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Worldwide Report

EPIDEMIOLGY

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20 JUNE 1986

WORLDWIDE REPORT
EPIDEMIOLOGY

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BRIEFS

CHOLERA, DIARRHEA EPIDEMIC--Cholera and diarrhoea have broken out in an epidemic form in Chandpur Sadar, Matlab and Faridganj upazilas. Eight persons died and over 250 patients, mostly women and children, were admitted in Matlab Cholera Hospital in the last three days. According to the Civil Surgeon Office, out of the total patients, 50 per cent have been attacked with cholera and the rest with diarrhoea. The affected areas are Changpur Puranbazar, Ramdasdi, Bishnadi, Bagadi under Chandpur Sadar, Batithuba and Krisnapur under Faridganj upazila, while Amirabad, Zahirabad and other char areas of Matlab upazila. According to a source of Matlab Cholera Hospital, 17 cholera patients were brought to this hospital. The Deputy Commissioner, Sp and Civil Surgeon of Chandpur visited the affected areas. When contacted, the Civil Surgeon, Chandpur told this correspondent that five medical teams have been working in each affected upazila and a medical camp will soon be opened at Baburhat of Chandpur Sadar. It is apprehended that scarcity of pure drinking water is the main reason of this outbreak of cholera and diarrhoea. [Text] [Dhaka THE NEW NATION in English 4 May 86 p 2] /13104

CSO: 5450/0140

BRIEFS

AIDS SITUATION--George (Doc) Allen, the 40-year-old Parson's Road resident who last March appealed for community understanding of AIDS and its victims, has died. Mr. Allen became the Island's 21st AIDS fatality, the most recent victim of the disease that appears to be spreading beyond the high risk groups of intravenous drug abusers, homosexuals and the sexual partners of drug abusers. Two new AIDS cases in April and one in March raised the official total of reported AIDS cases to 33, said information released yesterday by Chief Medical Officer Dr. John Cann. Mr. Allen's death last Friday was the first AIDS fatality in more than two months. Dr. Cann's report showed that the pattern and distribution of the disease over March and April had not changed from previous months: intravenous drug abusers still account for the bulk of AIDS cases (82 percent), followed by homosexuals (nine percent) and the sexual partners of drug abusers (six percent). [Excerpts][Hamilton THE ROYAL GAZETTE in English 8 May 86 p 1]/12828

CSO: 5440/083

RISING INCIDENCE OF DISEASES NATIONWIDE DISCUSSED

Country Backsliding in Epidemics

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Text] Just 80 years after Oswaldo Cruz's fight against the epidemics in Rio de Janeiro, *Aedes aegypti*, which he fought with his teams, is reappearing in Brazil. And, as if the yellow fever which it always transmitted were not enough, the mosquito now comes bringing another disease--dengue--which is hitting Nova Iguacu and which is threatening to invade Sao Paulo along the Dutra Highway, coming in by truck, the same way it came to Roraima. The cities in the interior, which have already lost victims to the "disease of Promise," an enemy as yet unidentified, are also struggling against the mosquito. In the opinion of the Health Secretariat, dengue and yellow fever are "imported diseases" but this does not mean that they cause any less damage. Sylvan yellow fever has always existed, as demonstrated by the statistics, and the novel feature is the possibility of its return to urban areas; the carrier mosquito, which moves by truck from the North to the South, also comes from abroad, getting off ships and aircraft coming from Africa, the Caribbean, and even the United States. *Aedes* was already caught quite by surprise in 1981 on board a jet which arrived from Miami but it was eliminated in time at the Brasilia airport. The people of Sao Paulo, who 10 years ago faced the terror of meningitis and encephalitis, will now have to go after the mosquito which assiduously settles in stagnant waters, if they do not wish to fall victim to the epidemics which, according to all indications, had appeared to have been eradicated a long time ago. But Brazil is also suffering from other diseases. This year, there have already been 401,000 reported cases of malaria throughout the country, with the exception, only, of the Federal District, Rio Grande do Sul, and Fernando de Noronha. Almost 99 percent of those cases were concentrated in Amazonia which is busy exporting them to the rest of the nation's territory. Chagas disease, which is transmitted by the barber bug, is infecting the population of 19 states, while 6 million persons are carriers of Schistosomiasis. Leishmaniasis chalazion (which attacks the kidneys and the liver, especially in children) is on the rise again in the Northeast. Diseases that could be prevented by means of immunization--such as measles, infantile paralysis, whooping cough, tetanus, and diphtheria--are swelling the statistics. And they kill.

Diseases Imported Into Sao Paulo

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Iara Dias]

[Text] This year alone, three cases of yellow fever, two cases of dengue, and thirty-seven cases of purpuric were registered in the State of Sao Paulo. These are diseases of an epidemic character and, in the case of purpuric fever, the mortality rate is high. Out of 37 children, aged between 3 months and 10 years, who contracted the fever, 20 died.

According to data supplied by the Epidemiologic Surveillance Center of the Health Secretariat, purpuric fever hit 14 children in Serrana, ending in six deaths; 13 in Sao Jose do Rio Preto (8 deaths); 5 in Castilho (1 death); 4 in Marilia (all died); and 1 in Barretos who also died. Last year, ten children died in the State as victims of this new and unknown epidemic.

Researchers at the Adolfo Lutz Institute, who are trying to discover the causes of this new disease, believe that they are close to a scientific solution: the bacterium *haemophilus aegyptus*, the causal agent of conjunctivitis and some skin infections, was isolated in the liquor and blood of the victims. One assumption is that this bacterium, transmitted from person to person, without a carrier, is responsible for purpuric fever.

Alexandre Vranjac, the center's director, says that this fever is currently the great preoccupation of the Secretariat. The disease is already considered to be an epidemic.

The cases of yellow fever and dengue are "imported" from other states. Out of the three yellow fever victims--a fisherman from the region of Sao Jose do Rio Preto and a driver and his assistant driver from the township of Aracoiaba da Serra--two died. Only the assistant driver survived. All of them had been in Mato Grosso where there is a high index of sylvan yellow fever.

The return of the *Aedes aegypti* mosquito to urban areas, acting as the agent that transmits yellow fever and also dengue, entails the risk of a return of an urban yellow fever epidemic. The virus is the same. A person who is sick with sylvan yellow fever, if stung by *Aedes*, will transmit the virus to the mosquito which can spread it to the urban population. *Aedes* has a daytime habit; it stings primarily during the day. "It is a bug," says Alexandre Vranjac. "It bites a person several times."

In addition to that, the female *Aedes* lays its eggs in any little drop of water. "It likes clean water," notes Vranjac. As part of the campaign which the Health Secretariat is trying to mount in an effort to fight *aedes*--the mosquito has already been found in 65 townships in Sao Paulo, including in the capital--the people have been warned not to leave any containers with water standing around, such as water left at the bottom of glasses, empty jugs, or any object that can accumulate water.

The two victims of dengue in the state also contracted the disease outside Sao Paulo, in other words, both of them in Nova Iguacu. One of them was a rubber worker in Guarulhos--in the township of Greater Sao Paulo which has six aedes foci--and the other one was a lady doctor in Pinheiros. The case of a woman from Rio de Janeiro, who was passing through Sao Paulo, could not be confirmed. In these cases, dengue is of type I, in other words, it is benign. But there are four types of dengue, including hemorrhagic, and nobody knows for sure how benign dengue develops into hemorrhagic dengue.

In Sao Paulo, the fight against the mosquito is the responsibility of SUCEN (Superintendency of Endemic Disease Control of the Health Secretariat) and SUCAM (Superintendency for Public Health Campaigns) of the Public Health Ministry. Last year, SUCAM asked SUCEN for help in fighting the mosquito. The SUCAM budget in Sao Paulo only comes to 12 million cruzeiros per year, the equivalent of 1 million cruzeiros per month, and the agency is operating three stations in the state (the capital, Santos, and Araraquara), with a total of 120 personnel. In the capital, there are 50 persons assigned to office work. Endemic disease watchers total 60 in Santos. SUCAM is also responsible in Sao Paulo for the fight against the mosquito in ports and airports.

When the state government, through SUCEN, in August of last year took up the fight against the mosquito in the state, there were 17 infested townships. Today there are more than 40.

Success in Fight Against 'Breeders'

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Valderi Dos Santos]

The aedes aegypti infestation index is still high in Presidente Prudente; it is 15.4 percent or 3 times higher than what could be considered normal, according to the WHO. But it reached 42.18 percent in January. The drop over the past 3 months can be explained by the completion of 4 cycles of insecticide application by SUCEN, in addition to the fight against the "breeders" in water containers. In July 1985, SUCAM vaccinated the township's population against yellow fever as part of a campaign which is now being extended to other cities in the region.

The mosquito that transmits yellow fever and dengue appeared first of all in Presidente Prudente in April of last year and was then identified also in the cities of Presidente Wenceslau and Alfredo Marcondes. In May, four persons debarked in Prudente with fever contracted in Mato Grosso and two of them died, according to health engineer Paulo Hiroshi Koyanagui.

He reported that there were no new cases but aedes then reached other townships. Presidente Prudente, State Agency.

Five Children Dead in Serrana

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Carlos Alberto Nonino]

Within just a month, five children of pre-school age died as victims of purpuric fever in Serrana, a township of 16,000 inhabitants, in the region of Ribeirao Preto. The last case, on 27 April, involved Claudinei Balduino, 1 year and 11 months, whose father, Jose Carlos, denounced medical negligence. The 4th victim died 17 days before and Claudinei's death showed that the problem had not been solved, as had been believed earlier.

"There may well be another new case," warned Jarbas Leite Nogueira, the regional director of the Health Secretariat, recalling that, in Promissao, the majority of the 10 deaths due to purpuric fever occurred over a period of 4 months. Serrana has already registered 24 cases and 3 children are still hospitalized in Ribeirao Preto.

Claudinei began with symptoms of severe grippe after a crisis of inflammation of the tonsils. Taken to the medical station at the Pedra plant, 7 kilometers from the city, 2 days before, she was then taken to the Holy House of Serrana. The fever was only detected in the Santa Lidia Hospital in Ribeirao Preto. In defense of the doctors who took care of her, the clinical director of the Serrana Hospital, Dr Alcyr Barbim, alleged that "the disease is very difficult to diagnose."

The population of Serrana lives in an atmosphere of great apprehension. The death of five victims due to purpuric fever in just a month, in addition to a little girl who died of another disease, points to the doubling of the child mortality rate in the city over a period of a year. In Guariba, a neighboring city, there was an outbreak of conjunctivitis which was much more widespread and which happened during the same time but there were no deaths. Ribeirao Preto--State Agency.

Mysterious Promissao Disease

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Luiz Carlos Lopes]

[Text] "Promissao Disease." Following the first symptoms of conjunctivitis, there are hemorrhagic spots on the skin, always accompanied by high fever. Death comes in less than 24 hours; this is how ten children died between October 1983 and February 1985, most of them after December 1984. The population of Promissao, in the Mid-Northwest, panicked but doctors did not manage to diagnose the disease. Purpuric fever was identified only thereafter. Marilia--State Agency.

Dengue Attacks Nova Iguacu

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Sergio Adeodato]

[Text] High fever, headaches, itching, nausea, vomiting, physical weakness, and depression for 10 days. In the beginning, in March, this was a "mysterious"

disease which was spreading through the residential sections of Nova Iguacu. But today it has already hit 400,000 persons and it can contaminate a million. Could it be that *Aedes aegypti*, the carrier of yellow fever, which was wiped out in 1907 by Oswaldo Cruz, has returned? It took a whole month for public health authorities to suspect that this was the disease that was transmitted by that insect and that had been encountered again in Rio in 1977.

The spread of the disease could have been worse if a former student of the National Public Health School had not reported, to the Health Secretariat, the existence of "strange symptoms" in people living on her street, in the Prata section in Nova Iguacu. There, oddly enough, everybody blamed possible dumping by the Bayer insecticide factory. The people were accustomed to living with mosquitos and, when the epidemiological surveillance team arrived there, nobody bothered to think about them. "It was suspected that this disease was only typhoid fever," said Eduardo Costa, the government advisor for health matters.

The disease was still a big mystery when another team visited the section and found that, out of 300 persons on the first street, 150 had already come down with the disease. According to Eduardo Costa, it then became clear "that this was a new disease which hits all age groups and which spreads quickly." Blood samples taken from contaminated persons were sent to FIOCRUZ (Oswaldo Cruz Foundation Institute) and the report came back 2 days later. It was announced by Health Minister Roberto Santos during a visit to Nova Iguacu: "It is dengue and it is of the benign type; it is transmitted by *Aedes aegypti*. The people can rest easy."

While SUCAM and the State Health Secretariat figured out how to get the necessary manpower, machinery, and insecticides to combat the mosquitos, the population waited and continues to wait calmly but the people keep saying: "If the mosquito had bitten anybody in Copacabana or Ipanema, they would already have done something." This remark was made by Lucia Souto, president of the Nova Iguacu Resident Association Federation.

Nova Iguacu is a township with a population of more than 1 million and 200,000 live in high-risk areas with the greatest concentration of foci. Cut by the Dutra Highway, it contains a large number of drunks and junkmen--an ideal environment for the reproduction of the mosquitos. Entire streets have already been contaminated in the California section, near the headquarters of SUCAM. And anybody who does not yet have the disease still has symptoms of dengue.

Nilma Pereira dos Santos has always lived in a modest house, next to an open field with lots of garbage and much stagnant water. She has had dengue for the past 18 days and her entire family (she has a 12-year-old daughter and a 23-year-old son) has already been infected. The fever and the nausea passed but there was an aftereffect which the doctors cannot explain: paralysis on the entire right side of the body. She reported that SUCAM had passed through, ordering that the water in the potted plants be thrown away and recommending that she "pray." Her neighbors Alcidia Correa and Joaquina dos Santos Soares also had the disease and were bedridden for 7 days with severe pains in the legs.

At Nova Iguacu SUCAM, director Raul Paes deplored the political interests that are involved in this dengue epidemic and criticized the government's lack of concern for a clean city. He reported that the application of 3,000 liters of insecticide by means of spraying machines has already resulted in a reduction of the rate in the Monte Libano section; the number of contaminated persons dropped from 2,865 to only 84.

There is very little the people can do to fight the mosquitos; all they can do is prevent the accumulation of stagnant water. Contamination is simply a matter of time. "The authorities could do much but without resources they do very little," said Antonio Carlos Rodopiano, director of the Yellow Fever Department of SUCAM. According to him, health surveillance is bankrupt: SUCAM asked the Health Ministry for 340 million cruzeiros and only got 40 million cruzeiros to fight the mosquito.

Aedes aegypti enters along the Dutra corridor and reaches Sao Paulo. "It reached Rio probably also along Dutra," said Eduardo Costa. There are three assumptions: the dengue virus was brought in by some inhabitants from Roraima (20,000 persons were stricken in Boa Vista in 1982) or by workers in a circus that came from Amazonia and opened in Nova Iguacu, or, finally, "most probably, it came in with the truck drivers who went on strike in January and tied up thousands of trucks for a week on Dutra Highway," observed Eduardo Costa. There are about 40,000 trucks per day on the first 30 kilometers of the highway near Rio and they come from various parts of the country.

According to Joaquim de Castro, director of the Endemic Disease Control Department of SUCAM, 14 states have already been infested by the mosquito and living with the benign virus can cause the appearance of the type II virus (hemorrhagic dengue, which is fatal in most cases). The only solution is to combat the infected mosquito (which keeps the virus throughout its entire life time of 45 days) as well as the larvae, thus preventing the development of insects that can become contaminated and thus transmit the virus. Here is a problem: the mosquitos already resist organoflourated insecticides. The answer is to apply organochlorinated insecticides which are more expensive. But the technicians do not yet know by when this poison takes effect. Rio-- State Agency.

Minister Fingers Guilty Parties

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 May 86 p 26

[Article by Anamarcia Seraphim]

[Text] There is a lack of political decision-making, of priorities, and of allocations for the social area. These are the main reasons that were given by present-day health authorities for the recrudescence of various endemic diseases, such as dengue, yellow fever, malaria, leishmaniasis, and others of lesser proportions, which should have been wiped from national territory a long time ago.

Health Minister Roberto Santos said that "We are paying for the mistakes of the economic policy adopted by earlier administrations." SUCAM Superintendent Joselio Fernandez Branco admitted that "We are losing the battle against the big endemic diseases because the so greatly desired social priority is only now being discussed." He suggests a crash program in public health, like the decree in the economic area. Health expert Sergio Arouca, president of FIOCRUZ, admitted that "We are facing the current health situation because earlier administrations preferred pretty words and forgot that biology has a very special dynamics of its own and cannot forever wait for government allocations."

Health expert Jose Fiuza, a former superintendent of SUCAM, was expecting the outbreak of dengue that hit Nova Iguacu and that can spread throughout the country. He has been alerting the government to this possibility and to the risk of the return of yellow fever to urban areas ever since 1982; according to him, "this is the worst thing that can happen to a country." Just 4 years ago, former Minister Waldyr Arcoverde, in response to a request from Fiuza, asked for \$30 million from SEPLAN [Secretariat of Planning] in an effort to wipe out *Aedes aegypti*, the agent that transmits dengue and yellow fever, as part of a program that would run until 1987. But nobody ever listened because of the lack of social sensitivity that prevailed in the economic area. "Now the result is here for us to see," said the former SUCAM superintendent, warning that the intensive effort to fight *Aedes* should have been started in 1976, at the time of the first reinfestation by that mosquito.

Fiuza likewise does not believe very much in current talk about priorities for the social area. Now, as in the past--he observes--funds appear only when there are epidemic outbreaks and pre-disaster situations of large proportions, such as in the case of dengue, in Rio de Janeiro, along with a shortage of serum for use against bites by poisonous snakes. He admitted that the trend in the dengue epidemic in Nova Iguacu is about to involve thousands of cases due to the mosquito's fast reproduction. He concluded that "the failure of Brazilian public health hinders the prevention of problems such as this one."

Working currently as a public health professor at the University of Brasilia, Fiuza warned that the probability of a resurgence of yellow fever in the country exists so long as *Aedes aegypti* exists. And he admits that it can be eliminated only in long-range terms. He warned that, just as dengue in Nova Iguacu was imported, the same thing can happen in the case of urban yellow fever if public health continues to be the stepchild. "Vulnerability and risk continued to exist," he emphasized. Brasilia--State Agency.

Key: (1) Yellow Fever; (2) Schistosomiasis; RR--Roraima; AM--Amazonia; AP--Amapa; PA--Para; MA--Maranhao; CE--Ceara; RN--Rio Grande do Norte; PB--Paraiba; PI--Piaui; PE--Pernambuco; AC--Acre; RO--Rondonia; MT--North Mato Grosso; GO--Goiias; BA--Bahia; AL--Alagoas; SE--Sergipe; MS--South Mato Gross; MG--Minas Gerais; SP--Sao Paulo; ES--Espirito Santo; RJ--Rio de Janeiro; PR--Parana; SC--Santa Catarina; RS--Rio Grande do Sul.

DISCOVERY OF NEW TREATMENT FOR LYMPH CANCER REPORTED

Toronto THE GLOBE AND MAIL in English 24 May 86 p C10

[Article by Caitlin Kelly]

[Text]

Two cancer researchers in Vancouver have created a new treatment for a type of large-cell lymph cancer that cures twice as many patients, is quicker, less toxic and costs half as much as current drug therapy.

About 3,000 Canadians a year suffer from large-cell lymphoma and 40 per cent of them have a type known as non-Hodgkin's lymphoma.

The 1,200 people who suffer the disease each year usually discover their illness so late that surgery is impossible and drug and radiation therapy is the only answer, said Dr. Joseph Connors, an associate clinical professor at the University of British Columbia, staff oncologist with the British Columbia Cancer Control Agency and co-inventor of the new treatment.

The new treatment, which costs \$3,000 and is given in a combination of tablets and once-weekly intravenous injections over 12 weeks, uses a combination of six anti-cancer drugs.

"If they don't die (while being treated with this method), patients will never die of this particular kind of lymphoma," Dr. Connors said. "After two years we're confident (the cancer) won't return."

Current therapy uses a combination of eight drugs, costs \$7,000 and is administered over 12 months, he said.

The current cure rate is 30 per cent but the new treatment — named MACOP-B, an acronym for the drugs used — has a cure rate as high as 70 per cent, Dr. Connors

said.

Dr. Connors and co-inventor Dr. Paul Klimo, who is also associate clinical professor at UBC and a staff oncologist with the B.C. agency, began their work in 1981.

They studied 150 patients between the age of 21 and 74, two-thirds of whom were male. The average age was 54.

"We used the same drugs (as are being used conventionally) but in a different way," Dr. Connors said.

"People doubted that you can give these drugs more frequently (than is currently the practice) without running into trouble, so we lowered the doses and gave them more often," he said.

"We knew the drugs worked and we were dissatisfied with having 70 per cent of our patients die," Dr. Connors said.

Patients who develop this form of cancer, which appears as a lump virtually anywhere in the body, usually die within two years, he said.

Patients who survive beyond two years are considered cured, he added.

The drugs used in conventional therapy are so strong that they, not the cancer, kill 3 to 4 per cent of patients using them, Dr. Connors said.

The new therapy is slightly less toxic and kills 2 to 3 per cent of those who try it, he said.

Anti-cancer drugs are generally damaging to other parts of a patient's body, but those used to treat large-cell non-Hodgkin's lymphoma are even more toxic because they have to kill the cancer and not

merely prevent its recurrence after surgery as with other forms of cancer, Dr. Connors said.

The most severe side effect is mucositis, severe soreness in the lining of the mouth. Other side effects include reduced immunity to infection and a blistering on the palms of the hands and soles of the feet, Dr. Connors said.

The new therapy, which was recently presented to 700 oncologists meeting in Los Angeles, is being tested in a study that began four months ago in the United States.

CANCER DEATH RATE SIMILAR TO U.S. STATISTICS

Ottawa THE CITIZEN in English 12 May 86 p A3

[Text]

TORONTO (CP) — Canada's dream of beating cancer seems to be going up in smoke.

The death rate of the disease is higher now than it was 30 years ago, statistics show, but that's mainly because of the sharp increase in lung cancer in both men and women.

"The rising number of deaths from lung cancer is swamping our progress against some other cancers," said Dr. Peter Scholefield, executive director of the National Cancer Institute of Canada.

He said the picture is as gloomy in Canada as one reported last week in the U.S., where the over-all cancer death rate has increased by eight per cent, even after the increasing age of the population is taken into account.

Published in the New England Journal of Medicine, the U.S. report notes that the age-adjusted death rate from cancer since 1950 has risen to 185 from 170 per 100,000 population.

The statistics in Canada are similar, Scholefield said, agreeing with the report's conclusion that prevention is the main hope of lowering the death rate.

Smoking is one of the few proven, preventable causes of cancer, causing eight of every 10 cases of lung cancer, Scholefield said. On average, patients with lung cancer live only 100 days after diagnosis of their disease.

Statistics indicate 8,200 men and 2,600 women will die of lung cancer this year. Lung cancer deaths account for one-third of all cancer deaths in Canada among men and nearly one-sixth of cancer deaths among women.

Although many Canadians have quit smoking, deaths from lung cancer won't immediately drop by an equal number, officials said.

Some former smokers will escape cancer they would have had if they kept on smoking, but others won't because they already harbor cells primed for cancer.

There has been little progress in the treatment of lung cancer. And there has been little improvement in the last 50 years in survival rates of people with two other major cancers — of the colon and breast — although the lives of those patients have been prolonged.

But there has been an enormous improvement in the treatment of some less common cancers, such as testicular cancers and so-called blood cancers — leukemias and lymphomas — in the young. In 1963, Hodgkins Disease, a lymphoma, was incurable but now more than half the patients are cured with a combination of drugs.

Deaths from stomach cancer have gone down 50 per cent, but diet rather than doctors may be the reason.

/9274

CSO: 5420/71

AIDS PROBLEMS, PROPOSED MEASURES DISCUSSED

Commons Spending Proposal

Ottawa THE CITIZEN in English 9 May 86 p A3

[Text]

The federal government should step up its financial commitment to the fight against AIDS and fund a wider range of AIDS-related projects, the Commons health committee said Thursday.

In a report tabled in the House, the all-party committee suggested additional spending of \$12.25 million this year and \$10.9 million each year in the future.

That's considerably more than announced last week by Health Minister Jake Epp, who said he was prepared to spend an extra \$7 million on AIDS this year and an extra \$8 million in each of the next four years.

AIDS, short for acquired immunodeficiency syndrome, is a fatal condition caused by a virus that disables the body's natural ability to fight disease.

About 545 cases of AIDS have been reported in Canada since the first reports came in about five years ago. Of that total, 268 patients have already died.

The virus is most readily transmitted by sexual contact. Roughly four of every five Canadian victims have been homosexual or bisexual males.

The committee has been talking to the country's leading experts on AIDS for months and came up with 23 proposals for federal action.

Epp touched on many of the same areas in his announcement last week, but the committee's proposals were in some cases more specific and involved more spending.

It recommended, for example, that more emphasis be placed on laboratories capable of growing the AIDS virus.

The committee eventually suggested that four labs be funded this year at a total first-year cost of \$2 million. Epp has set aside \$700,000 for lab expenses this year.

Other recommendations in the committee's report included:

- More information on coping with AIDS should be available to patients and their families and friends.
- The Palliative Care Foundation of Canada should be given funds to do a survey of facilities for AIDS patients, and hospices for patients should receive federal financial support.
- The federal government should help establish a National AIDS Foundation that would raise funds for AIDS support groups and help them in their work.

• AIDS should be a reportable disease in all provinces so that public health officials are sure they have reliable and up-to-date information. Presumably, reports would be subject to the usual requirements of confidentiality.

Tracing of Partners

Ottawa THE CITIZEN in English 9 May 86 p C1

[Article by Janice Middleton]

[Text]

The Ottawa-Carleton health unit intends to become more aggres-

sive in tracing the sexual partners of AIDS victims, its associate medical officer of health said Thursday.

Ian Gemmill said since there are no solid leads to a cure, victims, their doctors and health authorities must inform potential AIDS carriers to prevent the spread of the disease.

"I've been thinking about this for several months and I hope we'll be doing this within the next few weeks," Gemmill said in an interview after a 90-minute seminar on AIDS at Civic Hospital.

The method of contact reporting would be as it is in cases of venereal disease, strictly confidential. But, unlike syphilis and gonorrhea victims, for whom reporting of sex partners is mandatory, all AIDS cases, including those carrying the AIDS antibody but who are not themselves afflicted, would be asked to volun-

tarily contact their partners or ask their doctor to do it.

"If that's not practical then we will offer to do it for them," Gemmill said.

Tracing contacts and informing them they may be at risk is an important route to controlling the spread of the disease. "They can then take precautions against infecting others," Gemmill said.

He said there seems to be a plateau in the number of AIDS cases in New York City that could be a signal the disease is levelling off. From this news, doctors believe the disease may be brought under control through preventative methods.

In Canada, the number of reported AIDS cases is now 545, of whom 80 per cent are homosexual men, Gemmill said.

In Ottawa, 20 cases have been diagnosed, including 17 homosexual males.

Gemmill said "it appears that the at-risk population are taking

measures to protect themselves. If we cover all the bases the disease could probably fall to much lower levels."

However, there is still a danger that the disease is being spread through the heterosexual population by prostitutes.

"If that's the case it would be quite a different situation — difficult to combat."

Members of an Ottawa AIDS support group, who attended Gemmill's lecture, were not enthusiastic about contact tracing.

It won't work until the public accepts homosexuality as an "acceptable alternate lifestyle," said one member, Gregory Harshman.

"What you're asking for here is the moon and the stars. How strong do you think we are? We're just ordinary people. Until you can show that AIDS victims will not be ostracized but supported, gays will not go in for testing. Why would they? It means ruination."

Arrest of Prostitute

Toronto THE SUNDAY STAR in English 11 May 86 p A2

[Text]

OTTAWA (CP) — The arrest of a prostitute carrying AIDS antibodies has prompted Ottawa's regional health unit to warn men who've bought sex in the past few weeks to get a medical examination.

The woman, who has not been named, told police she has had sex with hundreds of men over the last several weeks to finance a cocaine habit. She was arrested early Friday and charged with soliciting.

Ottawa police Inspector Peter Hudz said yesterday the woman, 20, has been confirmed as a carrier of AIDS antibodies.

Cause for concern

"For the people who have had sexual encounters in that area (the Ottawa market, frequented by prostitutes) over the past few weeks, it's something to be con-

cerned about," said regional medical health officer Dr. Stephen Corber.

"If I was a male who (had sex with a prostitute without using a condom) I would want to be tested."

Use of a condom dramatically reduces the chance of having the deadly disease transmitted.

The woman does not have AIDS (acquired immune deficiency syndrome), a usually fatal disease. But health officials say the presence of AIDS antibodies in her system means the woman has come in contact with the virus.

There is a good chance she could have passed the virus on to some unsuspecting customers, they said. Customers in turn could develop the disease or pass it on to other sexual partners.

Dr. Ian Gemmill, associate medical health officer, said most people

who have the antibodies are definite AIDS carriers.

Second diagnosis

"If someone tests antibody positive, because of the serious nature of the disease, we have to consider them infectious," Gemmill said. "This is a special case which really reinforces the message, which is be careful about sexual contacts."

AIDS is most commonly spread through intercourse among homosexuals, the sharing of intravenous needles and blood transfusions. But experts both here and in the U.S. are worried by growing evidence it can be spread from women to men, and vice-versa, through normal sexual intercourse.

The Ottawa woman is believed to be only the second Canadian prostitute diagnosed as AIDS-in-

fect. The first case, reported in January, involved a 14-year-old Vancouver girl who ran away from home and became a drug-addicted prostitute.

Prostitute To Stand Trial

Ottawa THE CITIZEN in English 14 May 86 p C4

[Text]

The 20-year-old Byward market prostitute who says she's an AIDS carrier is to stand trial July 14 in provincial court for prostitution.

Donna Jean Newman was released from custody Monday on eight conditions after Ottawa police arrested her Friday for soliciting. Among the conditions she must heed is an order issued under the province's Health Protection and Promotion Act that says she must conduct herself "in such a manner as not to expose another person to infection."

Although she does not have AIDS, the presence of AIDS antibodies in her system means she has come into contact with the virus. Health officials say there is a good chance she could have passed the virus on to unsuspecting customers.

Newman said in an interview she has known she was an AIDS carrier for at least four weeks, but insists most of her clients won't contract the disease because they used condoms.

Actors' Concern

Ottawa THE CITIZEN in English 12 May 86 p A17

[Article by Christopher Harris]

[Text]

A noisy stir swept Hollywood last October when the Screen Actors' Guild in the United States called on producers to allow its 58,000 members to refuse "open-mouth" kissing scenes where performers had fear of contracting AIDS.

The move was part of an abrupt and widespread reaction in the entertainment world to the death of movie star Rock Hudson last fall, the first major public figure to die from acquired immunodeficiency syndrome.

In Canada, when the 8,400-member Alliance of Canadian Cinema, Television and Radio Artists (ACTRA) adopted a related policy, it passed almost unnoticed.

Behind the scenes, though, the policy is already having an effect on contract negotiations, says Ray Stringer, national executive director of the alliance's performers section.

Yet it has received only a very guarded response from the Canadian Film and Television Association, which represents Canada's independent TV and movie producers.

Stringer believes the ACTRA policy is a "more informed" and broad-minded response to the AIDS issue than that of the Screen Actors' Guild. ACTRA's policy would require producers to protect performers from contracting any communicable disease on

the set, and would permit a performer to turn down work without penalty when he or she has a reasonable fear of contracting a communicable disease.

Stringer admits fear of AIDS is at the root of the policy, but adds it is much easier for actors to contract other, more common illnesses and that the policy aims to address the broader problem in a profession where intimate contact is common.

AIDS itself is caused by a virus which renders the body's immune system helpless to fight off other, fatal diseases. Although no cure has been found, the disease is very difficult to transmit. It is most common among homosexuals.

"There is a general fear of AIDS in the acting community, and the alliance felt the need to assuage some of those fears. I do not subscribe to the myth that our industry has a higher proportion of homosexuals than any other part of the population, but there is a sensitivity in the industry now in light of Rock Hudson's death."

Soon after the policy was adopted, ACTRA finished negotiations for performers in commercials, and included a communicable diseases clause — ironically, in an area with little intimate contact.

But talks are now under way for a new collective agreement with the Canadian Film and Television Association (CFTA), with a communicable diseases clause among the subjects on the bargaining table. The current contract expires on Dec. 31.

Although Stringer says the producers have been very co-opera-

tive so far, Sam Jephcott, CFTA's executive director, is wary of the proposal.

"The producers wholeheartedly support the need to address the issue, but it involves so many problems that we simply don't know how to go about it."

He says ACTRA's policy tries to make producers alone responsible for the well-being of every person on the set.

"And if that's the case," he says, "we would have to have a doctor on the set every morning to examine the actors, and we would have to have actors sign affidavits declaring they are perfectly healthy — otherwise no producer would be able to get liability insurance."

A main concern of CFTA is that if producers are made responsible, they could be sued by any performer who contracts a disease on the set, says Jephcott — from AIDS to laryngitis.

He adds that if producers are required to have a healthy cast, they would also have to control what the performers do after hours, with obvious infringements of their basic human rights. And some producers might simply refuse to hire homosexuals and members of other groups with a high risk of getting AIDS.

ACTRA's approach is too broad, he says, and should confine itself to areas like open-mouth kissing or simulated sex.

Stringer agrees that enforcing communicable disease clauses would be difficult, if not impossible. The main aim of ACTRA's policy, he says, is to heighten awareness of the dangers of disease that performers face on the job.

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CSO: 5420/71

AIDS MEASURES, PROBLEMS, INCIDENCE DISCUSSED

Research Among Prostitutes

Vancouver THE SUN in English 10 May 86 p A3

[Text]

Vancouver hookers will soon be part of an international study of how prevalent the AIDS virus is in North American prostitutes.

In the next few months research teams in Vancouver, Montreal, Toronto, Edmonton and Calgary will begin taking blood samples from a cross section of prostitutes to test for acquired immune deficiency syndrome antibodies.

The research project is being coordinated by Ottawa's Laboratory Centre for Disease Control in cooperation with the

U.S. Centers for Disease Control in Atlanta.

"We will be looking for the prevalence of the AIDS virus and any risk factors such as IV (intravenous) drug abuse and specific sexual practices among prostitutes that may predispose them to AIDS," Kim Elmslie, health studies officer for the laboratory, said from Ottawa.

University of B.C. epidemiologist Dr. Rick Mathias, the B.C. member of the National Advisory Committee on AIDS, will head the Vancouver study.

Vancouver Incidence

Vancouver THE SUN in English 13 May 86 p F7

[Article by Ben Parfitt]

[Text]

Hugh Wheaton sits quietly in his chair listening attentively to the speaker. Every once in a while the 47-year-old Vancouver man raises his hand to ask a question.

He's got a lot on his mind.

"Of course most people my age don't want to think about death but I have to," he says.

Wheaton is not alone.

Of the 130 Vancouver residents diagnosed as having AIDS, 62 have died. For the others, legal matters must be attended to now.

That was the idea behind AIDS and Legal Considerations, a seminar held Monday night at Gordon Neighborhood House in Vancouver.

Two Vancouver lawyers told the audience it is important for victims of acquired immune deficiency syndrome to carefully plan wills and to give someone power of attorney.

This is particularly true, they said, for gay couples whose families may be opposed to their lifestyles.

"The degree of hostility I found just outrageous," Chris Sabeau, a legal adviser for AIDS Vancouver, said of some family members who have contested the wills of deceased gay sons.

Sabeau said gay couples can live together for years, but an improperly drawn up will may mean that all assets end up going to "Great Aunt Matilda

living in Timbuktu that you've never heard of before."

To alleviate worries about who would look after matters when death draws near, lawyer Gillian Andrew suggested AIDS victims might think about naming power of attorney.

The simple legal procedure allows anyone to appoint someone to act on their behalf when they become ill or mentally incompetent.

But Andrew said it is important to appoint a trustworthy person.

Andrew, a lawyer with Vancouver Community Legal Assistance, urged audience members to be aggressive in seeking whatever government financial assistance was due them.

"There are very interesting provisions in the (Welfare) Act that the administrators don't like to tell you about," she said.

Ottawa Prostitute

Ottawa THE CITIZEN in English 27 May 86 p B2

[Article by Dennis Foley and Elizabeth Holland]

[Text]

"An Ottawa prostitute considered to be an AIDS carrier was released from jail Monday after she was arrested on charges of violating earlier release conditions.

Donna Jean Newman, 20, was arrested early Monday and charged with three counts of breaching the conditions of her bail on a soliciting charge.

At a hearing later in the day, Justice of the Peace Lynn Coulter ruled the violations were not sufficient to put Newman in custody.

A publication ban was imposed on evidence at the hearing.

The breaches included failure to report to police on one occasion, failure to reside at a specified address and failure to take drug and alcohol treatment at Royal Ottawa Hospital.

Newman, who told police she had been exposed to the AIDS virus when they arrested her several weeks ago, was released from custody May 12 provided she honor eight conditions, including one ordering her to avoid behavior that could expose others to communicable disease.

Ottawa police Insp. Peter Hudz said a warrant for her arrest was issued Friday when police suspected she violated a number of the conditions, which he wouldn't detail.

He said the woman was arrested about 1 a.m. Monday inside an apartment in the Bell Street area.

Newman told *The Citizen* in an interview Monday that police were harassing her when they picked her up at the apartment.

She admitted breaching her parole by not going to the Royal Ottawa Hospital, but said she has quit drugs and working as a prostitute.

"I'm abstaining completely from sex, I'm not working and not doing anything wrong," said Newman. "This is enough to make me hide from the world."

She also breached a condition of her bail when she changed her address without notifying police.

But Newman said her ex-boyfriend, the legal tenant of the Bell Street apartment where she was ordered to reside, had kicked her out.

She later was served with a trespassing notice by the building's superintendent at the request of her ex-boyfriend and banned from the premises.

Newman is now staying with a friend, but says she has to move out soon. She says she will wait until the whole controversy blows over and then head for Toronto.

"I'm afraid to stay in Ottawa. The public is so ignorant and paranoid about AIDS.

"I run into old friends now and they jump 10 feet. I'm afraid someone is going to come after me. There are a lot of crazy people out there."

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CSO: 5420/72

VACCINE TO PREVENT BACTERIAL DISEASE IN CHILDREN AVAILABLE

Toronto THE TORONTO STAR in English 29 May 86 p H17

[Article by Marilyn Dunlop]

[Text]

A new vaccine to prevent a potentially fatal bacterial disease in children is now available in Canada.

The bacteria, which can cause inflammation of the brain or of tissue in the throat, closing up a child's airway, is estimated to infect some 1,000 children aged 2 to 5 in Canada each year, killing 50 to 100 of them.

Dr. Victor Marchessault, of Ottawa, executive vice-president of the Canadian Pediatric Society, told a Toronto news conference yesterday his society and the Canadian national advisory committee on immunization recommends the vaccine be given to all children 24 months to age 5. The vaccine is not yet covered by provincial health insurance and costs \$12 to \$15.

The bacteria can cause haemophilus influenza type b infection (commonly called Hib disease). Marchessault said 1.5 million children aged 2 to 5 in Canada are at risk. In older children and adults it causes no disease but can spread from them to younger children with whom they are in close contact.

Young children don't have built-in protection against the bacteria and if they get into the bloodstream, the disease can be life-threatening. Marchessault said brain inflammation (meningitis) occurs in about 60 per cent of infected children, killing 5 to 10 per cent of them and leaving half of the survivors handicapped. He said 20 per cent of infected children develop throat infection (epiglottitis). It can cause swelling that prevents the child from breathing.

"To give you a time frame within which this can happen, emergency care may be required to prevent death from suffocation within 12 hours or less," he said.

Marchessault said Hib meningitis may seem, at first, like a cold or earache, but other symptoms, including fever, stiff neck, swelling in the soft spot on the top of the head, and arching of the back, develop quickly.

Before age 2, the vaccine is not always effective. In babies, the immune system is not mature enough to produce antibodies against the bacteria. However, Marchessault said children aged 18 months to 23 months who are at high risk, such as children attending day-care centres or prone to infections, might benefit. They would need re-vaccination after age 2.

The vaccine cannot cause infection because it does not contain any virulent part of the bacterium. It is produced with a particle of a capsule that covers the bacterium. Called b-Capsa I, it is manufactured by Praxis Biologics Inc. and distributed in Canada by Mead Johnson, Ottawa. Testing in the U.S. and Finland has shown that fewer than one child in 100 had any side-effects and those that occurred were mild.

Doctors say the vaccine would be more valuable if it could protect babies 6 to 18 months, who are at highest risk of Hib infection. About two thirds of all cases occur in this age group. Dr. William Thorpe, medical director of Mead Johnson, said research is underway to produce a vaccine that will be effective in the first year of life.

VANCOUVER TESTING UNDERWAY AFTER STUDENT FOUND TO HAVE TB

Vancouver THE SUN in English 29 Apr 86 p A3

[Text]

Thirty-one persons who tested positive for tuberculosis after a female student at Vancouver Technical secondary school became ill with the disease will be called back for further tests, a city health department official said Monday.

Dr. Ted McLean, who is responsible for communicable disease control in the city, said the 31 persons will be recalled to find out why their TB skin tests showed positive — even though it does not necessarily mean they have the disease.

He said 530 people were originally given skin tests after the student became sick, and 79 were recalled for X-rays.

"All the X-rays were negative but we still have to deal with the positive skin tests," McLean said.

He said the student who contracted the disease is in hospital and will be under treatment for 12 to 18 months. "She will be in hospital only long enough to get stabilized on the drug treatment," he said.

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CSO: 5420/73

MENINGITIS DEATH REPORTED IN SOUTHERN ONTARIO

Toronto THE TORONTO STAR in English 16 May 86 p A7

[Article by Gordon Paul]

[Text]

SIMCOE — The death of a 2-year-old from meningitis has prompted vaccinations of about 55 children and 10 staff members at a Simcoe nursery school/day care centre.

Amanda Vranken died Tuesday at McMaster Medical Centre in Hamilton. The Simcoe girl was diagnosed as having meningo coccal meningitis — a rare disease that spreads quickly through the body.

The child had attended Kids' Place, a nursery school in Simcoe, about 70 kilometres (43 miles) south of Hamilton, since January. It is believed that all 55 children and 10 staff members who were at

the nursery school last Friday, Monday or Tuesday are taking vaccinations. Kids' Place director Jackie Smothers said yesterday.

Parents of children who were at school have been given letters signed by Dr. Douglas Kittle, the medical officer of health for Haldimand-Norfolk that states: "Your child has been exposed to a case of meningitis," the letter reads. "The condition is not highly communicable. But preventive treatment may be appropriate."

Meningitis is a disease that inflames the cover of the brain. Medication is to be taken twice daily for two days. Those who were in contact with Vranken do not have to be quarantined.

"I would expect it (meningitis)

not to appear with these people," Kittle said. "I'm confident (but) I can't be certain."

"It's not highly contagious. It's not like the measles or chicken pox."

Kittle said statistics show three in 1,000 family members who come in contact with a person with meningitis can expect to contract the disease if they do not take medication.

"Three in 1,000 is not high but it's not low either."

Meningo coccal meningitis "was a scourge" before penicillin was invented in the 1940s. With the advent of effective antibiotics and a more informed public, "the number of cases has decreased markedly," Kittle said.

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CSO: 5420/71

AIDS LABORATORY OPENED IN SLOVAKIA

Bratislava NEDELNA PRAVDA in Slovak 7 Mar 86 p 14

[Article by Anton Blazej, academician, Institute of Biotechnology of the Slovak Institute of Technology, Bratislava, and Dr Vlastimil Mayer, doctor of sciences, Virological Institute of the Slovak Academy of Sciences, Bratislava: "Facts and Opinions About AIDS"]

[Excerpts] In the last 5 years much has been written, discussed, in groups and in the communications media abroad about a new virus disease designated as AIDS. Certain fears, and in some cases even certain panic, which has been manifested in the United States, but also in some West European countries (France, West Germany, Great Britain, Belgium) and in some countries of Africa, have their echo, even though it is remote, in Czechoslovakia. It is generally understandable that this development, which is recorded in certain regions of the world, could, I believe, cause an excessive reaction among some groups of our citizens.

It is desirable for every citizen traveling in the regions or countries with a higher incidence of cases of the disease to be aware of the possibilities of risk involving AIDS virus infection and to protect not only himself but also his loved ones against this serious infection. It is also necessary to have so much personal discipline and social responsibility so as to avoid sexual promiscuity.

The high level of transfusion technology in Czechoslovakia guarantees that no individual who is sick would donate blood. Introduced tests to prove the presence of AIDS virus antibodies in donated blood have even increased this guarantee. A similar situation exists with respect to the question of blood derivatives, which are used in the treatment of citizens suffering from blood clotting disorders.

A well-functioning system of organization and management in the health industry, in personal hygiene, and in the antiepidemic sector in Czechoslovakia constitutes a real prerequisite for the taking of effective measures. One of these was also the establishment of a national reference laboratory for AIDS by the Ministry of Health of the Slovak Socialist Republic in January 1984. The laboratory operates within the framework of a joint scientific work site for virus diseases (of the Virological Institute of the Slovak Academy of

Sciences, the Central National Administration of the City of Bratislava, and the Medical Faculty of Comenius University), which was established at the Clinic for Infectious and Parasitic Diseases named for Academician L. Derer. The activities at the joint work site are in conjunction with efforts to connect the strengths of work sites of the academy of sciences with activities at the ministerial level.

It was thus possible to obtain timely experiences, not only with respect to methodology, but also with respect to concrete results from a broadly instituted following of selected risk groups. Furthermore, the laboratory turned over its methodological findings and even a sample of a diagnostic reference serum to workers of the Research Institute of Preventive Medicine, who recently also began to take an interest in questions connected with AIDS. The reference laboratory is developing activities on a priority basis also within the framework of postgraduate training of physicians. It is a consultation center and develops activities even in the area of cooperation with the Institute of Health Education. The focal point of the work engaged in by the reference laboratory is, however, apart from definitively establishing a virological diagnosis in cases of illness suspected to be AIDS, the following of directions in development with respect to research concentrating on the illness throughout the world, in evaluating methods for treating it, and in developing scientific dialogue and cooperation with world AIDS research centers.

The Czechoslovak health industry has a high level and effective methods of management. It is equipped with highly qualified cadres. Medical and biological research has great intellectual potential. Therefore, all prerequisites exist for us to be able to minimize the possible risks of this modern disease. However, it is not only a question of the health industry. Much depends on how our citizens--particularly the at-risk category of the population--will be informed, will be morally and socially so mature that it will be aware of the seriousness of the real risk of transmission of this disease. Social responsibility, high humanitarian feelings, and coresponsibility must be an impetus for respecting all preventive measures. This is in the interest and to the benefit of every individual, in the interest and to the benefit of our loved ones, but also in the interest and to the benefit of society.

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CSO: 5400/3019

AIDS TESTING CENTERS FOR ALL REGIONS

Accra PEOPLE'S DAILY GRAPHIC in English 5 May 86 p 5

[Text]

THE government will soon set up Acquired Immune Deficiency Syndrome (AIDS) centres in all the regions in addition to the one in Accra to carry out blood tests on suspected patients.

The government has ordered enough equipment which is expected to arrive in the country in about a month's time to enable the centres to operate efficiently.

This was announced by

Dr A. R. Neequaye, chairman of the committee on AIDS, at a symposium organised by the Manya and Krobo Districts Association of National Service Personnel to commemorate "May Day".

He was speaking on the topic "Acquired Immune Deficiency Syndrome, Which Way Now."

Dr Neequaye said so far, the disease has been detected on four Ghanaians whose movement is being closely watched and therefore there is no cause for alarm, he added.

Asked whether his committee has been able to locate those Ghanaians who were reported to have been deported from West Germany and other European countries and who might have contracted the AIDS disease, Dr Neequaye replied in the negative and appealed to all such persons to present themselves for a check-up.

He advised Ghanaians to watch their sexual habits in order to stay clear of the disease.

Mr Akrasi Sarpong, a Secretary at the PNDC Secretariat, who spoke on the topic, "The Role of the Youth in the On-going Process" called on the nation's youth to learn the culture of democracy which is the only way to sustain their continued participation in the revolution.

He called on the youth not to lose touch of the historical, political, social and economic background of their country because this would help them to

understand the need for overhauling the old system.

In his opening address, the president of the district association, Mr K. Mensah, said the symposium was organised to make youth in the area more nationalistic to contribute positively to the success of the revolution.

He announced that his association had started a piggery project at Asesewa and appealed to individuals and organisations to come to their aid. — GNA

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CSO: 5400/129

GHANA

BRIEFS

FIRST AIDS DEATH REPORTED--Elsewhere in THE GRAPHIC is a story filed by Salome Donkoh from Koforidua concerning the death of a 30-year old AIDS victim, Yaa Amponsah, at the Koforidua central hospital last Friday [23 May], Her case is the first reported AIDS death in the country. The woman, who comes from Apedwa in the eastern region, is said to have returned to Ghana last year from Abidjan. [From the press review] [Excerpts] [Accra Domestic Service in English 1300 GMT 29 May 86 AB] /8918

CSO: 5400/126

BRIEFS

REGIONAL HEALTH UNIT--A regional Health Management Committee was Thursday set up in Region Six to run the Ministry of Health in East Berbice/Corentyne. The appointment of the 13-member committee was announced by Health Minister Dr. Richard Van West-Charles when he addressed regional and other officials in New Amsterdam. Heading the committee is Regional Health Officer, Dr. S. Slorendo. Some of the other members are New Amsterdam Hospital Medical Superintendent, Dr. Gladstone Mitchell, Regional Executive Officer, Basil Benn, and convenor of the Regional Democratic Council Health Committee, Councillor Kalimootoo Ganesh. Cde. Van West-Charles said health workers would start receiving their salaries in the Region from May, and that drugs and other medical supplies will be posted to the Region in bulk for the committee to distribute to hospitals and health centres. [Excerpt] [Georgetown GUYANA CHRONICLE in English 5 Apr 86 p 3]/12828

CSO: 5440/84

PAPERS REPORT ON, DISCUSS SUSPECTED AIDS CASES

Found in Female Prostitutes

Calcutta THE TELEGRAPH in English 4 May 86 p 7

[Article by Anita Pratap]

[Text]

Apprehension spread across the nation when it came to light that six prostitutes in Madras had been identified as suffering from the latest killer disease, AIDS (Acquired Immune Deficiency Syndrome). Hitherto, it was smugly assumed that AIDS was confined to countries like the US, the UK, Haiti and parts of Africa. What is truly a matter of serious concern is that experts say that conditions in the country are such that the disease can easily become an epidemic. One of them has gone so far as to say that AIDS, popularly called the "twentieth century ghetto-disease," can cause the kind of damage in India that diseases like bubonic plague did in medieval Europe.

The credit for detecting the carriers of AIDS should be given to Dr Suniti Solomon, a dedicated and unassuming microbiologist attached to the Madras Medical College. The advent of the disease in India could have gone undetected possibly for some more years if she had not been so systematic and painstaking in her efforts to pursue the target group—homosexuals, drug addicts, prostitutes and patients who have had multiple blood transfusions.

All the six prostitutes, aged 20 to 30 are extremely poor. They had to go to the vigilance homes following their arrest from various brothels in Madras city as they did not have the money to pay the fines and be back in business. Some of the girls are originally from different parts of the state. It is quite certain that no two girls entertained the same customers. On an average, these girls serviced 10 customers a day mostly drawn from very poor sections of society like coolies, labourers and casual workers. They were arrested in October-November 1985. The AIDS test on them was conducted in January this year.

Dr Solomon tested blood samples of 102 prostitutes, 21 homosexuals, 52 patients from the sexually transmitted diseases clinic of the Madras Medical College who were positive to the venereal disease test, 10 haemodialysis patients, 14 foreigners and one drug addict. Of them 11 were found to be positive following the Elisa (enzyme-linked immunosorbent assay) test. Of these, seven were found to be positive to the western blot test confirming the presence of the AIDS virus. Only six cases were found to be positive to all the four antigens of the AIDS virus. The seventh showed positive to only one antigen,

the P 24 which, in the US, is sufficient to declare the patient as being a carrier.

One of the questions put to the six women was whether they entertained foreigners, said Dr Solomon. This was to establish whether the AIDS virus came from abroad. It is now certain that the women did not serve any white man. However, it is not possible to rule out blacks as the original carriers. The virus may also have been brought home by labourers and others who have returned from abroad, perhaps the West, West Asia or Africa.

There are also a large number of repatriates and refugees from Sri Lanka in Tamil Nadu. It is all too possible that the AIDS virus came from Sri Lanka which has a good inflow of foreign tourists. This could explain why AIDS has been detected in Tamil Nadu and that too among the very poor prostitutes. The crime branch of the Tamil Nadu police in a report to the state government a few months ago had distinctly warned about the possibility of AIDS reaching Tamil Nadu through the Sri Lankan refugees and repatriates. The Centre could make a beginning in the battle against AIDS by checking the Sri Lanka refugees, particularly because other states have not reported cases.

Dr Solomon said the blood samples of the six women have been sent to the US for virus culture to determine whether the virus found in the patients is identical to the one found in the western countries.

There was considerable scare in Madras when Dr V. Ramalingaswamy, director general of the Indian Council of Medical Research (ICMR) made the startling disclosure recently that two of the six women had escaped from the vigilance home. It turned out that the two women had been discharged from the home after they had finished serving their time. The test results confirming that they were carriers of AIDS were not known when they were released.

As soon as this was found out a massive search was launched and both were apprehended in Madras itself. All six are now in the vigilance home.

According to Dr Solomon none of them knows of her condition. No outsiders, particularly reporters, are allowed to meet the women as the authorities believe that it would be unfair to invade their privacy. In fact, the superintendent of the home also does not know who the six women are as the doctors have given them code numbers. In fact, the six prostitutes are freely mingling with the 123 other inmates of the home. Realisation has now dawned on the authorities of the possibility of the disease spreading in the home should there be lesbianism among the inmates. Which is why they are thinking of shifting the girls to an isolation hospital that was once used to house small pox patients.

Two of the six prostitutes, now identified as carriers of the virus may also be going in for the disease, said Dr Solomon. In an exclusive interview with *The Telegraph*, the first given to a publication since the discovery, Dr Solomon explained that "T4-T8" 'ratio' tests (that is the ratio of the cells in the immune system that respectively assists and suppresses the production of antibodies) conducted by the ICMR in New Delhi show that there is a slight imbalance in their ratio system suggesting that they may be going in for

the disease.

The results of the ratio tests conducted on the other four cases are not yet out. Dr Solomon hastened to add that at present the reversal in the ratio was marginal enough to be termed 'borderline' cases. The ratio which is supposed to be one in normal human beings, has gone down to 0.9 in both these otherwise normal cases, she said. If the ratio continues to decrease only then can it be deduced that the two women have contracted the disease. The ratios of the two women will have to be monitored for at least three months before it can be concluded whether they are stricken with the killer disease or not.

Dr Solomon who is in constant touch with the six patients said that of the six, one has begun to show what can be deemed as initial symptoms of AIDS. The woman has lost weight considerably in the last few months and has complained of loss of appetite and feverishness.

Now that it is known that AIDS has struck India, what precautions can one take to safeguard oneself from the disease? Since it is a sexually transmitted disease, it would be advisable to be prudent about one's sexual proclivities. Going to prostitutes is dangerous.

It has been found in the US that 15 per cent of the AIDS victims whose cases remained unexplained had a history of sexual contact with prostitutes. It is also believed that prostitution has played a crucial role in the spread of AIDS in Africa.

Then again, drug addicts and homosexuals have to be particularly vigilant. They are vulnerable to AIDS as their body resistance is poor. Those requiring blood transfusion should preferably get a sample tested.

Hospital staff all over India have to be drilled on the imperative need for hygiene, particularly when it comes to sterilising needles. Private hospitals should opt more for disposable needles.

The government of India can help by exempting AIDS test kits from import duty. At pre-

sent 100 per cent duty is levied on the kits for Elisa tests imported from the US.

The kit costs about \$600. With duty, the cost of the kit comes to about Rs 15,000. Each kit comes in a compact plastic box, six inches by nine inches and is good enough for a hundred tests.

It is also imperative to issue a directive to customs officials to store these kits in proper conditions. These become defective if they are not stored in refrigerators and test results can go awry.

Beware of blood transfusion

Much more than sexual contact, AIDS can be contracted through blood transfusion where the donor is an unsuspecting victim of AIDS or a silent carrier of the AIDS virus (in the latter case the person will transmit the virus without himself or herself being stricken with the disease). AIDS can also be contracted when a syringe used for an AIDS victim or carrier is used on another individual.

Said the Tamil Nadu health minister, Dr H.V. Hande about the danger of the spread of AIDS through blood transfusion, "In this respect, our country is totally defenceless regarding the threat of AIDS."

At present, not a single hospital or blood bank in the country screens the donor's blood for the AIDS virus before it is made available for transfusion. The patients who are particularly susceptible to AIDS because of the infusion of contaminated blood are those whose ailments require multiple transfusions as for example patients with leukaemia, haemophilia and kidney ailments that require dialysis. Patients who need blood for any reason, be it because of an accident or an operation, are also vulnerable to contracting AIDS if they are given contaminated blood.

What is so disturbing is that not a single government hospital and 99 per cent of the private hospitals in the country do not have the AIDS testing kit for the Elisa test. Even the hospitals that do have this kit are still conducting trial runs and have not begun using it to screen the blood before giving transfusion.

It has been found in the US that the AIDS virus takes at least a year for incubation in the human body (that is before the symptoms of the disease begin to manifest themselves) after it has been sexually transmitted. On the other hand, patients who have contracted AIDS through blood transfusion have been found to have developed the symptoms of the disease in just 43 days. The symptoms include loss of weight, cold, fever, swellings and diarrhoea.

Since all the six carriers identified in Madras are prostitutes, they are bound to have infected the men visiting them. Their clientele was entirely from the poor sections of society. The very sections which keep our blood banks going. It is estimated that 90 per cent of the blood donors in India are professional donors who make their living by donating blood. The chances of the AIDS virus making its way to the blood banks of the country are therefore high. And as the incidence of AIDS has shown in the US the disease grows exponentially. However, it is not feasible to ban paid donations because as it is, blood is in short supply in our hospitals.

Inadequate financial resources and the almost non-existent sense of hygiene in the country make it easier for AIDS to spread alarmingly. The Elisa test costs Rs 200 per blood sample, making it out of reach for the government general hospitals and a majority of the private clinics and hospitals. In other words, apart from those belonging to the upper class who can insist on an Elisa test before receiving a blood transfusion, the bulk of the Indian patients are in no financial position to make this demand. The Elisa test kits have to be imported from the US.

It is imperative that the Cen-

tre embark on an ambitious project of subjecting the blood in government health institutions to the Elisa test. However, a nation-wide screening programme will require enormous resources which the government will be hard put to find.

Another cause for great anxiety is the practice of using syringes repeatedly on different patients without sterilising them. A British nurse died because the needle that she used for an AIDS patient accidentally pricked her. In Indian general hospitals the standards of hygiene are appalling. The same needle is often used on a number of patients in a row. At the recent Kumbh Mela, cholera vaccine was administered to pilgrims by government doctors in an assembly-line operation—a single 50 cc syringe was used for a string of pilgrims without even the barest attempt at sterilisation like dipping the needle in hot water before injecting the next person. Such unhygienic practices are the surest way to spread any infectious disease.

'TN most vigilant state'

"It is not as if AIDS is prevalent only in Tamil Nadu, it is just that it has been detected in this state first," said the Tamil Nadu health minister, Dr H.V. Hande. In an exclusive interview with *The Telegraph* Dr Hande said that the reason why AIDS was detected first in this state was that the doctors in charge of the screening programme, particularly microbiologist Dr Suniti Solomon, went about collecting blood samples in the most "thorough, systematic and intelligent manner."

The test for AIDS in many other states have registered negative results because they selected blood samples in a random fashion claimed Dr Hande. He said that it took a lot of persistence on the part of the Tamil Nadu doctors to collect the blood because the high risk group were particularly

resistant to giving blood for testing.

Inquiries have revealed that Dr Hande is justified in making this claim of Tamil Nadu being ahead of other states in conducting the screening for AIDS. Dr Lalitha Kameshwaran, director of medical education in Tamil Nadu, said that a coincidence of factors contributed to the detection of AIDS in Madras. Dr Suniti Solomon had decided to do her doctoral dissertation on the incidence of AIDS in Tamil Nadu. When in December 1985, the ICMR sent a circular to all states to carry out screening for AIDS, the Tamil Nadu medical authorities decided to utilise Dr Solomon's services for conducting the screening. As a result, she could readily secure the AIDS test kits through the ICMR. A private practitioner or an individual doctor wanting to import AIDS test kits has to do so under the open general licence which requires a considerable amount of paperwork.

Much before the Centre directed the state governments to set up surveillance committees to find out about the incidence of AIDS in December, the Tamil Nadu government had constituted a seven member panel headed by Dr C.S. Lakshminarayanan, director of the microbiology department at the Madras Medical College. The purpose was to study the incidence of AIDS, said Dr Hande. This committee was formed in June, even before the Rock Hudson case hit the headlines the world over, he said.

According to Dr Hande, 90 per cent of the states have not even formed such a committee. The testing for the AIDS virus was done in Trivandrum, Bombay, Calcutta, Delhi, Pune and Vellore. In all these cases, the test results were negative.

Surveillance Project Praised

Madras THE HINDU in English 4 May 86 p 2

[Text] Bombay, 8 May (PTI)--The recent controversy over the reported detection of six AIDS patients in Tamil Nadu has taken a curious turn with the admission by Dr N. C. Bhargava, the Union government's advisor for sexually transmitted diseases (STD), that these patients may not be affected by the dreaded disease.

Dr Bhargava, who is based in New Delhi, told PTI here on telephone that these patients had not shown any symptom of the disease so far and "unless they show any symptoms, we can't say that they are affected by the disease."

He said these patients had only shown antibody response to the AIDS test and this was not a confirmatory test to suggest that they were suffering from the disease, but only an indication that they might have been infected by the virus.

"At most we can say that these patients are more prone to the disease than an ordinary person, but the chances of their getting affected by the disease is only eight per cent," he admitted following persistent questions.

Dr Bhargava said the patients, who were now in rescue homes in Madras, were being constantly monitored for any symptom of the disease. "It is not clear whether they were only carriers of the virus and this can be confirmed only after carefully studying their past history of sexual habits," he said.

A recent circular from international organisations engaged in the study of AIDS, made available to PTI, categorically states "the presence of HTLV-III (the virus believed to cause AIDS) antibody is not a diagnosis of AIDS. A negative test result does not exclude the possibility of exposure to or infection with HTLV-III."

Meanwhile, two city doctors, who have been associated with the study of AIDS, today sent a telegram to the Lok Sabha Speaker, Mr Balram Jakhar, requesting him to seek explana-

tions from the Union health minister for "misinforming the House on the prevalence of AIDS in India."

Dr J.K. Maniar and Dr I.S. Gilada said the minister had misinformed Parliament on April 29 by announcing that the six patients in Tamil Nadu were suffering from the disease, whereas it had now been proved that "they may have been only infected by the virus."

Dr Maniar, a noted venerologist and president of the association for studies on STD, demanded a thorough inquiry into the whole episode and punishment of the guilty.

He also questioned the contention of the minister that India need not send the blood samples abroad for confirming the presence of AIDS and asserted that India did not have adequate facilities for confirming whether a person had been inflicted by this deadly disease.

Dr Gilada who is secretary of the Indian Health Organisation, which has started a clinic for detection of AIDS at the government-run J.J. Hospital, also stressed the need for sending blood samples from the suspected cases abroad for confirmation.

There was a special wing of the Centre for Disease Control in Atlanta in the United States, which co-ordinated studies on AIDS the world over and they had offered to help confirm the presence of the disease in any country, he added.

Diagnosis in Doubt

Calcutta THE TELEGRAPH in English 9 May 86 p 5

[Text]

"TILL date comparatively less number of cases have been reported from Asia and many countries including India are yet to report any case. However, keeping in view the rapidity of its travel from one continent to another, the disease will soon knock at the doors of these countries." This observation was made in a document on a AIDS (acquired immuno deficiency syndrome) brought out by the National Institute of Communicable Diseases (NICD) in March this year. How prophetic it has turned out that within a month a few cases of AIDS virus infection have been reported from Tamil Nadu.

It is yet to be conclusively shown whether the virus detected in Tamil Nadu is that of AIDS or AIDS-related disease but the detection itself highlights the efficacy of surveillance on the one hand and the need for continued vigil to prevent its spread. The emergence of AIDS, which is assuming an epidemic form, has naturally caused widespread alarm. Its existence was first discovered in 1981 and two years later, the causative virus was identified by two groups of scientists, one French and the other American. The French group led by Dr. Luc Montagnier of the Pasteur Institute named the virus Lav (lymphadenopathy associated virus) while the American group led by Dr. Robert Gallo of the National Cancer Institute named it HTLV III (human t-lymphotropic virus III).

Prevalence in Africa

The prevalence of LAV/HTLV-III in Central Africa provided some important clues to the origin of the disease. A variant of HTLV-I, called HTLV IB was found widely in African patients. Moreover, sampling of African green monkeys was reported to have revealed that 70 per cent of them were infected with a virus which did not seem to cause any harm to them. Scientists consider it possible that like the virus of jungle yellow fever, the causative virus of AIDS has undergone an adaptation towards the human host.

Ever since the causative virus was discovered, 22,000 cases of AIDS have been reported from all continents. Nearly 80 per cent of these were from the U.S. Europe, the U.K. and Australia together come next. In South East Asia, Thailand has so far reported half a dozen cases. Now it is India's turn.

The cumulative mortality among the identified cases range between 40 per cent and 50 per cent. According to scientists it would probably exceed 90 per cent when clinically identified patients had been under observation for two to three years. In certain high risk groups in the U.S., the chances of death from AIDS are estimated to be similar to the mortality rate for heart disease and cancer.

Reference laboratories

Global concern over this trend is reflected in

the series of steps taken by the World Health Organisation. These included the setting up of a dozen collaborating centres in countries where AIDS has emerged as a serious health problem. The centres help the national Government concerned in selecting and using reliable testing kits and procedures for identification of AIDS infection. So far, these centres had been set up mostly in developed countries. Now, two centres are proposed in South East Asia and one of these is likely to be in India.

Moves were initiated in India in August last year to deal with the emerging situation. A task force under the chairmanship of Prof. V. Ramalingaswamy, Director-General of ICMR, was formed and on its recommendation, a surveillance machinery set in motion. This comprises two reference laboratories and seven surveillance centres. The reference laboratories are at the National Institute of Virology, Pune and the Christian Medical College, Vellore. The surveillance centres are in Pune, Vellore, Srinagar, Madras, Calcutta and Delhi.

The idea is to be on the look out for anti-bodies to AIDS virus in people who are known to be in very high risk of getting infection. The high risk group includes homosexuals, intravenous drug users, female prostitutes, recipients of blood and blood products repeatedly, recipients of blood transfusion and infants born of mothers who suffered from AIDS.

Instructions were sent to all medical colleges and State Governments to be vigilant. To help them, a brochure containing information about AIDS, including the early symptoms was circulated, copies to be sent to clinical faculties so that they could collect blood samples and send them to any of the reference laboratories. No feedback has come about action taken by the States.

Praise for Tamil Nadu

However, the reported detection of cases in Tamil Nadu shows that these instructions have been taken seriously and acted upon. The ICMR chief is all praise for the Department of Microbiology of the Madras Medical College for tracking down women in high risk group, collecting their blood samples and sending them for testing. "If they had not done so, we do not know how long we would have had to wait before we came to know of the presence of infection."

In the last few months, the reference laboratory at the NIV in Pune had screened more than 900 blood samples collected from persons in the high risk group including some eunuchs, occupants of jail and remand homes, and those who are carriers of Hepatitis B virus. These samples were collected from Goa, Bombay and Pune. Except for two false positive sera which, on confirmatory tests, were found to be negative, there was no person carrying antibodies to AIDS virus in this study.

At the reference laboratory in Vellore, more than 600 blood samples were studied. A special feature of this study was that a large number of patients with kidney disease put on dialysis and subsequently receiving renal transplant were covered. But none of these samples revealed the presence of antibodies, until a couple of weeks ago when the reference laboratory started testing 102 samples of blood received from Madras. Out of these, nine gave positive results for the presence of antibodies to AIDS virus when tested by the "Elisa" method.

National strategy

They were immediately flown to Johns Hopkins University in the U.S. for confirmation using the "Western blot" method. The samples were sent through the American Embassy here. A few days later, word came from the laboratory that six of these were found to be positive. The written report was brought by Dr. K. M. Pavri, Director of NIV, Pune who happened to be in the U.S.

The report was discussed in Madras by Prof. Ramalingaswamy along with Dr. Pavri and Dr. Jacob John of the CMC, Vellore. They also examined one of the six persons and came to the conclusion that she was not as yet suffering from AIDS although her blood was positive for infection. They appraised the State Health Minister of the situation and discussed the line of action. A special meeting of the task force held on April 29 discussed the situation and chalked out a national strategy.

The strategy envisages nationwide surveillance by having one centre in each State. The ICMR will give a block grant ranging from Rs. 10,000 to Rs. 30,000 as seed money to the States to set up the centres. A programme will be organised to train one team of medical doctors

and technicians from each State in the detection of cases. Diagnostic kits will be supplied and steps have been taken to import 25,000 kits. Meanwhile, the possibilities of indigenous manufacture of the kits would be explored. In addition to these, a programme will be undertaken to educate the public on various aspects of the disease like the possible modes of transmission and precautionary steps to be taken.

According to Prof. Ramalingaswamy, a remarkable amount of knowledge has already accumulated since the disease was discovered and the causative virus identified. Major efforts are being made towards developing a vaccine and he is optimistic of these efforts bearing fruit soon. He says: "One thing that is emerging from the current investigations is that there is perhaps more than one virus and we may have to talk in terms of "AIDS groups" of viruses. In fact, evidence is just emerging that in Africa there may be a closely related virus that is prevalent which infects man but may not produce the classical AIDS disease. The detection of six cases of AIDS virus infection without evidence of disease in these six cases, together with the fact that so far the nationwide clinical surveillance has not revealed the presence of AIDS disease in its classical form in India leads one to suspect that we may be dealing here with AIDS-related virus. The ICMR is intensely pursuing this line and within the next few weeks a new chapter in this story is likely to unfold."

Prof. Ramalingaswamy said that one scientist from NIV, Pune—Dr. Mridula Bose—has been deputed to the Centre for Communicable Diseases at Atlanta (U.S.) for training in advanced methods of virus isolation. Another scientist, Dr. George Babu of the CMC Vellore will go to the U.S. this month for such training. A third scientist from the Immuno Haematology Institute, Bombay will be sent to West Germany.

/9274

CSO: 5450/0141

HEPATITIS REPORTEDLY 'RAGING' IN CITY AREAS

Calcutta THE STATESMAN in English 8 May 86 pp 1, 3

[Text] Though Calcutta Municipal Corporation authorities continue to deny any increase in the incidence of hepatitis, private practitioners say the disease is raging in several parts of the city.

Sources in the Indian Medical Association said that general practitioner members had expressed similar opinions, but were unable to provide figures on the extent of the outbreak. Reports of a hepatitis outbreak in the South Eastern Railway employees' residential colony at Garden Reach have reached the All-India Institute of Hygiene and Public Health.

Civic officials said there had been six deaths in the city according to records with burning ghats. They said that the disease had broken out only in Behala. Blood samples were collected from the affected area and sent for analysis at the Department of Virology, School of Tropical Medicine. The civic headquarters is yet to receive its report.

Dr A. K. Chakravarty, Professor of Epidemiology at the AIIPH, said on Wednesday, that reports of 88 cases of hepatitis at Garden Reach had reached his institute recently. His team then collected several blood samples and revealed that the virus was neither Hepatitis-A, which is carried in water, nor Hepatitis-B, which is carried in the blood. The virus is suspected to be Hepatitis Non-A, Non-B, which is usually carried in water.

Contaminated Water

A study of water samples from the Garden Reach colony revealed that water supplied by the Calcutta Metropolitan Water Sanitation Authority and by a deep tube-well installed by the colony residents was found contaminated. The AIIPH authorities recommended the injection of excess chlorine at the distribution points to arrest the spread of the disease.

Sources in the IMA said the junior doctors had sent a letter to the organization requesting a body of senior doctors to plead with the Government to supply better water to city hospitals. The request followed the recent death of a junior doctor at SSKM Hospital. IMA sources said the association's executive would meet shortly to decide on what suggestions would be made to

to the State Government over the regular cleaning of the overhead tanks in hospitals and healthier working conditions in surgery, blood bank, or gynaecology wings of hospitals. Virologists in the city will be consulted before the move is made.

Dr A. K. Chakravarty of the AIIPH said water-borne hepatitis occurred when the leaks in the city's drinking water pipelines allowed contaminated matter to enter the distribution system. He felt overhead tanks of large establishments should be cleaned at regular intervals. He said that last year, hepatitis had occurred at the Ratnakar Buildings of the Geological Survey of India because of pollutants in the reservoir. He recommended the injection of excess chlorine to improve the quality of water.

Other medical experts observed that Calcutta has not been singled out for annual hepatitis outbreaks. In Bombay, the sources said, 256 deaths were reported in 1984, 209 in 1983, 284 in 1982, and 391 in 1981. Though the reporting of incidence in the country was imperfect, a national survey pointed out that in 1984 there were 25,345 cases of hepatitis in Maharashtra, 20,390 cases in Gujarat and 6,984 in Delhi.

These experts were, however, unhappy with the data collected in West Bengal. They said that to tackle epidemics this type of data was very helpful, but in West Bengal, recent statistics were hardly available. For example, in a recent countrywide compilation of health statistics published by the Union Government, West Bengal is one of the few States whose figures are not available. The experts were concerned by the inefficiency of the Bureau of Health Intelligence in West Bengal. Data was not sent regularly to the bureau by the health centres in the districts. The experts said that the bureau in turn did not seek regular information from the health centres and even if statistics reached the bureau, they were never compiled in time, the experts added.

Mr Ambarish Mukherjee, Minister of State for Health, told reporters that Calcutta Municipal Corporation had been asked to use point three parts per million of chlorine to filter Hooghly water.

To curb the spread of jaundice caused by the more dangerous B virus, the hospitals were being directed to boil syringes and needles for five minutes before each injection. Other hygienic measures were being adopted.

During the day, junior doctors of the Medical College met Mr Mukherjee at Writers' Buildings and requested him to ensure cleanliness in hospitals.

/9274

CSO: 5450/0142

MADRAS OFFICIALS FIGHT LEPTOSPIROSIS EPIDEMIC

Madras THE HINDU in English 29 Apr 86 p 9

[Text]

MADRAS, April 28.

A range of preventive measures was initiated today to contain the spread of leptospirosis, a bacterial disease, which has broken out in an epidemic form in certain pockets of North Madras.

The Tamil Nadu Health Minister, Dr. H. V. Hande, told the Legislative Council that the source of this generally waterborne disease had not yet been traced.

A majority of those admitted to the Stanley Hospital with symptoms of leptospirosis were nurses, house surgeons and medicos. This should not suggest that the source of the infection was necessarily within the hospital complex as among those who had been admitted were also the people who were living in different parts of North Madras.

The Minister, who was replying to a discussion on health care, said that Metrowater had been asked to disinfect the water supply in the entire area suspected to harbour the disease.

Surveillance panel: The hospital authorities said that about 60 persons were now undergoing treatment for leptospirosis. According to the Dean-in-charge, Dr. M. S. Sundaramurthi, a panel of 20 senior physicians, nephrologists and neurologists has been formed to maintain constant surveillance and also to provide intensive care to those admitted to the hospital.

The Dean denied that a second year student nurse died due to leptospirosis. He said the student, Miss Reginal (22), was admitted with fever soon after her return from Kanyakumari where she had gone on annual leave. She presented a clinical picture of malaria and encephalitis meningitis. Despite the best treatment she passed into a stupor—coma—and later died. There appeared to be some confusion in recording the cause of the death as there were three other student nurses admitted at the same time with positive signs of leptospirosis. "I personally feel that Miss Reginal's death was due to encephalitis though the duty Medical Officer has endorsed the death as due to leptospirosis," the Dean said.

Medicines distributed: As a prophylactic measure, 5,000 capsules of tetracyclin—antibiotic—had been given for distribution among men students of the medical college and 4,000 capsules for women students in the hostel. The Dean said that 10,000 capsules had been given for distribution among the nursing staff. The Metrowater, he said, had heavily chlorinated the overhead tanks, sumps and wells in the hospital.

The Dean considered the admitted cases as of a mild nature. Normally leptospirosis presented complex symptoms—jaundice, fever, severe pain in the joints and even bleeding. The cases that had been admitted now had mild temperature, low body pain and in some cases headache. All the cases responded very well to treatment with antibiotics. If neglected and left untreated even at the initial stage, the disease might become quite serious and damage organs such as the kidneys and the liver and ultimately kill the patients.

According to Dr. Babiraju, Assistant Professor of Microbiology, the clinical features of the disease showed up after an incubation period of two to 30 days and usually after raging for 14 days the bacteria (leptospira) were ejected from the body as by then the immunity system would have produced the necessary anti-bodies.

If there were a number of admissions now, probably it was because of the ability to diagnose quickly the cases of leptospirosis, thanks to the Government allowing the Medical College to acquire a Rs. 1 lakh sophisticated microscope which magnified the organisms 450 times. Hitherto the smears were sent to the Government Veterinary Hospital for analysis and this involved some delay.

Special counter: As several students made anxious enquiries to know whether they could also be harbouring the bacteria, a special counter has been opened at the Stanley Medical College to draw blood samples from the students

This is the second time in a gap of four months that leptospirosis is striking the city in an epidemic form. Following the floods last November, the disease was rampant in South Madras in areas such as K.K. Nagar and then it had taken a toll of 20 lives in a span of three weeks.

The health team of the Corporation of Madras visited the Stanley Hospital and inspected the water sources including the overhead tanks, sumps and wells. Mrs. Shantha Sheela Nair, Commissioner, said that the Corporation dispensaries had been instructed to look for the disease in patients with symptoms of fever and jaundice and refer the suspected cases for smear test at the Government hospitals. The Corporation staff also would chlorinate the public and private wells in the city.

/12828

CSO: 5450/0137

BRIEFS

CONCERN OVER GOITER--New Delhi, 30 Apr--Serious concern was voiced in the Rajya Sabha today over the prevalence of goitre in the capital, particularly among children belonging to the weaker sections. Sharing the members' concern, the Deputy Minister of Health and Family Welfare, Mr S. Krishnakumar, who had to face a volley of supplementaries on the issue during question hour, assured the House that efforts were being made to eradicate goitre and other iodine deficiency disorders. One hundred districts in the country, many in the sub-Himalayan region, have been declared goitre-affected areas and iodised salt was being made available to the people since saltiodisation programme was the best and cheapest way to cure it, the Minister said. Mr Krishnakumar said Delhi with a large number of cases has so far not been declared as goitre-affected area but 10,000 tonnes of iodised salt was being made available in the capital. The Government proposed to iodise 50 lakh tonnes of common salt by 1992 in a phased manner. [Text] [Mairas THE HINDU in English 1 May 86 p 6] /9274

MEASLES IN ORISSA--Jeypore (Koraput), 1 May (UNI)--Thirty tribal children in the four-to-10 age group have died in the past one month of a virulent form of measles in seven remote villages in Orissa's Koraput district, according to the chief medical officer here. Reports received here said about 130 other children of different ages were reported to be critically ill. Health authorities rushed a team of experts to fight the disease which had taken the form of an epidemic. Medical experts opined that vaccine for this particular type of measles was not available in the country. [Text] [New Delhi PATRIOT in English 2 May 86 p 6] /9274

MENINGITIS DEATH STATISTICS--Delhi tops the list with 849 deaths due to meningitis which claimed 1,709 lives in the country between January, 1985 and March 1986, the Rajya Sabha was informed on Wednesday, reports PTI. Maharashtra with 367 is followed by West Benegal where the brain fever took a toll of 139 lives. Uttar Pradesh reported 104 meningitis deaths. While 13 other States reported less than 100 deaths due to meningitis. No cases were reported from six States including Andhra Pradesh, Himachal Pradesh, Karnataka, Manipur, Meghalaya and Nagaland. Except for Delhi, the other Union Territories have also not reported a single fatal case. [Text] [New Delhi PATRIOT in English 24 Apr 86 p 5]/12828

DEATHS FROM RABIES--As a result of over two lakh dog bite cases since 1983, 2025 persons died of rabies, the lok Sabha was informed on Thursday, reports PTI. Deputy Minister of Health and Family Welfare S Krishnakumar told Mr. P R Kumaramangalam in a written reply that there were no accurate estimates about the number of stray dogs in the country. [Text] [New Delhi PATRIOT in English 18 Apr 86 p 5]/12828

INCIDENCE OF TYPHOID IN ST THOMAS SPARKS CONCERN

Kingston THE DAILY GLEANER in English 9 May 86 p 1

[Text] . An increasing incidence of typhoid fever in the Llandewey area of St. Thomas since January is causing concern for the Ministry of Health.

This was borne out today when Medical Officer for Health for St. Thomas, Dr. Eva Lewis-Fuller, answered queries from councillors at the regular monthly meeting of the St. Thomas Parish Council.

Dr. Lewis-Fuller said that since January there had in the Llandewey area 12 confirmed cases with numerous unconfirmed cases involving mostly children and young adults.

She said there were seven suspected cases in the Children's Hospital. The Senior Medical Officer there, Dr. Keith McKenzie, had expressed concern to her over the number of cases coming in from St. Thomas.

To combat the problem, the Ministry is conducting an education campaign for adults and children with meetings and films. Proper preparation of food, personal hygiene and

the boiling of all drinking water were being emphasised.

She said some deaths in the area had been attributed to the disease. Water as a possible source of the disease as well as pit latrines were being investigated by her department.

The Council expressed concern that the only source of water for the people of Llandewey was the Yallahs River, which Councillor Whitton said he believed to be contaminated as people bathed and washed clothes in the river and dumped dead animals and waste into it.

"The people in the area are adversely

affected by the outbreak and can no longer stand the increasing cost of transportation, medical and other expenses," Councillor Whetton said. He asked that the Council seek some assistance for the citizens.

The Council expressed concern that the Kingston pipeline which it said draws approximately 40 inches of water from the Yallahs River might have contributed to the problem as it lowers the water source. Recommendations were made by the Council for letters to be sent to the relevant authorities, Ministries and the Prime Minister.

/12828

CSO: 5440/085

DENGUE OUTBREAK WARNING ISSUED

Penang THE STAR in English 10 May 86 p 6

[Text]

KUALA LUMPUR, Fri. — A Health Ministry official warned today that there would likely be a massive outbreak of dengue if the people do not co-operate with the authorities to fight the recent increase in the number of cases.

Dr Chong Chee Tsun, the director of the Health Ministry's Vector-borne Diseases Programme, said six people had died and more than 350 other dengue cases reported since the beginning of the year.

He said this was serious as there were only 367 cases for the whole of last year.

He blamed this on the public for allowing the aedes mosquito, the carrier of the disease, to breed despite appeals from the health authorities.

"The Ministry can only do so much. After that it is up

SANDAKAN, Fri. — Sandakan Division health authorities have been placed on the alert following increasing cases of two water-borne diseases, cholera and typhoid.

The division's area health officer Dr Edmond Fernandez said today that so far this year, 20 cases of typhoid and 20 cases of cholera were reported in the three districts that made up the division — Kinabatangan, Beluran and Sandakan.

There were nine typhoid and 33 cholera cases reported during the same period last year.

Dr Fernandez said the department was going all out to contain the outbreak. — Bernama.

to the public to make sure that all aedes breeding grounds are destroyed."

Dr Chong said the Federal Territory recorded the highest number of cases at 101.

Next is Selangor with 97 cases, Penang (32), Johore (26), Perak (25), Sarawak (25), Negri Sembilan (21),

Pahang (15), Terengganu (7) and Kedah (4).

Sabah reported its first dengue fever case a week ago, he said.

He said all State anti-epidemic committees had been put on alert and fogging carried out in affected areas.

He said that dengue fever

and dengue haemorrhagic fever were considered dangerous because there was no specific treatment available for it.

"The most effective way to prevent the disease is to check the breeding of the aedes mosquito," he said.

City Hall Health Director Dr S.N. Soosaipillai said here today that City Hall enforcement officers would not hesitate to prosecute house owners who were found to have breeding grounds for the aedes mosquito in or around their houses.

"Already 1,574 people have been compounded this year," he said.

Dr Soosaipillai said City Hall was stepping up its fogging operations in the worst affected areas which were in Cheras, Jaijan Sungai Besi, Jalan Puchong, Setapak and Jinjang.

/9274

CSO: 5400/4380

DENGUE CASES ON RISE; HOUSE TO HOUSE CHECKS

Kuala Lumpur NEW STRAITS TIMES in English 15 May 86 p 1

[Text]

KUALA LUMPUR, Wed. — The number of dengue cases reported throughout the country during the first four and a half months of this year has exceeded the total for the whole of last year.

The director of the vector borne-diseases prevention programme, Dr Chong Chee Tsun, said today that during the period 375 cases were reported, compared with 367 during last year.

"Six people have died from dengue haemorrhagic fever (DHF) this year compared with 12 last year," he said.

Four more cases were reported yes-

terday, two each in Penang and Perak. Last week alone, 41 cases were reported throughout the country.

The Federal Territory and Selangor still recorded the highest number of cases, 104 and 100 respectively, followed by Penang (34), Sarawak (30), Perak (28), Johore (28), Negri Sembilan (22), Pahang (17), Terengganu (seven), Kedah (four), and Sabah (one). None had been reported in Perlis, Malacca and Kelantan.

Dr Chong said the number of cases reported monthly were 32 in January, February (48), March (105), April (130) and 59 cases during the first two weeks of this month.

A directive has been issued to step up house-to-house checks and fogging operations, particularly in urban areas.

A total of \$14,525 was collected from fines imposed on 481 homeowners throughout Peninsular Malaysia last month, while 970 others were issued warnings.

Last month, fogging operations were carried out at 111,502 houses while 39.5kg of Abate were used in operations to destroy aedes breeding grounds.

House owners are advised to buy the Abate at shops or supermarkets and use it according to fixed doses for all water containers, as aedes mosquitoes will only breed in clean and still water. — Bernama

/9274

CSO: 5400/4380

MALAYSIA

114 CASES OF DENGUE FEVER REPORTED; 1 DEAD

BK301459 Kuala Lumpur BERNAMA in English 1438 GMT 30 May 86

[Text] Kuala Lumpur, May 30 (OANA-BERNAMA)--A total of 114 cases of dengue fever and dengue haemorrhagic fever with one death have been reported in central Selangor state so far this year compared with only 10 for the same period last year.

Selangor medical and health services director Dr Tan Ban Lee said Friday that of the total, 29 are dengue haemorrhagic fever cases.

He said that nearly 80 percent of the cases are reported in Pataling Jaya, Ulu Langat, Shah Alam and Gombak which are identified as high risk areas.

Speaking at a press conference here, he said Selangor has the second highest number of dengue fever cases in the country after the federal territory which had 121 cases so far. He said that of the total 457 cases of dengue fever cases in the country, 24.9 percent was reported in Selangor.

Dr Tan, describing the situation as alarming but under control, said that a total of 864 people were fined for having mosquito larvae in their premises during the period.

The aedes mosquitoes breed in clear water in all types of containers in homes and compounds and Malaysian authorities, in trying to eradicate the disease, impose a fine on people whose homes or compound are found to be breeding grounds for the mosquitoes.

Dr Tan said the department is trying to fight the menace by increasing fogging operations and also creating awareness among the people through posters and talks.

/8918

CSO: 5400/4379

HEPATITUS IMMUNIZATION ORDERED FOR MEDICS

Kuala Lumpur NEW STRAITS TIMES in English 18 May 86 p 4

[Text]

JOHORE BARU, Sat. — The Health Ministry is carrying out a systematic vaccination of hospital staff considered in the high risk category for Hepatitis B.

"This includes the staff in the labour room, operation room, blood bank and the emergency wards," said Deputy Health Minister Datuk K. Pathmanaban here last night.

Health workers, doctors, nurses and medical attendants who care for Hepatitis B patients and laboratory attendants who handle specimens of carrier patients fall under the high-risk group.

Because of the nature of their work they can carry the virus and infect everyone they come in contact with.

Urging private hospi-

tals and clinics to do the same, he said that Hepatitis B was fairly extensive throughout the country.

"About four to five per cent of the population particularly the Chinese and Malay population are affected it."

Datuk Pathmanaban said vaccine for Hepatitis B which is given in three doses was too expensive to be used "on a national basis. It costs \$350 for the three doses."

Hepatitis B is mainly transmitted through blood, sex and handling of human tissues.

It is also transmitted through any form of physical contact, including the sharing of personal items such as toothbrushes and towels.

The transmission mode is similar to that of AIDS, he added.

/9274

CSO: 5400/4380

TASK FORCE ON RUBELLA FORMED

Kuala Lumpur NEW STRAITS TIMES in English 18 May 86 p 4

[Text]

JOHORE BARU, Sat. — The Ministry of Health has set up a task force to map out a national plan of action to provide immunisation vaccine against *rubella* (German measles).

It is now working out the methods of covering the target population for rubella immunisation.

Deputy Health Minister Datuk K. Pathmanaban said last night the target group would be girls between the ages of 12 and 14.

"Rubella is known to be a widespread problem but can be contained by vaccination which gives total immunity.

"Immunisation of girls at the puberty age provides a lifetime immunity."

The programme will be directed at schools where most of the target groups can be reached easily.

The Ministry estimates that the exercise will cost about \$900,000 a year.

The programme which will be within the Ministry's primary health care services, will also be

available to the hospitals.

Rubella in the case of pregnant women can lead to deformed and retarded babies. Early vaccination will help prevent the disease.

The Ministry will introduce a permanent booklet for school children, giving details of the various immunisation vaccines they have received, including the rubella vaccine.

"At the moment while immunisation against polio, BCG vaccines and triple antigen (tetanus and whooping cough) are generally considered to be fairly comprehensive, there are still pockets of the child population who have been found not to have received the immunisation vaccines."

Introduction of these booklets which will be monitored through the school health service will ensure that the entire child population is properly covered.

"Polio has been virtually eliminated as a result of vaccines but whooping cough and tetanus cases are still seen in hospitals."

/9274

CSO: 5400/4380

MALAYSIA

BRIEFS

OUTBREAK OF DENGUE FEVER--Kuala Lumpur, 26 May (AFP)--Malaysia is bracing for an outbreak of dengue fever, as six people have died of it and 375 cases have already been reported so far this year, Deputy Health Minister K. Pathmanaban said Monday. A total 375 dengue cases were reported in the first quarter of this year compared to 367 over the same period last year, while six people died in the first quarter, compared to 12 for the whole of last year. Mr Pathmanaban said that the dengue situation "was definitely more serious this time" and that a serious outbreak was feared because of the increase in the number of cases recorded. [Text] [Hong Kong AFP in English 0524 GMT 26 May 86 BK] /12913

CSO: 5400/4378

TIANJIN GIVES ATTENTION TO MENTAL HEALTH

OW080100 Beijing XINHUA in English 0039 GMT 8 May 86

[Text] Tianjin, May 8 (XINHUA)--Mental health is receiving growing attention in Tianjin because of the faster pace of modern life and work, according to local officials.

The municipal mental health office reported that major killers in the city, rather than infectious diseases, are hypertension, coronary heart disease, strokes and malignant tumors, which are partly attributed to mental disorders.

A municipal mental health center will be set up soon. All districts and counties will have their own mental health centers by the end of this year, the officials said.

At present, the city has two mental health departments of bio-feedback treatment and two district mental health centers.

Medical workers are stressing a holistic (taking into account all the biological, psychological and social factors) in treatment instead of simple administration of drugs or surgery.

Before, mental diseases were mainly treated in three insane asylums which had a total of 1,600 beds. Social pressure, however, dissuaded many people suffering from mild mental problems from seeking help.

Since its opening last July, the out-patient department under the city's biological feedback center has treated 16,000 cases of primary hypertension, coronary heart disease, gastric ulcer, muscular spasm, nervous disorder, asthma, writer's cramp, climacteric syndrome and infertility.

With psychological consultancy, Qigong (a breathing exercise), laser beams and other devices, the treatment in this department has been effective for 76.8 percent of the cases.

The mental health centers, in addition to providing patients with drugs, give the patients advice, organize them to sing, dance, appreciate music and play cards. On weekends, hospitalized patients are allowed to return home.

In recent years, 2,000 people have studied mental health and bio-feedback treatment in training courses organized by local medical authorities.

Health workers have completed surveys on mental disorders, physical and mental conditions of actors and actresses, and the relationship between A-type behavior and the incidence of coronary heart disease.

Local officials also said that the Tianjin office and the State University of New York, Albany, are conducting a survey on the physical and mental health of residents in Tianjin and New York City, respectively.

/6091

CSO: 5400/4112

JILIN MEETING ON ENDEMIC DISEASE CONTROL ENDS

SK210517 Changchun Jilin Provincial Service in Mandarin 1030 GMT 20 Mar 86

[Excerpts] After a 3-day session, the enlarged meeting of the leading group for the prevention and treatment of endemic diseases under the provincial CPC Committee concluded on 20 March. This is the first plenary meeting of the leading group after its staffers were readjusted in 1985.

The meeting summed up the achievements scored by the province in this regard during the implementation period of the Sixth 5-Year Plan, discussed and made work arrangements for the Seventh 5-Year Plan period and the detailed rules and regulations and measures on preventing and treating endemic diseases, held discussions on exchanging the experiences gained in the work, and mapped out tasks in this regard for 1986.

At the closing ceremony of the meeting on the afternoon of 20 March, Wang Zhongyu, deputy secretary of the provincial CPC Committee, delivered a speech on further upgrading the understanding on the importance and emergency of preventing and treating endemic diseases, and on the issue of strengthening leadership over the work. In this speech, Wang Zhongyu stressed that the party committees at all levels should closely integrate the work in this regard with that of building the four modernizations and the spiritual civilization, and straightening out party style. They should enhance in a down-to-earth manner the ideological and political work and their leadership over the work. Efforts should be made to link the work of combating diseases, poverty, and ignorance with that of helping the poor; to build the two civilizations simultaneously; to establish or improve responsibility systems; and to reinforce the leading group for the prevention and treatment of endemic diseases and its subordinate offices in order to bring into full play their functions.

At the meeting, the leading group for the prevention and treatment of endemic diseases under the provincial CPC Committee, which was entrusted by the Central Leading Group for Prevention and Treatment of Local Endemic Disease, commended 14 advanced units and 51 advanced individuals emerging in the provincial work of preventing and treating endemic diseases by presenting citations and certificates. Wang Daren, leader of the leading group under the provincial CPC Committee, delivered a summing-up speech.

/8918

CSO: 5400/4113

BRIEFS

ENDEMIC DISEASE PREVENTION, TREATMENT--Jilin Province achieved noticeable progress in the prevention and treatment of endemic diseases during the Sixth 5-Year Plan period. By the end of 1985, patients with endemic diseases accounted for only 2.33 percent of the total population of the province. Of these, the number of those suffering from endemic goiter declined from 760,000 in 1980 to 296,000. In 1983 assessment, Jilin Province met the national standards for controlling endemic goiter, thus basically bringing it under control. Jilin Province was also commended by the central leading group for the prevention and treatment of endemic diseases for its good job in preventing the occurrence of endemic cretinism. Thanks to the comprehensive measures taken for the prevention and treatment, the annual occurrence of Keshan disease dropped to the lowest in our history. Eleven counties succeeded in preventing the occurrence of acute Keshan disease for 5 to 7 years in succession, and 7 of the 14 counties afflicted by plague reached the state-stipulated targets in the work of killing rats and eliminating the source of the plague. Fairly good results were also achieved in improving water for preventing and treating fluoride poisoning and Kaschin-beck disease. Over the past few years more than 1,100 wells were sunk, spring water in more than 200 spots was diverted for use, and more than 1,500 households were supplied with tap water. Seventy percent, or some 1 million people, of those who should be benefited were benefited from these projects. During the Sixth 5-Year Plan period, 26 endemic disease research findings of our province passed assessment, and were popularized. Some of them reached advanced national levels. [Text] [Changchu Jilin Provincial Service in Mandarin 1030 GMT 18 Mar 86 SK] /8918

BUREAU CONTROL OF ENDEMIC DISEASE--Beijing, 23 May (XINHUA)--The national endemic disease control meeting, which was held in Beijing on 23 May, emphatically pointed out: All local governments must continue paying great attention to preventing and curing endemic disease. All departments concerned must make further coordination and mobilize all forces in society to eliminate the "God of plague"--endemic diseases. At the meeting Cui Yueli, minister of public health, said: The control of snail fever and of other endemic diseases is part of the public health and disease prevention work. The Ministry of Public Health has decided to establish a Bureau for Control of Endemic Diseases. The bureau will not only undertake the task of preventing and treating snail fever and other endemic diseases, but also will be responsible for the control of other parasitic diseases, leprosy, trachoma, and

blindness. Since 1 May this year, after the Leading Group for Prevention and Treatment of Local Endemic Disease and the Group in Charge of Snail Fever Prevention and their own offices were disbanded, the two offices' work tasks have been formally turned over to the Public Health Ministry's Bureau for Control of Endemic Diseases. [Excerpts] [Beijing XINHUA Domestic Service in Chinese 1154 GMT 23 May 86 OW] /8918

RURAL HEALTH CARE IMPROVES IN SHANDONG--Jinan, March 22 (XINHUA)--The number of rural clinics in Shandong Province increased by almost 10 percent last year to 97,490, a provincial public health official said. Ninety-five percent of Shandong villages now have clinics, compared with the national average of 87 percent. At the end of last year, the clinics employed 143,000 doctors and nurses--5.8 percent more than in 1984. Together with Shandong's various hospitals and other health centers, the clinics helped to reduce the incidence of acute diseases by 23 percent among the province's 70 million peasants last year, and the number of malaria cases by 66 percent. The clinics are run by village authorities or doctors under contract, and received more than 1,800,000 yuan last year in provincial subsidies. [Text] [Beijing XINHUA in English 0739 GMT 22 Mar 86 OW] /6091

CSO: 5400/4112

SENEGAL

NON-PATHOGENIC AIDS VIRUS DISCOVERED

Dakar LE SOLEIL in French 9 Apr 86 pp 1, 2

[Article by Fara Diaw; First paragraph LE SOLEIL introduction]

An important step has just been taken in the fight against AIDS. An international team of scientists has just discovered a non-pathogenic virus in Senegal. The discovery is of great importance. In the West, where AIDS continues to devastate, it has already received a great deal of attention from the media and the scientific community. In all probability, this non-pathogenic virus is the "missing link" between the AIDS virus and the green monkey virus. Based on certain specific properties of the virus discovered in Senegal (including its ability to induce the production of antibodies), it is possible to hope that an anti-AIDS vaccine will be developed. The research leading to this discovery was carried out by Senegalese, American and French specialists. It has also confirmed the fact that there are no cases of AIDS in Senegal.

[Text] The Dakar University School of Medicine and Pharmacy has something to be proud of in the brilliant doctoral thesis on acquired immune deficiency syndrome (AIDS) presented by Mrs Fatou Dieng Samb.

It is the first work of this kind to report on the status of this terrible illness in western Africa and to clarify the outlook for vaccination. This work is all the more remarkable in that a new, human non-pathogenic retrovirus was discovered in specimens taken from a sampling of prostitutes.

This virus, dubbed HTLV 4, more closely resembles the African green monkey (STLV 3 AGM) than the AIDS (HTLV 3 or LAV) virus. It has been isolated and its property of inducing the production of antibodies which recognize the HTLV 3/LAV virus should assist in the development of a new prophylaxis against AIDS which, statistically, continues to spread in the world.

Moreover, a broader view of the reality of this scourge in our country, Senegal, and in our subregion is now possible. Prior to this, the only epidemiological research studies were carried out in Europe, the United States and central Africa.

This work, states Professor Souleymane Mboup, director of the thesis and member of the Bacteriology-Serology department of the School of Medicine, was able to be carried out through a national collaboration among hospital departments and an

international collaboration between French and American universities.

Samples taken from a population initially composed of prostitutes, tuberculosis, Kaposi's sarcoma and lymphoma patients and a control population were examined using the two AIDS detection techniques: the ELISA test and immunofluorescence.

However, other complex techniques called "Western blot" and RIPA (radioimmunoprecipitation assay), whose object is to show exactly which proteins the antibodies discovered are headed toward and to reach a final conclusion on the existence of a new retrovirus in the population studied, had to be used.

All carriers of the new virus are healthy. Its prevalence in the population studied in Dakar is 0.8 percent in the control group, 1.2 percent among the tuberculosis patients and 5 percent among the prostitutes, who make up the majority (437 out of 694 individuals).

Main Interest

However, the text of the thesis raises several questions, i.e. how is this virus able to infect man? How is it transmitted from prostitutes and their partners and vice-versa? Are prostitutes reservoirs for the virus because of their diversified relations and are they capable in turn of retransmitting the virus to their male partners? And so on. For, according to this work, it has to be assumed that many male subjects will eventually be carriers. The question of what other factors (drugs, homosexuality, etc.) are likely to promote contact between the population studied and the virus is raised.

The upshot of all this is that many unknowns still remain and an epidemiological study covering the entire national territory and neighboring countries must be undertaken to determine the geographical zone of the new virus compared to that of HTLV 3 or LAV in Africa and even in the world.

The same thing must be done on green monkeys (their scientific name is *Cercopithecus aethiops*) in particular and on other monkeys in general. In Senegal, the former live in the Ziguinchor, Kolda, Kaolack and Tamba regions. The populations in these regions must be studied with particular reference to the contacts that could occur between them and green monkeys: domestic pets, consumption of their meat. In the same way, laboratory personnel who handle products originating from monkeys (cell culture vaccines) should also be examined.

Finally, the main interest of this work is that it offers real hope for the development of an anti-AIDS vaccine based on the new non-pathogenic virus - the only hope of millions of people susceptible of becoming its victims.

With respect to the HTLV 3/LAV virus, this work authoritatively establishes that no case of AIDS has been officially declared in Senegal.

Surveillance

Professor Mboup adds, however, that surveillance must still be implemented and studies on all illnesses described as being possibly associated with AIDS (chronic diarrhea, dramatic weight loss, pneumopathies, Kaposi's sarcoma, dermatoses, buccal candidiasis, etc.) must be conducted. In any case, until an anti-AIDS vaccine is developed and given the continuing risks, Mrs Fatou Dieng Sanb recommends several individual, preventive measures including good hygiene, the avoidance of multiple partners, the use of condoms, sterilization of medical material, etc.

On the national level, Professor Mboup indicates that there are measures that should be taken as rapidly as possible to prevent AIDS, which does not currently seem to be a problem in our country, from becoming a real danger in the future. Among them: the creation of functional, systematic detection centers, the widespread adoption of detection measures in blood transfusion centers, raising the awareness of the population, training of medical personnel, the establishment of a national AIDS surveillance committee, etc.

At the beginning of March, in collaboration with the Sahel Research and Documentation Center (CREDO-Sahel), samples were taken in the river region.

According to Professor Mboup, they are an extension of the work already done in Dakar. He tells us that "if the means become available, these studies will be pursued throughout the entire area of the Senegalese territory".

9825

CSO: 5400/120

SOMALIA

BRIEFS

CHOLERA CASES REPORTED--Reports from Burao say that the killer disease, cholera, has hit several villages around the town. The reports have not given detailed information about the number of people suffering from the disease, but it has been confirmed that several persons have contracted it. The reports also say that the confirmed cholera cases have been placed in quarantine. They are not receiving medicine and the basic food they need to fight the disease. The latest report from northern Somalia confirms that the killer disease has devastated the refugee camps in Tog Wajaale district [on the border with Ethiopia]. [Text] [(Clandestine) Radio Halkan in Somali to Somalia 1700 GMT 22 May 86 EA] /9274

CSO: 5400/125

NATAL FIRST AIDS VICTIM REPORTED

Johannesburg THE CITIZEN in English 21 May 86 p 12

[Text] Natal's first Aids victim is being treated in a private ward at the Addington Hospital in Durban.

This was confirmed yesterday by Professor D. J. Pudifin, Natal's clinical representative on the Aids Advisory Group.

The hospital declined to comment on the patient yesterday. But it was learned that the Aids victim is middle-aged and falls in the high risk category, meaning he could be a homosexual, a haemophiliac or could have visited high-risk areas such as Zaire.

It was learned that he was tested in Johannesburg last year and that the results were found to be positive. He started off having an Aids-related complex like swollen glands, weight-loss and diarrhoea. He progressed to the most serious stage of immune deficiency when he contracted a further infection.

He is being kept in a private ward as strict barrier nursing is not necessary.

/9274

CSO: 5400/127

BRIEFS

KAGERA CAMPAIGNS AGAINST AIDS--Bukoba--Regional health authorities are carrying out a 12-day mass health education drive on the Acquired Immune Deficiency Syndrome (AIDS) disease in Bukoba Rural District. A team comprising six doctors, a health officer and other personnel from the region's Mother and Child Health Care (MCH) department, is carrying out the programme which is part of the region's campaign against the deadly disease which started last November. The Kagera Acting Regional Medical Officer Ndugu Jairo Kidenya, said in Bukoba that from 1983 up to January 31 this year, Kagera Region had 215 reported AIDS patients, of whom 119 died. Ndugu Kidenya said out of that number, 106 AIDS patients reported at the Bukoba regional hospital alone and that 54 patients out of those died. The main objective of the AIDS campaign at village level, Dr Kidenya explained, is to ensure that the risk group is educated on the definition of AIDS, how the disease is transmitted, its symptoms and causes, prevention and reporting system as well as how to care for AIDS patients in hospitals and at home. [Text] [Dar es Salaam DAILY NEWS in English 9 May 86 p 3] /9274

MEASLES, AIDS DEATHS--Measles has killed 114 children in Kasulu District, Kigoma Region, between December, last year, and May 8, this year. According to a member of the National Communicable Diseases Committee which met at the Ministry of Health and Social Welfare in Dar es Salaam on Friday, the disease has broken out in six villages. They are Rungwe Mpya, Nyakanda, Ruhisa, Shunga, Kitagata and Seruushingo. The outbreak of the disease, in which 751 children were admitted, is yet to be contained due to poor communication between the villages and the district office. Many of those who contracted the disease had not been vaccinated because of late delivery of vaccines from Dar es Salaam. Affected most were children below nine months. Health officers have now embarked on a mass vaccination campaign in efforts to eradicate the killer disease. Meanwhile, Acquired Immune Deficiency Syndrome (AIDS), has killed four out of 12 patients admitted at the Muhimbili Medical Centre in Dar es Salaam recently, the head of the Health Education Division in the Ministry of Health, Ndugu Saidi Chizenga, has said. Ndugu Chizenga said AIDS cases were on the increase but efforts were still being made to ensure that preventive measures were observed. Already, he said, 36,000 copies of a book on AIDS had been produced out of the projected 50,000 to be distributed in all health centres and CCM branches in the country free of charge as part of the campaign. [Text] [Dar es Salaam DAILY NEWS in English 12 May 86 p 1] /9274

COAST REGION AIDS--Coast Region has eight people suffering from Acquired Immune Deficiency Syndrome (AIDS), Shihata has reported. A report by the Regional Political Committee meeting held at Bagamoyo yesterday has asked people in the region to uphold high moral standards to avoid getting the disease. [Text] [Dar es Salaam SUNDAY NEWS in English 4 May 86 p 1] /9274

AIDS DEATHS--Fifteen people have died of Acquired Immune Deficiency Syndrome (AIDS) in the last 18 months in Tanzania's Lake Victoria region of Mwanza, Regional Medical Officer Prosper Mtey said last Wednesday. Last month, Medical researchers in the country called for an intensive nationwide education campaign against the disease, because it was spreading faster than medical facilities could cope. The disease is thought to have entered Tanzania from neighbouring Uganda. [Text] [Lagos DAILY TIMES in English 18 Apr 86 p 14] /9274

CSO: 5400/123

BRIEFS

CATTLE DISEASE EPIDEMIC--Over 9,000 goats died and many more have been attacked during cattle diseases epidemic in different parts of the district for sometime past. The worst affected unions are Banundi Kazipur, Ishakhali Totulbaria and Skolataka under Gangni upazila and Mujibnagar, Kathuli and Amghupi under Sadar upazila of the district. It is alleged that preventive measures taken by the local Livestock office is not adequate enough to curb the diseases. Moreover, acute scarcity of medicines has been persisting in the affected areas. As such the diseases are spreading rapidly to the adjoining areas. On the other hand 10,000 of the goats are being reduced to skeleton while a good number of them are at the point of death due to scarcity of fodder. Some farmers told this Correspondent that they are now in a fix with their goats as to how would they feed them. Having been unable to feed the goats, many farmers are selling them at throw-away prices. People of the district have urged the higher authority to take effective measures for containing the disease without further delay to save the goats from extinction. [Text] [Dhaka NEW NATION in English 29 Apr 86 p 2] /13104

CSO: 5450/0139

RABIES CONFIRMED IN BEAR ON BRUCE PENINSULA

Toronto THE GLOBE AND MAIL in English 14 May 86 p A21

[Text]

STOKES BAY, Ont.

A bear shot and killed in this Bruce Peninsula community Sunday had the first confirmed case of a rabies in a bear in Canada in five years, Agriculture Canada said yesterday.

It was also the first confirmed case of a rabid bear in the Grey-Bruce area, an Ontario Natural Resources Ministry spokesman said.

James McLay shot the bear after the crazed animal chased several people and killed his dog near Stokes Bay, a Lake Huron resort community 65 kilometres northwest of Owen Sound.

Mr. McLay said he shot the charging bear "right in the head" when it was only a metre away from him.

After the incident, ministry officials issued renewed warnings for people to be wary of any animal behaving strangely.

Bears are "not particularly susceptible to rabies," ministry spokesman Dick Misener said. He speculated the bear was bitten by a skunk or fox, possibly while it was hibernating.

/9274

CSO: 5420/72

MOZAMBIQUE

BRIEFS

UNKNOWN DISEASE STRIKES CATTLE--An unknown disease is affecting cattle on the Buzi Agricultural Enterprise in Sofala. More than 200 head of cattle have been afflicted by this disease which takes the form of infectious blindness. As a result the district has stopped all slaughter of these animals destined for domestic consumption. The disease was detected at the end of February of this year. [Summary] [Maputo NOTICIAS in Portuguese 24 Apr 86 p 3] /6091

CSO: 5400/132

NIGERIA

BRIEFS

DUTCH PORK IMPORTATION BANNED--The Federal Government has banned with immediate effect importation of pigs, pork and pig products from the Netherlands until further notice. The Federal Livestock Department, in a statement in Lagos Thursday, explained that the ban was sequel to reports of outbreak of swine fever, a highly contagious and fatal disease of pigs, in that country. [Text] [Lagos DAILY TIMES in English 26 Apr 86 p 2] /13104

CSO: 5400/124

ONTARIO PROGRAM TO COMBAT GYPSY MOTH DISCUSSED

Ottawa THE CITIZEN in English 20 May 86 p B3

[Article by Janice Middleton]

[Text]

Fed up with gypsy moths making lunch of the village trees, Kaladar resident Tina Thomilson has begun her own crusade against the pesky scourge.

Her relentless campaign against the worst leaf-eating pest to ever invade Ontario has made her half-acre lot of 100 trees an oasis of greenery in this patch of Lennox and Addington County, which has been defoliated every June since 1982.

"If we could get more people interested, it wouldn't be that much of a problem," she says.

Last year, the 70-year-old housewife and grandmother collected \$2,500 from 44 of the 74 landowners in Kaladar and hired a plane to spray 100 acres at the junction of highways 7 and 41 with *bacillus thuringiensis* (BT), a costly but non-toxic natural bacteria spray believed to kill only caterpillars.

This year, she is taking part in an \$11.5-million provincial scheme to combat the gypsy

moth, thereby making sure her part of the village will be covered with another dose.

Under the program by Ontario's Ministry of Natural Resources, private landowners in nine counties can pay to have their property sprayed. The costs range from \$50 for two acres or less to \$200 for 200 acres plus 50 cents for each additional acre.

The six weeks of spraying began this weekend, but not without mishap.

A helicopter spraying the area near Sharbot Lake lost power just after takeoff Sunday and dropped 10 feet into White Lake, five kilometres west of Sharlot Lake.

The pilot, James Standard, 29, of Chatham, Ont. was not injured and the helicopter, which was slightly damaged, was pulled from about 15 feet of water by a large crane, said Sharbot Lake provincial police.

Police said the spraying program is continuing in the area.

The gypsy moth's relentless march up the Ottawa Valley is like an annual summer sequel to a horror movie.

Officials expect the caterpillar to spread through 1.9 million acres this year, almost three times more than its path of destruction in the summer of

1985, which covered almost 608,000 acres.

By comparison, the area of infestation in Eastern Ontario in 1982 centred mainly around the Kaladar and Sharbot Lake area and covered slightly less than 50,000 acres.

Although the gypsy moth has been in Ontario at least since 1969 — and a severe problem in the eastern part of the province since 1981 — this is the first year the government has launched a wide-scale effort against it.

But officials admit their objective is not to stop it, but just to protect the hardwood trees from severe defoliation and death.

They also want to keep provincial parks as free as possible from the caterpillars.

The map of areas to be sprayed resembles a huge checkerboard, since only a small portion of private landowners are participating in the spraying program, says Alec Denys, co-ordinator of the program in Eastern Ontario.

"It'll probably spread. There's no way to control the infestation."

Denys's office in Tweed, 36 kilometres north of Belleville, looks like a military command headquarters with maps and charts all over the walls. He's throwing everything modern technology has got and environmentalists will allow into the fight against the hungry caterpillars.

Two military bases are being used in the aerial spray attack: the Canadian Forces Base at Trenton and an old National Defence airstrip at Taylor, just north of Gananoque.

The ministry has also built two new airstrips just to fight the gypsy moth: at Irvine Lake near Bon Echo park and Black River airstrip north of Madoc. The airstrip at Westport has also been enlarged at a cost of more than \$350,000.

The new runways are needed to service 90 planes — 60 spray planes and 30 spotters — contracted to spray one million litres of BT (in a mix of 40 per cent BT to 60 per cent water) over forests, cottages and some municipalities. The crop dusters skim 30 metres overhead during the calmest times of the day — early in the morning or in evening — until the end of June.

Yet the spraying will cover only about one-tenth of the area where the moth is found.

"It's just too expensive to spray everywhere," says Alan Dolan, information officer for the province's gypsy moth program.

Timing the spray is extremely critical. More than a dozen entomologists from the Canadian Forestry Service are watching the woods for the eggs to hatch and will call the attack as soon as the caterpillars begin to eat the foliage.

Officials say it's too early to predict what the gypsy moth will do next year. But they fear it will continue to multiply, eating its way to the treeline and making the lives of thousands miserable and costing the tourism and forestry industry countless millions of dollars.

The four Eastern Ontario counties where damage is most severe — Hastings, Frontenac, Lennox and Addington, and Leeds and Grenville — will probably always have a gypsy

moth problem until a natural predator or parasite is found to keep it under control, Denys said.

It will also continue to worsen in the other five counties participating in the spray program — Lanark, Renfrew, Peterborough, Northumberland and Prince Edward.

What the ministry calls "hot spots," or heavily infested areas, are beginning to speckle the upper Ottawa Valley in such places as White Lake and the Calabogie areas. Researchers are concerned that Algonquin Park and the Gatineau Hills, as yet virtually untouched, are prime targets.

"It's definitely at the fringes of Algonquin Park and in Pembroke," says Al Schmidt, chief of Agriculture Canada's entomology plant health division.

But nothing is being done to stop it, he adds. "It's one of those things people are going to have to learn to live with."

In 1982, the Ontario government called off plans to spray a deadly outbreak of caterpillars near Kaladar because the local municipal council voted against the program.

The council had originally agreed to the aerial spraying of the chemical Sevin, a commercial name for the chemical insecticide carbaryl, still used in insect sprays sold in hardware stores.

But scientists' warnings — which were later proved to be unfounded — that the chemical had been linked to Reye's Syndrome in children, and the fact that Sevin also kills bees and other insects, stirred up a strong public protest in the moth-infected communities.

GHANA

BRIEFS

SWISS AID BLACK POD RESEARCH--The Agro Division of Sandoz, a Swiss based firm has presented 30,000 Swiss francs (approximately 15,000 U.S. dollars) to the Ghana Cocoa Board towards research into the black pod disease. Mr Paul Schneider, marketing manager of the division presented a cheque for the amount of Mr Harry Dodoo, Chief Executive of the Ghana Cocoa Board at Cocoa House last Friday. Mr Schneider said he had stayed in Ghana before and was very familiar with the cocoa industry. He said that he had followed the efforts being made by the Government and the COCOBOD to check diseases and pests in the industry. Mr Harry Dodoo thanked Mr Schneider and expressed the board's gratitude to Sandoz for responding to their appeal for help. [Text] [Accra GHANAIAN TIMES in English 3 May 86 p 3] /9274

CSO: 5400/129

GUYANA

BRIEFS

VIDEO TAPE DOCUMENTARY PRODUCED ON CEDROS WILT DISEASE--A video tape documentary on Cedros Wilt disease is being produced at the Guyana Film centre by trainees attending a four week video production workshop. Cedros Wilt is a crippling disease that has infected coconut palms in regions 4, 5 and 6. The video tape which is almost complete will be shown to farmers around the country in an attempt to educate them about the disease. The tape features several agricultural experts including Senior Agricultural Officer in the Ministry of Agriculture Raymond Trotz, Regional Plant Protection specialist Chelston Braithwaite and coconut specialist Dr Revelo. The tape was filmed at Springhall Estate one of the largest coconut estates in Guyana. It shows the extent of the damage done by the disease. Springhall is one of the most seriously affected estates. The workshop is being sponsored by the Ministry of Information in collaboration with Martha Stuart Communications firm of New York. The first phase of the workshop was held in October of last year and it lasted for two weeks. The second phase now being conducted at the film centre is aiming to produce several tapes that will serve as development aids to farmers. The subjects include biogas production, pig feed, improvement of standards and cottage industries. Lecturer David Tedeski said that the first phase introduced the trainees to video production. The second phase will train them in advanced production and editing. [Text] [Georgetown GUYANA CHRONICLE in English 1 Apr 86 pp 4-5]/12828

CSO: 5440/084

MEXICO

PREPARATIONS IN SOUTHEAST FOR ARRIVAL OF AFRICAN KILLER BEES

Mexico City EXCELSIOR in Spanish 25 Feb 86 STATES section p 3

[Text] JALAPA, Veracruz, 24 February--In Veracruz, as in the whole southeastern section of the country, plans are moving ahead to attack the African bee which has now been found along the Honduran-Guatemalan border. So stated the state director of livestock Management, Pedro Rivera Pavon, who considered it necessary to protect all apiaries in the country.

Similarly, he indicated the concern that troubles both the authorities and the Mexican beekeepers as they confront the imminent invasion of the [bee] plague into national territory. He explained that the African bee has severely damaged honey production in countries such as Brazil, which has seen a 70 percent reduction in its productivity.

Rivera Pavon also reported that in Veracruz they must protect apiaries because the state is today producing more than 10,000 tons of honey, which represents an important contribution to the national economy, given that the product is exported to the United States and Europe with the consequent receipt of hard currency.

He explained also that on this coming 8 and 9 March, a regional convention of apiarists will be held for the primary purpose of bringing beekeepers up to date on the modern methodology of this important activity.

He also announced that the state government has put into service a modern laboratory in which more than 40 million pesos have been invested. These installations are considered to be among the most modern in the world. They are located in the town of Banderilla and are under the direction of a veterinarian and biologists from the Office of Livestock Management.

Finally, he reported that the first 13,000 traps for catching bees have been installed along the Guatemalan border with the objective of quickly detecting the arrival of the African bee into national territory. This will allow for immediate action to be taken against the plague.

13106/12951
CSO: 5400/2043

OVER 6000 HECTARES OF SUGAR CROP THREATENED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 12 May 86 p 1

[Text]

Ramu Sugar directors are in Port Moresby for a crisis meeting tomorrow.

Topping the agenda is a major life-saving exercise designed to save the company, whose 6000 hectares of sugar are threatened by an unknown disease dubbed the Ramu Stunt.

Acting general manager Trevor Ellis said the board meeting — to be attended by the management team Booker's managing director, Barry Newton — would look at a life-saving plan to see the company through the bleak period until new plantings yielded the expected level of sugar production sometime next year.

Mr Ellis and other company officials were tight-lipped about the possibility of retrenching some of the 3000 workforce.

But he did say that all available manpower would be put through "intense activity" for the rest of the year to plant another 3000 hectares of disease-resistant cane to replace those affected by Ramu Stunt.

Mr Ellis said the company hoped the Government would decide today to allow Ramu Sugar to import up to 10,000 tonnes of sugar from overseas to meet the domestic demand and so enable the company to meet its 10,000 tonne US export quota, which is worth K4 mil-

lion in foreign exchange to PNG.

the experts are puzzled. Sugar production at the Ramu Valley mills will drop from an expected annual production of 32,000 tonnes to 14,000 tonnes this year, according to company officials.

The company hopes to produce up to 40,000 tonnes of sugar in 1987 when full production is restored.

Most of the disease-resistant varieties already planted are growing well.

The company, since beginning operations in the Ramu Valley several years ago, has had to contend with more than one disease.

This is mainly due to the proximity of the Ramu River, according to company officials.

Many insects live along the banks and feed on wild canes and then move on to the cultivated sugarcane.

Several other varieties have been affected.

The company is cutting down the rest of the Ragnar variety not yet affected and putting it through the mills to get whatever sugar is left — even though May is not the usual harvest month.

lion in foreign exchange to PNG.

More than 3000 hectares of a Fiji sugarcane variety, known as Ragnar, have been destroyed by the disease in a very short time — between January and March this year.

Ragnar was the company's most promising sugarcane, which yielded over 10,000 tonnes of sugar when the Ramu Valley operations got underway in 1982. Expert sugarcane growers were tempted into planting more of the variety than any other.

Now, it has turned against the giant British company, Booker Agricultural International, which manages the project.

Samples of the disease-affected Ragnar cane have been sent to the Bureau of Sugar Experiment station in Brisbane, which does a lot of tests for Queensland cane farmers. But plant pathologists there cannot detect the cause of the disease.

Samples were also sent to the Commonwealth Institute and Booker's own laboratories in London.

DESPITE RUST DISEASE, COFFEE LOSSES LIMITED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 12 May 86 p 3

[Text]

Papua New Guinea will lose only two per cent of coffee production this year because of rust — but the disease is here to stay.

Two British world authorities on Saturday told Prime Minister Mr Wingti that coffee growers would have to learn to live with the rust.

And a senior Primary Industry expert said his department believed only K4 million of coffee would be hit, but this had to be confirmed later this week.

He added that spraying would be markedly cheaper than initial projections.

Mr Wingti yesterday completed a whistle-stop tour of Western Highlands, where the rust is most severe.

Mr Wingti — Western Highlands' first prime minister — was visibly relieved on Saturday as Primary Industry officers painted the coffee rust picture.

The rust is concentrated in the Baiyer valley, where the torrent-like river carves a mighty swath.

As Mr Wingti studied a map at Kuk Agriculture Research Station, he saw only three isolated outbreaks had been reported in Jimi Valley, two more in Chimbu and a slightly worse situation in Enga.

"It's extending outwards, depending on the movement of people," said Primary Industry secretary Noreo Beangke, "but it's nothing that cannot be contained."

He said it took between four or five weeks

for coffee rust to appear and checks by the 40 DPI inspectors were continuing.

The isolated outbreaks had been found off the roads and that indicated the disease was being carried on villagers' clothes and footwear.

One of the British experts flown in from London last week to oversee operations said coffee rust could have been in the Baiyer valley for a year.

Dr Peter Turner, a plant pathologist, said: "It is unlikely many more incidents will be reported because of the amount of time the rust has been in the valley."

"People must get used to spraying coffee trees regularly and tending them properly."

"Many villagers have not looked after their trees and they are the ones who seem to have been hit worst."

Mr Wingti was given an afternoon tour of the Baiyer valley by Primary Industry's resident plant pathologist, Dr Muthappa.

He was shown various stages of coffee rust, the disease becoming markedly worse the further into the valley they ventured.

Mr Wingti showed some sympathy for the growers who, despite fears to the contrary, were more philosophical than angry at the situa-

tion.

There was little talk of compensation until Mr Wingti met a crowd of 60 people at Baiyer government station.

Mr Wingti was asked how the people would survive without money, despite the many vegetable gardens in the region.

The Government, said Mr Wingti, would not entertain any form of compensation but would provide funds to combat coffee rust and keep it in check.

"Rehabilitation is the key," said Dr Turner. "A lot of coffee trees will have to be rejuvenated and you never know, this rust may eventually increase production."

Dr Turner and Dr Jim Waller will be in the Highlands for a week giving their expert advice to Primary Industry officials.

Mr Wingti took a helicopter flight over the country's largest plantation, Michael Mei's Gumantz Plantation where only a little rust has been found, and Wally Perdacher's coffee land, which will eventually be the largest in the Southern Hemisphere.

Mr Wingti met all the Highland premiers and coffee industry representatives with Primary Industry Minister Mr Okuk on Saturday at Hagen Plaza in a forum to thrash out ideas on how to combat the disease.

SHADE TREE INFESTATION THREATENS COCOA CROP

Port Moresby PAPUA NEW GUINEA POST COURIER in English 16 May 86 p 4

[Text]

THE Primary Industry Department has admitted that "leucaena psyllid," a bug that is destroying cocoa shade trees in the New Guinea Islands region, is a much worse threat than first reports indicated earlier this week in a Post-Courier article.

The department confirmed yesterday shade trees in the North Solomons, East and West New Britain, New Ireland, Manus, and now in Morobe, East and West Sepik, Madang and Northern provinces, were being destroyed.

And when the leucaena trees die, young cocoa plants are exposed to the sun. If not protected, they die. This could spell disaster for the cocoa industry.

But while trees have been dying all over cocoa-growing regions, DPI officials have kept a very tight lip. Had it not been for the Post-Courier report, the public would still know nothing about the crisis in the industry.

The bug is here, so now let's start the fight to either control or contain it. DPI can start the ball rolling by mounting an awareness campaign in cocoa areas on how to identify and control the pest.

If nothing is done now, coffee, which is now under threat from coffee rust, cardamon, and other crops also using the leucaena as shade trees, could also be threatened.

/9274

CSO: 5400/4381

ELIMINATION OF WINTER-SPRING PESTS, DISEASES URGED

Hanoi NHAN DAN in Vietnamese 17 Mar 86 pp 1, 4

[Article: "Use Many Combined Measures To Prevent and Eliminate Diseases Harming Winter-Spring Rice"]

[Text] The northern provinces have nearly completed the planting of spring rice. In many localities the early spring rice is tillering and taking root. The rice transplanted late or replanted after the cold spell is taking root and turning green. Due to a lack of water, and because it was planted when the weather was very cold, some of the spring rice on high-lying fields has turned red and wilted. The main planting of winter-spring rice in the southern provinces is blooming and the late rice is tillering and heading. The eastern Nam Bo provinces are continuing to plant winter-spring rice. In general, in all three regions rice-harming diseases are developing strongly. About 35,000 hectares of rice in the Mekong Delta and 10,000 hectares in the central coastal provinces are affected by leaf folders. Stem borers and rice blast have also appeared in many rice plantings. In the Mekong Delta more than 8,000 hectares in the Mekong have been highly infested by stem borers, and more than 20,000 hectares have been infested by "phao" insects. In Nghe Tinh Province 6,000 hectares of rice are affected by rice blast.

Rice hispa, brown leafhoppers, and leaf folders are tending to increase and rapidly spread on the early rice plantings.

At present, the localities are shifting their emphasis to tending, fertilizing, and protecting the winter-spring rice. But there are serious shortages of fertilizer and insecticides. By the end of February the localities had supplied only 615,000 tons of standard nitrogen fertilizer, which fulfilled only 75 percent of the production requirements. In the north, only 62 percent of the requirements for nitrogen fertilizer for supplementary application were met, and only one-third of the requirements for insecticides to prevent and eliminate insects and diseases which harm fifth month-spring rice were met. Under the circumstances of lacking chemicals, the localities are organizing the inspection of fields, the close monitoring in changes regarding the various kinds of insects and diseases, and the implementation of many combined measures for timely prevention and elimination. In Cho Moi District (An Giang Province) more than 4,000 hectares of winter-spring rice

which was about to boot and head were damaged by insects. The district helped the production collectives and peasants to apply many prevention and elimination measures and achieved good results. Dong Thap Province prepared facilities and chemicals, implemented manual prevention and elimination measures, and promptly saved tens of thousands of hectares of rice from leaf folders, rice armyworms, and stem borers.

The weather is warm. In addition to tending and fertilizing the winter-spring rice the localities must closely monitor the weather and insect-disease situations in order to promptly fight drought, eliminate insects and diseases, protect crops, and attain high and uniform productivity and yields in all fields and rice plantings.

5616

CSO: 5400/4364

COOPERATIVE DIRECTORS' COMMENTS ON INSECTICIDE DISTRIBUTION

Hanoi HANOI MOI in Vietnamese 27 Mar 86 p 3

[Text] Insecticide Supply Procedures for High-Yield Corn Regions Must Be Changed

"In addition to rice transplanting, Sen Chieu Cooperative has sowed, for this spring crop, 50 hectares of corn, including 30 hectares of a high-yield variety. The planting schedule was closely observed, and high-yield corn grew beautifully. Unfortunately, all 30 hectares of this variety was recently plagued by an epidemic of cirphis salebrosa. We have mobilized all available members to catch the insects but little was achieved. The season was extremely dry, and rain was scarce, slowing the growth of the plants, although we have tried to provide sufficient water for the plants with a combination of shoulder-carrying, pumping, and bailing out water. If we had more insecticides, particularly "dip-te-rec," to spray the plants, the effect would be twofold: insects would be eradicated, and the spraying would be a stimulant for good development of the plants.

Generally speaking, insecticide supply is not rational when an epidemic bursts out. According to current procedures, the cooperative must send a person to make a report to the district crop-insurance corporation which, in turn, dispatches a cadre to conduct an on-the-spot inspection. Then the cadre must make a recommendation to the insurance corporation's leadership whose approval is needed for the distribution of insecticides. The whole process takes at least 3 days, and in certain instances, as many as 5 days, while insects can cause considerable damages in just 1 night. We suggest that insecticides be distributed in advance to cooperatives which will be responsible for their storage and maintenance. When an epidemic is reported, the insurance corporation would send a vegetal protection cadre to make an on-the-spot check, and immediately allow the spraying, if the report is confirmed. If retained, this procedure is simpler and may be more effective."

Nguyen Ngoc Nhu
Director, Sen Chieu Cooperative

"For the current winter-spring crop, Cam Dinh Cooperative has sowed 200 hectares of corn, of which the main crop took 154 hectares. We are building a high-yield corn region of 74 hectares, and expect an output of 5 to 7 tons

per hectare. In our cooperative, main-crop corn in general and high-yield corn in particular are suffering from a severe drought. The people have made every effort to water the plants with shoulder-carried water, but results have been limited. We tried to overcome the problem by using a diesel pump to pump water from a pond belonging to a neighboring cooperative but had to stop when diesel fuel ran out. The fuel was used very sparingly, but we were given only 500 kg of the 4,000 kg specified in the plan. In addition to drought, our corn was damaged first by black cutworm, and now, by aphid sp. and cirphis salebrosa. To fight black cutworms, we mobilized cooperative members to catch them by hand and got good results. But hand-catching cirphis salebrosa and black cutworms was marginally effective. We need insecticides. According to the plan, we will be allocated 2,000 kg for the entire season, but so far, only one-tenth, 200 kg, has been distributed. This is a time when the young high-yield corn plant is burgeoning and badly needs watering. It is also the time the plant is customarily attacked by insects and affected by diseases. Therefore, we suggest that the state supply us, in a timely manner, with enough material supplies as specified in the plan."

Le Hong Cam
Director, Cam Dinh Cooperative

9458/9435
CSO: 5400/4367

NOTICE CALLS FOR ACTION AGAINST INSECTS, DISEASES

Hanoi HANOI MOI in Vietnamese 17 Apr 86 pp 1, 4

[Emergency notice issued by the Hanoi office of the Plant Protection Department: "Some Insects and Diseases Doing Harm to Fifth-Month and Spring Rice Crops"]

[Text] At the present time in many localities the fifth-month rice plants are in boot and are about to head. The NN-8 spring rice plants show early heading, with their growth being at a standstill. Some insects and diseases, which have appeared and will appear, are capable of causing serious damage:

- Brown planthopper (*Nilaparvata lugens*) and rice planthopper (*Sogatella pallescens*): The first swarm has appeared and gathered on the early fifth-month and spring rice plants at a high rate of 60-150 insects/square meter, with the full-growth age being 4-5. The possibility is for the second swarm of the insects to appear in large numbers between 20 April and early May (2-6 May), with the same density rate, and to harm the 314, 424, and NN-8 early fifth-month rice varieties in many localities.

- Rice stem borer (*Scirpophaga incertulas*): The first swarm of young insects is causing wilting at a high rate (.1-.5 plants/square meter), much higher than the previous spring season and nearly the same as the spring crop of 1984, with eggs continuing to hatch. The possibility is for the second swarm to be 2-3 times more numerous than that in 1985 and to cause the serious condition of rice ears turning white among the rice plants that will head after 20 May.

- Rice blast (*Piricularia oryzae*): It has appeared in many localities, with the rate of incidence being 70 percent; the degree of seriousness, 3-4; and the weather, seldom sunny, mostly cloudy, with high humidity. The damage will be greater if nitrate fertilizer is applied. From the beginning to the middle of May, if it is cool and there is rain, the disease will appear on the tips of rice ears as it did in the 1984 spring season.

In addition, pay attention to leaf folders, rice mealy bugs, rats causing damage to rice crop, leaf-eating caterpillars now causing damage to peanut and tobacco, and tobacco bud worms.

Districts, towns, and villages are urged to:

1. Take measures to let cooperatives properly carry out some general preventive action against some specific insects by:

- Stopping the application of nitrate fertilizer to rice plants and maintaining enough water for the NN-8 variety and glutinous rice crops, thus limiting the incidence of rice blast and kho van (*Aphelenchoides oryzae*) and the harm caused by leaf folders and brown planthoppers at the end of the crop season.

- Cutting all the wilted parts of rice plants caused by stem borers in all rice crops before 30 April, or early May at the latest. Using nets to catch insects of all kinds.

- Using insecticide to prevent and control pockets of rice blast infection and brown planthoppers, as well as other harmful insects.

2. Accurately investigate the second swarm of planthoppers as mentioned earlier, and prevent and control in time ray cam T1-2-3 and other harmful insects, and rats.

3. Let insecticide be supplied by localities on an urgent basis upon showing of coupons and maintain strict management of fertilizers in favor of cooperatives while preparing for each phase of preventive and control work and in accordance with the degree of damage caused by insects and diseases.

4. Due to the effects of the heavy rain in the morning of 15 April, the rice silver-leaf disease (*Xanthomonas oryzae*) can appear among the NN-8 rice plants. Pay attention to preventive and control measures and stop the application of nitrate fertilizer.

5598

CSO: 5400/4371

AGRICULTURAL ACTIVITIES IN NORTH, SOUTH REPORTED

Hanoi QUAN DOI NHAN DAN in Vietnamese 11 Apr 86 pp 1, 4

[Article: "The North Continues to Prevent, Control Pests To Protect Rice Until End of Season; the South Harvests Winter-Spring Rice, Engages in Summer-Autumn Planting"]

[Text] [VNA]—As of now, nationwide 1,808,410 hectares of winter-spring rice have been sowed and transplanted, attaining 99.4 percent of plan in terms of acreage—a 4-percent increase over the same period last year.

In the north, the localities have sowed and transplanted 1,043,236 hectares--0.5 percent less than the same period last year. Rain and vigorous anti-drought activities of cooperative members notwithstanding, large rice areas in some provinces have still been affected by drought, including 17,000 hectares in Ha Bac, 15,000 hectares in Ha Nam Ninh, 14,000 hectares in Thanh Hoa, 13,000 hectares in Ha Son Binh, 12,000 hectares in Nghe Tinh, and 10,000 hectares in the Hanoi suburbs. These localities have rationally and prompted availed themselves of electricity furnished by the electric sector, supplied more fuel to mechanical pumps, made the most of natural water conservancy facilities, and used buckets to bring water into the fields to nurse rice-plants. Last week, pest-affected rice areas had increased nearly 60,000 hectares over the preceding week, mostly in Binh Tri Thien, Thanh Hoa, Nghe Tinh, Ha Nam Ninh, and Thai Nguyen provinces. These localities have sprayed insecticide while eliminating harmful insects manually and caring for the rice. Haiphong has battled drought on 3,000 hectares of rice and launched the second and third weeding drives on 90 percent of rice areas. Ha Nam Ninh Province has inspected the fields, classified them according to the degree of damage, and devised appropriate nursing procedures. Ha Nam Ninh Province where 70 percent of ricefields are covered by wholesomely grown plants, has conducted the second weeding and puddling drive on all rice areas, and is being engaged in the third fertilization drive, getting ready to apply phosphate fertilizer to fight root-suffocation disease.

Localities in the south have sowed and transplanted 765,180 hectares of rice--a 10.6-percent increase over the previous crop. They have begun to harvest on large areas, showing a moderately high yield. Cuu Long, Tien Giang, and Quang Nam-Da Nang provinces have almost completed gathering the winter-spring rice.

Bending over backward, these localities have plowed and hoed more than 240,000 hectares and sowed and transplanted summer-autumn rice on more than 35,000 hectares.

END