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JPRS-TEP-86-021

16 SEPTEMBER 1986

Worldwide Report
EPIDEMIOLOGY

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WORLDWIDE REPORT
EPIDEMIOLOGY

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HOSPITAL PATIENTS BECOME ILL FOLLOWING OPERATIONS

Nassau THE TRIBUNE in English 15 Aug 86 p 1

[Article by Athena Damianos]

[Text] Patients recently developed infections after being operated on at Princess Margaret Hospital, The Tribune has been reliably informed.

Reports on infection started surfacing after a problem developed over new airconditioning equipment in the operating theatre.

It is understood that the company which was recommended for the job, Hill York, was not used. Another company installed the equipment.

It is understood that the ultra violet light used to sterilize the air was not installed initially and was only put in a couple of weeks ago. The light is usually installed in the duct work.

Although unconfirmed, there are reports that the company which got the contract bid higher than Hill York.

The Tribune was unable to contact Dr Pedro Roberts, director of hospital supplies, this afternoon for comment. The Hill York technician who dealt with the bidding was not in office this afternoon, or was anyone available from the company that did the work.

However Luther Smith, permanent secretary of the Ministry of Health, said:

"No one has made any official complaint to the Ministry of Health about the operating theatre at Princess Margaret Hospital and therefore we have no comments to make."

He refused to elaborate.

He would not say who put in the higher bid.

But reliable Tribune sources said that a number of people have developed infections after being operated on at Princess Margaret.

A woman with whom The Tribune spoke said she developed infection almost two weeks after she was operated on.

"I don't know if I got it from the operating room. I just can't say," she said.

A source said that although Hill York was recommended for the job, the recommendation was ignored.

"If you have an operating room with a bad airconditioning unit you have a dirty environment. It could lead to infection," a source said.

An airconditioning technician who looked at the equipment this afternoon said that the airconditioner itself is not new. However, it appears that a new duct system has been installed and is now being weather proofed with tar paper.

Over the years, serious charges have been made about the hospital, but Government has failed to answer most of them.

Last November Dr Bernard Nottage, chairman of the Medical Staff, told a special meeting that patients are dying at Princess Margaret Hospital because of a supply shortage.

All but one head of department, hospital administrator John Thompson, voted to take stern measures to bring about change at the hospital. However, nothing happened.

In December, informed sources complained that the hospital's supply shortages had become "simply outrageous" and that there is a chronic shortage of surgical supplies and basic drugs such as penicillin.

"The question that needs to be asked is, if you're running a hospital properly, why is it that you're always running short of things?" asked one source.

He wondered if the shortages were deliverately created and, if so, for what purpose and whether it was to anyone's advantage.

The hospital is also reported to have a serious roach and rat problem.

An expatriate teacher said that when she was having her baby, she swatted roaches away between her contractions.

Last October, a 76-year-old diabetic said she was bitten and attacked by a rat "as large as a kitten." Marjory Smith, 76, showed where she had been bitten by a rat on the middle finger of her left hand.

She said she woke up when she felt something tugging on the bandages of the stump of her left leg, which had been amputated a month later.

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CSO: 5440/117

27 CASES OF TB; GOVERNMENT DENIES EPIDEMIC

Nassau THE TRIBUNE in English 14 Aug 86 p 1

[Article by Anthony Forbes]

[Excerpt]

THE Ministry of Health said yesterday that there is no epidemic of tuberculosis in the Bahamas. However, no one could say whether any of the 27 "isolated" cases reported this year were linked to the deadly AIDS virus.

According to a ministry spokesman, tuberculosis, which was totally eradicated in the Bahamas by 1962, appears to be on the decline this year.

The spokesman said 27 tuberculosis cases have been reported at the Princess Margaret Hospital so far this year, compared to a total of 44 cases last year.

He said that last year's figure was up from the previous year, 1984, when only 30 cases were reported.

"We are able to say that isn't quite the case. There is no epidemic," the spokesman said when asked if there was an epidemic of tuberculosis.

"We have had 27 cases reported up to this point," the spokesman said. "But they have not been in a cluster. They have been rather isolated cases."

Noting that this year's figure is down from the 1985 figure, the spokesman said: "It looks as though there has been a decline."

He could not say how many of the 27 reported cases were Bahamian. "We treat all cases," was his only comment.

Neither could the spokesman say whether any of the cases were linked to the killer AIDS (Acquired Immune Deficiency Syndrome), which has reached epidemic proportions in the Bahamas. In the United States the increase of tuberculosis has been linked to AIDS.

"I couldn't say," said the spokesman. "That is something we have to find out specifically from the hospital."

Defending the round-up of illegal immigrants, mainly Haitians, ordered by National Security Minister Loftus Roker, Deputy Prime Minister Clement Maynard told a PLP rally in Yamacraw in late February that there was a danger of an outbreak of tuberculosis, malaria and AIDS.

He said that the late Dr Richard Cory had cleared up every case of tuberculosis at the hospital before 1962, but today "we are right back...right back...beyond 1962 and we know from which source that came from."

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CSO: 5440/117

MINISTRY OF HEALTH PRIORITIES, OBJECTIVES REVIEWED

Program Plans

Bridgetown SUNDAY SUN in English 27 Jul 86 p 1

[Article by Sonji Bovell]

[Text]

PROVISION OF A NEW HOSPITAL which would be conducive to rehabilitative care, a solution to the staff shortage at the state-owned Psychiatric Hospital and full payment for Barbadians who need overseas medical attention are among priorities of the Ministry of Health, as outlined in a policy statement to raise Barbados' health standards.

Noting that there is now need for registered male nurses at the Black Rock institution, Minister of Health Keith Simmons gave said his ministry would look into the matter immediately and would also seek to correct this and other problems at the institution.

Staff morale

Outlining the proposals yesterday during a keynote address at the opening of his ministry's Weekend Workshop at Caribbee Hotel, Christ Church, Simmons emphasised a commitment to upgrading health care facilities and reminded participants about the importance of improving staff morale in all institutions, including the Queen Elizabeth Hospital.

He said: "Government proposes to initiate strong community health care teams comprising doctors, nurses, rehabilitation therapists and mental health workers in conjunction with a home help service."

Plans are also going ahead for treating and controlling hypertension, cancer and heart disease adequately as well as to evaluate, restructure and update the polyclinic services.

Government's programme also deals with medical treatment overseas.

Full cost

Simmons said: "Our programme intends to pay the full cost within the resources available for medical treatment abroad, in cases where it is medically determined that adequate facilities and resources are not available in Barbados."

He further noted: "In the area of drugs, it is proposed to provide drugs free of cost for children, the aged, those suffering from chronic diseases and those persons who are economically deprived whether attended to privately or at a public institution."

Participants at the two-day workshop are drawn from hospitals and the environmental and administrative sections of the ministry.

It was planned for staff to review the workings of their various sections and to assess the need for change in the light of the Government's health policy.

The workshop ends tomorrow with the presentation of a paper by Dr. Michael Hoyos and general discussion by workshop groups.

Minister's Stand

Bridgetown DAILY NATION in English 28 Jul 86 p 28

[Text] MINISTER OF HEALTH, KEITH SIMMONS, has made it clear he will have something to say about all departments of his ministry which don't function as they should.

While delivering the main address at the end of a two-day seminar for department heads of the Ministry of Health, Simmons made reference to what he called "overt and oblique reference to ministerial interference".

He told participants there was a need for a management

structure capable of stimulating staff and raising morale at all levels, adding there appeared to be internal and external factors working against the achievement of this.

"We must now get back to basics and assign responsibility for man management where it belongs within each unit. Urgent steps must be taken to train and retrain staff in pertinent aspects of personnel management and staff motivation," the minister told his audience at the Caribbee Hotel on

Hastings.

Where necessary, he said, disciplinary codes and procedures must be strengthened and steps taken to ensure that workers were dealt with fairly. He made it clear too, that urgent steps must also be taken to ensure security of tenure for persons working in temporary positions for a number of years.

It was here Simmons said: "I have noted the overt and oblique references to ministerial interference. I cannot promise you that I will not interfere

with the management of your institutions.

"I feel I have a duty to bring to your attention the claims of injustices, complaints about poor performance, harassment or matters which may affect staff morale on the one hand, or delivery of service on the other.

"I, however, give you my solemn pledge that I will not send you a person whose previous experience was working as a maid and instruct you to employ her in place of a staff nurse."

Report of Poor Morale

Bridgetown SUNDAY ADVOCATE in English 10 Aug 86 p 1

[Text] A retiring senior public servant says there is a low level of morale in the Ministry of Health.

Former Permanent Secretary in that Ministry, Mr. Allison Daniel attributed the "low morale" to a lack of discipline in the civil service which was exacerbated by party politics.

He noted that politicians would protect favoured people from disciplinary action by their supervisors. Added to this, appointments to positions which seemed to

be decided on party allegiance rather than personal ability caused resentment.

Mr. Daniel has just completed 41 successful years in the public service and now he is ready to exchange his Permanent Secretary's pen for the gardening fork as he embarks on a peaceful, though active, retirement at his home in Clapham Heights.

The retiring Permanent Secretary said he believed that the new

Health Minister, Mr. Keith Simmons "with his honest approach to the whole thing" might get something done.

Mr. Daniel stated that rapid changes in the headship of the Ministry over the past five years had led to slight shiftings in policy in some cases.

Although Miss Billie Miller and Mr. L.B. Brathwaite were following the same line towards National Health Service, Dr. Don Blackman was more concerned with community health care.

Dr. Blackman, like Mr. Daniel, believed in the holistic approach to health. That is, the patients total living conditions are just as important as his sickness: "health and medicine are two dif-

ferent things ... health also includes various things such as the welfare services and home help."

However, the major shift in policy came under Mr. O'Brien Trotman's administration. Mr. Daniel suggested that Mr. Trotman was unable to work with the health workers in formulating his policies. This led to health care not reaching the public and also a division between the doctors and the Ministry of Health.

Mr. Daniel added that Mr. Trotman's administration "was not in the best interests of the public service" and in fact that "as far as I'm concerned Minister Trotman was a bad minister ... the sort of minister who would destroy his ministry."

Whereas the administrations of Miss Miller, Mr. Brathwaite and Mr. Simmons left the Permanent Secretary to be "free to work as a professional civil servant and to do his job" Mr. Trotman's administration was "somewhat different."

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CSO: 5440/118

NUMBER OF AIDS DEATHS RISES TO 14

Bridgetown DAILY NATION in English 29 Jul 86 p 24

[Excerpt] **THE NUMBER of AIDS deaths in Barbados has risen to 14, three more than the last official figure of early May.**

There have however been 17 diagnosed cases since the first death due to the illness occurred about 20 months ago.

Of those dead only one was a female.

These disclosures were made by Chief Medical Officer, Dorien Shillingford, who headed a team of health officials at a press briefing yesterday.

The officials gave up-to-date information on how health authorities were combating the Acquired Immune Deficiency Syndrome disease. According to Dr. Shillingford an AIDS committee set up in June last year has already begun to monitor AIDS in Barbados and has been counselling victims and relatives.

Health authorities say they now use a device called ELISA to screen blood donations and so check the possible spread of the disease by this means.

The CMO said that of between 3 000 and 4 000 donors screened since the acquisition of ELISA just over a year ago, only about ten donations were thought to be infected. However when these were sent to Trinidad for a further testing only three proved positive.

The committee has also been working on the protection of health care staff along with other areas of general health education.

Professor Mickey Walrond, dean of the faculty of medicine at the University of the West Indies in Barbados, noted that there was no evidence to show that the disease was being spread through drug abuse whereby addicts used needles already contaminated by an AIDS victim.

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CSO: 5440/118

1985 STUDY SHOWS FEWER CREES CONTAMINATED WITH MERCURY THAN IN 1984

Ottawa THE CITIZEN in English 14 Aug 86 p A15

[Text]

MONTREAL (CP) — The number of Cree affected by mercury-contaminated fish in Quebec's northern waterways has dropped significantly, a study presented to a provincial commission shows.

The study by researchers at the Montreal General Hospital shows that 7.6 per cent of the 1,318 people tested in 1985 had mercury in their system, down from 16.5 per cent in 1984.

The level was three times that recommended by the World Health Organization but nowhere near the real danger point, said the researchers. The commission, headed by Jean Rochon, is examining health and social services in Quebec.

"You really have to go to much higher levels to cause death," Dr. Charles Dumont, one of the survey authors, said Wednesday. "You would probably have to go to about 100 times the suggested levels."

The World Health Organization suggests 20 parts per billion in blood is acceptable.

The mercury contamination in the region has been traced to natural deposits of mercury in rocks, mining, smelting and paper-processing plants that have released mercury into the air and waterways.

But it has also been linked to hydroelectric developments like the massive James Bay project. The contamination of the James Bay area fish is said to be among the highest in the world.

Dumont said researchers were not sure what risks adults face but pregnant women could give birth to children with learning disabilities.

The percentage of newborns with mercury in their systems had dropped to 1.9 per cent from 13.8 per cent, Dumont said.

Russell Wilkins, one of the researchers, said health officials are trying to minimize the risk caused by mercury-contaminated fish.

"Our concern is that it's a problem that people there are trying to deal with in their own way," he said. "Fish is a staple of their economy. To not eat fish would shut down their economy."

Dumont said the Cree have been advised not to eat types of fish found to contain high levels of mercury and not to fish in areas where the levels of contamination are high.

Last year's tests showed 100 people had mercury levels high enough to put them at risk of developing symptoms of mercury poisoning — tremors, numbness and reduced vision.

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CSO: 5420/98

COMMUNICABLE DISEASE OFFICE REPORTS RED MEASLES 'EPIDEMIC'

Toronto THE TORONTO STAR in English 22 Aug 86 pp A1, A11

[Article by Janice Turner]

[Text] An epidemic of nearly 14,000 cases of red measles has been reported in Canada so far this year--more than a seven-fold increase over the same period last year, federal health officials say.

Although Ontario reports only 990 cases--far behind British Columbia's 7,000--the "childhood" disease thought to have been virtually wiped out in North America three years ago has returned with a vengeance, they say.

"It's a dismal situation," said Dr Stan Acres, chief of the communicable disease division of the Health Protection Branch in Ottawa.

"We're having a really bad year," Acres said. "It's clearly worse than had been anticipated. We thought (in 1983) we had the end in sight."

Measles is a highly communicable viral disease that causes fever, inflamed eyes, runny nose and a rash. Symptoms appear about 10 days after infection and one attack usually gives immunity for life. It is usually preventable with immunization.

About one infected child in every 10 will require medical attention for complications such as middle-ear infection or pneumonia. An inflammation of the brain, called measles encephalitis, occurs in about one in every 1,000 cases, and can result in mental retardation.

Death is estimated to occur once in every 3,000 cases.

Acres said nearly half of those hit by the disease are between the ages of 15 and 19. Second hardest hit are youngsters aged 10 to 14. About 20 per cent are between the ages 5 and 9.

Those who have not been protected against the disease are being advised to get a vaccination.

Seven thousand of the cases reported to Aug. 2 are in British Columbia, where provincial health officials have launched a massive immunization drive.

B.C. health ministry spokesman Terry Moran said officials are baffled by the whopping surge in cases.

One reason for the increase may stem from a program of half-doses of vaccine administered during the mid-1970s that "may not have been that effective," Moran said.

The last outbreak in B.C. occurred in 1979, when 1,800 cases were reported for the entire year, he said.

Acres said many teenagers, who were babies when widespread vaccine programs were first introduced in Canada in the early 1970s, may have fallen through the cracks and missed vaccination.

They're now picking up measles from youngsters, who are part of a wave of children who have not been vaccinated, not vaccinated properly or vaccinated at too early an age, he said.

Canadian officials generally recommend that the triple vaccine — a protection against red measles, German measles and mumps — be administered between age 12 and 15 months.

Although red measles is considered to be more serious because of its possible complications, German measles, carried by pregnant women, can cause birth defects.

Dr. Alastair Clayton, director-general of the Laboratory Centre for Disease Control in Ottawa, said measles can be a serious disease and parents shouldn't consider it something their child should get "as part of growing up."

Only Ontario, Manitoba and New Brunswick have compulsory vaccination programs for children entering school, Acres said. Other provinces have set up voluntary programs.

Clayton said a "relaxation of the administration of (both public and private) programs" may be partly to blame for this year's epidemic.

"We get complacent," he said. "Mothers (also) forget that measles is a bad thing."

Besides British Columbia's 7,000 cases so far this year, Manitoba reports 3,300, Nova Scotia 1,400, Ontario 990, and Quebec 57, Acres said. No explanation was given of Quebec's low number of cases, though reporting methods vary from province to province.

The 14,000 cases so far this year means a rate of 56 per 100,000 people.

In the pre-vaccine years of 1949 to 1958, the average number of annual cases stood at 358 per 100,000 people. That figure dropped to 30 per 100,000 people between 1976 and 1985. In 1983, there were 4 reported cases per 100,000.

Acres said the largest number of recently reported cases came in 1979, when the yearly total peaked at 22,400 cases.

"The good side of this (year's figures) is that it should be a low year next year," he said. "The pool of susceptible children will be depleted."

In the first 26 weeks of this year, 3,921 measles cases were reported in the United States — more than in any full year since 1980, and 118 per cent more than the 1,802 in the first half of 1985, according to the National Centre for Disease Control in Atlanta, Ga.

"We're trying to figure out what is going on," said Dr. Lauri Markowitz, a measles specialist with the centre.

The increase, she said, has government scientists asking, "Does this represent a problem with our vaccination strategy? Or is the problem that the strategy is not being implemented correctly?"

The strategy is to vaccinate young people in sufficiently high numbers so that isolated measles cases will not spread, thus leading to eradication of the disease in this country.

/12828

CSO: 5420/98

VANCOUVER HEALTH OFFICER ON INCIDENCE OF AIDS, TB

Vancouver THE SUN in English 30 Jul 86 p B7

[Text]

AIDS will remain a major health issue in Vancouver, medical health officer Dr. John Blatherwick says.

In a report to city council's finance committee, Blatherwick said that, as of July 18, there were 134 official cases of acquired immune deficiency syndrome in Vancouver, 37 discovered in the first six months of this year.

He is asking council to continue the \$50,000-a-year AIDS Vancouver program to improve public awareness of the disease, give support to patients, and communicate with organizations concerned about AIDS.

The program, which started a year ago, has recruited about 170 volunteers to staff the office and work with patients, the report said.

Another report from Blatherwick, to council's community issues committee, said there have been fewer new tuberculosis cases in Vancouver this year than in 1985.

The report said a number of community agencies have been persuading people, particularly in the downtown eastside, to have x-rays and examinations. It said the health department is trying to raise physicians' awareness of the disease.

/9317
CSO: 5420/94

AIDS INCIDENCE, PREVENTIVE MEASURES DISCUSSED

CMA on Reporting Responsibility

Toronto THE GLOBE AND MAIL in English 13 Aug 86 p A4

[Text]

Canadian doctors have an ethical responsibility to report cases of a sero-positive virus that has been linked to AIDS, the Canadian Medical Association decided yesterday.

"The public health concerns are such that we are going to have to know who these sero-positives are and what's going to happen to them in two or three or four years," Dr. Arthur Parsons of Halifax told a news conference following a vote on the issue by the association's general council.

The sero-positive virus, detected through a blood test, indicates a patient may have been exposed to a virus linked to acquired immune deficiency syndrome.

"We do not know what percentage of these people will go on to develop AIDS or AIDS-related complex," said Dr. Parsons, the head of the association's ethics committee. "I have seen statistics that state anywhere between 5 and 60 per cent."

Patients with the virus don't show any kind of symptoms, but if they do develop AIDS, the symptoms of that disease may not be obvious for up to five years.

Doctors have an ethical responsibility to report cases of the virus to provincial authorities, Dr. Parsons said. He added that the amount of information given will likely be up to provincial health authorities and infectious-disease laboratories.

"In six months' time we may be required to give out names. We will have to look to see who these

names are given to."

He said the association would encourage rational and confidential use of such information, but such disclosures might be seen as a breach of individual patients' rights.

But "the reporting has got to come forward," Dr. Parsons said. "AIDS is a worldwide threat to public health."

There are no figures on the number of Canadians carrying the sero-positive virus, but reports from the United States indicate between 300,000 and one million people have been diagnosed as sero-positive.

Since 1981, six cases of people with the virus have been reported in Nova Scotia, where it is standard practice for physicians to notify the Department of Health about the virus.

Physicians across Canada are required to report cases of AIDS to provincial authorities, but some see that as a breach of confidentiality and may refuse, Dr. Parsons said.

As of Monday, the federal Department of Health said 662 cases of AIDS had been reported in Canada, resulting in 339 deaths.

On another topic dealing with AIDS and ethics, the association endorsed a resolution stating that doctors have an ethical responsibility to treat AIDS patients.

However, a spokesman for the association said he was not aware of any case in which a Canadian doctor had refused to treat a patient suffering from the disease.

Laboratory Test Results

Toronto THE TORONTO STAR in English 14 Aug 86 p A3

[Article by Marilyn Dunlop]

[Text]

WINNIPEG — Laboratory tests show that 10,000 Canadians have been infected with the AIDS virus, a Manitoba doctor says.

And thousands more probably have contracted the virus, Dr. Gregory Hammond of the University of Manitoba department of medical microbiology told the Canadian Medical Association annual meeting yesterday.

Dr. Allan Ronald, head of the department of medicine at the University of Manitoba said the "best guess" is 25,000 to 50,000 people in Canada have been exposed to the virus.

The results come from people who have donated blood, from people tested in studies by the Laboratory for Disease Control in Ottawa and in studies at Canadian universities of high-risk groups.

No symptoms

Since last November, the Red Cross has tested all blood donations for antibodies and throws out any that are positive for acquired immune deficiency syndrome.

AIDS disables the body's immune system making it fatally vulnerable to other infections.

Infected people are detected by blood tests that reveal antibodies to the virus. Such people may have no symptoms and Hammond said it isn't known how many of the infected Canadians will eventually develop AIDS.

As of July, there were 614 cases reported in Canada of whom about half have died.

But Ronald said that over the next five years it is expected one in six of those infected now will get AIDS.

AIDS antibodies show up in the blood about three months after exposure to the virus but in some people it may take six months, Hammond said. Antibodies to flu viruses, in comparison, take only two days to appear.

Antibodies usually defend the body against viruses but Hammond said antibodies against the AIDS virus are not protective, adding each year 4 to 5 per cent of those with antibodies develop AIDS.

In Canada, 80 per cent of the cases of AIDS are in homosexuals.

But Canada has not had anywhere near as high a rate of AIDS among intravenous drug users (0.3 per cent) as the United States (17 per cent).

That may be because sterile needles available at pharmacies for about \$2 are more widely used here, Hammond said.

"Prostitutes who use drugs tell me they are using the needles (which are disposable) and are not sharing them."

Although in North America there is only one woman for every 13 men with AIDS, Hammond said the disease in women is especially worrisome.

Half of all pregnant women with antibodies to the virus in their blood will give the disease to their babies, he said.

Hammond told delegates that women in high risk groups — drug users, those with many sex partners or mates of bisexual men — should be screened and, if their blood test is positive, cautioned to avoid pregnancy.

Prostitution and drug use are a "dynamite combination" producing high risk of AIDS and could spread the disease to the heterosexual population, he said. That has happened in African countries where as many women as men have AIDS.

Ronald and Dr. Francis Plummer, also of the University of Manitoba, conduct research in collaboration with the University of Nairobi in Kenya into sexually transmitted diseases including AIDS.

African experience

Plummer said some early studies of AIDS in Africa were wrong.

"Some of the science was a bit sloppy," he said, but recent studies, confirmed by top western laboratories, "can be believed."

A study by the Manitoba team of 600 prostitutes, whose average age was 29 and who had been in business three years with three or four clients every day, found that 66 per cent had antibodies to the AIDS virus, Plummer said.

In Africa, homosexuality is not a big factor in the spread of AIDS, he said.

The most common symptom to develop first in African patients is wasting of body tissue, which they call "slim disease."

Plummer said AIDS is not seen in older Africans, indicating the epidemic there began about the same time as the one in the United States.

The research in Kenya will benefit North Americans, he said, because it may provide understanding of how AIDS spreads among heterosexuals before that happens to any extent here and of how mothers infect babies.

Bar Association Recommendations

Ottawa THE CITIZEN in English 18 Aug 86 p A4

[Text]

EDMONTON (CP) — The federal government and the provinces should explain the medical and legal implications of AIDS to a woefully uninformed public, the Canadian Bar Association decided Sunday.

Legislation should be enacted in each province that would let Canadians in on the whole story about acquired immunodeficiency syndrome until the medical profession can come up with a cure or vaccine, said lawyer Donald Cameron of Toronto.

"We want to make every provincial government and every provincial authority aware of the problems with this disease and we're asking them to take appropriate measures to amend their legislation," he said after lawyers at the association's annual convention voted to adopt a report on AIDS by its Ontario branch.

"Any responsible parent has a duty to understand AIDS and indeed lawyers have a duty to understand it," said Cameron, who added the federal and Ontario governments each have published pamphlets on AIDS.

But many of the recommendations in the 79-page Ontario report, released in April, aren't dealt with in government brochures and the association wants those issues brought to the fore.

The report explains in detail how it's believed AIDS, which has claimed more than 330 lives in Canada, first appeared in human populations in the 1970's.

It tells of the limited medical knowledge available about AIDS — that it is believed to be transmitted only through sexual contact with an infected person, by injection of contaminated blood, by using infected syringes or needles, or by infection of a fetus inside the womb of an infected woman.

AIDS suppresses the body's immune

system. People stricken with it usually live no more than three years after diagnosis.

More than just educating the public about AIDS, the resolution adopted by the association as its annual convention kicked off Sunday proposes other solutions to AIDS-related problems.

The Ontario report says the disease is so largely misunderstood that there have at times been calls for the forcible confinement of AIDS patients.

Parents have pulled their children out of school because AIDS-stricken youngsters attended the same institution. There have been suggestions for compulsory blood tests.

The association says such reactions to the disease "clearly have complicated what would otherwise remain a most difficult and challenging medical problem."

Misinformation about AIDS causes problems for patients and those suspected of having the disease, said Cameron, a member of the Ontario branch committee which studied the issue.

Some have been denied medical services, while others have been denied jobs because of their condition. In the future, AIDS patients could be denied housing and other essentials.

As a result, the association report recommends there be compulsory blood testing only of semen donors, organ and tissue donors or applicants for landed immigrant status.

It also recommends:

- The establishment of anonymous testing clinics to encourage voluntary testing;
- Continuation of a modified system of reporting positive test results that would include anonymity;
- Comprehensive government funding

and involvement in the education process about AIDS;

- Physicians should be forced to report to medical health officials any patient they believe will expose another person to the AIDS virus;
- AIDS patients or those suspected of having AIDS should not be quarantined;
- Any employee or student of an educational institution shouldn't be denied access on the sole basis of being diagnosed as having AIDS;
- No mandatory tests for AIDS for couples wishing to get married;
- Insurance firms not be discriminatory in requesting blood tests and that the applicant must consent in writing to such a test.

The convention, with speakers such as Wayne Gretzky, former U.S. senator Adlai Stevenson and others on a variety of topics, ends Thursday and is expected to attract 2,000 lawyers.

Breakdown of Cases

Toronto THE TORONTO STAR in English 21 Aug 86 pp B1, B6

[Article by Sarah Jane Growe]

[Text]

ALTHOUGH 543 of the 666 AIDS cases reported in Canada so far are homosexual men, many medical experts are worried that heterosexuals do not have the information they need to prevent the spread of the fatal disease.

"It's a sexually transmitted disease," says Dr. Norbert Gilmore, chairman of Canada's national advisory committee on acquired immune deficiency syndrome (AIDS). "And sex with someone who is infected is the concept, not whether your partner is male or female."

The problem, according to Gilmore, an immunologist at Montreal's Royal Victoria Hospital, is that people want to believe that things won't get worse before a cure is found.

"We haven't seen that," says Gilmore. "It's continuing. We've really got to get active. We've really got to change people's behavior."

The actual risk for heterosexual transmission right now is minimal — 13 cases representing 2 per cent of the total (that number does not reflect patients who may be showing up in other case categories such as the unknown risk or endemic region categories, experts say).

But Dr. Robert Remis, an epidemiologist with Montreal's public health department, believes there is good reason for both health officials and the public to be very concerned.

"The risk is increasing exponentially," says Remis, who monitors the disease in Quebec. "And if we don't take measures right now, it will be a substantial risk within five to 10 years. The time to change is now, while the risk is low, before it's too late."

Remis says he is worried about women. Since the majority of current AIDS victims are men, women now are at the greatest risk of heterosexual transmission. AIDS is thought to be more easily transferable from men to women than the other way around, says Remis. And it is women who will pass the infection on to their unborn children.

A few years ago, the only women

in Canada with AIDS were intravenous drug abusers or people born in countries where AIDS was common or endemic. Now, almost half of the 33 female AIDS victims are from other risk groups — eight are heterosexual partners of men at risk; three, recipients of blood transfusions and four, from the unknown risk category.

(The other 110 AIDS cases reported in Canada, in addition to the 13 heterosexual partners and the 543 homosexual men, are: Two intravenous drug abusers, 20 recipients of blood transfusions, 54 people born in a region of the world where heterosexual transmission of AIDS is endemic; 17 children, 14 born to an at-risk parent and three child recipients of blood transfusions; and 17 cases in which the risk has not been identified.)

Education is crucial to preventing the spread of the disease.

"We have to prepare the next generation," says Bill Mindell, of the Ontario Public Education Panel on AIDS and a Toronto public health co-ordinator. "But it will be hard for middle-class parents to accept that AIDS is going to be a problem for their daughters and sons."

There are guidelines based on what are considered to be AIDS high-risk groups, says Gilmore. "The best prevention is to try not to infect partners, to talk about the risk a partner is willing to take," he says. And Ontario ministry of health brochures also list these groups.

An informed sexual decision, according to the guidelines, means first finding out if a potential partner:

- Has received many blood transfusions between 1980 (when AIDS probably first occurred in Canada) and November 1985 (when the Red Cross began screening blood donors);
- Is an intravenous drug abuser who shares needles and equipment;
- Has frequent sexual contact with prostitutes;
- Is bisexual, having had sex with one or more male partners since 1980;

Has a history of other sexually transmitted diseases;

Is from a region of the world where heterosexual transmission of AIDS is thought to play a major role;

Is a hemophiliac;

Has been very promiscuous during the last six years;

Has had sex with other lovers who have slept with one or more men, used intravenous drugs or received blood transfusions since 1980;

And is a person who cares enough to be honest about these things.

No one knows yet how important any one of these factors is. It has not been established if one encounter is enough or whether a long period of exposure is needed. The virus lives in body fluids: blood, semen, tears, saliva and urine. Once it infects an individual, it becomes a permanent part of his genes.

Scientists think that it stays active in the blood stream for anywhere from six months to six years. And medical history and state of health are known to be co-factors to susceptibility.

AIDS, however, is not easy to catch. The most effective way to become infected is through blood transfusions and intravenous drug use. The next most intimate contact is pregnancy and after that, sex.

Once there is enough reason to suspect a sexual partner may be at

risk, then, there are ways to reduce the likelihood of infection. Anal intercourse is considered the most dangerous. Normal intercourse and oral sex are still the subjects of controversy. In a recent U.S. study of the spouses of hemophiliacs, positive blood tests indicating the wives had antibodies to the AIDS virus were attributed to "usual sexual interaction."

Public health officials stress the use of condoms for partners of high-risk individuals. And the World Health Organization asks people with a positive blood test to refrain from deep kissing, although no one yet has transmitted AIDS in that way.

A positive blood test does not mean the person has AIDS; he or she may never get sick. But anyone who tests positive must assume he or she is infectious and take precautions, officials say.

The simplest AIDS blood test, now used by the Red Cross to screen blood donors, costs the government \$5; the more complex tests, necessary for only a small percentage of specimens, cost either \$15 or \$40.

From November 1985 (when testing began) to the end of June 1986, Ontario doctors have sent 11,500 blood specimens to the province's Central Public Health Laboratory for testing; 1,460 or 12 per cent of those specimens are confirmed positives. (The number of full-blown AIDS cases reported in Ontario to date is 264).

Counselling is available from many local groups and from every provincial health department. And two Toronto hospitals have AIDS clinics.

Selling prevention is not going to be easy, says Remis. Getting AIDS from heterosexual contact is a not an immediate personal risk. But it is a risk to the community as a whole that soon could become a personal risk.

INCREASE REPORTED IN DISEASES FOUND AMONG TREE PLANTERS

Vancouver THE WEEKEND SUN in English 19 Jul 86 pp C5, C7

[Article by Don Whiteley]

[Text]

Tree planters in B.C. have been hit with intestinal disorders ranging from salmonella to giardiasis, or "beaver fever," according to health officials.

And the problems can be traced directly to unsanitary camp conditions spawned by contractors trying to cut costs and stay on top of a competitive bidding system in the silvicultural industry.

Actual numbers are difficult to produce because of the nomadic nature of tree planters, but health officials involved feel there are many more cases than have actually come to their attention.

"Our motto now is plant while you puke," said John Betts, an East Kootenay tree planting contractor who had 42 of his 50 workers stricken by intestinal disorders.

Betts hopes the problem, which he describes as "like a plague," prompts a set of minimum standards for camps imposed on all contractors.

Provincial health officials have no argument with that.

"I thought I was back in the last century," said Dave Coombes, public health inspector with the East Kootenay health unit in Cranbrook. Coombes has inspected two tree planting operations in his area.

"It was appalling," he said. "In years past, when typhoid and diphtheria were around, that's what we'd have seen. They were very crude, primitive camps lacking totally in safe water supply, sanitary toilet facilities and proper food storage."

Officials from the provincial health ministry and the forests ministry have been working together to develop such standards and are hoping they can solve the problem before it spreads any further.

"There's no question it's serious," said Terry Moran, a public affairs spokesman with the health ministry in Victoria.

"It's always been a problem, but now it's bigger," said Brian Storey, a spokesman in the forests ministry's silviculture branch. "We're cooperating with health officials."

Moran said complaints have come in from all over the province, but the hardest-hit areas are in the East Kootenay health unit, which covers most of southeastern B.C., and in the Northern Interior health unit, centred in Prince George.

Glen Timbers, chief health inspector in the Northern Interior health unit, said there have always

been problems at tree-planting camps, but this is the first year he's seen it on such a large scale.

"In June there was a significant increase in the number of communicable diseases — giardiasis (beaver fever), salmonella, and campylobacter (an intestinal disorder that causes severe, bloody diarrhea)," he said.

Beaver fever is caused by a parasite, common in the intestines of beavers, that is transmitted to humans when they drink water where beavers have been present.

It requires medical treatment with drugs.

"It ranges from just a few to 100 per cent of the people in a camp," Timbers said. "We've inspected several and found generally unsanitary conditions, lack of safe drinking water, lack of refrigeration for foods, tents with dirt floors, and significant fly infestations."

Timbers said there have been no deaths, but one person was airlifted

out of a camp because of the severity of the illness.

Moran said statistically, there hasn't been a large increase in reports of these intestinal diseases over 1985.

But both Timbers and Coombes pointed out that the numbers don't tell the story.

"We're only hearing about the diseases that have been forwarded to us through emergency or family physicians," Timbers said. "We're only getting a small percentage of the actual diseases."

Coombes said it's the first time he's run into camp conditions this bad and he's just now trying to get a handle on how widespread it is.

"The problem is people come in and plant and then they're gone," he said. "I'm trying to track people down to tell them what they have. There could be other more serious diseases out there we don't know about yet."

/9317

CSO: 5420/94

E. COLI. BACTERIA FOUND IN EIGHT HALIFAX PATIENTS

Ottawa THE CITIZEN in English 30 Jul 86 p B18

[Text]

HALIFAX (CP) — A rare strain of intestinal bacteria that killed 21 senior citizens in Ontario last fall has been isolated in a startling number of patients in the Halifax area, Dr. David MacLean of the Atlantic Health Unit said Tuesday.

There have been eight confirmed cases of the potentially fatal organism known as E. coli. bacteria since the beginning of July, said MacLean, and five more patients are experiencing the same symptoms.

"Normally we get one or two cases a year, and in the last two, or three weeks we've had eight confirmed cases," he said. "This is worrisome."

The little-understood E. coli., first isolated in the United States in the early 1980s, produces a painful form of diarrhea accompanied by hemorrhaging. MacLean said it has been linked to undercooked hamburger in the U.S.

"The cases have been sporadic — they've been all over the place and they've affected all ages."

Five of the current patients are known to have eaten hamburger not long before they became ill, but MacLean said it is premature to speculate on the link.

The bacteria that caused the Ontario deaths in two nursing homes last September was thought to have been caused by ham sandwiches that had been contaminated after being prepared on a wooden table where frozen veal patties had been handled the previous night.

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CSO: 5420/94

ONTARIO ANNOUNCES NEW FUNDING FOR MEDICAL FACILITIES

Cancer Treatment

Windsor THE WINDSOR STAR in English 6 Aug 86 p A8

[Text]

TORONTO (CP) — Cancer treatment centres in Toronto, Hamilton, London and Sudbury will get a \$200-million boost to upgrade facilities and equipment, the Ontario government announced Tuesday.

Health Minister Murray Elston told a news conference the province will contribute \$133 million towards a complete rebuilding of Princess Margaret Hospital in Toronto, the largest cancer treatment centre in Canada.

In addition, \$32 million will be spent to build new cancer clinics in London and Sudbury and to upgrade the clinic in Hamilton, while \$35 million will go to fund other cancer projects.

Total cost of these projects will be about \$250 million, with about \$50 million expected to come from private donations.

A consultants' study warned the government last year that at least \$150 million would be needed to put the cancer treatment centres into shape to provide prompt care for more than 20,000 new patients a year, about half the cancer patients in the province.

Elston said the \$200-million funding announcement for cancer centres is part of the government's five-year, \$850-million, capital-funding plan. It was easier to meet now that Ontario has banned extra billing by doctors and will receive \$106 million in federal transfer payments.

Hospital Expansion Program

Toronto THE SATURDAY STAR in English 9 Aug 86 p A13

[Text]

SARNIA — The province will spend \$104.6 million to pay for 365 new chronic- and acute-care hospital beds in southwestern Ontario, Health Minister Murray Elston has announced.

In separate visits to Sarnia, St. Thomas and London, Elston yesterday announced government funding for 328 chronic- and 37 acute-care beds for those cities and other areas in the region.

Sarnia's St. Joseph's Hospital will receive two-thirds of the cost of a new 160-bed chronic-care unit, to be completed in 1988. While Elston would not say how much the government would contribute, the new unit is estimated to cost between \$18 million and \$20 million, said hospital board chairman Lee Dougan.

Elston also announced funding for Windsor Western Hospital to redevelop its chronic-care facility.

And he said money would be

given for 60 new chronic beds at London's St. Mary's Hospital and 108 chronic beds in Middlesex, Oxford and Elgin counties.

The projects are part of an \$850 million, 4,400-bed expansion announced by Treasurer Robert Nixon in his May budget.

Earlier this week, the health minister announced in Hamilton and Guelph that more than \$200 million will be spent to create 939 chronic- and acute-care hospital beds in west-central Ontario and the Niagara region.

In addition, \$200 million will go to redevelop cancer treatment centres in Hamilton, Toronto and London, and to build a new clinic in Sudbury, the first for Northern Ontario.

Elston is to visit Sault Ste. Marie, Kingston, Ottawa and Toronto next week to dole out the remaining \$350 million of the hospital expansion program.

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CSO: 5420/94

FIJI

BRIEFS

UNIDENTIFIED VIRAL DISEASE--An unknown virus is causing an epidemic among the children of Suva. Its symptoms are very high fever and intestinal disorders. It could be fatal unless great care is given immediately. The Office of Preventive Medicine recommends boiling drinking water and examining food so that it meets the highest hygienic standards. Five children are in the isolation ward of the War Memorial Hospital and are being treated with antibiotics. The doctors state that as of now tests have failed to identify the virus. [Text] [Noumea LES NOUVELLES CALEDONIENNES in French 18 Jul 86 p 35]

/9716

CSO: 5400/4412

FRANCE

BRIEFS

AIDS CARRIERS--In France one haemophiliac in two is reportedly an AIDS carrier. A study carried out by the national center for blood transfusions shows that most of the haemophiliacs have been contaminated by receiving blood transfusions regularly. Particularly before 1 August 1985. Before this date, the detection of AIDS was not compulsory for the blood donor. It must be made clear that these haemophiliacs are considered to be healthy carriers and are not necessarily suffering from this illness. [Text] [Paris Domestic Service in French 1600 GMT 22 Aug 86 LD] /9599

CSO: 5400/2557

GAMBIA

BRIEFS

POLIO VACCINATION PROGRAM--Banjul, 18 Aug (GINS/PANA)--Health authorities in Banjul, Gambia have launched a countrywide vaccination campaign against polio, following confirmation of several cases of the disease attacking Gambian children. An official release said that inoculation teams were being deployed throughout the country to prevent the spread of the disease. All children under the age of ten will be given one additional polio vaccination as an emergency measure, as they have already received the vaccine at the regular maternal and child health clinics. [Tect] [Dakar PANA in English 1659 GMT 18 Aug 86 AB]

/9716

CSO: 5400/163

BRIEFS

BILHARZIA FROM WATER SUPPLY--The residents of Akyem Adjobue, near Oda in the Birim District, have appealed to the Ministry of Health to assist them in controlling an outbreak of bilharzia which has hit the village as a result of lack of good drinking water. Mr Kwasi Erskine, a member of the Adjobue CDR, who made the call when the staff of the Birim District and Asuogya Zonal CDR Secretariats joined the people in communal labour, said all the streams in the area have been contaminated since the Ghana Consolidated Diamonds Limited (GCD), started dredging diamonds in them. To compensate the people, he said the company provided them with pipe-borne water. Mr Erskine said since the pipe-borne water system became defective in 1983, the GCD had not repaired it despite several appeals and the people have resorted to the use of stagnant water collected from the pits, hence the outbreak of the disease. He later conducted the team around abandoned buildings belonging to the GCD which have been overgrown by weeds as well as a bore-hole water project which was started during the Second Republic and which had been abandoned since 1971. Addressing the people, Mr L.F.K. Ankuvie, the District CDR Organising Assistant, told them to exercise the greatest restraint since he would take up the matter with the authorities concerned for the reactivation of the projects. [By Samuel Kyei-Boateng] [Text] [Accra PEOPLE'S DAILY GRAPHIC in English 21 Jul 86 p 11] /8309

CSO: 5400/175

GRENADA

BRIEFS

RODENT CONTROL--Grenada and the United Nations Food and Agriculture Organisation (FAO) have signed an agreement covering the control of rodents. This was disclosed by FAO's director-General Edouard Saouma who paid a one-day official visit to the island this week. Saouma told reporters under the agreement, the FAO would provide technical support for the control of rodents in the Eastern Caribbean. [Text][Port-of-Spain DAILY EXPRESS in English 22 Aug 86 p 14]/12828

CSO: 5440/119

BRIEFS

CHOLERA CONFIRMED IN KINDIA--In Kindia, six cases of cholera have been confirmed to date by the IRBAG, the Institute of Applied Biology Research of Guinea, virus and microbiology laboratory. The first case was detected on 12 July 1986. Ousmane Toure reports on what the regional health directorate of Kindia is doing in the face of this situation: [Begin Toure recording] This situation has prompted the regional health directorate to take some necessary steps to ward off the dangerous plague. The first steps taken are curative ones, according to Dr Amadou Thiam. They consist in systematically hospitalizing and closely watching all cases of diarrhea followed by examination of the stool for bacteria with the help of IRBAG at Fassoriya. The general medical services has been transformed into infectious disease service. As for the preventive measures taken by the India regional health directorate, they take various forms such as an information and education campaign for health. All public health workers have been mobilized and deployed to various parts of the town to inform families and check possible sources of contamination--wells, latrines, and so on, as well as the checking on fresh vegetables and other foodstuffs for hygienic conditions since Kindia is a great producer of vegetables and foodstuff. [Excerpt] [Conakry Domestic Service in French 2200 GMT 24 Jul 86 AB]

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CSO: 5400/163

COLUMNIST WRITES ON STRUGGLE AGAINST AIDS

Bombay THE TIMES OF INDIA in English 2 Aug 86 p 8

[Article by G. S. Sainani]

[Text] AIDS, that most dreaded disease, seems to have landed on the Indian subcontinent. Nearly 26,000 cases have so far been reported from all over the world, of which the largest share (nearly 21,000) have been reported from the U.S. So far one full blown case has been reported in Bombay of a man who recently died in a local hospital.

Screening of potential and high risk victims and carriers like prostitutes, eunuchs, homosexuals, drug addicts, should be carried out particularly in metropolitan cities. In Tamil Nadu, six prostitutes were tested and the results were positive. There may be more cases in places like Bombay and Calcutta where there is heavy traffic of foreigners from both west and east. Similarly, drug abusers living near the Goa and Trivandrum beaches etc. should be screened and advised accordingly.

Any campaign to control AIDS in India must try to determine the number of homosexuals. It is calculated that there are about one crore gays in India. The figure one crore does not include bisexuals and the occasional homosexual which if included would raise the total to around four crores.

Eunuchs are another potential carrier of AIDS. In Bombay's industrial suburbs, eunuchs are very popular among the migrant industrial labour who have left their families behind. In India, another big danger is the way sterilisation of needles and syringes is done in various hospitals, and the way tattooing is carried out with the same needle in several village fairs. In fact in Ruanda, Africa, the main source of transmission of AIDS was through re-use of unsterilised needles.

Enough publicity should be given to persuade people to avoid sexual promiscuity till the vaccine is found. Drug addiction has filtered down to metropolitan schools and colleges. The teachers, parents, voluntary agencies should make all effort to put an end to this evil of drug abuse. If we do not wake up to this reality, we may sacrifice a whole generation. At the same time, the mass media should not cause a scare but should educate society on the right lines.

In conclusion, man is the only species that has sex all the year round and engages in a variety of sexual acts. Even here, the media, has a responsibility to create a greater awareness of the problems and risks associated with this reality and to promote practices which will lessen the dangers of AIDS infection.

/13104

CSO: 5450/0192

BRIEFS

POLIO IN AHMEDNAGAR--The health minister, Mr. Bhai Sawant, admitted today that a polio epidemic had broken out in Ahmednagar district and attributed it to impure water, unclean food and flies. He said doctors of the virus institute had visited Ahmednagar and Aurangabad. Measures were underway to control the disease. Steps were being taken to disinfect the water supplied through tankers in the scarcity-hit district. A mass campaign against polio will cover all the districts in the state in three years, the minister told Mr. B. B. Dhakne (Janata) and Mr. Dada Kalamkar (Janata) in the legislative assembly. [Text] [Bombay THE TIMES OF INDIA in English 7 Aug 86 p 5] /13104

MARATHWADA POLIO DEATHS--Members from both sides in the state legislative council expressed concern over the death of 66 children due to a polio outbreak in Marathwada since January. The health minister, Mr. Bhai Sawant, tabled a detailed statement regarding various measures being taken by the health department in response to a calling-attention motion moved by Mr. S. R. Wahadane (BJP) and others. Replying to supplementaries, Mr. Sawant said in certain parts of Marathwada, there was an epidemic outbreak of polio. He said all children below one were given oral doses of polio vaccine in Aurangabad city where 21 died during June and July. In Jalna district, 20 children died during the last two months due to polio. The minister said experts of Haffkine Institute had detected polio virus-I. The team from the institute will visit Nasik, Nagpur, Jalgaon, Jalna and Parbhani districts to assess the spread of polio. [Text] [Bombay THE TIMES OF INDIA in English 5 Aug 86 p 16] /13104

MADHYA PRADESH AIDS CENTERS--The Indian Council of Medical Research has set up two surveillance centres for AIDS at Bhopal and Jabalpur in Madhya Pradesh. Stating this here today, Dr. M. P. Dwivedi, project director of ICMR, Bhopal, said the third centre would be opened at Raipur soon. These centres were acting as information-catering agencies on acquired immune deficiency syndrome (AIDS). He told a seminar on AIDS organised jointly by the Bhopal unit of the Indian Medical Association and the ICMR that cases with watery diarrhoea or gland enlargement were noticed in Bhopal but they could not be said to be clear cases of AIDS. Dr. Dwivedi said staff from the pathology and medicine departments of the Gandhi medical college had been trained in the detection of AIDS virus. They were asked to be extra careful about blood transfusion. He said that of the 18 known cases of AIDS in the country, six were of a confirmed nature. [Text] [Bombay THE TIMES OF INDIA in English 3 Aug 86

p 12] /13104

HEALTH OFFICIAL'S STATEMENT--The government has started surveillance centres all over the country to check acquired immune deficiency syndrome (AIDS), the deputy health minister, Mr. S. Krishnakumar, told the Lok Sabha today. Replying to supplementaries, he said only 18 cases of AIDS including one death has been reported. "We have started a mass education programme on the potential danger of AIDS," he said. Replying to other supplementaries, Mr. Krishnakumar said more than 200 health schemes were in operation in the country and that targets had been achieved in a number of them. Targets were exceeded in the anti-leprosy programme, establishment of primary health centres, and maternal and child health programme. Even in family planning programme, the achievement was hundred percent, he added. He also admitted that there was recrudescence of malaria in the country. But the number of cases had been brought down from seven million to two million. He said as a result of various health programmes, the life expectancy had now increased to 55. Earlier, the minister of state for health, Miss Saroj Khaparde told house that the Siddha Medical Research Institute at Bangalore has claimed the existence of a cure for AIDS in Siddha system of medicine. [Text] [Bombay THE TIMES OF INDIA in English 1 Aug 86 p 12] /13104

ANTI-MALARIA MEASURES FAIL--Steps taken by the Health Department to contain malaria in Burdwan district have proved futile. There has been a 10% rise in malaria cases this year compared to last year. Three people suffering from malignant malaria have been admitted to the steel plant hospital. [Text] [Calcutta THE STATESMAN in English 1 Aug 86 p 11] /13104

MORE AIDS CASES--Two more cases of AIDS infection have been detected, bringing the total number of confirmed AIDS patients to 19 as on July 15 last, reports UNI. The latest cases are one each from Kerala and Tamil Nadu, according to a written answer given by the Minister of State for Health Miss Saroj Khaparde. [Text] [Calcutta THE STATESMAN in English 7 Aug 86 p 12] /13104

CSO: 5450/0193

PAHO TO HELP STRENGTHEN ISLAND'S HEALTH SERVICES

Kingston THE DAILY GLEANER in English 8 Aug 86 pp 1, 3

[Excerpt]

A joint agreement under which the Pan American Health Organization (PAHO) will prepare feasibility studies for the rationalization and strengthening of hospital services in Jamaica was signed by a representative of that organisation and the Minister of Health, Dr. Kenneth Baugh, at the Ministry, yesterday.

Under the agreement, by which US\$350,000 is to be spent to conduct the feasibility studies, funding for the project will be provided by the Inter-American Development Bank and the Government of Jamaica. PAHO will act as consulting agents.

In signing the documents of agreement, the Minister said that for the first time in Jamaica, a project was being made available to fulfill the needs of health services in Jamaica.

He said also that the Jamaica Pre-investment Programme (JPIP) and the Inter-American Development Bank (IADB) had decided that PAHO would provide consulting services for a feasibility study for hospital restoration and the strengthening of the health care systems in Jamaica.

PAHO, as the consulting agency, would further secure the services of other consultants to do the feasibility studies of hospitals in Jamaica. These consultants would be a team of professionals, workers and skilled people.

Main objectives of the study are: to review the present hospital services provided and to identify "core" and "satellite" hospitals which should be maintained for the effi-

cient and effective delivery of secondary care within budgetary constraints. (Core hospitals are those within a given health area serving as a focal point for hospital services in that area while the satellite hospitals are those that would provide the first level of hospital services, within the health area and normally use the core hospitals as their first level of referral).

To provide a detailed review of core and satellite hospitals. To make recommendations on the functions of these hospitals including staffing and other requirements. To make recommendations on the overall management systems to be adopted for the secondary/tertiary services to allow maximum decentralization and full utilization of resources. To provide detailed survey of the physical structures and equipment of selected hospitals, and prepare in detail the requirements to their facilities.

Minister Baugh said, too, that after the studies which would cost US\$350,000, the Ministry would have substantial plans for the programme, and that it would cost an estimated US\$30 to 40 million if it gets off the ground as planned in early 1987.

/12828

CSO: 5440/120

GOVERNMENT OPENS CHILDREN'S IMMUNIZATION CAMPAIGN

Kingston THE DAILY GLEANER in English 6 Aug 86 p 1

[Text]

As the Ministry of Health started yet another programme of immunization for children against certain childhood diseases, hundreds of parents turned out yesterday to have their children immunized at the approximately 300 health centres across the island.

Two main centres were involved in the Corporate Area — the Comprehensive Health Centre at 55 Slipse Pen Road and the Glen Vincent Polyclinic at 3 Trevennion Park Road. By 10 a.m. yesterday, when the *Gleaner's* news team visited the Comprehensive Centre, the nurses there had already immunized more than 80 children.

Public Health Nurse Veronica Reid-Cookes told the *Gleaner* that surprisingly a number of children in the seven-year-old bracket were coming in for their first vaccine. She said that children should start getting their vaccinations from as early as three months old, then at five months the second set is administered and the third set at seven months. The BCG vaccine is given at birth.

On completion the children should be fully immunized against diphtheria, pertussis (whooping cough), tetanus (lock jaw), polio, tuberculosis and measles.

At the Glen Vincent Clinic, Public Health Nurse Mrs.

Daphne McNaughton-Spence told the *Gleaner* that the programme was geared towards getting children immunized before September when the immunization law takes effect. Under this law children will not be admitted to school unless they are immunized.

And Dr. Deanna Ashley, officer in charge of the Maternal and Child Health Programme at the Ministry of Health, told the *Gleaner* that each year approximately 58,000 children are born in the island and "unfortunately only about 60% get immunized each year."

Dr. Ashley said further that people found guilty of not enforcing the immunization law would be liable to a fine of up to \$500 or a prison term. This group could include teachers, parents and health workers who

for one reason or the other fail to abide by the law. She said that chances are given for a three-month period when the children begin school. In this case the principal would monitor the situation and advise accordingly.

The only exception, she said, was a medical reason, which would have to be backed up with a certificate. For the public, Dr. Ashley said that the important thing was for them to understand the importance of getting the children under seven years fully immunized as "one shot

won't do, you must get at least three shots to complete a programme."

The new immunization law requires that children present their certificates of immunization to the school at the time of admittance; or present certificates of 'contra-indications' meaning that for some medical reason the children have not been fully immunized. All children in the country should be immunized against diphtheria, whooping cough, polio, measles and tuberculosis by the time they are one year old.

KENYA

BRIEFS

OVER 100 AIDS CASES--The Director of Medical Services, Dr. W. Koinange, said today that 109 cases of the Acquired Immune Deficiency Syndrome (AIDS) disease have so far been diagnosed in Kenya. That during the last 12 months, medical authorities have been diagnosing four cases of AIDS each month, he said. Addressing a news conference at his Afya House, Dr Koinange said overall, Kenya has more cases coming from Western Kenya followed by Central Kenya, Rift Valley, Eastern and Coast Provinces. No AIDS cases had so far been diagnosed in North Eastern Province. He added that the youngest AIDS patient in Kenya is 1 1/2-years old, and the oldest is 46. Most patients are between 20 and 35, with almost equal distribution between males and females. [Summary] [Nairobi KNA in English 1745 GMT 11 Aug 86 EA]

/9716

CSO: 5400/170

MALI

HEALTH MINISTRY TAKES STEPS TO CONTAIN CHOLERA OUTBREAK

AB271512 Bamako Domestic Service in French 2015 GMT 26 Jul 86

[Excerpts] Mrs Sidibe Aissatou Cisse, Minister of Health and Social Affairs, returned to Bamako yesterday after visiting the Nara region where she supervised cholera-control activities there. Mrs Cisse, who was accompanied by the governor of Koulikoro Province, Mamadou Lamine Dembele, visited health centers in (Nazare), Mouria, Goubou, and Nara. An assessment meeting, held in Nara with political, administrative, and health authorities, enabled the minister of public health and the governor of Koulikoro to become acquainted with the factors responsible for the inexplicable spread of cholera in that area. Important measures were taken, including the institution of a quarantine in Goubou. This measure will be extended to other parts of the Nara region if the situation is not brought under control within the next few days. Aboubakar Diallo, who was with the minister in Nara, speaks about this problem of cholera in Nara:

[Begin Diallo recording] The cholera problem of Nara is very serious because the risk of a new outbreak of cholera in the country from Nara is quite high. To avoid such an eventuality, all the efforts of the Ministry of Public Health and Social Affairs are now directed toward Nara. The minister of public health herself said that her ministry has virtually been transferred to Nara due to the severity of the problem.

The visit of the minister, who was accompanied by Dr Zakaria Maiga, her adviser on public health affairs, and Dr Sidi Konare, head of the Department of Epidemiology and Prevention at the National Health Directorate, made it possible to clearly confirm only one thing: namely, the refusal of the people to adopt the hygienic measures recommended. In fact, the religious belief of the people is that chlorinated water is not good to perform their ablution.

/9716

CSO: 5400/163

MOZAMBIQUE

BRIEFS

USSR ALLOCATES RESOURCES TO COMBAT MALARIA—The Soviet Union has allocated about \$500,000 toward the implementation of the program to fight malaria in our country. The investment was made in the form of equipment, pesticides, vehicles, microscopes and experts. This was disclosed in an interview given to our correspondent by the leader of a Soviet team that has been operating in Mozambique in the fight against malaria over the past 2 years. [Text]
[Maputo Domestic Service in Portuguese 1400 GMT 18 Aug 86 MB] /9274

CSO: 5400/172

DOCTORS URGE INTERNING OF AIDS SPREADERS

Stockholm SVENSKA DAGBLADET in Swedish 31 Jul 86 p 6

[Article by Margit Silberstein: "Campaign Against AIDS Victims in Norway"]

[Text] Oslo--Norwegian doctors are demanding that AIDS victims be interned and that those who infect others with the disease are to be charged with attempted murder. An existing law could give carriers up to eight years in prison.

The Norwegian debate about the methods to be used to fight AIDS has become very aggressive. Hitler-methods, is the name given by representatives for homosexual organizations to the doctors' drastic proposals for measures against those who are carriers of the AIDS virus.

"We are afraid of the recently started campaign. It could end with informers and internment camps. If the offensive succeeds, everyday life will become even more difficult for the many hundreds of thousands who belong to the risk groups," says Sigmund Raanes, a representative for the homosexuals.

Hateful Overtones

Just like in Sweden, the Norwegian AIDS-debate has been going on for a long time. But since two well-known chief physicians published their drastic proposals for measures, it has taken on almost hateful overtones. In an open letter, the physicians have demanded the resignation of the head of the Social Welfare Board because he advocates a softer, voluntary approach.

Those physicians want all Norwegians to undergo an obligatory AIDS test. Those who are carriers of the dangerous virus are to be registered in a central registry. The names of those who are carriers but who don't follow the advice of their doctors are to be made public. Carriers, who don't stick to the rules, are to be forcibly interned at the Reitgjerde, one of the mental hospitals in Norway.

One of the two physicians has also said that it should be viewed as equivalent to attempted murder if a person with AIDS infects another person.

Existing Law

The Justice Department has confirmed to the SVENSKA DAGBLADET that there are already provisions in the Criminal Code that could be applied to carriers. The department also referred to this law in a letter to the Social Welfare Board, which had asked for a review of what means of compulsion could be used against carriers of the virus.

The law states that it is a punishable offense to expose another person's body to such injury that he contracts a disease that will last for the rest of his life. The prerequisite is, however, that it can be proved that the carrier was aware of the danger. Those who know that a carrier is exposing others to danger are required to report it.

"There are obvious symptoms at various stages of AIDS. For instance, if a person is an intravenous drug user and has these symptoms, he ought to be aware of the risk for infection," says Kristin Skjeggestad, assistant secretary at the Justice Department.

Medieval Methods

The head of the Social Welfare Board, Torbjorn Mork, thunders against the two physicians and talks of medieval methods.

"In this country you can cheat on your taxes and do even worse things without having your name made public. And they want to crucify poor sick people who have the misfortune of having been infected with AIDS. I call this wickedness. Really, the debate has reached such a level that I don't want to participate, but they will hear from me," warns Mork, who will wait until his vacation ends.

There are, however, more than the two physicians who are advising Mork to depart from the voluntary line and to renounce personal integrity, pleading the seriousness of the situation as an excuse.

12339
CSO:5400/2552

BRIEFS

NEW TYPHOID OUTBREAK—One man is dead and many others are seriously ill in health centres throughout Enga following fresh outbreaks of typhoid. And authorities are making an all-out effort to educate people in ways to protect themselves from the killer disease. All forms of cooked food in markets and other public places have been banned. Police are making regular checks. The acting assistant secretary for health in Wabag, Mr Peter Piando, said the disease started in Laiagam and had spread west to Muritaka, Wabag, Wapenamanda and Tsak valley. He said there were a large number of unconfirmed cases throughout the province and special monitoring wards had been set up in all health centres to keep a record for effective treatment. The disease was initially reported in the province several months ago and more than 50 people died as a result. People who were known to have had the disease had been advised not to prepare any food either for their families or for any other purpose. [By Manga Bengi] [Text] [Port Moresby PAPUA NEW GUINEA POST COURIER in English 21 Aug 86 p 2] /13046

CSO: 5400/4415

MINISTRY OF PUBLIC HEALTH HOLDS PHONE CONFERENCE

HK131036 Zhengzhou Henan Provincial Service in Mandarin 1300 GMT 11 Aug 86

[Text] On 6 August, the Ministry of Public Health held a telephone conference of all public health department and bureau directors throughout China. Chen Minzhang, vice minister of Public Health, conveyed the spirit of the directives of leading comrades of the Central Authorities on straightening out the medical work style.

Vice Minister Chen Minzhang pointed out: It is necessary to carry out the activities of wholeheartedly serving the people and improving the medical workstyle in hospitals at all levels in China. Leading comrades of Party and government departments and public health systems at all levels must attach importance to this work. It is essential to strengthen ideological and political work in the medical and public health system and to conduct education in ideals and morality for medical personnel. At the same time, it is imperative to put all medical systems of the hospitals on a sound basis and perfect them and to simplify the formalities for the patients who require urgent medical treatment. Regarding patients who need to be transferred to other hospitals for medical treatment, the hospitals which give primary medical treatment to them must make proper arrangements regarding the other hospitals.

Comrade Chen Minzhang also pointed out: We must strengthen medical and public health system workers' concept of the legal system. People of various circles must also respect the labor of medical personnel and uphold the normal work order of the hospitals. All personnel on the public health front must carry forward the revolutionary spirit of humanism, overcome all difficulties, and serve patients even better.

/12858

CSO: 5400/4124

BEIJING STEPS UP MEASURES AGAINST INFECTIOUS DISEASES

HK080720 Beijing CHINA DAILY in English 8 Aug 86 p 3

[By staff reporter Nie Lisheng]

[Text] As more and more people move into the city to do business and sightsee, Beijing has stepped up its epidemic and food sanitation control to prevent the spread of infectious diseases.

Special efforts have been made to cut down the incidence of intestinal infections, especially to prevent the occurrence of cholera, said Han Changlin, vice-director of the Municipal Public Health Bureau. He told a press conference yesterday that the city had opened more than 400 enterological clinics in hospitals in order to quickly diagnose and isolate any patients who catch intestinal infectious diseases.

The city has also cooperated with its neighboring areas in setting up an inspection line along the city's border in case that infectious patients may come into the city.

The vice-director said each day an estimated 1 million people enter and leave the city from other parts of the country and there was another 0.6 million living temporarily in the city. Not a single case of cholera has been reported, Han said.

He said the municipal public health authorities had also tightened surveillance on the possible occurrence of epidemic haemorrhagic fever, an infectious disease caused by a virus carried by rats.

In the rural suburbs of the city, six monitoring stations have been set up to keep watch on the rat population. In a sample test of about 600 rats, researchers found that none of them were carrying the fever virus. Although there have been cases of the fever reported in some areas outside Beijing, the vice-director said the city itself had not received any patients.

He also said that the city had had no cases of AIDS, although a visiting American Argentinian died of the disease last summer at PUMC Hospital.

According to vice-director Han, the city government has increased funds for sanitation and anti-epidemic work by 7.4 million yuan since 1983. About 12 percent of the city's total public health expenditure is devoted to these areas.

As a result, the incidence of all major infectious diseases has been dropping over the last three years. Between 1984 and 1985, the incidence of dysentery dropped by 24 percent, typhoid fever by 54 percent, encephalitis by 48 percent and hepatitis by 7 percent.

Han said food sanitation control was another important task for the city. The number of food shops and stalls has jumped to 68,000, employing 360,000 workers, many of whom are private traders.

Last year, at least 1,001 people suffered from food poisoning due to bad or polluted food products. And the municipal government plans this year to ban all catering trade stores and non-staple food dealers from stocking cooked meat products from outside Beijing, because many of the poisoning cases were found to have been caused by the processed meat of domestic animals or poultry that had died of disease.

/12858
CSO: 5400/4124

PEOPLE'S REPUBLIC OF CHINA

PROGRESS IN CONTROLLING MALARIA DEEMED SIGNIFICANT

OW311910 Beijing XINHUA in English 1748 GMT 31 Jul 86

[Text] Manila, 31 July (XINHUA)--There is a tendency of malaria resurgence in some parts of the western Pacific region despite very successful gains in the anti-malaria campaign, a senior official of the UN World Health Organization (WHO) warned here today.

Dr Tatsuo Matsushima, regional adviser on malaria for WHO's western Pacific region, told a press conference that malaria remains one of the most serious health problems for a number of countries and areas in the East Asia and Pacific region.

Among the nine countries of WHO's western Pacific region in which malaria still persists, China has registered significant progress in reducing it, he said. He said that in 1977, there were four million malaria cases in China, but the incidence gradually declined to 900,000 in 1984 and to 560,000 in 1985. He considered the progress made in China the best in WHO's regional members and very impressive.

Some countries and regions in the Southwest Pacific, he said, malaria's grip is still tenacious and may be very serious due to drug resistance and fund deficiency. He stressed that "we can reach a point of eradication, but the problem is how to maintain the gains achieved and how to control malaria." He said in order to make the control program effective, there must be available resources--manpower and money. It is a very difficult task and needs great efforts, he added.

Matsushima said that the WHO regional office is now collaborating with individual member countries in their anti-malaria campaign, and the organization is now emphasizing the primary health care approach in the control of malaria. He expressed the hope that through the joint efforts by WHO and its member states they may succeed in reducing the malaria cases.

/12858

CSO: 5400/4124

PERU

INTI MARKET REPORTED TO CONSTITUTE HEALTH THREAT

Lima EL COMERCIO in Spanish 29 Jun 86 p A-13

[Text] Residents of the second zone in Collique, district of Comas, have complained to the municipality that for almost a year, the Inti market has been totally neglected, and that garbage is not regularly collected and as a result is polluting the environment. "Living here is intolerable because of the vast number of flies and the foul smell."

In fact, EL COMERCIO editors visited the market, which is located at the 16 kilometer marker on the Tupac Amaru road, and they confirmed the accuracy of the reports.

The stalls where fish and poultry are sold are just a couple of meters away from the very place where garbage is dumped. The refuse includes fish gills, animal viscera and scraps of rotting meat, which dogs soon scatter about the area.

Several days' garbage is to be found not only inside the market, but outside as well. The people who live in the environs, such as for example Carlos Gomez Guerrero, Maria Castro Alvarado, Jorge Diaz Aguirre, Sara Briceno Perez, etc., said that their homes are being invaded by hordes of flies and the bad smell of the garbage.

"What we fear most," Flor Valencia Vasquez said, "is that our children will get sick, and some are already suffering from respiratory and intestinal infections and problems. This phenomenon becomes more acute during the summer months, because the garbage decomposes more rapidly and the flies reproduce in greater numbers."

All of those making the charges stated that they have taken their concerns to the municipality of the district on many occasions, but to date nothing has been done to deal with the matter.

5157

CSO:5400/2074

MASA SECRETARY-GENERAL: SANCTIONS MIGHT BRING BACK KILLER DISEASES

Johannesburg THE STAR in English 8 Aug 86 p 7

[Article by Joe Openshaw]

[Text]

Sanctions could increase the incidence of tuberculosis and other infectious diseases in the long term and lead to the reappearance of typhoid, malaria and cholera in areas where it had been eradicated.

This warning was contained in a statement issued in Pretoria by Dr C E M Viljoen, secretary-general of the Medical Association of South Africa (Masa).

He said: "Without a sound economy it is impossible to run health services and the disastrous results for all, rich and poor, black and white — should the country be forced to its knees economically — must be obvious for all to see.

"Were such a catastrophe to befall us it would not be reversible immediately. In fact, if the results of decades of industrious efforts are destroyed, it would take many years to rebuild them," Dr Viljoen said.

'Economic disaster'

Providing medical facilities depended on the availability of large numbers of trained staff with equipment that was becoming rapidly more expensive.

"Governments of Western countries which despite advanced economies are finding it difficult to afford health services should have no difficulty understanding this.

"The effect of an economic disaster in this country on the general well-being of our people, with the loss of individual earning capacity and resultant malnutrition — already prevalent among certain groups — and the loss of the State's ability to supply and extend public health services such as sanitation, water supplies and control of infectious diseases, would have even more far-reaching effects on the health of the population than would a breakdown in health services as such."

He said there would undoubtedly be an aggravation of the increase in tuberculosis and other infectious diseases caused by unfavourable living conditions.

"In an extreme situation typhoid, malaria and cholera may again become prevalent in areas where it at present no longer occurs."

/13104

CSO: 3400/453

BRIEFS

MASSIVE ANTI-POLIO CAMPAIGN LAUNCHED--A massive immunisation campaign against polio is at present taking place in the black township of Alexandra. This campaign follows the reporting of three polio cases in the township at the end of May and another case in June. The first vaccination drive was held soon after the cases were reported, and 10 000 children under the age of five were vaccinated in three days. The second inoculation campaign was launched about two weeks ago and will last another week. A third campaign is also being planned. The campaign was organised by the Alexandra Clinic and teams of health workers, community members and medical students have been going from house to house inoculating young children. The teams are also inoculating against diphtheria, measles, whooping cough and tetanus. [Text] [Johannesburg THE CITIZEN in English 2 Aug 86 p 9] /9317

35 PROVED CASES OF AIDS--AIDS continues to claim more South African victims all the time, with 11 new cases so far this year bringing the total of proved cases to 35. This was confirmed yesterday by Dr Frank Spracklen, a member of the national AIDS Advisory Group. "There's a continuing growth in the number of South African cases in line with other countries. In fact we are following exactly the same pattern here as England and America, where they have had more than 20 000 cases. "There is, however, a time lag between what we see here and what has happened overseas--we are still a long way from reaching a plateau in the number of new cases as appears to be happening in the US. "But there is almost certainly a big pool of people out there, some of whom we expect to see within the next year or two, when they start to develop symptoms," said Dr Spracklen. "AIDS has not gone away; it's holding its own and we can predict more cases by the end of 1986 than we had last year--already in the first six months of the year we have had just one case fewer than the 12 recorded cases last year. "I would say that the accent is still on prevention of more infections through education, reduction in promiscuity among all people--particularly the high-risk groups such as male homosexuals--and a general alteration of life-styles of all high-risk individuals." The growth in the number of South African AIDS cases was "exponential," although the numbers involved were still small. In 1982, when the first South African case was recorded, there were three cases in total, with only one in 1983, eight in 1984, 12 in 1985 and 11 to date in 1986. Of the 35 proved AIDS patients, 12 are still living. Dr Spracklen said he was following about

45 cases of AIDS-Related Complex (ARC), a milder, usually non-fatal form of the illness. In all, he estimated that there were about 10 times the number of ARCs as AIDS cases, placing the figure for South Africa at about 350. If trends here closely followed those in the US, then the total number of people infected with the AIDS virus would be about 100 times the number of proved AIDS cases, or about 3 500. "In Cape Town we have had seven AIDS patients, four of whom have died. Of the four homosexuals we have seen, three are dead, and of the three bisexuals we have seen, one is dead. "In Johannesburg, there have been 18 cases: 14 homosexuals, of whom 12 have died, and two bisexuals, one of whom has died. "Pretoria has had four cases, including three homosexuals and a blood transfusion case, all of whom are dead, and in Durban both bisexual cases they have had are still alive. "There have also been four cases from neighbouring states which have been diagnosed in South Africa," he said. [Text] [Cape Town CAPE TIMES in English 5 Aug 86 p 7] /9317

AIDS TYPE VIRUS ISOLATED, FEAR OF SPREAD--Tygerberg Bureau--A virus which suppresses elderly people's immunity to disease has been isolated in a rural area and could indicate an endemic infection, according to virologists at the University of Stellenbosch. In a paper delivered yesterday at the medical school's seventh Academic Year Day researchers said that the virus--of the same family as the Aids virus--could spread unnoticed over a period and reach serious proportions. The virus, usually transmitted through intimate contact or blood transfusions, could be passed on from a mother to a foetus. According to the paper, researchers isolated the virus in a 75-year-old black man with Karposi's syndrome to confirm infection in South Africa. The patient's blood lymphocytes were cultivated over a long time and production of the virus known as HTLV I--which results in leukaemia--was confirmed. Attention would have to be given immediately to curbing the spread of infection, the researchers said. [Excerpt] [Cape Town THE ARGUS in English 8 Aug 86 p 5] /13046

CSO: 5400/182

PHYSICIAN CRITICIZES AIDS TREATMENT FACILITIES, POLICIES

Stockholm SVENSKA DAGBLADET in Swedish 31 Jul 86 p 6

[Article by Eva Nilsson: "AIDS Physicians Sound Alarm. Lack of Coordination Slows Treatment"]

[Text] "The treatment of AIDS has many deficiencies. Coordination has to be improved, if we are to help infected drug users," says Lars Sjostrand one of the physicians at the Maria-offices.

He demands an expanded cooperation between the health care system with its responsibilities for de-toxification and acute care and the social services responsible for the long-term care.

The Secrecy Act prevents the social services' field group from discussing a drug user with any physician and a physician may not ask for information from the social services.

Drug Users A Problem

Lars Sjostrand feels that the treatment of AIDS does function with respect to homosexual and bisexual men who can be motivated to go for voluntary treatment, but intravenous drug users cannot be counted on to cooperate.

"The Infection Protection Act gives us the means to act against those who spread infections, but then we have to have very strong evidence," he says. "How are you going to prove that a drug user with AIDS has sexual intercourse without a condom or shares a hypodermic with someone else, if you cannot get him or her to admit it?"

He feels that LVM, the law about care of abusers, ought to be rewritten. It ought to be adjusted to fit today's conditions and should have an addendum that concerns AIDS-infected drug abusers. Then they can be helped without frightening homosexual and bisexual men away from the voluntary treatment.

Both the Secrecy Act and the LVM are now being reviewed by the ministry for social affairs.

"The law has to be amended so that we can have increased cooperation in the field between those who are in direct contact with the abusers. That will give us the opportunity to intervene more quickly and forcefully, We cannot reach the intravenous drug abusers with the Infection Protection Act. Now that we have a compulsory law like LVM, we have to make sure that the compulsion is used in an effective manner."

12339

CSO:5400/2552

FEWER AIDS VICTIMS THAN FIRST FORECAST

Stockholm SVENSKA DAGBLADET in Swedish 23 Jul 86 p 9

[Article by Gunilla Pravitz: "Fewer Than Anticipated Stricken With AIDS"]

[Text] AIDS, the immunity deficiency disease, is not spreading as rapidly as medical experts earlier anticipated. It was feared that 2,000 people would die from AIDS in Stockholm County alone between now and 1990, but the number can be reduced to 250.

"We don't know why the spread of the disease is slowing down," says Olof Ramgren, one of the physicians that belong to the County Council Medical Expert Group on AIDS.

"AIDS is spread primarily within very limited groups and it may simply be a question of saturation. It may also be due to the fact that people have become more careful," Ramgren continues.

So far, some 50 people in Sweden have become afflicted with AIDS. Some 20 of them are alive today. Most of the cases are to be found in Stockholm County. In all 33 people in the county have the disease. At the present time, ten people with AIDS are being treated.

At the end of last year, it was estimated that the AIDS-cases would double every eight months. After reviewing the first quarter of 1986, Olof Ramgren now estimates a doubling every 12 months.

528 Cases In 1990

Between now and 1990, the number of diagnosed AIDS-cases will be about 528 instead of the earlier estimate of 4,000. It is estimated that about half of those diagnosed as having AIDS will die before the year 1990--that is about 250 people instead of the earlier estimate of 2,000.

More than 16,000 people were tested for AIDS in Stockholm County during the first quarter of this year.

Of those, 114 were hemophiliacs. That group has the greatest percentage of persons exposed to the virus. 27 percent of the relatively small group of hemophiliacs had anti-bodies against the HTLV-III virus. (That does not necessarily mean that they will get AIDS.)

Among homosexual and bisexual men (about 3,000 persons), 15 percent had been exposed to the virus, among intravenous drug users (3,500) the corresponding number was close to eight percent.

Health Care Personnel

Among a total of 713 health care employees tested, none had anti-bodies against the virus.

In addition to people with diagnosed AIDS, there are many who are carriers without showing any signs of the disease. According to the County Council's latest statistics, the number of HTLV-III-infected will be between 5,000 and 10,000 in the year 1989. About one hundred of those will need treatment for acute AIDS.

"The County Council is allocating about 60 million kronor annually on extra measures against AIDS. That is enough for the present, but more money will be needed in the future," says Ulf Zetterblad, planning director of the County Council.

12339
CSO:5400/2552

SWEDEN

FUNDS APPROPRIATED FOR STOCKHOLM AIDS TREATMENT

Stockholm SVENSKA DAGBLADET in Swedish 23 Jul 86 p 9

[Article by Eva Nilsson: "60 Million For AIDS Care"]

[Text] This year the AIDS care fund in Stockholm will be increased by nearly 60 million. More than half of the funds will go to the treatment of drug users.

The County Council is increasing the resources for the treatment of AIDS in the County. The existing resources for the treatment of AIDS victims within the area of infectious diseases and the care for drug users will receive 58.4 million extra per year.

31.1 million will go to the care of drug users. The money will be divided among the drug treatment centers at the Sabbatsberg Hospital, the Maria-offices' new youth unit, Maria II, the MUG-team (expansion unknown) which helps pregnant drug abusers and the LVM-home (law about care of abusers) at the Serafimer Hospital.

The area of infectious diseases gets an increase of 11.1 million. Blood diseases gets 2.7 million, 5.6 million goes to tests of blood donors, 2.3 million to the testing of risk groups and 5.6 million will be invested in psycho-social counseling and support for patients and relatives.

12339

CSO:5400/2552

LONG DELAYS ENCOUNTERED FOR SURGERY, OTHER TREATMENT

Port-of-Spain DAILY EXPRESS in English 26 Jul 86 p 3

[Text]

PATIENTS scheduled for elective (non-emergency) surgery at the San Fernando General Hospital must wait until mid-1987 for their operations, according to Dr Anselm St George.

Dr St George, who addressed the Southern Trinidad Chamber of Industry and Commerce last Thursday, pointed out some chronically ill patients were resident in some clinical wards as long as three years.

Furthermore, it takes about four months for an appointment to the diabetic clinic and even longer for medial and surgical clinics.

These are some of the wrongs and downfalls the National Alliance for Reconstruction (NAR) will put right if the party gets into power come elections. Speaking on conditions of the San Fernando General Hospital Dr. St George said the casualty department and clinic should be moved out of the main stream of activity.

He said the storage section should

be moved out of casualty department and taken down to ward 17 (old hospital), which could itself be upgraded. Casualty Department, he said, should be made to deal only with real emergencies. According to Dr. St George an NAR government will upgrade the present facilities at the hospital.

He claimed between the hours of 10 am to 6 pm the casualty department "can be likened to library corner on Carnival Monday morning."

Needing urgent attention and improvement too is the health offices.

Dr St George said the type of health centres the NAR conceived for the future will provide doctor's office, examination room, utility room, consulting room, laboratory, dispensary, dental room, staff room, waiting room, toilet facility and storage place.

He said the health centres should cater for the non-emergencies, while the Casualty Department in the hospital would deal only with emergencies.

/12828

CSO: 5440/121

POSSIBILITY OF MALARIA REQUIRES GOVERNMENT ACTION

Port-of-Spain TRINIDAD GUARDIAN in English 18 Aug 86 p 8

[Editorial]

[Text] Recent reports of malaria affecting visitors to Trinidad and a Trinidadian in London have threatened to endanger our country's status as a malaria-free nation.

It was with pride that the Ministry of Health declared only in 1982 that this country was free of this enervating disease which still affects many parts of the tropical world.

The reported illness of visiting African dancers with malaria could be due to the fact that one or more of them had brought the disease from their native country.

This shows merely that our health authorities have to be more particular about the entry of individuals coming from areas where certain infectious diseases are rampant. We hope that strict precautions are being taken to ensure that the dancers do not unwittingly spread malaria in Trinidad.

More disturbing is the report in the April issue of the British Medical Journal that a national had fallen ill with malaria soon after arriving in London in November last year.

The journal noted that the man lived in a densely forested region, and "mosquitoes were common in the area and included vectors that transmitted malaria."

Even though the Ministry of Health visited the area and found nothing to indicate malaria in the family or in mosquitoes caught in the neighbourhood, we must be careful.

There may be a possibility that malaria-carrying mosquitoes are alive in this country and, however small that possibility is, preventive action must be taken.

In any event, the handling of mosquitoes in general has not been entirely satisfactory. The letter by Caroni Alderman Shakeer Mohammed on Thursday

about conditions at the Couva Housing Project reflects a wide public viewpoint.

The alderman noted that high grass had been allowed to grow up. drains had not been maintained, with the result that millions of mosquitoes tormented the lives of residents. It is a familiar story.

Nothing like the old colonial programme of mosquito control is going on today. Public Health workers visit homes with tiny spray cans and treat water barrels and containers with water around homes and that is as far as it goes.

That may not be enough. In the past efforts were made to keep down the high grass near residential areas. Spraying of ponds and stagnant water to control mosquito larvae was a regular occurrence, and residents were encouraged to erect mosquito screens. Until its harmful effects were discovered, DDT was widely used for mosquito control.

Such an approach is required again, and particularly in the rainy season when the mosquitoes breed most rapidly. We have had occasional cases of dengue fever, and that is bad enough. It will not do to take any chances with more dangerous mosquito-transmitted diseases like malaria.

We must ensure that our reputation as a malaria-free country is maintained.

/12828

CSO: 5440/121

BRIEFS

PLAGUE IN NORTHWEST--The minister of health has warned the general public that movement across areas affected by the outbreak of Bubonic Plague in Nebbi District which is on the border with Zaire in north-western Uganda continues to be restricted. In a press release issued today the ministry disclosed that so far 207 cases and 37 deaths have been confirmed since the outbreak of the disease in the district in April this year. A special medical team is now in the district to help with measures to control the disease. Measures include treatment of cases, destruction of fleas and rats, and health education to improve basic sanitary measures. [Text] [Kampala Domestic Service in English 1000 GMT 13 Aug 86]

/9716

CSO: 5400/170

BRIEFS

CHILDREN VACCINATIONS--A broad program of vaccination for children is under way across the country. To date, just in 23 provinces and cities, children have been inoculated with over 2 million vaccines against six infectious diseases: diphtheria, tetanus, whooping cough, poliomyelitis, measles, and tuberculosis. Immunization against poliomyelitis alone accounts for 1.6 million of these vaccines. Almost all provinces and cities have set up committees to guide this broad vaccination program. Many provincial and municipal people's committees have drawn up appropriate and specific plans to direct and carry out vaccinations. Ten key provinces and cities have started the second and third vaccination phases. However, due to the urgency of this task, because of the failure of some localities to understand it thoroughly, and because of the belated and insufficient supply of vaccines, children in certain areas were given only the oral antipolio vaccines during the first and second phases. The current extensive program of vaccination ensures that children including the newborn and those up to 5 years of age--especially those under 1--will be inoculated with these six types of vaccine in as many times as required for basic immunization (one injection for tuberculosis, one injection for measles, three spaced-out injections for diphtheria, tetanus, and whooping cough, and three space-out oral vaccines against poliomyelitis). [Text] [Hanoi QUAN DOI NHAN DAN in Vietnamese 15 Jul 86 p 3] 9332/6662

CSO: 5400/4403

ZIMBABWE

BRIEFS

THREE DIE OF RABIES IN GWERU--Gweru--There has been an outbreak of rabies in Gweru which has already claimed at least two lives. The town clerk, Cde Godfrey Nhemachena, said at least one person had died of rabies in the Bata area and--according to veterinary services officials--two people had died of the disease in recent weeks. The outbreak has led to the city council launching an intensive week-long dog vaccination campaign covering all suburbs of Gweru and ends today. [Text] [Harare THE HERALD in English 1 Aug 86 p 1] /9317

CSO: 5400/173

RED TIDE TOXINS REMAIN HIGH IN BRITISH COLUMBIA WATERS

Vancouver THE SUN in English 23 Jul 86 p A3

[Text]

The toxins produced by red tide remain at high levels in B.C. coastal waters and have risen even higher at some points, a federal fisheries department official warned Tuesday.

"Things certainly haven't subsided yet," Rudy Chiang said in an interview, minutes after receiving new lab results.

One week ago today the department imposed a coast-wide ban on the recreational and commercial harvesting of mussels, clams, oysters and scallops. The legs, claws and muscles of crabs are not affected by red tide, because crabs are not filter feeders.

It is the first coast-wide ban in six years. The last red tide death in B.C. also occurred in 1980, when red tide toxins in butter clams killed a native Indian at Health Bay, on Gilford Island west of Alert Bay.

Red tide, also known as paralytic shellfish poisoning, is caused by the bloom of a naturally-occurring single-celled organism called *Protogonyaulax*. The bloom creates toxins which become concentrated in shellfish as the animals filter large quantities of water as they feed.

PSP symptoms include: numbness and tingling of the lips, tongue, face and extremities, followed by nausea and vomiting. Acute poisoning leads to fatal respiratory paralysis.

Chiang noted that most illnesses are the result of recreational digging and urged the public to respect the ban. He said it was "doubtful" the closure would be lifted in the immediate future, but new samples are still being analysed. The ban does not affect commercially packaged products on store shelves or shellfish served in restaurants.

/9317
CSO: 5420/95

NEW RABIES TEST CUTS WAITING TIME TO 4 FROM 30 DAYS

Toronto THE TORONTO STAR in English 6 Aug 86 p A9

[Article by John Devine]

[Text]

BARRIE — A new system for testing animals suspected of having rabies will help ease the anxiety of people wondering if they have contracted the disease.

The test, known as the rabies tissue culture test (RTC), was devised by biologist Al Webster of Agriculture Canada and reduces the previous waiting time for results from 30 days to four days or less.

With the new system, a portion of the animal's brain is removed, crushed and injected into a culture, producing a positive or negative result. Previously, the substance was injected into the brain of a mouse and researchers waited to see whether the mouse developed rabies.

"People who have been exposed to possible rabid animals will now have the diagnosis a lot earlier," said Dr. Ken Charlton, head of the rabies unit at Agriculture Canada's Animal Research Institute in Ottawa.

Human contact

The secondary test is used if the suspected animal has been in contact with a human because the initial examination can sometimes produce a false negative result, Charlton said.

Apart from saving time, the new test, which went into effect June 1 at the Ottawa institute, will also save Agriculture Canada about \$25,000 to \$30,000 a year, said Charlton.

The test took approximately two years to develop, Charlton said.

"We had to do a lot of testing to make sure it would be as effective as most inoculations."

The institute used close to 25,000 mice per year.

Because rabies attacks the brain, researchers need that organ to determine whether the disease is present. If the animal is dead, the brain is sent to the Ottawa institute. If still alive, the animal is usually quarantined, although it can be ordered destroyed.

The institute deals with all rabies cases east of the Manitoba border and in parts of the Northwest Territories.

In the first six months of 1986, the institute tested 7,500 animals for rabies, said Charlton, with 27 per cent proving positive. Up to 85 per cent of the 7,500 came from Ontario.

The RTC test is expected to be in use at Agriculture Canada's Western Institute in Lethbridge, Alta., by next fall.

/9317

CSO: 5420/96

CANADA

BRIEFS

SHELLFISH HARVESTING BAN EASED--The ban on commercial harvesting of shellfish along the British Columbia coast will be lifted Friday in some areas near Ladysmith and Denman Island, federal fisheries officials said Wednesday. The ban on private taking of shellfish will continue, and some traces of toxic red tide are still being detected in the two areas, but officials said they will monitor the situation at the processing plants. A coastwide ban on shellfish harvesting was imposed two weeks ago. [Text][Vancouver THE SUN in English 31 Jul 86 p A3]/12828

CSO: 5420/99

PERU

BRIEFS

RABIES VACCINE NEEDED--Huancayo, 30 June--The Health Sector has urgently requested Lima to provide the 50,000 doses of vaccine against rabies needed for the immediate immunization of the canine population, in view of serious and imminent danger threatening the population of Huancayo as a result of the development of more than 20 cases of rabies. This same Ministry of Health body confirmed the report of bites suffered by 12 persons and the diagnosis of 18 cases of canine rabies. These individuals said that they are undergoing vaccination, and it is hoped that after completing the 18- dose course of treatment, they will be out of danger. The concern now is that in view of the proliferation of rabid dogs, many other individuals may have been attacked in recent days and neglected to come to the health centers for the course of treatment. Dr Juan Meneses, head of the Veterinary Department of the Health Sector, said that in these low-water months of burning sun, many cases of rabies occur. This is the reason that vaccination campaigns are carried out annually, but regrettably, the work was not completed this year due to the shortage of vaccine and budget funds. Last year, he added, 48,000 dogs were vaccinated and 22,000 which posed a threat to the population were exterminated. [Text] [Lima EL COMERCIO in Spanish 1 Jul 86 p A-13] 5157

CSO:5400/2074

BRIEFS

GOOD RESPONSE TO ANTI-RABIES DRIVE—At least 6,452 dogs in the Harare and Chitungwiza areas were vaccinated with anti-rabies injections in the two-week period ended on August 8, the senior animal health inspector in the Mashonaland Veterinary Services Department, Cde Crispen Chisasa, said yesterday. Harare's high-density suburbs had 3,576 vaccinated compared to 2,479 last year while the low-density suburbs had 2,208 compared to 1,692 last year. Last year's total was 5,259. Chitungwiza had a disappointing 668 vaccinated this year compared to 1,088 last year, said Cde Chisasa. Although the response to the vaccination exercise was variable most areas responded very well, he said. The anti-rabies vaccination teams had now moved to outlying areas around Harare and campaigns had already started in the Arcturus and Enterprise areas. Vaccinations will be at Ruwa council offices on August 20, at Bromley and Arcturus between 9 am and 1 pm on August 21 and at Melfort and Enterprise from 2 pm the same day. On August 22 the teams will be at Norton and Goromonzi to complete the anti-rabies vaccination exercise, said Cde Chisasa. [Text] [Harare THE HERALD in English 24 Aug 86 p 5] /9274

CSO: 5400/179

ETHIOPIA

EPLF APPEALS FOR AID TO FIGHT LOCUST THREAT

EA161235 (Clandestine) Voice of the Broad Masses of Eritrea in Tigrinya
0400 GMT 16 Aug 86

[Excerpt] The EPLF has called on all concerned international organizations to cooperate in fighting the locust threat in Eritrea, a situation that also poses a threat to the whole region. In its call, made on 13th August, the EPLF stated that large numbers of locusts were breeding in various parts of Eritrea, particularly along the Red Sea coast. It said it would permit international organizations to carry out aerial spraying and other steps in Eritrea to destroy the locusts threatening central, eastern, and the Horn of Africa, and appealed to them to apply these measures immediately. It warned that the locust threat, coming in the wake of years of persistent drought, could wreak havoc on all crops.

The EPLF said the authorities concerned, particularly the Addis Ababa government, had ignored the locust threat facing Eritrea. It said the Ethiopian Government had taken no steps to eliminate the danger. It recalled that thousands had starved to death because the Dergue government had rejected the EPLF's cease-fire offer toward the end of 1984 during a period of similar problems, a cease-fire called to allow aid to reach the drought victims.

The EPLF stated that for its part it was taking steps in cooperation with the Eritrean relief agency, such as spraying and other measures using vehicles and men on foot. Even though it is using effective chemicals, the methods employed and the finances at its disposal were very limited in relations to the immensity of the problem, and were therefore inadequate. It called on concerned organizations to take the necessary steps immediately.

/9716
CSO: 5400/170

BRIEFS

GRASSHOPPER CONTROL MEASURES--The Food and Agriculture Organisation (FAO) of the United Nations is planning to embark on a six months campaign to control grasshoppers in the Sahel countries. This follows an FAO forecast of major infestations which would reduce the prospects of a good harvest, for the coming rainy season. For this purpose, the Director General of FAO, Dr. E. Soama has approved U\$52,000 for "Emergency Assistance for Grasshopper Control." This assistance would include provision of 6,000 litres of the pesticide Fenitrothion and 4,000 dusting sacks to the Gambia. The project document for this was signed by the Minister of Agriculture, Alhaji Saihou Sabally on behalf of the Gambia Government and by the FAO representative in the Gambia, Dr Fouad Mahmoud Reda. [Text] [Banjul GAMBIA NEWS BULLETIN in English 2 Jul 86 p 4] /8309

CSO: 5400/175

WAR ON BLACK POD DISEASE BEGINS IN TWO DISTRICTS

Accra PEOPLE'S DAILY GRAPHIC in English 3 Jul 86 pp 1, 8

[Article by Faustina Ashirifie]

[Text] An intensive cocoa farms spraying programme aimed at combating the serious outbreak of Black-Pod disease in the Akumadan and Bechem districts in the Ashanti and Brong Ahafo Regions respectively is currently being carried out by the Cocoa Services Division (CSD) of the Ghana Cocoa Board (COCOBOD).

Surveys conducted in these very important cocoa producing areas have indicated that about 14,800 hectares of cocoa farms have been affected as at last year when the outbreak was reported.

The outbreak has been so serious that some farmers who were harvesting as many as 20 head-loads or more before the outbreak could not get anything at all during the last season.

Mr A.A. Gyamfi, Executive Director of the CSD who disclosed these in Accra yesterday, said reports have further indicated that the disease is attacking some of the best maintained farms in these areas, and this, he noted, makes the situation very frightening.

"The government and the COCOBOD have to take immediate action to remedy the situation because if the disease is allowed to spread any further, it will seriously affect the country's output and hence the foreign exchange earnings," he observed.

To this end, Mr Gyamfi said the CSD has succeeded in organising farmers in groups of about 20 to undertake the spraying of the affected farms in turns to avoid delay.

To enable the programme to be carried out successfully, he hinted that the CSD has made available to farmers in these districts more fungicides, spraying machines, cutlasses, fuel oil mixture to operate the machines and insecticides for the control of capsids.

Furthermore, Mr Gyamfi said the CSD has appointed a coordinator for the two districts and also strengthened its extension personnel to demonstrate, educate and supervise the farmers on the right method of spraying.

This aspect, according to Mr Gyamfi, is very important since for the effectiveness of the treatment to show results, the spraying will have to be carried out six times before the end of the programme, with three weeks respite after each spraying.

In order to ensure that every affected farm within the districts is properly sprayed on schedule, the farmers who are eager to get the programme through are handling the programming of the exercise and therefore determine which farm is to be tackled at any particular time.

Mr Gyamfi expressed the appreciation of the management of COCOBOD at the level of commitment and enthusiasm being exhibited by the farmers to save their crops from the disease.

Another district also mentioned as being affected by the disease is the northern part of the cocoa growing areas in the Volta Region.

/8309
CSO: 5400/175

CSD PROGRAM TO CONTROL SWOLLEN SHOOT DISEASE

Accra PEOPLE'S DAILY GRAPHIC in English 23 Jul 86 p 1

[Article by Mavis Quaicoe] [Text] The Cocoa Services Division (CSD), has embarked on a nationwide programme to control the spread of the Swollen Shoot disease and increase cocoa production.

Under the programme, the various cocoa growing areas have been divided into two main sectors to ensure the effective implementation of the programme.

Mr A.A. Gyamfi, Executive Director of the CSD who disclosed this in Accra yesterday, said that the two sectors are the endemic areas made up of the Eastern and Central Regions and the scattered disease outbreak areas which constitute the remaining cocoa growing regions in the country.

He explained that the endemic areas are the regions where the Swollen Shoot disease is very rampant while the scattered disease areas have small and scattered patches of the disease.

Mr Gyamfi further said that the aim of the programme is to bring the disease in the scattered areas under control within a year adding that work on those in the endemic areas would be completed by 1989.

He explained that since treatment of the disease means the cutting down of all infected cocoa trees as well as other trees very close by, to ensure that the disease does not spread, the staff of the CSD go round the farms, identify the infected trees and cut them down.

Thereafter, he said, the farmers are given free seedlings, some amount of money and other extension services to enable them to re-establish their farms.

In the endemic areas, however, he hinted that the Cocoa Research Institute is introducing a type of cocoa which can withstand the Swollen Shoot disease.

Mr Gyamfi hoped that the exercise will help reduce the high incidence of the disease in the country for increased production.

The executive director explained that the visible symptoms of the virus infection occurs along the veins of the cocoa leaves and gives them a discoloration and in the later stages swellings on parts of the stem of the tree.

He also said that the disease leads to the malformation of the cocoa pods into a round shape instead of the usual oval shape.

Mr Gyamfi said that because of the way the disease spreads if a calculated attempt is not made to control it, there is the danger of losing an entire farm.

The CSD has already begun an intensive spraying of cocoa farms under a similar programme to combat the outbreak of the Black-Pod disease--another commonly known dreadful disease which attacks cocoa trees.

/8309

CSO: 5400/175

COFFEE LEAF RUST MAKES APPEARANCE: FOUND IN CLARENDON

Kingston THE DAILY GLEANER in English 7 Aug 86 p 3

[Text]

Coffee Leaf Rust, the dread disease of coffee which prompted the Government to place a ban on all coffee imports earlier this year, has now made an appearance in the island, in the parish of Clarendon.

An announcement yesterday by the Coffee Industry Board said:

"The Ministry of Agriculture, the Coffee Industry Board and the Coffee Industry Development Company Ltd. (CIDCO) wish to inform all coffee farmers and the public in general that Coffee Leaf Rust (*Hemileia Vastatrix*) was observed on 30th July, 1986 in certain areas in Clarendon. The disease was observed on poorly kept fields in Aenon Town, Tweedside, Broom Hall, John's Hall and Peckham.

"CIDCO has the technology, equipment and material to effect control of this disease. Spraying has commenced in the affected areas and a preventive application of fungicide will be made in the immediate surrounding areas. CIDCO is also conducting an islandwide survey to determine if the disease is present in other coffee-growing areas.

"Farmers are requested to pay close attention to their coffee fields and report any unusual leaf spots to the Extension Officer in their area. CIDCO will be making further announcements about the steps being taken control of Coffee Leaf Rust".

At the time when the Ministry placed the ban on imports of coffee in any form around May this year, a

statement which it issued then said: "The heightened vigilance against the illegal importation of coffee into the island is part of an effort to protect the local industry from Coffee Leaf Rust disease, which presently exists in some Central and South American countries, such as Brazil, Colombia, Mexico, Nicaragua and also Eastern Cuba."

It said the fungal disease caused severe defoliation of the tree, reduced yields and ultimately the death of the tree.

The ban brought angry reaction from many Jamaicans returning from the U.S.A. with bottles of processed coffee. The coffee was confiscated at the port of entry.

Effective control of the disease is vital if the industry is to be retained in good health. At present, substantial acreages of coffee are being planted, and it is projected that by 1993/94, some 14 million lbs., or more than three times the present production, could be realized from the plantings now being put in.

Prior to discovery of the disease in Clarendon, concern within the industry ran so deeply that the Jamaica Coffee Council announced a plan at the end of May to call an island-wide conference to discuss the threat to Jamaica's coffee industry of any possible introduction to this island of the dread disease. The flood came a week later and led the Council to postpone the holding of the conference.

/12828

CSO: 5440/120

BRIEFS

LOCUST INVASION--An invasion of locusts has been reported in Woloji District in Bama Local Government, Borno State, where damage to millet and sorghum farms was estimated at about 300,000 Naira. Villages affected are--Tarmama, Kolo-Mugdo, Bembem, Ajiri, Kumshe, Banki and Andara. The district head of Woloji, Alhaji Zanna Arjinoma Sale, said some specimen of the locust had been sent to the agricultural department of the local government for analysis. [Text] [By Abdullahi Idris] [Kaduna NEW NIGERIAN in English 2 Aug 86 p 9] /9274

CSO: 5400/105

BRIEFS

COFFEE RUST SPREADS--New outbreaks of coffee rust have been reported in several areas of the Western Highlands. The provincial assistant secretary for primary industry, Mr James Koimo, said that the disease has been found at Baisu, Kudjip, Milep and Iki. Mr Koimo said Iki, near Baiyer River, where the disease was first discovered, was the worst affected area and spraying teams were working around-the-clock to bring it under control. He said while newly affected areas were being sprayed, areas that had already been sprayed were showing signs of improvement. After the second round of spraying after 60 days, there had been a 90 per cent improvement in the affected trees, he said. Meanwhile, the Western Highlands Chamber of Commerce has called for a concerted effort by the Government, business houses and village people to fight coffee rust. The president, Mr Don Lowe, said the disease was a long-term problem requiring more money, and people would be required to participate fully if the disease was to be eradicated. To cover all affected areas, it would cost millions of kina, the problem would not be solved quickly, he said. Mr Lowe said Government and business houses alone could not solve the problem. [By Mangi Bengi] [Text] [Port Moresby PAPUA NEW GUINEA POST COURIER in English 11 Aug 86 p 9] /13046

CSO: 5400/4415

NATION 'LEFT ALONE' TO FIGHT LOCUST PLAGUE

Johannesburg THE STAR in English 9 Aug 86 p 5

[Article by Sara Martin]

[Text]

South Africa is to be excluded from the \$7 million (about R17,5 million) provided by the American Agency for International Development (Aid) to combat the locust plague in Southern Africa — even though other countries such as Botswana, Lesotho and Swaziland may be included.

This was confirmed by the chief director for regulatory services of the Department of Agriculture, Economics and Marketing, Mr Christiaan Baard.

South Africa will have to fend for itself to combat what Aid is anticipating will be the worst plague in 60 years.

Only the first rains can reveal the extent of the plague as the locust eggs lie dormant until the first downpour. However, the Department of Agriculture is preparing insecticide and equipment to combat the problem. About R30 million was spent last season.

South Africa, no longer a member of the Southern African Locust Organisation, is trying to work through the new Southern Africa Committee for the Conservation of Soil (Sarcus) which certain neighbouring countries have agreed to join.

/13104

CSO: 5400/181

BRIEFS

INSECT ALERT--The municipal Vegetal Protection Branch has recently sent the following warning to districts and towns: Proliferation of third-generation egg-laying stem borers has been observed in tenth-month seedlings with average density from 10 to 15 insects per square meter. Third generation moths have begun to multiply in high numbers and this pest will last until early July. Moths will continue to lay eggs in tenth-month seedling fields, and the number of eggs will be extremely high. Rice armyworms have also made their appearance since mid-June in many places (Son Tay, Phuc Tho, Thach That) in small numbers. Due to heavy rains these days (17-19 June), this insect will multiply in late June until the entire month of July, and will cause heavy damages to tenth-month seedling fields. In addition, other insects such as leafhoppers, leaf rollers, rice hispas, grasshoppers, and rice thrips are causing damage to these fields. It is requested: that districts urgently start a campaign to invite cooperatives to frequently and continuously remove stem borer nests and eggs from seedlings until transplanting. Plowing and harrowing must be done early in order to entomb unfertilized eggs laid in rice stalks. Crop protection service corporations will dispatch technical cadres to provide guidance for cooperatives to investigate and uncover as soon as possible pockets of contagion of rice armyworms, larva, and other insects mentioned above in order to concentrate all available means for eradication. The longer insects proliferate, the less effective eradication measures are. Corporations are invited to go as soon as possible to the Vegetal Protection Branch to pick up insecticides in order to start their eradication activities on time. Payment for those insecticides will be made at pick-up time as announced earlier.

[Text] [Hanoi HANOI MOI in Vietnamese 25 Jun 86 p 1] 9458/12379

MINH HAI PEST CONTROL--In early August, more than 30,000 hectares of summer-fall and 10th-month rice crops in Minh Hai Province were seriously affected by rice planthoppers, stem borers, leaf rollers, and rice blast. The cooperatives and production collectives concerned concentrated on using insecticide sprayers to eliminate the harmful insects and diseases to protect 30,000 hectares of rice plants and 60,000 hectares of rice seedlings. Vinh Loi District managed to save 13,000 hectares; Gia Rai District 5,500 hectares; Bac Lieu City 2,000 hectares; and Hong Dan District 3,000 hectares. [Excerpt] [Hanoi Domestic Service in Vietnamese 2300 GMT 22 Aug 86 BK] /9274

CSO: 5400/4413

COFFEE GROWERS WORRIED ABOUT OUTBREAK OF BERRY DISEASE

Harare THE FARMING GAZETTE in English 1 Aug 86 p 15

[Text]

THE Coffee Growers' Association is worried about the possible spread of the country's first outbreak of coffee berry disease, which could lead to severe crop losses.

It is also worried about a disease threat posed by two Vumba farms which it says were abandoned after being bought by the government.

However, said the association chairman, Mr John Brown, "the real threat of them becoming a source of all manner of disease is being tackled, and I hope the matter will be speedily and satisfactorily resolved."

Mr Brown said that outbreak of berry disease had so far been confined to two Karoyi farms.

DANGER

"The danger of this disease cannot be overestimated, as should it

spread into the more densely farmed coffee areas, a very serious loss will occur," he said. "I stress that growers must not be complacent about this threat."

He hoped legislation on the control of the noxious and notifiable pest would soon be published.

"It is vital for the well-being of the industry that these regulations are observed," he said. "The association will do all it can to persuade those few growers who are not spraying, either adequately or frequently enough, to do so.

"But if they do not follow the advice I hope that the Department of Research and Specialist Services will institute legal proceedings against them," he said.

Control of the disease is expected to be extremely difficult as well as expensive and legislation is expected to cover its spread and prevention.

/9317

CSO: 5400/173

BRIEFS

COFFEE BERRY DISEASE IN MASHONALAND--There has been an outbreak of coffee berry disease in Mashonaland West, and the Ministry of Lands, Agriculture and Rural Resettlement has banned the movement of the crop and its seeds from the province. According to the Plant Pests and Diseases (Movement of Coffee) (Amendment) Order, 1986 (No 2) in the Government Gazette yesterday, nobody is to remove or permit the removal of any coffee plant or seed, whether dead or alive, from the province. Seed may be removed for scientific purposes provided a permit by an inspector has been issued. But the ban will not apply to the removal of seed for industrial processing at locations specified by the inspector. Areas affected by the ban are the northern conservation areas of Karoi and Tengwe, Vuti, east of Mukwichi, Doma, Mhangura, Angwa North; south of Angwa and west of Piriwiri, Hurungwe and Nyadza. A spokesman for the Coffee Growers' Association in Harare, said only two farms had been affected by the disease and if the control measures issued by the Government were closely followed, the disease would be contained. [Text] [Harare THE HERALD in English 9 Aug 86 p 7] /9274

CSO: 5400/179

END