for “complete eradication of snails and active treatment of sick people and sick livestock,” or “taking chemical treatment as the key link supplemented with eradication of snails in readily infected areas” as prevention and treatment measures.

The Chinese Academy of Preventive Medicine has adapted biological techniques and new techniques to all phases of prevention. It currently has more than 20 diagnostic reagents developed from the application of biological techniques, more than 10 of which have become products. Successes have been scored in experimental research and the development of a genetically engineered vaccine for type B hepatitis, and in research on bovine vaccine for type B hepatitis, and in research on bovine vaccine vectors simultaneous expression of type B and EB viruses. Heartening progress has also been made with bovine vaccine systems and with research on protein engineering.

In 1987, the academy set up a long distance communications network with 26 provinces, central government administered municipalities, and autonomous regions. Computer communications for the reporting of epidemic situations is now in trial operation.

09432/06662

Emphasis on Epidemic Disease Prevention, Treatment Urged

*54004807d Beijing JIAN KANG BAO in Chinese
5 Mar 88 p 2*

[Article by Tang Shuangzhen [3282 7175 2182], Zheng Guang [2582 0342], Tong Zhifu [0157 0037 1788], and Liu Kangmai [0491 1660 6701]: “Prevention and Treatment of Infectious Diseases Remains the Focus of the Nation’s Sanitation and Disease Prevention Work”]

[Text] Statistics from some of the nation’s cities on death rates and causes of death from the top 10 diseases show that in 1957 acute infectious diseases and tuberculosis occupied second and third placed after diseases of the respiratory system. By 1986, after contagious diseases (except for tuberculosis) as a cause of death had slipped to 10th place, tuberculosis had also dropped to 7th place. By contrast, the position of coronary disease, cerebrovascular disease, and malignant tumors as a cause of death had gradually advanced until 1986 when these three diseases held the first three places as a cause of death. Consequently, some experts feel that the future emphasis of the nation’s sanitation and disease prevention work should be shifted to non-infectious diseases.

We feel, however, that the focus of the nation’s sanitation and disease prevention work should remain on infectious diseases at the present stage. This is because analysis of causes of death is only a fairly limited indicator that is unable to reflect the important effect of

infectious diseases and non-infectious diseases on society as a whole and people's life. Thus, neither can they serve as an important basis for formulating future disease prevention and treatment policies. Moreover, advances in methodology can only provide favorable conditions for doing work; they cannot serve as the point of departure for making decisions. We will explain our views in several regards below.

1. Change in Causes of Death in China Have Resulted From Emphasis on the Prevention and Treatment of Infectious Diseases

The rapid shift in the position of infectious and non-infectious diseases in the nation are an objective manifestation of the country's having rapidly freed itself from undevelopment in the field of preventive medicine, approaching the pattern existing in developed countries. However, one positively cannot simplistically use this situation as a basis for saying that the focus of sanitation and disease prevention work should be shifted to non-infectious diseases. This is because this deduction ignores one fundamental fact, namely that the changes in causes of death in the country are, in fact, the result of attention given to infectious diseases. Though economic, scientific and technical, and cultural and education factors have played a role in the shift in causes of death in the country; mostly correct health policies and a rather fully developed epidemic prevention system have played the most important role. One might say that the decline in the position of infectious diseases in the country has been found on state administrative intervention. Therefore, the infectious diseases incidence rate lacks permanence, declining when the grip is tightened and rising when the grip is loosened.

Take 1967, for example. Failure to realize that large scale population shifts could bring about an encephalitis epidemic, which was compounded by serious damage to the epidemic prevention system and a historically unprecedented visiting back and forth, finally resulted in a large scale epidemic of epidemic encephalitis of national proportions.

In 1986, as a result of an incompletely developed epidemic prevention network and erratic medical treatment at the grassroots level in some prefectures in Guangxi Province, the large number of contagion-prone people increased. In four counties, the poliomyelitis incidence and death rate was several hundred times higher than the level for the country as a whole for the same year.

In September 1987, leptospirosis became epidemic in some prefectures of Sichuan Province, the single month incidence of the disease being more than double the total incidence for the country during the previous year. Cases like these show that control of infectious diseases remains shaky. The incidence of some major infectious diseases such as hepatitis, hemorrhagic fever, and rabies is still a long way from reaching the lowest levels before liberation. Under these circumstances, there positively

can be no shift in emphasis. If we fail to appreciate that changes in causes of death have resulted from having emphasized the prevention and treatment of infectious diseases, and come to regard these changes as a natural evolutionary development, using this as a basis for shifting the work emphasis, we will be doomed to follow the same old disastrous metaphysical road.

2. Limitations of Causes of Death and the Position of Causes of Death in Expressing the Degree of Disease Threat

Death rate is a quantitative summation of the reasons people's lives come to an end. The death rate cannot take into account all the various reasons for death, and it is usually only a final conclusion based on the selection of a single cause. For example, a person suffering from both arteriosclerotic coronary disease and influenza might have only the former disease listed as the cause of death. Other examples are viral hepatitis that turns into liver cancer, many parasitic diseases that develop into cirrhosis, repeated respiratory tract infections that ultimately lead to tuberculosis, or EB virus infections that turn into nose and throat cancer in which only the latter condition is selected as the "fundamental cause of death." Only deaths from diseases such as rabies, epidemic encephalitis, or acute viral hepatitis, are attributed to infectious diseases. Consequently, determination of cause of death and their ranking on this basis covers, to a certain extent, the threat that infectious diseases pose, while simultaneously unintentionally exaggerating the role of non-infectious diseases.

3. Infectious Disease and Non-infectious Disease Incidence and Death Statistics Hide Factors That Cannot Be Compared

Current figures on incidence and deaths from infectious diseases in China are figures that continue to come from strong monitoring and control by the epidemic prevention network. But incidence and death figures for diseases guarded against by epidemic prevention measures (such as measles, typhoid fever, whooping cough, and poliomyelitis), and diseases controlled by especially effective medications (such as malaria and filariasis), in particular, may be said to be "fish that slip through the net." Furthermore, incidence and death figures for non-infectious diseases are figures for diseases against which no preventive measures had been taken. Consequently, there are elements in the two sets of figures that cannot be compared. A simple ranking of causes of death fails to reflect the inherent threat to people's lives of the two different kinds of diseases.

4. Different Significance for Public Health of Infectious and Non-infectious Diseases

Both infectious and non-infectious diseases pose a threat to mankind's health. However, their particular characteristics make an extremely great difference in determining their individual public health significance. This

should be the point of departure for decisions about the direction in which the emphasis of the nation's sanitation and disease prevention work should be shifted.

a. Infectious Diseases Are Contagious; Non-infectious Diseases Are Not Contagious

A single infectious disease patient or a carrier of bacteria (parasites, or viruses) can threaten the health of several, a few score, or even millions of people around him or her. This is not the case with noninfectious diseases. For example, fewer than 10,000 people per year die from AIDS in the United States at the present time, a number far lower than from cancer, cardiovascular, or cerebrovascular diseases. Nevertheless, AIDS is acknowledged to be America's foremost public health problem about which the entire society is frightened and restless.

Therefore, in assessing the threat to society of infectious and non-infectious diseases, it is necessary to take a look at not only incidence and death statistics, but, more importantly, at the potential threat posed to society.

b. Different Mechanics in the Spread of Infectious and Non-Infectious Diseases

When an infectious disease spreads through a group of people who are not immune, it produces separate generations of cases in a branching process, the number of outbreaks of the disease rapidly increasing geometrically or even exponentially. An example was the great world epidemic of hog type influenza of 1918 and 1919, which spread to every country of the world within a short period of time producing an incidence of 700 million and the death of 20 million, making it mankind's greatest catastrophe during the present century. Since 1981, the number of people who have come down with AIDS in the United States every 6 months shows a classic trend toward exponential increase. However, the number of people afflicted with non-infectious diseases shows only a slow arithmetical progression. There is a marked difference in the speed of increase of the two.

c. The Main Group of People Threatened by Infectious Diseases Are Those in the Prime of Life and Children

The 1986 "Collation of Basic Health Data From 58 Disease Monitoring Points Nationwide" shows that 51 percent of all epidemic encephalitis, 76 percent of whooping cough, 83 percent of scarlet fever, 66 percent of measles, and 58 percent of type B encephalitis cases were concentrated in the under 10 years of age group, while 60 percent of hepatitis, 56 percent of malaria, 46 percent of hemorrhagic fever, and 62 percent of leptospirosis cases occurred in the under 30 years of age group. The same data also showed that although infectious diseases placed seventh as the cause of death in all age groups, they placed third, second, and fourth respectively in the 1 to 4, 5 to 14, and 15 to 24 age groups ahead of cancer and cardiovascular disease, showing that infectious diseases remain the main reason for deaths among

those in the prime of life and children. It is people in the prime of life who are mostly engaged in social production, and it is children who determine a society's future. For these reasons, the prevention and treatment of infectious diseases hold even greater importance.

To summarize the foregoing, the many differences in significance for public health of infectious and non-infectious diseases yield the conclusion that infectious diseases pose a much greater threat to society as a whole than to non-infectious diseases. For this reason, the countries of the world place the prevention of infectious diseases in first place in sanitation and disease prevention. Economically, when funding is done by the state, the principle followed is to collect, reduce or exempt payment of fees for immunizations and treatment of infectious diseases, depending on different national circumstances. Legally, explicit provisions exist for compulsory reporting and processing of urgent epidemic information. By contrast, non-infectious disease can usually be prevented by changing people's living habits (such as controlling diet, not smoking, and physical conditioning); rarely are laws used to force people to change their living habits.

5. The Burden Is Heavy and the Road Is Long in the Prevention of Infectious Diseases in China

a. The incidence of numerous infectious diseases that must be reported by law has not yet declined to an all time low. b. In many rural areas, mountain regions, and borderlands of China, progress in the prevention of infectious diseases produces little satisfaction. c. It is possible that infectious diseases that have been brought under control may flare up again. d. There remains the possibility that new infectious diseases may continue to appear. e. Infectious diseases of the intestinal tract and diseases from natural foci of infection are becoming the main kinds of infectious diseases affecting the health of the country's people.

The task of infectious diseases prevention that the country faces is a rather daunting one. On the one hand, it is necessary to do more monitoring and control of infectious diseases about which reporting is required by law, while on the other hand, those infectious diseases that do not yet have to be reported by law but that pose an extremely great threat to the people's health must be brought under control, monitoring used as a basis for effecting control. Achieving this will require, first of all, ensuring that the focus of the country's sanitation and disease prevention work remains the prevention of infectious diseases, ensuring continuity in the epidemic prevention crops, steady improvement in personnel quality, and gradual increase in epidemic prevention expenditures, and replacement of technology and equipment as development of the national economy permits.

Some of the country's large cities have pretty well stabilized infectious diseases at a very low level, and they have plentiful manpower and financial resources. Therefore, these large cities not only can but also should take

the lead in surveying and studying the control of non-infectious diseases. But the prerequisite for this work must be ensuring continuity in the epidemic prevention crops and using funds provided for epidemic prevention. It is necessary to guard against lack of concern for local circumstances, diverting manpower and financial resources to the development of research on non-infectious diseases, or relaxation of the main task of preventing infectious diseases.

09432/06662

Better Diagnosis of Mild Cases of Measles Urged
54004807c Beijing JIAN KANG BAO in Chinese
5 Mar 88 p 2

[Article by Xu Yiling [1776 1355 3781], Epidemic Prevention Station, Yichun Prefecture, Jiangxi Province: "New Trend in Prevention and Treatment of Measles; Upward Shift in Age of Onset"]

[Text] Before the advent of widespread preventive inoculations, the incidence of measles held second or first place among legally designated communicable diseases reported throughout the country, and the death rate was correspondingly high. With the promotion of attenuated live vaccine, and particularly since the advent of planned immunization, the measles incidence rate and death rate have declined tremendously, and large scale epidemics have been brought under control. Measles are no longer epidemic. Continued outbreaks of measles among a small number of children following inoculation, and an increase in the number of inapparent or mildly affected patients has created difficulties in the diagnosis of measles. Apparent or classic cases of the disease are relatively few, and most classic patients are found in the young age group or in those members of the population who have not been inoculated. There are three age peaks for the disease. The first peak is for the age group under 1 year old, i.e., infants who have not been inoculated for the first time or who are too young for inoculation. The second peak is the 4 to 8 year olds, i.e., the school age or pre-school age children. The third peak is the 14 to 16 year olds, i.e., middle school students. Yet another obvious problem is that as the age of onset of measles has been postponed, the percentage of outbreaks in the old age group has become greater and greater. The increase in measles among adults shows an upward shift in the age when measles are contracted in China. This is the information coming from disease monitoring stations throughout the country.

One of the reasons for the upward shift in the age when measles are contracted and the increasing incidence among adults is related to the duration of immunity. It is generally supposed that immunity to measles lasts for approximately 5 to 6 years, and some people who have regular contact with sources of infection during the period when their inoculation is valid are able to gain inapparent immunity. In some other people who have been inoculated, blood antibodies gradually decline or

disappear as they grow older, and their immunity declines or is no longer able to prevent the disease. Only by giving booster shots to maintain the level of antibodies in the organism is it possible to ensure strong and enduring immunity. In short, this new problem cannot be ignored; it requires further intensive study.

In addition, nowadays light measles patients are clinically confused with patients having other measles-like diseases, with the result that they are frequently likely to be misdiagnosed or their treatment delayed. Patients having inapparent measles usually have to be serologically diagnosed or tested for elements causing the disease to make a determination. This requires further study of quick examination methods and diagnostic methods if this contagious disease is to be found and controlled promptly.

09432/06662

Hepatitis D Virus Found
54004807b Beijing JIAN KANG BAO in Chinese
5 Mar 88 p 1

[Article by Correspondent Shi Zhongsheng [2514 0112 4164]: "Hepatitis B Virus Found To Exist in New Form in Human Body; Verification of the Existence of Type D Hepatitis in Some Parts of China"]

[Text] The Henan Provincial Institute of Medical Science has recently scored major advances in orthotopic hybridization, type D hepatitis antigen preparation, and antigen subgroup monoclonal antibodies on the surface of type B hepatitis virus.

Orthotopic hybridization is a new technique in molecular biology. This method can confirm the existence of single cell viruses. The Henan Institute of Medical Science used the orthotopic hybridization method in the solid phase radioimmunoassay of the blood of 34 healthy blood donors who had tested negative for type B hepatitis markets. This method turned up HBV-DNA (hepatitis B virus deoxyribonucleic acid) positives in the white cells of two of them. This finding shows the existence in the human body of type B hepatitis virus in a new form. This holds major significance for research into the transmission mechanism and the prevention of type B hepatitis, as well as for the screening of blood donors, and the testing of blood products.

Type D hepatitis viral infection is a research topic that this institute has undertaken jointly with Beijing Medical University. They have already verified the existence in some parts of China of type D hepatitis. Recently the Henan Institute of Medical Science infected marmots with type D hepatitis virus to obtain large quantities of type D hepatitis antigens in order to provide conditions necessary for the establishment in China of type D hepatitis reagent system and to study the molecular biology of type D hepatitis viruses.

In researching antigen subgroup monoclonal antibodies on the surface of type B hepatitis viruses, they established five strain cell systems that have been tested and verified as being of fine quality by the Pasteur Institute in France. Joint research is currently underway with the Loyang Sino-American Biological Engineering Company, which has established type B hepatitis virus surface antigen subgroup reagents in China for use in type B hepatitis prevention and treatment, and research work.

09432/06662

Progress Made in Third Generation Hepatitis B Vaccine Development

54004807a Beijing RENMIN RIBAO in Chinese
24 Mar 88 p 3

[Article by Lu Guoyuan [7120 0948 0337]: "China Developing a third Generation Hepatitis B Vaccine; Applies Gene Engineering Recombination To Complete Part One of a 'Trilogy'"]

[Text] Xinhuashe Shanghai Dispatch, 23 March—After China's scientists successfully developed an experimental vaccine, namely a second generation hepatitis B vaccine, which is a "genetically engineered vaccine," they recently scored important advances in the development of a third generation type B hepatitis vaccine, a "genetically engineered hepatitis type B vaccine virus with a pre-S zone." They applied genetic engineering techniques to recombine successfully a "type B hepatitis genetically engineered vaccine virus strain with a pre-S zone." This is the first part of a "trilogy" in the application of genetic engineering techniques to the development of a third generation type B hepatitis vaccine, and it is also the foundation for all development work.

The reason type B hepatitis vaccine can confer lifelong immunity is that the antigen proteins on the surface of the type B hepatitis in the vaccine have a powerful ability to neutralize the virus, thereby preventing the virus from infecting the human body. These surface antigen proteins have three different components, namely primary proteins, medium molecule proteins, and large molecule proteins. Existing first generation vaccine of blood origin and second generation genetically engineered vaccine have only primary protein.

Research during recent years has shown that segments in which medium molecule proteins and large molecule proteins occur in large amounts, which scientists term the "pre-S zone," are better able to produce neutralizing antigens, thereby halting viral infection. If it is possible to develop a genetically engineered vaccine having a pre-S zone, that would greatly improve quality. It has also been found that somewhat less than 10 percent of the population at large is able to produce a response to vaccines containing only primary proteins. So, even if these people are injected with first and second generation type B hepatitis vaccine, it will not make them immune. However, genetically engineered vaccine containing pre-S zones can help these people get rid of the type B hepatitis problem. Today, genetic engineered companies throughout the world are vying with each other to develop this new vaccine, which has been termed the third generation type B hepatitis vaccine.

After the research team headed by Li Zaiping [2621 6528 1627], a researcher at the Shanghai Institute of Biochemistry of the Chinese Academy of Sciences, scored breakthroughs in the development of a genetically engineered type B hepatitis vaccine in 1985, they immediately started research on a genetically engineered vaccine containing a pre-S zone. After 2 years of exploration, they made steady advances in late 1987 and early 1988. A series of tests has verified that recombined virus strains carry pre-S zones and that they can, under certain conditions, effectively be secreted into a culture medium liquid to form particles. This shows the success of recombined virus strains.

09432/06662

Shanghai's 'Hepatitis Plague' Dies Down

HK2007141288 Beijing ZHONGGUO XINWEN SHE
in Chinese 0239 GMT 16 Jul 88

[Text] Beijing, 16 Jul (ZHONGGUO XINWEN SHE)—The menacing "hepatitis plague" in Shanghai has now completely died down. According to the figures provided by relevant department in Shanghai, some 310,746 people had this disease and 32 died of it.

The hepatitis plague began to spread in Shanghai in mid-January this year and has been under control since the last 10 days of February.

Shanghai's public health and epidemic prevention department has verified that this disease came from the dirty clams the local residents were eating.

HONG KONG

Hepatitis B Threatens Young Ethnic Chinese
54400106 Hong Kong SOUTH CHINA MORNING
POST in English 17 Jun 88 p 3

[Text] Local children are far more at risk in contracting hepatitis B than expatriates, a study has found.

The survey, prepared for the newly-formed Hongkong Association for the Study of Liver Disease, found that 70 to 80 percent of young ethnic Chinese carriers had a highly-infective form of the disease.

Only 15 to 20 percent of European sufferers belonged to the highly-infective group.

Dr Anna Lok, Who conducted the survey, said: "This means that local children and teenagers are most likely to pass the disease to others."

Children can be infected during rough-and-tumble play with carriers, while teenagers risk sexually contracting the disease.

Some people infected with hepatitis B never develop symptoms. Others risk suffering potentially fatal liver diseases such as cirrhosis or cancer.

Two-thirds of cirrhosis cases and more than 90 percent of liver cancer in Hongkong is linked to Hepatitis B.

Vaccination is the most effective method of preventing the disease.

New-born babies of carrier mothers are currently vaccinated under a government health program which is being extended later this year to all new-borns.

/12232

INDONESIA

First AIDS Victim

BK3107100488 Jakarta KOMPASin Indonesian
22 Jul 88 pp 1, 8

[Summary] A 35-year-old man has become the first Indonesian to have died of Acquired Immune Deficiency Syndrome, AIDS. Dr Gunawan Suryadi, secretary to the Health Department's committee in charge of combatting AIDS, disclosed that the man, whose name is withheld at his family's request, died at a hospital in Denpasar, Bali, on 23 June 1988.

SOUTH KOREA

AIDS Health Division Established

SK2907235788 Seoul THE KOREA HERALD in
English30 Jul 88 p 3

[Text] The government, alarmed by the growing number of Koreans with AIDS, will establish an AIDS division at the National Institute of Health.

The institute's Endemic Division and its AIDS Center will be merged to create the new division.

Restructuring of the state-run institute was approved at Thursday's cabinet meeting.

The new division will administer final antibody tests commissioned by hospitals and other health centers.

AIDS-related policies are currently drawn up by the Preventive Medicine Division at the Ministry of Health and Social Affairs.

Twenty-seven Koreans have been tested positive for the AIDS virus or been confirmed as AIDS patients. Four of them, two AIDS patients and two carriers, have died.

Fourteen AIDS victims have been reported so far this year.

By occupation, 11 hostesses working at bars near U.S. military bases top the list of AIDS victims, followed by six seamen and three overseas Koreans.

Under Korea's tough Anti-AIDS Law, prostitutes and women working in bars, nightclubs, coffee shops and entertainment places are required to undergo an antibody test for the AIDS virus. Ocean-going seamen are also subject to mandating AIDS test when they return home.

BRAZIL

AIDS Incidence Climbs Among Drug Users *54002169a Rio de Janeiro O GLOBO in Portuguese* *10 Jul 88 p 36*

[Text] Concerned about the increased incidence of AIDS among users of injectable drugs, experts from the Ministry of Health are preparing an educational campaign aimed specifically at that risk group. The first of its kind in the country, it will be launched in October, and its intent is to reach a group considered alarming: Since the beginning of the year, drug addicts have become the group that is growing fastest among AIDS patients, supplanting homosexuals.

The authorities are afraid that the illness is being spread by drug users, since they represent the main avenue of AIDS transmission to heterosexuals and children, through maternal contagion.

According to the Coordinator of Social Communication of the Ministry of Health, Nunzio Briguglio, who is responsible for the campaign, the increase in this risk group is creating a problem that is difficult for the Ministry to solve: Of all the groups involved with AIDS, drug users are the most difficult to reach; the experience of physicians has shown that users are not aware of appeals regarding prevention and precaution.

Ministry of Health statistics indicate that, while drug users represented 3.5 percent of AIDS cases in April, they represented 8.1 percent in May, a growth rate of about 5 percent in only 1 month. If this rate is maintained, it is forecast that in a short time the AIDS profile in Brazil will be the same as that in the United States, where drug users figure as the most numerous risk group.

What is even more similar in the behavior of the illness in the two countries is that, as the number of drug user AIDS victims grows, the incidence of AIDS among homosexuals has diminished; health experts attribute this datum to the campaigns of awareness and prevention developed for the homosexual risk group.

According to the Coordinator of the Executive Group for AIDS Education and Training of the Secretariat of Health for the State of Sao Paulo, Maria Eugenia Lemos Fernandes, the main difficulties in preventative work with drug users are: identifying who they are, bringing them into medical treatment, and convincing them to change their habits, especially with regard to sharing needles.

"The use of shared needles is directly related to drug dependency. The addict will do anything, and he grabs the first needle that he sees. This habit is a part of the drug ritual."

C.L.S., 17, hospitalized at the Emilio Ribas Hospital in Sao Paulo, never imagined that he could contract AIDS through drugs. Although he knew that the use of shared needles was risky, he always regarded the problem as something that had nothing to do with him. C.L.S. says that his drug group sometimes consisted of more than 15 persons, and he now thinks that many of them are contaminated. But even this will not cause him to tell them he has AIDS: He confesses to being afraid of being discriminated against or abandoned, and describes a distasteful picture:

"The truth is that nobody even cares about AIDS. Drugs are strong, and that's all they care about. For the addict, life is very close to death, so you can imagine how much attention he is going to pay to health examinations."

But it is not just with indifference that drug users regard AIDS. Many of them don't even admit that they are sick, and this is what inevitably brings them to their death. A.V.M., for example, 20 years old, who already had been hospitalized twice for AIDS treatment; for a year and a half the youth gave cocaine the top priority in his life, injecting himself as many as twenty times a day. Very thin, and extremely debilitated by drugs and by AIDS, A.V.M. made plans to do everything he had been unable to do up to now: care for his health, get a job, return to his studies, get off drugs, and, above all, relate better to his parents.

Highest Indices in Sao Paulo and Rio

Sao Paulo and Rio are the states where the incidence of AIDS among drug users is most critical, according to the Ministry of Health. In the state of Sao Paulo, where the picture is considered to be the worst, addicts, by the end of this year, will represent 20 percent of AIDS victims, according to the projections of the man responsible for Epidemiological Vigilance of the AIDS Control and Prevention Program for the state, Paulo Roberto Teixeira.

In some cities in the interior of the state, and specifically those located on the drug routes, the situation is characterized as "alarming" by Teixeira. In Sao Jose do Rio Preto, for example, 70 percent of the AIDS cases resulted from transmission through injectable drugs. The towns along the coast also worry the authorities.

According to Teixeira, it is calculated that in Santos, where drug users represent the main risk group (there are twice as many AIDS victims in that group as in the group of homosexuals), 39 out of 100,000 inhabitants are infected by the AIDS virus. In Sao Paulo, where the contamination level is considered high, the proportion is 22 out of every 100,000 inhabitants.

Another study, developed jointly by the Adolfo Lutz Institute and the Sao Paulo School of Medicine, showed that, among the prostitutes of Santos, positive readings for the virus reached 6 to 7 percent. When there is an overlap of prostitution and drug use, the percentage is 17.

Teixeira says that, confronted with this picture, the State Secretary of Health intends to develop specific programs for the prevention of AIDS and the recuperation of drug users. Experts are already seeking out the experience of professionals who work with drug users, and regard this as one of the only ways to reach this group.

12857

Meningitis Deaths Rise in Sao Paulo; Other Cases Reported

*54002169b Rio de Janeiro O GLOBO in Portuguese
20 July 88 p 6*

[Text] While the state Secretariat of Health attributed only 4 deaths to meningitis meningococcus in July, the Municipal Funeral Service (MFS) indicates that the illness has already killed 35 people in the capital during the first 17 days of this month. The head of the Center for Epidemiological Vigilance of the secretariat, Alexandre Vranjac, admits that there were more than four deaths due to Type B meningitis, but points out that the MFS included in its calculations deaths caused by all types of meningitis. Meanwhile, Professor Ricardo Veronesi of the University of Sao Paulo believes that the majority of cases registered at the MFS are really Type B.

According to the MFS, of the 35 deaths, the majority were caused by "purulent" meningitis, brought on by various types of bacteria, including those of Type B. Veronesi affirms that, in view of these data, and information from the Emilio Ribas Hospital, which deals with 80 percent of the cases, 600 persons died in Sao Paulo last month as a result of Type B meningitis.

Meanwhile, the MFS registered 45 deaths by meningitis in May, and 53 in June. In July, up until the 17th, besides the 35 specific cases of death by meningitis, another 5 deaths as a result of AIDS were registered.

Vranjac feels that the MFS data are generic, and that only those of the Emilio Ribas Hospital should be taken into account. He says that the 40 cases registered this month by the hospital, and the 4 deaths, indicate an epidemic of low intensity.

Meningitis was the main topic of Governor Orestes Quercia yesterday on his program, "Good Morning, Governor." He minimized the problem, saying, "The epidemic outbreak of Type B meningitis has peaks, but fortunately, falls rapidly."

The Illness Also Alarms Other States

The number of cases of Type B meningitis meningococcus is also increasing in Bahia. Santa Caterina, Pernambuco and Minas Gerais. The Bahia government says that the number of deaths registered up to now is greater than for all of last year. In Santa Caterina, the Secretariat of Health sees an outbreak of the illness, with an increase of 50 percent in the number of cases, which should double by December. In those two states, and also in Pernambuco, where there have already been 30 cases, with 5 deaths, the state Secretariats of Health are informing the population as to how to prevent the illness.

In Bahia, 63 cases of meningitis meningococcus have been registered, with 23 deaths, as compared with 21 last year. The greatest incidence of the illness has been in Salvador, and in the cities of Alagoinhas, Santo Antonio de Jesus and Itabuna.

Since the beginning of the year, the Secretariat of Health in Santa Caterina has registered 135 cases of Type B meningitis meningococcus, as compared with 90 during the same period in 1987. The Secretariat received notification of 18 deaths, and forecasts that the number of cases will double by the end of the year. In Joinville, there were 42 cases, 18 of them just in June, which qualifies as an outbreak. Blumenau had 48 cases, 34 of them in its rural area.

In Minas Gerais, where meningitis meningococcus has already affected 56 people, the region most affected is Vale do Aco, with 10 cases and 8 deaths. The Secretariat of Health vaccinated 480,000 people in the region in order to stem the spread of the illness.

12857

CHILE

AIDS Specialist Proposes Containment Measures

*54002030 Santiago EL MERCURIO in Spanish
3 Jun 88 p Sec C 5*

[First three paragraphs are EL MERCURIO introduction]

[Text] A physician has stated that the state should invest \$20 million to subject the entire sexually active population of Chile to examinations to detect the virus.

Juan Bernal said that, "if action is not taken now, the impact of the disease will be lethal."

The Ministry of Health is conducting an investigation to determine Chileans' sexual behavior.

Gynecologist/obstetrician Juan Bernal yesterday advocated the "urgent need" to wage a massive educational campaign aimed at "subjecting the entire sexually active population of Chile to practically obligatory examinations to detect AIDS."

The specialist emphasized that, "although the initiative may be interpreted as a coercive action, it is only in this way that Chile can be certain of preventing an epidemic," stressing the fact that all plans aimed at this "should be implemented within the framework of a 'military' style strategy."

Juan Bernal voiced these ideas to EL MERCURIO, when he informed us of his views on the statistical projections concerning the spread of the disease in Chile over the next few years; to date, 77 cases have been reported to the WHO.

The specialist's estimates "are based on the spread of AIDS until now, in light of the projections made by the WHO."

The gynecologist/obstetrician and member of the British and American associations concerned with the sexual transmission of diseases emphasized that his view of the problem "is under no circumstances the result of an alarmist compulsion, but is a response to the fact that reality is demonstrating the absolute necessity of adopting radical political measures."

He based his stance on the fact that, "from the medical point of view, the fight against the AIDS virus will not be successful because medicine applies its techniques—although they have always produced results—with a knowledge of the enemy."

"However," he said, "in this case we must proceed in the opposite direction and prevent infiltration of the virus."

Making it clear that his estimates are in keeping with the way the WHO regards the situation, Juan Bernal estimated that, if the number of AIDS cases in Chile continues to double annually, over the next 5 years "the number of patients will total at least 78,000."

He argued that, according to the WHO, for every case of AIDS there are 50 or 100 more people infected with the AIDS virus. "That is to say, if we multiply this by 100, we get 7,700 people infected with AIDS. Just imagine the situation over the next 10 years!"

One must also take into account, added the specialist, the margin of error in blood tests, which, "according to American norms, ranges between 0.5 and 1 percent. In the United States 460 contaminated blood donations slipped through undetected. And worse yet is the fact that four derivatives are extracted from each donation. The Department of State itself has recognized this problem."

The obstetrician maintained that his approach is based on his 15 years of experience in the field of sexually transmitted diseases and his "pioneer 'discovery' in Chile in 1983 that AIDS had spread to a heterosexual segment of the population."

Smog and AIDS

Bernal then stated that, if the medical community "has nothing concrete to counter the virus, we will have to control human behavior."

He said that the millions in financial resources and the scientific facilities at the disposal of "the Americans have not stopped its advance, nor have the Europeans; this is because the human behavior factor cannot be completely left to the discretion of individuals, expecting them to be take heed of the danger."

In view of this, the specialist has called on the authorities to take a political approach to the problem and "design a 'military' type strategy which could include an educational program requiring obligatory AIDS testing for the sexually active population of Chile."

There are approximately 6 million such persons.

He proposed that, to accomplish this, the state should invest about \$20 million, pointing out that "this is a large sum, but I do not believe that any Chilean would be shocked at our spending that much if we had to fight a war. Combatting AIDS constitutes a war and the WHO has declared this to be the case."

Juan Bernal insisted on the need for political determination, arguing that "the antismog campaign has not produced any results since everything remains at the level of intentions and there is no real interest in eliminating it right now."

Survey

In the meantime, the ministerial head of the AIDS program, Dr Raul Munoz, has asserted that "it is not justifiable in Chile to make projections regarding the future spread" of this disease "since the sexual behavior of our people may differ from that of Americans."

The expert said that Bernal's estimates are based on that variable, underlining the fact that, "without disqualifying these estimates, they do not reflect the real situation."

Munoz announced that the AIDS Commission is promoting a study designed to "determine the behavior of our population in this respect." He said that the process has just been initiated through special surveys designed to take into account Chileans' idiosyncracies.

He emphasized that the questionnaires guarantee the respondents' anonymity "since they are not asked to give their names."

Lastly, the official maintained that this information will permit them to optimally conduct the campaign which the state is promoting.

11466

MEXICO

Statistical Portrait of AIDS Victims

54002032 Mexico City EXCELSIOR in Spanish
9 Jun 88 pp 4-A, 29-A

[Text] The Health Secretariat (SSA) yesterday released its monthly report on the development of Acquired Immune Deficiency Syndrome (AIDS) in Mexico. It pointed out in the report that in the first 5 months of the year, 29 new cases were discovered, bringing the national total to 1,367 registered cases.

This figure, indicated the report by the SSA's Office of Epidemiology, puts Mexico in 13th place in the world, in terms of the number of people suffering from the disease. The first AIDS victim was reported in 1981.

Only 12 countries have reported more than 1,000 cases. Uganda (2,369), France (1,073), the United States (57,575), and Brazil (2,325) are the most significant, according to data compiled and updated by the World Health Organization (WHO) as of April 1988.

"With regard to the current status of patients in Mexico, 33 percent, 379 individuals, have died; 67 percent, 772 individuals, are still living," says the report. The current status of 216 patients is unknown.

Of adult males, 62 percent of those suffering from AIDS are homosexual, 26 percent are bisexual, and 6 percent have contracted the disease heterosexually, according to the SSA. The report noted that 94 percent of the patients were infected through sexual activity.

Of pediatric cases, 33 percent are hemophiliacs, 26 percent were infected by blood transfusions, 22 contracted the disease through perinatal contact, and 6 percent through sexual transmission.

The analysis of the AIDS cases by risk factor in adult females indicates that two-thirds of them were infected by blood transfusions and one-third through heterosexual transmission.

Men account for 1,270 AIDS cases in this country, while women represent only 97, for a ratio of 13 to 1, stated the report.

Most of the male AIDS victims are between the ages of 25 and 44, while the smallest number of victims are among those 65 and older and those 15 and under, with respective ratios of 3 to 1 and 5 to 1.

With regard to children, 49 AIDS cases have been reported, representing 3.6 percent of the total (more than 3 times the reported percentage of pediatric cases in the United States).

Distribution

According to the updated figures provided by the SSA, 37.7 percent of AIDS cases are in the Federal District. The rate of incidence in the capital is 53.3 patients per million inhabitants.

The states in the northern region of the country account for 19 percent of AIDS cases, with rates ranging from 37.6 persons per million inhabitants in Sonora to 7.6 per million in Baja California.

In the west central region, 289 cases have been reported, with 171 in Jalisco, at a rate of 20 per million.

The states in the south have reported only 84 cases, of which 37 correspond to Yucatan and 18 to Oaxaca.

The SSA has investigated the patient's occupation in just 669 cases. Of this sample, 18.4 percent were in public or personal service jobs.

The SSA included in this category waiters, stylists, and pursers.

In second place, according to the report, are management employees, with 14.3 percent of the total sample.

Professionals are in third place, students fourth, and education workers (primarily teachers) fifth place.

Among health workers, 43 cases of AIDS have been reported. This category does not include professionals (such as doctors), where apparently no infection has occurred due to occupational risk.

Blue-collar workers account for 6 percent of AIDS cases, merchants and vendors 5.7 percent, and housewives 3.1 percent.

A total of 31 AIDS patients are registered as blue-collar workers, and 18 farm workers are known to be suffering from the disease, as are 19 domestic employees, 19 technicians, 5 prostitutes, and 2 prisoners.

Most of the cases, as indicated by the type of activity, appear in urban areas.

08926

INDIA

AIDS Cases Identified

*BK0108080388 Delhi Domestic Service in English
0730 GMT 1 Aug 88*

[Excerpts] The government today ruled out the setting up of rehabilitation centers for the patients with positive indications of AIDS disease. The health minister, Mr. Motilal Vora, said the government will do everything possible to contain it. He said 40 surveillance centers all over the country have identified over 127,000 suspected cases. Of these, 379 are positive cases. There are four referral centers for treatment. Blood banks have been asked to take more care on accepting blood of professional donors, considered one of the carriers of the disease.

18 AIDS Deaths Now Reported in India

*54500153 Calcutta THE TELEGRAPH in English
25 Jun 88 p 5*

[Text] Shimla, June 24 (UNI)—The killer disease AIDS has claimed 18 lives in India so far, the Union minister for health and family planning, Mr. Motilal Vohra, said today.

He told newsmen that out of the 80,000 suspected cases of AIDS, only 279 cases had positive AIDS symptoms. He said of the 18 persons who contracted AIDS, eight were foreigners and one a prostitute, who died in Maharashtra.

The eight prostitutes in Tamil Nadu who were suspected of suffering from AIDS did not have the symptoms of the disease, he added.

He said there was no cause for alarm, but all possible steps had to be taken to make people alert about the disease.

/6091

Outbreak of Smallpox Reported in Kurigram

*54500152 Dhaka THE BANGLADESH OBSERVER in English
7 Jun 88 p 7*

[Excerpt] Kurigram, June 5—Three children died of small-pox at Bahalkuri village under Bhurungameri upazila in Kurigram district recently.

According to a report Zahangir(2), Sahelbuddin(2) and Noor-e-Hasna(4) of the same family of Bahalkuri village died of small-pox and more than 100 children of the area have been attacked with the disease.

The health authorities are not taking effective preventive and curative measures of the disease, it is alleged.

/08309

Cholera Outbreak in Delhi

*BK1707103588 Hong Kong AFP in English
0737 GMT 17 Jul 88*

[Excerpts]—New Delhi, July 17 (AFP)—Health authorities have sent out an SOS for large supplies of vaccines as hundreds of people with cholera and gastro-enteritis symptoms pour into Delhi hospitals, officials said here Sunday [17 July]. Some 1,800 gastro enteritis patients have been hospitalised so far this month and doctors daily quarantine 70-80 of the more serious cases in Delhi's Infectious Disease Hospital (IDH) for anti-cholera treatment, the officials said. The federal government this weekend sanctioned 760,000 dollars in emergency funds to boost a government-sponsored health programme as the diseases threatened to flare into epidemic proportions, executive councillor (health) Bansi Lal Chowhan said. An estimated 39 people, many of them infants, have died of gastro-enteritis and cholera this month in this city of eight million people where some 660 shanty colonies have no piped drinking water, newspapers said. Mr. Chowhan said that official records showed only 18 deaths so far and accused government doctors of hushing up fresh deaths.

18 Cholera Deaths, 500 Hospitalized in Karnataka

*BK3007091088 Delhi Domestic Service in English
0830 GMT 30 Jul 88*

[Text] In Karnataka, the death toll due to cholera and gastroenteritis has gone up to 18 with 5 more deaths reported from (Sabanoor) subdivision of Dharwar District. Official sources say over 500 people have been admitted with symptoms of cholera to the various hospitals in the district. All hostels, cinemas and shanties in the affected areas have been closed for 1 week as a preventive step.

Cholera Epidemic Toll in Delhi Reaches 143

*BK2607042588 Delhi
DoordarshanTelevisionNetworkinEnglish1600 GMT 25 Jul 88]*

[Excerpt] Fourteen more people died of cholera in the capital today. With this, the toll has reached 143 since the outbreak of the epidemic. The situation was reviewed at a high-level meeting in New Delhi today. The Delhi administration launched a drive to prevent the epidemic. Cleaning operation was started in the affected localities, although the progress is slow.

IRAN

Country Reportedly Remains Free From AIDS
54004713 Tehran *KAYHAN INTERNATIONAL* in
English 2 Jun 88 p 6

[Text] Tehran, 1 June (KAYHAN INT'L)—According to a recent bulletin of World Health Organization (WHO), the Islamic Republic of Iran is among the countries in which no cases of Acquired Immunity Deficiency Syndrome (AIDS) have been reported.

Afghanistan, Bahrain, Somalia, Libya, Iraq, North and South Yemens are other countries in the world with no AIDS record.

/12232

Pest-Control Protocol Signed With Soviets
46000170b Tehran *KAYHAN INTERNATIONAL* in
English 7 Jun 88 p 6

[Text] Tabriz, East Azarbaijan Prov., 6 June (IRNA)—Four Soviet agronomists arrived here last week to explore the ways and means for fighting plant diseases afflicting the flora of the Iran-Soviet border areas.

According to protocols signed between Iran and the Soviet Union last week, the two countries' experts will annually visit joint border areas for improving their pest-control strategies.

/12232

FEDERAL REPUBLIC OF GERMANY

Research Minister Presents Report on AIDS Research

54002513b Frankfurt/Main FRANKFURTER
ALLGEMEINE ZEITUNG in German 31 May 88 p 11

[Article entitled: "AIDS Researchers in Many Disciplines Collaborating in Munich"]

[Text] Now, 1 year after being announced, the first projects which the Ministry for Research in Bonn wants to use to eliminate a weakness in AIDS research at German universities, namely the lack of sufficiently large interdisciplinary research teams, are being translated into reality. Following the example of the special research areas of the German Research Association two teams financed by the Ministry are beginning their work in Munich. In 10 subprojects the first team is supposed to identify the molecular bases of the development of vaccines and therapy in connection with AIDS infections. Not only university clinics and advanced school institutes are participating, but also scientists from the Max-Planck Institute for Biochemistry and the Neuberger Society for Radiation and Environmental Research. In the next 2 years the Ministry will pay DM3.3 million for this. The equally large second research team, consisting of staff members from the same institutions, is to focus on "HIV infections and the nervous system." Similar groups are also planned for Frankfurt (clinical AIDS research) and Goettingen/Hannover (chemotherapy).

Minister for Research Riesenhuber recently stated when submitting an interim report on AIDS research that in the FRG today there are about 70 groups with a total of 500 scientists active in AIDS research. Since 1984 the Ministry has made available DM55 million from the health research program beyond the regular institute budgets. The assurance that no significant project should fail for lack of money is, however, meaningless if there are not enough AIDS researchers at German universities. At the advanced schools apparently individual, often young scientists are encountering difficulties if they undertake AIDS projects or organize research teams and also want to use university facilities—in addition to funding from third parties, such as the Ministry for Research. In the spring the Ministry's group of advisors on AIDS again processed 35 applications for financial support, but thus far only one third have been approved (including the two Munich groups). The word at the Ministry for Research is that there will no longer be many more projects at universities.

In its recommendations on the structure of the advanced schools the Scientific Council pointed to a way out of this situation: Third-party funding should also provide an amount for the use of university facilities so that the advanced schools become more interested in scientists focusing on AIDS research. And the German Research

Association with its new Gerhard Hess Program has also created an opportunity for younger generation scientists to receive funding from the Association of Foundations to organize research teams.

The report from the Ministry shows that in some areas of German AIDS research there has been success in linking up with scientific developments in other countries. An important finding in epidemiology reveals that the number of individuals infected with HIV in the FRG is "more likely at the lower limit" of the estimated range of 30,000-300,000 and that outside the risk group AIDS is not spreading in any substantial way. The number of HIV-positive blood donors is now infinitesimally small; today blood transfusion products can be almost completely checked with HIV antibody tests. But it is impossible to predict when a vaccine can be made available. Short-term ingenious solutions are meaningless, only soundly designed basic research has any chance of success according to the minister for research. A sizable number of immunological studies is enumerated in the interim report; important progress in this basic research is expected from one of the Munich teams. After German scientists have extensively characterized the enzymes which are decisive for the propagation of HIV (protease, reverse transcriptase), then the search for better inhibitors can proceed more purposefully than previously.

In the new grant applications submitted this spring it became apparent in the clinical research sector that there were often not enough patients available for studies; thus, collaboration with other countries is essential. In the Bonn Ministry for Research sexological and sociological projects are viewed as new fields for AIDS research which would still be able to mobilize university researchers. Also, the laws by which the infection spreads must be determined, prototype calculations must be undertaken. Of course, restrictions which are imposed by data privacy and personal privacy are frequently encountered in epidemiology.

12124

CDU, CSU Fail To Agree On Unified AIDS Strategy

54002512d West Berlin DIE TAGESZEITUNG in
German 26 May 88 p 7

[Article by Gerd Rosenkranz: "Two Opposing Views of AIDS"]

[Text] The CDU and CSU still cannot agree on a unified strategy for combatting AIDS. That was the result of a recommendation for a resolution for the conference of CDU/CSU party leaders at the Federal and State levels, which this newspaper has seen. In the document, which is scheduled for publication on Friday, references are made to "two competing viewpoints in the fight against AIDS in Germany." Without expressly mentioning the

State of Bavaria by name, warnings are issued "concerning a polarization that could make combating a disease a political issue," and in this way, "could promote the unjustified isolation of segments of the population."

The document was drafted by a commission of CDU/CSU spokespersons concerned with the coalition's position on health-related policies in June 1987. A representative of the Suessmuth ministry and the Bavarian hardliner Peter Gauweiler offered their services "in an advisory capacity." From the "Report on the Work of the AIDS Commission," which was also made available to this newspaper, it is evident that the commission relied heavily on the Bavarian proposals, which were supported in part by the representatives from North Rhine-Westphalia and Rhineland Palatinate. Possible procedures against all groups categorized as "suspected sources of infection," and particularly against the "recalcitrant" were outlined in detail. As far as the Bavarian representatives are concerned, drug addicts and prostitutes are considered suspect, per se, whereas in the opinion of the other commission members, this factor "alone" was no basis "for suspicion of infection in a legal sense." The majority of the commission "rejected a search specifically directed at the recalcitrant," according to the commission's report, but the Bavarians want to "pursue recalcitrance" among those groups classified as "suspected sources of infection." Regarding the "activities of the self-help groups (particularly the homosexuals)," the commission barely managed to formulate a statement that their work was "positive and of value." They said an effective monitoring of public funds was necessary, however, and, that an "educational monopoly on the part of the self-help groups" should be rejected.

In two key points, the Bavarians were able to enlist support for their position from North Rhine-Westphalia: the representatives from both States want to stipulate "the HIV test as a legal requirement for acceptance as a career official as necessary proof of suitability where health is concerned." In addition, Bavaria and NRW require compulsory testing on "a legal basis" for inmates of penal institutions. Prisoners who refuse the test are to be "treated routinely as if they were HIV positive as they serve their sentences."

The individual measures suggested are hardly taken up in the coalition leaders' concluding remarks. Instead, the final document praises the successes of the Suessmuth AIDS campaign. The resolution concludes that "further measures could become unavoidable as knowledge increases. The appropriate action for the State to take will be dictated by the development of the disease."

Max Planck Institute Launches AIDS Research Projects

54002512c Frankfurt/Main FRANKFURTER
ALLGEMEINE ZEITUNG in German 9 June 88 p 5

[Article by Staff Writer: "General Meeting of the Max Planck Society in Heidelberg"]

[Text] The Max Planck Society (MPS), in cooperation with the German Primate Center in Goettingen, will found a research group dealing with AIDS. MPS President Staab reported in Heidelberg that the group's three projects would deal with retrovirology. (The virus that causes AIDS, HIV, is a so-called retrovirus). In addition, a conference jointly initiated by the German Research Foundation (GRF) and the MPS will soon convene under the leadership of Dr zur Hausen, the Director of the German Cancer Research Center in Heidelberg. It will begin by surveying the current status of AIDS research, and it will provide advice concerning where the emphasis in new research should be placed.

At the beginning of the MPS's general meeting, which continues until Friday in Heidelberg, Staab voiced his concerns about the projected Federal embryo protection law. Both the MPS and GRF supported reasonable and ethically necessary limits to such research, but the legislators should not formulate laws that could hamper important and ethically necessary work in this field in the future. He also said that in any case, research involving human embryos was not being conducted in the Max Planck Institutes, nor was any such research anticipated for the future. Staab expressed his disappointment that funding for the MPS for 1988 did not live up to what had been planned and decided upon. The 5-percent increase of the budget approved by the Bundestag and the State Governments for 1988 was being questioned because the Bundestag's budget committee had planned to make cuts across the board. Such a move was inconceivable, given the unanimity in matters of research policy with which it was decided to increase support of the MPS at both the Federal and State levels. Even the 60-million D-Mark program to up-date the equipment in the Max Planck Institutes was not acted upon, in spite of the fact that the Federal Government and the States recognized its validity and agreed to its scope. Staab expressed the hope that this program could begin by 1989 at the latest.

If the financial difficulties can be overcome, the MPS would like to establish the Institute for Information Science in Saarbrücken, which has been planned for a long time. This institute will do basic research, particularly in the area of parallel-processing computers. It is possible that an 8-year project group on "cognitive anthropology" will be established in Berlin. It would be the task of this group to do research on the organization of systems of knowledge. There continues to be a lack of clarity concerning the plans for a Max Planck Institute of Terrestrial Ecology, or for an Institute for Marine Biology that was suggested for Bremen.

On the whole, the MPS has no plans for expansion. The Society values the high degree of cooperation it enjoys with the universities. It is true that the number of scientists who leave the Max Planck Institute for positions at the universities has declined in the last 10 years from 80-100 to 10-20 per year. Staab characterized it as irresponsible whenever scientists at level C-4 at a Max Planck Institute passed up the opportunity to fill a higher ranking C-4 professorship at an institution of higher learning. The MPS encouraged everyone who was offered a position at a university to accept it, and it would provide him with the equipment necessary for conducting his research.

13248

AIDS Pilot Project Awaits Government Approval
54002512b Frankfurt/Main FRANKFURTER
ALLGEMEINE ZEITUNG in German 1 Jun 88 p 8

[Text] Since the beginning of this year, the "German AIDS Society" has been waiting for the approval of the Federal Ministry of Health to finance a project for homosexual and bisexual men sponsored by the Cologne AIDS Society. "The pilot project in Cologne is modeled after a successful project in San Francisco. The project's goal, lowering the rate of new infection among homosexual and bisexual men to nearly 0.0 per cent, has been achieved there. Ninety-five percent of the homosexual and bisexual men accept safer sex," according to a report by the AIDS Society. The report said that the focal point of the project was "safer sex discussion groups headed by group leaders." In this way, the AIDS Society wants to go one step beyond merely supplying information, to a second "preventive measure," which should provide "concrete assistance toward behavior modification." It was decided to proceed with the project in the fall of 1987; it was included in the German AIDS Society's 1988 budget, and the application was presented to the Federal Center for Health Education, which approved of this expenditure for prevention.

The Federal Ministry of Health at first turned down the funding proposal—DM750,000—pointing out that the accompanying scientific information was lacking. This information was subsequently submitted. Then the Ministry raised the objection that it doubted the project offered any prospects for a "completely new concept." Sources in the ministry said that the ministry was already sponsoring projects that went beyond merely disseminating information, and sought to establish contact with those affected, something along the lines of "street worker programs." According to Justin Fabritius of the Cologne AIDS Society, four full-time staff members would train volunteers. The discussion groups, which would meet in private homes, would "snowball." In this way, people who are not part of the "scene," could be reached. Initially, the project would run for 2 and 1/2 years. This type of program has long been successful in San Francisco (where it is estimated that 7,000 people participated), but also in other American cities. In the

project that is planned for Cologne, 10 per cent of the discussion groups will be aimed at groups other than homosexual or bisexual men. In this way, the experience gained can be used in later applications of the same model to pave the way for preventive work with other target groups. The Cologne project is expected to involve 5,000 participants. The Cologne AIDS Society suspects that the reason behind the ministry's hesitation is its concern for the political charge that it was promoting homosexuality. At the ministry, sources said that no decision had as yet been reached, and that it was not yet clear when one would be reached.

13248

SPD Delegate Criticizes Bavaria's AIDS Strategy
54002512a Munich SUEDEUTSCHE ZEITUNG in
German 28/29 May 88 p 25

[Article by Dieter Bauer: "SPD Criticizes State Government"]

[Text] The number of AIDS patients in Bavaria has increased from 137 at the beginning of the year to a current level of 174, according to Karl Hillermeier, Minister of Social Services. He said their care was assured, that there was a sufficient number of places for them in hospices; beyond that, he said that the Ministry of Social Services was promoting housing developments for AIDS patients. He said: "If necessary, this form of care can be expanded quickly, without red tape."

With these indications, Hillermeier reacted to attacks from Carmen Knig, the SPD Landtag Representative, who charged that the State Government formulated AIDS policies out of both sides of its mouth. On the one hand Secretary of State for Internal Affairs Peter Gauweiler was spreading hysteria and fear; on the other hand, Mr. Hillermeier, the minister of Social Services, had to admit that the problem had not yet become a "massive" one. The SPD Representative considers it a "scandal" that the State was demanding that rigorous measures be taken in the fight against the disease that weakens the immune system, but that no thought was given regarding how to help those affected in an effective manner.

In any event, she said, there were no hospices in Bavaria, whether they were funded by the State, or from other sources: "The State Government is not taking the AIDS problem seriously, it is not concerned about what happens to its victims. All it is doing is creating a media circus, stigmatizing, and discriminating against groups within society, and it contributes to a high degree toward the uncertainty within the general population."

The Ministry of Social Services could explain such charges only by saying that the Representative had "failed to read and understand the State Government's cogent plan for combatting AIDS." They said that in point of fact, with its AIDS countermeasures, the State

Government had met its obligation regarding health and civil rights policy with regard to combatting the disease, which compromises the immune system, in an effective and comprehensive way. The self-contained comprehensive policy, which comprises education for the public at large, advice and assistance for those affected, and legal issues in the interest of the public health, is the most effective strategy for combatting AIDS.

13248

Extensive Immunization Against Hepatitis-B Recommended

54002513a Frankfurt/Main FRANKFURTER
ALLGEMEINE ZEITUNG in German 21 May 88 p 9

[Text] Every year 20-30,000 people in the FRG contract hepatitis-B (infectious jaundice), primarily individuals who are active in the health services. At a meeting of the German Green Cross, the Munich virologist, Prof F. Deinhardt with WHO in Geneva stated that nurses or doctors in industrialized countries being exposed to such a risk today only because they have not been immunized is no longer tenable. Of course, not only medical personnel are in danger; but in this group hepatitis continues to be the most frequent occupational disease afflicting about one-third of the persons in question in the course of their lives.

In the FRG the first vaccine for hepatitis came on the market in 1982. However, since it is obtained from the blood plasma of infected individuals, it initially encountered skepticism among doctors. They were apprehensive that the vaccine could be a transmitting agent. This fear proved to be unfounded: production methods make transmittal of infectious material impossible. Since 1985 there has also been a vaccine which is manufactured using methods of genetic engineering and which is comparable to the plasma vaccine in terms of effectiveness and tolerance. Currently hepatitis vaccines are available from four companies in the FRG. The dangers from hepatitis-B stem from the fact that it frequently is not cured and the infected person remains infectious to his environment for the rest of his life. According to estimates from WHO, worldwide there are about 300 million permanently infected people; they represent the source of the spread of hepatitis. Some 40 percent of them die from the delayed consequences of the disease, from cirrhosis of the liver and liver cancer. Every year one million people die from hepatitis-caused liver cancer alone. Thus, vaccination also means cancer prophylaxis.

In developing countries where hepatitis-B primarily threatens infants and small children who are infected by their mothers, liver cancer, which manifests itself after being latent 20-30 years, is a disease of young people. In industrial countries, on the other hand, it primarily affects 70- and 80-year old people because in these countries infection usually occurs much later, mostly during their professional life.

In order to eradicate hepatitis-B, just as for smallpox, the sources of infection must be contained. For countries in which more than every 10th inhabitant is infected, WHO recommends mass vaccinations during infancy. Currently tests are being conducted to determine whether hepatitis vaccination can be combined with other inoculations in childhood. In industrialized countries where the rates of infection can be estimated at under 2 percent it is sufficient to vaccinate individuals with increased risk. This mainly includes those individuals who in the course of their work in health care facilities come into contact with blood and body fluids. We are, however, a long way from general vaccination of this risk group. Every employer in the medical sector, thus every owner of a medical practice or of a laboratory or a hospital, should see to it that his employees are vaccinated. All medical students should be vaccinated at the beginning of their studies, everyone starting out to become a nurse and medical assistant should be vaccinated, today, before beginning their training.

In the FRG there is still no generally uniform regulation as to employers or health care plans assuming the not insignificant costs. In Geneva, Deinhardt said that apart from the ethical aspect of protection from a disease which often has substantial consequences, from a purely mathematical point of view the benefit for hospital personnel outweighs the resulting costs of vaccination. Beyond the medical personnel there are a number of other people who absolutely should have themselves vaccinated. These include homosexuals, drug addicts and hemophiliacs, dialysis patients, organ transplant recipients and those who come into contact with them. Finally, travelers who intend to travel to high-risk areas—that is virtually all countries south of the Sahara—must be included. Vaccinating addicts makes sense only at the beginning of their addiction because there is almost a 100-percent chance that they will contract hepatitis during their “drug career” shared use of needles and from engaging in prostitution for drugs. Moreover, hepatitis is transmitted in the same way AIDS is, possibly even at the same time: from blood contact and sexual intercourse. Thus, the same groups of people are also at risk and the sanitary preventive measures are the same as those for AIDS. Vaccinating those infected with HIV who have not yet contracted AIDS is also recommended because a hepatitis-B infection appears to accelerate the outbreak of AIDS in HIV-positive individuals. Vaccinating against hepatitis can mean life in this instance. Totally eliminating hepatitis-B is actually in sight thanks to the possibility of vaccination, however it cannot be achieved in the foreseeable future because, as noted in Geneva by Y. Ghendon of WHO, the available vaccines for mass vaccinations are still to impracticable and too expensive in developing countries: To acquire basic immunization, that is, until sufficient protection is achieved by the formation of antibodies, the child to be vaccinated has to receive vaccine on three different occasions. In Ghana, for example, as Ghendon said, almost all the mothers did bring their infants for the first scheduled vaccination,

but barely more than a third came for the second and third. Thus, research is now focusing on changing the vaccines in such a way that the formation of sufficient antibodies is achieved with a single injection.

Determining the level of antibodies 4 weeks after the last vaccination is likewise virtually impossible in Third World countries. Yet this is necessary because on the one hand vaccination is unsuccessful in 10-15 percent of those vaccinated because they form too few antibodies, and on the other hand in those successfully vaccinated the length of the time of protection from the vaccination depends on the maximum amount of antibodies developed (the more antibodies, the longer the protection). Over the years the number of antibodies decreases, on the average revaccination must be done after 5 years. Whether vaccination will possibly afford protection for life—like a case of cured hepatitis—is at present still unclear, but not out of the question.

A further obstacle to mass vaccinations in poor countries is the cost of the vaccines. Nonetheless, to date about 10 million people have been vaccinated. In the FRG in pharmacies the cost is between DM100-150 per dose (either three or four doses are required depending on the vaccine). As indicated in Geneva, the limit of what can be paid in developing countries appears to be reached when the price is about \$10 per dose. Ghendon said that two manufacturing companies in the Far East were now offering plasma vaccines for \$1 per dose. However, these vaccines do not meet Western safety standards.

12124

ITALY

Small Industrialists Request Mandatory AIDS Testing

54002510 Rome L'UNITA in Italian 18 Jun 88 p 7

[Article by Sergio Ventura]

[Text] Milan—In the factory they would perhaps accept them without any discrimination, but they want to know whether their employees are, or are not, seropositive. Milanese small industrialists are returning to the attack. They are asking for the anti-AIDS test for all job applicants. They do not care very much about anonymity, but they are asking for at least periodic checks using the examinations already provided by the law. Sensitive to the accusation of wanting to push aside the weaker, they are leaving to the president of the Association of Small Industrialists (API), Doctor Teruzzi, the task of defending them: "We do not want to keep a file on anyone, or even less to lay someone off with the excuse of illness. We simply feel the obligation to safeguard the health of employees, both those who are seropositive and those who could become so accidentally. Today we do not know anything, and there is a great need for knowledge."

Within the massive walls of the Sforza Castle, during the meeting of the Milan Commune on "AIDS and Drugs," the API on this occasion did a test firing exactly 2 months after launching similar proposals. Another authoritative voice, that of the director of Italian prisons, Prof Nicolo Amato, had shortly before again made the urgent request for compulsory testing of all prisoners. For their part, the owners are proposing that those who are sick with AIDS, and who cannot work, receive a monthly allowance, a kind of "annuity." The cost could be borne initially by the companies, who would be relieved of the burden later, through tax relief. However, the secretary of the UIL [Italian Union of Labor], Benvenuto, reaffirmed the "no" decision by the trade union. For those afflicted with AIDS, he calls for extension of the benefits already provided for those with tuberculosis: about 3 trillion that is today not spent but simply transferred to the national health fund.

"The owners would do better to concretely contribute to the struggle against AIDS by supporting an information campaign among the workers," said Benvenuto. "Furthermore, they could limit the excessive exposure of employees to numerous harmful agents, and reduce the too-frequent accidents."

Though there are no data or statistics on this, it is certain that obliging doctors are more and more often conducting anti-AIDS tests without the knowledge of those concerned. It is difficult to deny that a young person already distressed at having to endure in solitude his seropositive condition (perhaps from experimenting with drugs) would also feel the burden of being ostracized at work. "More than anything else, observed Benvenuto, "this young person would feel persecuted." And then, the trade unionists, along with the owners, blame the government for not yet having released the funds allocated in 1987 to the scientific institutions involved in research. Only two hospitals in Italy, Sacco in Milan and Spallanzani in Rome, are capable of curing the afflicted, and even then under increasingly difficult conditions. To say nothing of the prevention plan, which has been proclaimed several times yet will apparently not see the light before September/October. The information program is blocked by the prejudices of Donat Cattin regarding the already prepared "spots" that urge use of the condom as a preventive measure. Also as a result of this inertia, Italy earned well-deserved criticisms at the recent scientists conference in Stockholm.

9920

SWEDEN

Medical Association Supports Free Syringes for Drug Addicts

Seen Slowing AIDS Spread

54002498a Stockholm DAGENS NYHETER in Swedish 19 May 88 p 6

[Article by Anita Sjoblom]

[Text] Free Syringes for intravenous drug users and increased methadone treatment for heroin addicts.

Increased powers for infectious disease specialists who will be allowed to learn the identity of those infected with HIV. Those are the Medical Association proposals in its first united assessment of how to combat AIDS and the HIV infection.

The physicians are also of the opinion that the care of the elderly is a greater socioeconomic problem than AIDS.

For the past year, the Medical Association has been working on two reports. Last Wednesday, the association presented its proposals which were submitted by a fairly united group of physicians.

The most controversial proposal made by the physicians, is the organized exchange of syringes and needles for intravenous drug abusers and increased methadone treatment for heroin addicts.

Risk Group

"Intravenous drug abusers constitute a risk group for the HIV-infection, since they often share syringes and needles," says Johan Carlson, an infectious disease specialist and chairman of one of the committees.

"In order to prevent the spread of the HIV infection both in and out of the drug abuse group, free syringes and needles should be distributed. This is being done on a trial basis in Lund and we feel that the results are promising. By means of the syringe program, the Medical Service has made contact with many unknown drug abusers."

As far as heroin addicts are concerned, the Medical Association is primarily concentrating on persuading the addicts to act in a less dangerous manner as far as spreading the infection is concerned.

"The experimental methadone treatments at Ulleraker have turned out well and have probably reduced the spread of the HIV infection," says Johan Carlson.

The report also refers to American experiences, where heroin addicts, who joined the methadone program at an early stage, developed AIDS to a lesser extent than patients who joined the program later.

Sigurdson Against

The Medical Association's views on free syringes are not shared by the minister of social affairs, Gertrud Sigurdson, who cites the previous reports by the AIDS commission.

"The experiments in Lund must, first of all, be evaluated and integrated with experiences in other countries, before I change my point of view," she says. "The requirements of the Drug Addict Care Act must also be satisfied."

The minister for social affairs fears that free syringes may lead to increased drug abuse and, in the long run, to increased spread of the HIV infection.

As far as methadone treatments are concerned, a resolution about expanding the number of offices already exists.

It is the opinion of the Medical Association that additional efforts to prevent the spread of the HIV infection should be concentrated on information. By means of information, it is hoped that more people will have themselves tested and change their behavior and that panic and discriminating reactions will be prevented.

The physicians also want to give greater powers to the infectious disease specialists. Currently those specialists receive reports about new HIV cases in coded form only. The treating physician alone knows the identity of the HIV infected individual.

As a result the infectious disease specialist cannot trace the history of the infection. In order to give him greater powers to intervene, the Medical Association wants him to know the identity of the HIV infected individual.

The minister of social affairs, Gertrud Sigurdson, is not prepared to violate the anonymity of those infected with HIV. A new Infection Protection Act proposes that, even in the future, HIV reports are to continue to be coded.

The Medical Association does not believe that the costs for the AIDS care are going to be particularly excessive.

"More beds will be needed for AIDS patients," says Johan Carlson. "Neither increased training for the physicians nor extended primary care is necessary, however. The age distribution within the population creates a far greater problem with long-term and home care than with AIDS."

The Medical Association does not feel that mass testing of the Swedish population is a good method for tracing HIV infection. Nor does it believe in routine testing of hospital patients, only of certain groups of patients.

The Association wants to retain the forcible internment of persons who deliberately spread the infection, but it wants a discharge committee to decide when a person can be set free. Currently physicians make that decision.

Narcotics Officials Oppose

54002498a Stockholm DAGENS NYHETER in Swedish 20 May 88 p 6

[Article by Mats Holmberg: "Free Syringes For Drug Abusers. Physicians Cannot Be Penalized."]

[Text] Swedish physicians are distributing free syringes to drug abusers without risk of punishment. They can continue to do so even after 1 July, when anything to do with narcotics becomes a punishable offense.

With the support of the National Social Welfare Board, the infectious disease clinics in Malmo and Lund are prescribing syringes for drug abusers. Other physicians are giving out syringes on their own to prevent the spread of HIV infection between drug abusers who share syringes.

Government lawyers feel that these physicians will not have committed a crime even after 1 July.

"It may seem contradictory that the society provides the means for an activity that is termed illegal," says Undersecretary of State Sten Heckscher at the Justice Department.

Physicians' Proposals

"That contradiction already exists, however. It is illegal to handle a syringe containing narcotics. It is not necessarily illegal to give it away."

Sten Heckscher feels that it is out of the question that physicians, who distribute syringes, with or without permission, could be convicted in a court of law.

Last Wednesday, the Medical Association proposed free syringes for intravenous drug abusers in its first united assessment of how to combat AIDS and HIV infection. The minister of social affairs, Gertrud Sigurdson, opposed the proposal fearing that free syringes would lead to increased drug abuse.

In reality, the government has, for a long time, accepted the distribution of free syringes. Even before the proposal, making all use of narcotics a criminal offense as of 1 July, was presented, the government lawyers gave their special assurance that it would not affect the free syringes.

Changes Nothing

"The law does not change anything in that respect," says Kurt Danielsson at the ministry for social affairs. "According to our lawyers, contributing to the illegal use of narcotics will still be exempt from punishment."

On the other hand, according to Kurt Danielsson, the possibility exists that a physician, who distributes syringes without permission could be convicted by the Liability Board.

The head of the AIDS office at the National Social Welfare Board, Professor Robert Olin, does not even believe in that possibility.

"As far as I can see, anyone will get off scot-free, who bases his case on science and proven experience," he says. "On the other hand, we do not encourage anyone to distribute syringes without permission."

The government has charged the National Social Welfare board with presenting a joint assessment, before 1 November, of the pros and cons of free syringes. It is already known that the physicians at the infectious disease clinics in Malmo and Lund, as well as most of the country's infectious disease specialists, feel that the advantages outweigh the disadvantages.

Created Concern

The majority of the experts on the war against drugs are critical, and the National Social Welfare Board has asked the Institute for Social Research in Lund to investigate the effects from the point of view of social services.

"We will also consider experiences abroad in our assessment," says Robert Olin. "And naturally we must also take legal questions into consideration."

The law has caused concern at the infectious disease clinic in Lund.

"We do not know how to interpret it," says Dr Mats Hugo-Persson. "We feel that the experiments with free syringes have moderated the spread of HIV infection and we would very much like to continue. However, we believe that this might interfere with our activity."

According to Mats Hugo-Persson, the greatest risk lies in the fact that the drug abusers, who now visit the clinic in order to get syringes, will be afraid to return.

Criticism

The head of the Narcotics Division in Malmo, Sten Dahlquist, is critical of the law that will make drug abuse a criminal offense. He does not believe that it will be applied either to drug abusers or to the physicians who distribute the syringes.

"Logically speaking, the physicians are promoting a criminal act and should be punished," he says. "But you cannot legislate against drug abuse. It would be inhumane to penalize physicians who help protect the drug abusers against AIDS."

According to Sten Dahlquist, the law is not written clearly enough to be applied in a consistent manner.

12339

TURKEY

AIDS Developments

12th Victim Dies

54002518 Istanbul GUNAYDIN in Turkish
9 Jun 88 pp 3, 9

[Article by Mustafa Altintas: "Mehmet Of Zonguldak Is 12th AIDS Victim"]

[Excerpts] Zonguldak—AIDS has claimed its 12th victim in Turkey. Mehmet Toprak, who contracted AIDS from blood transfusions received while working in Germany, died at his home in Devrek District. Mehmet

Toprak was brought secretly to his hometown in Devrek by his son and died soon afterwards.

Toprak's body became a problem after his death. No imam in Devrek came to wash the body, and local authorities were informed. District Officer Vahdettin Ozcan checked with government medical officers to find out whether washing the body of an AIDS victim was objectionable from a health standpoint and was told that "washing is permissible provided gloves are worn." He then assigned an imam to wash the body, but the imam did not wish to do so. Mehmet Toprak's son then donned gloves and washed his father's body himself.

Lime was spread in the grave where the body was buried. Devrek Mufti Kemal Karsli said, "A body can be buried without washing. The best thing is to lime the body and cremate it. There is no religious objection." Eleven other AIDS victims have died in Turkey.

Employees Fear Test

54002518 Istanbul CUMHURIYET in Turkish
19 Jun 88 p 18

[Text] Antalya (AA)—The AIDS test supposedly administered to employees of tourist and municipal facilities reportedly was unable to be given in Antalya "because the personnel were afraid." Emphasis was placed first on educational efforts to eliminate people's anxieties, according to Health and Social Assistance Provincial Directorate authorities. They have completed educational sessions at Side and Manavgat and are waiting for requests for the Eliza test. Authorities said that plans call for 100,000 personnel at nearly 150 facilities to be given the AIDS test and the fee for the test is about 7,000 or 8,000 liras per person.

8349/12232

UNITED KINGDOM

AIDS Scare Said To Lead To Fall in Venereal Disease Rate

54500146 London THE DAILY TELEGRAPH in English 16 Jun 88 p 2

[Article by David Fletcher, Health Services correspondent]

[Text] The AIDS scare has led to a big drop in the number of cases of gonorrhoea and syphilis, but the incidence of sexually-transmitted diseases in general is at a record level, the Department of Health said yesterday.

The number of new cases treated at NHS clinics had increased each year since 1976 and reached a record 647,000 in 1986, the latest year for which figures are available.

The number of women with sexually-acquired conditions rose even faster than the number of infected men and accounted for 46 per cent of the total.

A quarter of new cases proved not to need clinical treatment, suggesting that large numbers of people feared they had been exposed to a sexually-transmitted disease but were found to be clear on examination.

The report said the incidence of syphilis and gonorrhoea had declined over the last ten years, accounting for seven per cent of new conditions in 1987 compared with 16 per cent in 1976.

"Although now relatively small in absolute terms, the incidence of these two diseases is an important indicator of the spread of HIV infection.

"The fact that the male rate for gonorrhoea has been declining faster than the female rate recently may indicate changing patterns of behaviour among homosexuals as they become aware of the mode of spread of AIDS."

Future levels of these conditions would be helpful in assessing the effect of public education campaigns on AIDS.

The incidence of genital warts had increased considerably over the last ten years and now accounted for more than 10 per cent of all new cases.

Although the condition was more common among men, the rate had almost trebled among women in the past ten years.

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