

188034

JPRS-TEP-87-012

19 MAY 1987

Worldwide Report

EPIDEMIOLOGY

19981201 129

DTIC QUALITY INSPECTED 2

SPECIAL NOTICE INSIDE

FBIS

FOREIGN BROADCAST INFORMATION SERVICE

REPRODUCED BY
U.S. DEPARTMENT OF COMMERCE
NATIONAL TECHNICAL
INFORMATION SERVICE
SPRINGFIELD, VA 22161

33
91
A05

SPECIAL NOTICE

Effective 1 June 1987 JPRS reports will have a new cover design and color, and some reports will have a different title and format. Some of the color changes may be implemented earlier if existing supplies of stock are depleted.

The new cover colors will be as follows:

CHINA.....	aqua
EAST EUROPE.....	gold
SOVIET UNION.....	salmon
EAST ASIA.....	yellow
NEAR EAST & SOUTH ASIA...	blue
LATIN AMERICA.....	pink
WEST EUROPE.....	ivory
AFRICA (SUB-SAHARA).....	tan
SCIENCE & TECHNOLOGY.....	gray
WORLDWIDES.....	pewter

If any subscription changes are desired, U.S. Government subscribers should notify their distribution contact point. Nongovernment subscribers should contact the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161.

NOTE

JPRS publications contain information primarily from foreign newspapers, periodicals and books, but also from news agency transmissions and broadcasts. Materials from foreign-language sources are translated; those from English-language sources are transcribed or reprinted, with the original phrasing and other characteristics retained.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by JPRS. Processing indicators such as [Text] or [Excerpt] in the first line of each item, or following the last line of a brief, indicate how the original information was processed. Where no processing indicator is given, the information was summarized or extracted.

Unfamiliar names rendered phonetically or transliterated are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear in the original but have been supplied as appropriate in context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by source.

The contents of this publication in no way represent the policies, views or attitudes of the U.S. Government.

PROCUREMENT OF PUBLICATIONS

JPRS publications may be ordered from the National Technical Information Service, Springfield, Virginia 22161. In ordering, it is recommended that the JPRS number, title, date and author, if applicable, of publication be cited.

Current JPRS publications are announced in Government Reports Announcements issued semi-monthly by the National Technical Information Service, and are listed in the Monthly Catalog of U.S. Government Publications issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Correspondence pertaining to matters other than procurement may be addressed to Joint Publications Research Service, 1000 North Glebe Road, Arlington, Virginia 22201.

JPRS-TEP-87-012

19 MAY 1987

WORLDWIDE REPORT EPIDEMIOLOGY

CONTENTS

HUMAN DISEASES

INTER-AFRICAN AFFAIRS

- France Announces Plan To Fight AIDS in Region
(Kano THE TRIUMPH, 20 Mar 87) 1

INTER-AMERICAN AFFAIRS

- Caribbean Center Gets Grant for Mosquito Research
(Georgetown GUYANA CHRONICLE, 31 Mar 87) 2

- Briefs
Grant for Polio Eradication 3

NEAR EAST REGIONAL AFFAIRS

- Extent of AIDS Spread in Jordan, Gulf Nations Discussed
(Wolfgang Koehler; Frankfurt/Main FRANKFURTER
ALLGEMEINE, 21 Mar 87) 4

BOLIVIA

- Briefs
Unknown Disease Outbreak 7

BRAZIL

- Threat of Future Hemorrhagic Dengue Epidemic Viewed
(Josiane Cotrim; Brasilia CORREIO BRAZILIENSE, 22 Mar 87) 8

Briefs		
Dengue Outbreak in Ceara State		13
279 AIDS Cases in March		13
DENMARK		
Parliament Decides AIDS Fight To Be Based on Voluntarism		
(Copenhagen AKTUEL, 1 Apr 87)	14	
Increasing Number of AIDS Cases Putting Pressure in Budgets		
(Various sources, various dates)	15	
Mandatory Testing Opposed, by Gitte Rabøl	15	
Cases Double Almost Annually, by Per Lyngby	17	
Growing Debate on Supplying Methadone To Combat AIDS Spread		
(Copenhagen AKTUEL, 14 Mar 87)	18	
State To Establish National Chlamydia Register		
(Anne Brockenhuus-Schack; Copenhagen INFORMATION,		
19 Mar 87)	22	
Gonorrhea Spreading More Rapidly Among Youth		
(Ruth Northen; Copenhagen AKTUEL, 1 Apr 87)	26	
Meningitis Cases Double in Year		
(Copenhagen AKTUEL, 31 Mar 87)	28	
Briefs		
Fewer Gonorrhea Cases Reported	30	
DENMARK/GREENLAND		
Briefs		
AIDS Number Remains Same	31	
GUINEA		
French Mission Team Aids in Measles, Meningitis Vaccinations		
(A. T. Bah; Conakry HOROYA, 6 Mar 87)	32	
GUYANA		
Media Reports Indicate Persisting Threat of Malaria		
(Various sources, various dates)	34	
Statistical Review	34	
Spread to Capital	35	
Surveillance Program	36	
Report in PPP Organ Claims Increase in Tuberculosis		
(Georgetown MIRROR, 22 Mar 87)	37	

Visiting Dutch Health Team Ends 8 Days of Discussions (Georgetown GUYANA CHRONICLE, various dates)	38
Evaluation of Lab Facilities	38
Donation of Equipment	38
Briefs	
Venezuelan Cooperation	40
Filiria Increase	40
INDIA	
Briefs	
Antimalaria, Filaria Missions	41
Leucoderma	41
Orissa Measles Deaths	41
Orissa Meningitis Deaths	42
Meningitis Statistics	42
IRELAND	
Catholic Bishops Behind AIDS Task Force Fight (Joseph Power; Dublin IRISH INDEPENDENT, 27 Mar 87)	43
New AIDS Hotline in East 'Swamped With Calls' (Stephen McGrath; Dublin IRISH INDEPENDENT, 27 Mar 87) ..	44
JAMAICA	
\$2 Million To Be Spent on AIDS Education, Screening (Port-of-Spain TRINIDAD GUARDIAN, 11 Apr 87)	45
Ministry of Health Focuses on Immunization Programs (Kingston THE DAILY GLEANER, various dates)	46
World Health Day Messages	46
100 Percent Immunization Goal	47
LAOS	
Vientiane Capital Disease Research, Prevention Described (Phantha Langsi; Vientiane VIENTIANE MAI, 23 Jan 86)	48
Briefs	
Xieng Khouang Malaria Incidence	50
MEXICO	
National, State, Regional AIDS Statistics Presented (Various sources, various dates)	51
More than 280 Cases Nationwide, by Eduardo Hacho	51
Nearly 300 Cases Nationwide, by Federico Campbell	51

Heightened Incidence in Border States, by Fernando Ortega Pizarro	52
National Figure Set at 316, by Lubin Jimenez, Felipe Sanchez	54
30 Jalisco Cases, by Eduardo Chimely, Francisco Santacruz	55
2 Die in Guanajuato	55
7 Valley of Mexico Cases	55
4 Sonora Cases Cited, by Francisco Santacruz	56
NIGERIA	
Anthrax Deaths Reported in Anambra State (Dan Okoye; Enugu DAILY STAR, 31 Mar 87)	57
Briefs	
Measle Hospital Admissions	58
Measles, Meningitis in Kutigi	58
PEOPLE'S REPUBLIC OF CHINA	
New Drive To Control Endemic Diseases Planned (Beijing XINHUA, 28 Feb 87)	59
Detection of Antigen of HFRSV by HFRS McAb 25-1 in Cells of Urine and White Blood Cells Obtained From HFRS Patients (Chen Boquan, et al.; Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI, No 1, Jan 87)	61
Analysis of Antigenic Differences Among HFRS Viruses by Mono- clonal Antibodies (Xu Zhikai; Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI, No 1, Jan 86)	63
Briefs	
Thyropathy Control	64
PERU	
Yellow Fever Epidemic Threatens Tingo Maria, Lima (Lima EL NACIONAL, various dates)	65
30 Cases, Lack of Vaccine	65
Jungle Diseases in Lima, by Jose Olaya	67
Briefs	
11 Meningitis Deaths in Piura	69
SOUTH AFRICA	
Kwazulu Malaria Outbreak Worsens (Johannesburg BUSINESS DAY, 15 Apr 87)	70

TRINIDAD AND TOBAGO

- Update on Incidence of AIDS; Rate Called 'Alarming'
(Horace Monsegue; Port-of-Spain SUNDAY GUARDIAN, 12 Apr 87) 71

- Briefs
Immunization Campaign 72

UNITED KINGDOM

- Deaths From AIDS Expected To Reach 4,000 by 1989
(David Fletcher; London THE DAILY TELEGRAPH, 24 Mar 87) . 73

- Health Officer Claims AIDS Passed From Towels, Bedding
(Diane Aiken; Belfast SUNDAY NEWS, 22 Mar 87) 74

ZAMBIA

- Factors Contributing to AIDS Spread Viewed
(Paul Vallely; Johannesburg THE STAR, 9 Apr 87) 75

ANIMAL DISEASES

ZIMBABWE

- Briefs
Foot-and-Mouth Disease in Matabeleland 76

PLANT DISEASES AND INSECT PESTS

IRELAND

- Discovery of Colorado Beetles Sparks Nationwide Alert
(Dublin IRISH INDEPENDENT, 24 Mar 87) 77

IVORY COAST

- Grasshoppers Attack Crops, Add to Country's Losses
(Ettien Essan; Abidjan FRATERNITE MATIN, 20 Feb 87) 78

- Grasshopper Infestation Difficult To End
(Hien Solo; Abidjan; FRATERNITE MATIN, 20 Feb 87) 79

- Briefs
EEC Anti-Grasshopper Aid 80

VIETNAM

- Radio Reports Pest Outbreaks in Northern Provinces
(Hanoi Domestic Service, 14 Apr 87) 81

- Crop Infestation Strikes Northern Provinces
(Hanoi NHAN DAN, 25 Mar 87) 83

FRANCE ANNOUNCES PLAN TO FIGHT AIDS IN REGION

Kano THE TRIUMPH in English 20 Mar 87 p 11

[Text]

FRENCH Aid Minister Michel Aurillac announced a 2.8 million dollar emergency plan in Paris on Tuesday to help fight the spread in Africa of the deadly blood disease AIDS.

The plan would aim to increase public knowledge of the disease, give blood transfusion centres the means to detect it and step up on-the-spot research.

Mr. Aurillac said such help could extend to some 36 countries and that already Congo, Zaire, the Central African Republic, Ivory Coast and Senegal had asked for French

assistance.

The situation in Africa was all the more urgent because of the continent's "huge economic and financial difficulties", he told a press conference.

He and health Minister Michel Barzach warned against "discrimination, rejection and racism" towards Africans because of the disease.

France did not intend for the moment to take steps to track down AIDS among citizens of certain countries in France, Mrs. Barzach said.

France and the United States should also fight

the disease in Africa as "partners", she added.

Mr. Aurillac said the battle against AIDS would not obstruct French efforts to fight other diseases in Africa.

CARIBBEAN CENTER GETS GRANT FOR MOSQUITO RESEARCH

Georgetown GUYANA CHRONICLE in English 31 Mar 87 p 5

[Text] Port-of-Spain, Trinidad and Tobago--(CANA)--The Port-of-Spain based Caribbean Epidemiology Centre (CAREC) is to receive a \$70,000 (U.S.) research grant to test the effectiveness of a biological means of eradicating the harmful aedes aegypti mosquito, according to Health Minister, Dr Emmanuel Hosein.

Hosein said in opening the 13th annual meeting of the CAREC Council Friday that the National Institute of Scientists would be funding the research to take place in Union Island, the St Vincent and The Grenadines.

The tests will look at the possible use of the toxorhynchites moctezuma mosquito--which feeds on aedes aegypti larvae--but does not bite human beings.

The less harmful mosquito is currently being tested here by researchers into the leukaemia causing HTLV-1 virus.

Hosein said his Government was considering funding similar tests on the mosquito-versus-mosquito eradication in Trinidad and Tobago.

CAREC has also been named as the new resource centre for the Caribbean arm of the Pan American Health Organisation (PAHO's) programme to eradicate poliomyelitis by 1990.

No reports of polio have been made in CAREC's 19 Caribbean member countries. CAREC will serve as resource centre to some non-CAREC regional countries such as Haiti and Santo Domingo.

Hosein announced that Trinidad and Tobago will be soon paying up most of the money owed to CAREC for 1986 and its 1987 commitment, adding that, earlier this year, several other Member States made payments totalling \$148,000.

"CAREC (through) the role that it has played over the past ten to twelve years, I think, has proven itself to be an institution of such tremendous value to us here in Trinidad and Tobago and the Caribbean as a whole that it is more than deserving of the priority in terms of funding," said Hosein.

/9274

CSO: 5440/092

INTER-AMERICAN AFFAIRS

BRIEFS

GRANT FOR POLIO ERADICATION.--Washington, 30 Mar (CANA)--The Inter-American Development Bank (IDB) has announced approval of a \$5.5-million technical co-operation grant, to help eradicate the crippling poliomyelitis virus in Latin America and the Caribbean. Jamaica is among the regional countries in which the grant will be used by the Pan American Health Organisation (PAHO), in cooperation with the Ministries of Health, to execute the plan. Specifically, the funds will be utilised to contract international and Latin American/Caribbean consultants, and to train national, regional and local officials in the countries in all aspects of the plan. Eleven full-time local consultants will be contracted in Brazil, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Paraguay, and Peru, to help the Health Ministries plan and implement the eradication programme. [Excerpt] [Port-of-Spain TRINIDAD GUARDIAN in English 31 Mar 87 p 5] /9274

CSO: 5440/035

NEAR EAST REGIONAL AFFAIRS

EXTENT OF AIDS SPREAD IN JORDAN, GULF NATIONS DISCUSSED

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 21 Mar 87 p 10

[Article, datelined Amman, 20 March, by Wolfgang Koehler: "Arabs Do not Expect any AIDS Epidemic; Point to Fewer Possibilities for Infection; Islam's Commandments as 'Protective Shield'"]

[Text] As in other Arab countries, Jordan is not threatened in the foreseeable future with an epidemic outbreak of AIDS, the infectious fatal immune deficiency. In support of this view, 'Ala'-al-Din Tuqan of the Medical Faculty of Amman University pointed out that there are fewer possibilities for transmitting this disease in his country because of different modes of behavior of the population compared to the West. In Jordan promiscuity does not prevail as it does in the West, there are also fewer homosexuals, prostitutes and drug addicts than in Western countries, the U.S.-educated physician stated; infection by blood transfusions is also slight, he said. Nonetheless caution is indicated in Jordan, too, since the disease can be brought into the country from outside.

In the examination of hundreds of potential AIDS virus carriers, Tuqan discovered two persons who were infected but in whom the disease had not (yet) broken out, a male drug addict who in addition had maintained heterosexual relations in Europe and a woman who was infected by a blood transfusion abroad. Tuqan, a jaundice specialist, first examined 246 jaundice patients and an additional 147 persons who had contact with them, since jaundice is transmitted in a manner similar to AIDS, furthermore 552 healthy adults and 70 nurses and 109 patients of the university hospital. Recently he presented the results of his research at a physicians congress in Jordan.

Public discussion on measures to prevent AIDS, as it has been conducted in the West, has not yet started in the Arab world. An enlightenment campaign that does not shy away from bluntness in schools, in the newspapers, on TV and in wall posters would presumably encounter reservations in these countries in which the field of sexual matters is far more taboo than in the West and would bring the fundamentalist critics into action.

Despite his research results that are reassuring to Jordan, Tuqan considers public enlightenment concerning this disease and measures to fight it as necessary. In his opinion, especially persons traveling abroad should be informed that they are going, as it were, to a [potential] area of disease. He does not consider mass examinations among the Jordanian population as necessary; appropriate tests should rather be limited to risk groups.

In other Arab countries, too, those in responsible positions have started to think about combatting this disease and some have instituted appropriate measures. In the GCC [Gulf Cooperation Council] states (Saudi Arabia, Kuwait, Bahrain, Qatar, the United Arab Emirates, and Oman) a media campaign was announced. The general secretary of the GCC Council, Jalal ['Ashi], said in mid-March that the causes of this disease should be explained on radio and TV programs, in newspaper articles and lectures and information provided concerning countermeasures to prevent its spreading. Population groups that are especially susceptible should be examined; Ashi did not say what groups he was speaking of.

This statement was preceded by a two-day conference of the GCC Council members in Kuwait at which a common strategy of the six countries for identification and control of AIDS was considered. The Kuwaiti deputy minister of health, Ibrahim al-Mudaf, appealed to the inhabitants of these countries they should adhere to the moral principles of Islam as a protective shield against AIDS. General Secretary Ashi said that a few AIDS cases had been discovered in the Gulf states but that their number is no cause for alarm. According to his words, all of these AIDS victims were foreigners who were expelled to prevent spreading of the disease.

The regional WHO representative, Hilmi Wahdan, informed the conference that until early March only 20 cases of AIDS were found in the Arab world as a result of contacts in foreign countries. If no measures were instituted, their number would assume dangerous proportions in the Arab world. But the number of AIDS patients, according to the health officials, is greater than the cases recorded by the WHO since some countries did not provide any data and others did not possess the necessary facilities to ascertain such cases.

According to a report published 2 years ago in a U.S. medical journal, two AIDS patients were found in Saudi Arabia who had acquired the disease by blood transfusions. In Kuwait a fifth foreigner was found as an AIDS patient and was deported just as four others had been. In the United Arab Emirates it became known in November that 70 foreign AIDS suspects were sent home after 70,000 foreign workers had been examined.

AIDS was also one of the topics at a conference on medical questions which was attended in Cairo in February by physicians and scholars from

23 Islamic countries. In a lecture a Saudi participant noted that the Moslem countries are less exposed to this disease than other countries because Islam forbids sexual perversions. He compared the spreading of AIDS with the destruction of Sodom and Gomorrha--on account of the homosexuality of their inhabitants--handed down in the Old Testament and in the Qur'an. The participants of the conference organized by the Azhar University approved the establishment of an institute that is to publish religious comments on controversial medical questions.

12356

CSO: 5400/4520

BOLIVIA

BRIEFS

UNKNOWN DISEASE OUTBREAK--Within the past few days the Santa Cruz Health Service has detected a new disease, whose symptoms are similar to dengue. This epidemiological outbreak was found in Cordillera province in the areas of Tatarenda and Cabezas. The health service is now doing blood tests, which will be sent to Brazil and the United States for later analysis. The director of the health service, Dr Ronald Rivero, said yesterday that the symptoms include fever, aching joints, and a general feeling of weakness, in some cases compatible with malaria and in others with dengue. Persons suffering from this new disease are being given clinical treatment under the malaria and yellow fever programs. The health service hopes to discover the vector which transmits the illness so it can be controlled by spraying programs. Dr Rivero also announced that as part of the national health plan, three massive vaccination programs will be conducted in order to try to provide immunization coverage to prevent the transmission of viruses responsible for common childhood diseases. He said that the first vaccination campaign will be conducted on 12 April 1987 all over Bolivia. In this department they will try to vaccinate 260,000 children between the ages of birth and 3 years. A vaccine against polio, diphtheria, tetanus, whooping cough, measles, and tuberculosis will be administered. At the same time, children between the ages of 3 months and 9 years will receive medication against parasitic diseases. Throughout the city there will be 150 vaccination stations; 600 people, including doctors, nurses, and vaccination technicians, will work in the program. Children will be given a vaccination record which they will be required to present in order to register for school. This document will be provided free of charge. Dr Rivero emphasized the importance of vaccination, saying that with this program, the government is trying to protect Bolivia's children, as they are a vital national resource. During this campaign, children's weight and height will also be checked in order to determine malnutrition levels. He appealed to the community to support this campaign so that they may achieve the level of success they hope for. [Text] [Santa Cruz EL MUNDO in Spanish 3 Apr 87 p 10] 7679

CSO: 5400/2042

THREAT OF FUTURE HEMORRHAGIC DENGUE EPIDEMIC VIEWED

Brasilia CORREIO BRAZILIENSE in Portuguese 22 Mar 87 p 13

[Article by Josiane Cotrim]

[Text] Eradicated from the country since 1955, dengue fever made a timid reappearance in some states in 1976 and erupted into a rapidly spreading epidemic. The first cases were reported in Rio de Janeiro in May 1976 and, since then, the disease has appeared, manifested only in its benign form, in four more states: Alagoas, Ceara, Sao Paulo and Minas Gerais. The danger to the country is that a second virus could appear, infecting an individual who has already suffered from the disease. At that point, a more complex form of dengue is manifested, known as hemorrhagic dengue, which can be fatal. There is concern that, in the near future, we could experience the same thing that occurred in Cuba in 1982, when 158 people, most of them under 15 years of age, died of the disease. The only way to prevent this is to eradicate the carrier mosquito from the country once and for all.

Dengue is transmitted by an infected mosquito of the type *Aedes Aegypti* and *Aedes Albopictus* (Asiatic Tiger). Today, the mosquito has already been found in 15 states: Mato Grosso do Sul, Parana, Sao Paulo, Rio de Janeiro, Minas Gerais, Espirito Santo, Bahia, Piaui, Sergipe, Alagoas, Pernambuco, Rio Grande do Norte and Ceara. In addition to combating the disease, intensive epidemiological vigilance is also required to detect the entry of more dengue virus into Brazil. As long as the mosquito exists, the population is exposed to the danger of hemorrhagic dengue, which is manifested when an individual who has already had the benign form of the disease is bitten by a mosquito carrying the virus different from the one isolated in Brazil, which has already infected over 800,000 people. To date, in Rio de Janeiro alone, 600,000 people have already presented symptoms of the disease.

Some 6,500 wardens of the SUDENE [Superintendency of Public Health Campaigns] are involved in hunting down the mosquito, but the disease is spreading rapidly. The last state to be affected by dengue was Minas Gerais, where 100 suspected cases have been reported in Pirapetinga Municipio, on the border with Rio de Janeiro State. In Sao Paulo State, in Guararapes Municipio, 8 cases have already been confirmed and 30 cases have been classified as suspected. There the situation is already being described as an epidemic. SUCAM superintendent Joselio Branco is extremely worried. Seeing the possibility of a hemorrhagic dengue

Table: Dengue Foci by State

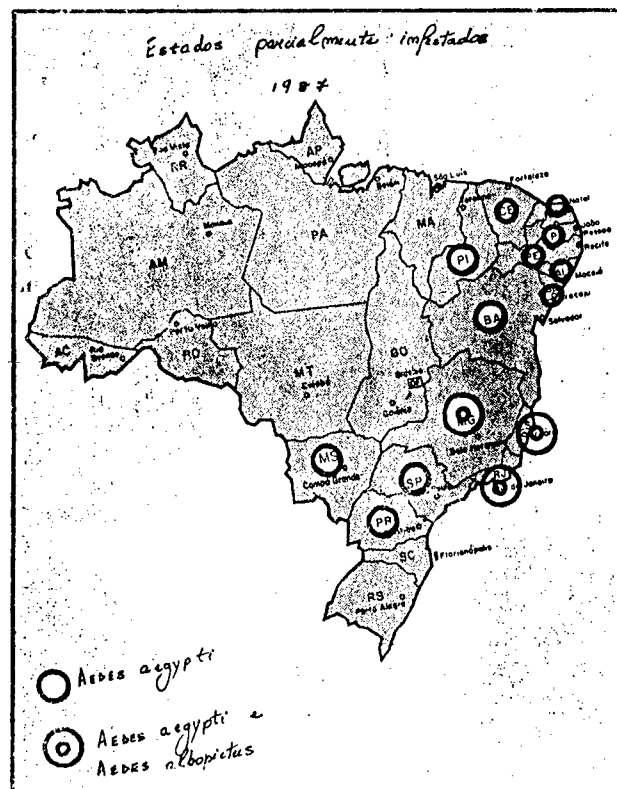
State	<u>Aedes Aegypti</u>			<u>Aedes Albopictus</u>		
	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
AC (Acre)	-	-	-	-	-	-
AP (Amapa)	-	-	-	-	-	-
AL (Alagoas)	03	18	27	-	-	-
AM (Amazonas)	-	-	-	-	-	-
BA (Bahia)	43	60	43	-	-	-
CE (Ceara)	05	35	45	-	-	-
ES (Espirito Santo)	02	02	03	-	21	39
GO (Goiias)	01	01	-	-	-	-
MA (Maranhao)	-	-	-	-	-	-
MT (Mato Grosso)	-	-	-	-	-	-
MS (Mato Grosso do Sul)	03	17	17	-	-	-
MG (Minas Gerais)	06	20	20	-	42	44
PA (Para)	-	-	-	-	-	-
PE (Pernambuco)	-	01	06	-	-	-
PB (Paraiba)	-	11	03	-	-	-
PR (Parana)	05	26	21	-	-	-
PI (Piaui)	-	03	01	-	-	-
RJ (Rio de Janeiro)	11	30	40	-	23	28
RN (Rio Grande do Norte)	02	04	01	-	-	-
RS (Rio Grande do Sul)	-	-	-	-	-	-
RO (Rondonia)	-	-	-	-	-	-
RR (Roraima)	-	-	-	-	-	-
SC (Santa Catarina)	--	-	-	-	-	-
SP (Sao Paulo)	20	84	51	-	02	02
SE (Sergipe)	-	05	06	-	-	-

within 3 years, he warns: "In Rio de Janeiro, for example, there would not be enough beds for all the victims." He observed that, whereas the benign form of dengue is milder and can be treated at home, the other form requires hospitalization.

There is precedent for the concern. In Rio de Janeiro, since the appearance of the disease, 600,000 cases of dengue have been confirmed, spread out over the Baixada Fluminense, Niteroi, Sao Goncalo and Marica, in an epidemic which has crossed into neighboring Minas Gerais and Sao Paulo states. In Alagoas, the second state to be affected, 150,000 cases have been confirmed and more than 50,000 cases have been reported in Ceara. Since there is no specific form of treatment for the disease, the only prescription is to eradicate the mosquito. "What we have to do is eliminate the mosquito," concludes Lelio Calheiros, director of SUCAM's Department of Eradication and Control of Endemic Diseases.

In its benign form, dengue existed in Brazil until 1940. By 1955 it had disappeared, with the eradication of the carrier mosquitoes--*Aedes Aegypti* and *Aedes Albopictus*--which also transmit urban yellow fever. Dengue reappeared first in

Map Showing Partially Infested States



Roraima, when an epidemic was verified in Boa Vista, the state capital. The recent epidemic broke out in May 1986 in southern Rio de Janeiro State. The virus was probably brought into Brazil by members of a Nigerian indoor soccer team which competed in a championship match in Vassouras Municipio, in Rio de Janeiro State.

This is one of the theories regarding the resurgence of the disease in Brazil, according to SUCAM superintendent Joselio Branco, but there are other theories, suggesting that the virus entered the country via Venezuela or Puerto Rico, countries in which dengue cases have already been identified. The hemorrhagic form of the disease is prevalent in Asian countries. There are four different types of the disease virus. Type 1 has been isolated in Brazil; in neighboring Guyana, however, on the Brazilian border, there is the Type 2 virus, which is also found in Africa.

The danger is that an individual infected with Type 2 virus will arrive in Brazil and be bitten by a mosquito which will then bite someone who has already had dengue, leading to an outbreak of hemorrhagic dengue. In Cuba, after successive epidemics of the disease, which began in 1977, there have been at least 344,000 cases of hemorrhagic dengue. It began with an initial 76,000 cases of benign dengue reported in 1978. The following year, the number rose

surprisingly to 1,500, falling in 1980 to only 169 cases. [Figures as published]
The hemorrhagic form appeared 2 years later, causing 158 deaths.

Manpower Shortage

More than money, the battle against the mosquito which carries the dengue virus requires human resources. With the ban on federal hiring, the situation is complicated for SUCAM, which has 6,500 wardens to cover the entire country, spraying areas where the presence of the mosquito has been confirmed. It would take at least 10,000 wardens, said Lelio Calheiros, of the Department of Eradication and Control of Endemic Diseases.

He recalled that during the great yellow fever epidemic in Brazil, in 1928, Professor Celementino Fraga was working with 10,000 men in Rio de Janeiro. "At that time, Rio had 200,000 buildings and today the city has 2.5 million buildings and we are working with 2,600 men," the director observed.

The wardens are using "smoke" machines to spray public places. For this combat, SUCAM has 875 million cruzados at its disposal this year to pay personnel, purchase the insecticide and cover transportation costs. To continue its work, SUCAM will need additional funds by the end of this year. According to SUCAM technicians, however, the big problem is the shortage of trained personnel to combat and eradicate the mosquito.

20 Foci in Parana

Curitiba--Although SUCAM has maintained a vigorous program of vigilance and combat against the *Aedes Aegypti* mosquito in Parana for the last 5 years, foci have been detected in 20 municipios in the state in the last 12 months.

The municipio most affected recently is Londrina, in the northern region, where new foci of the *Aedes Aegypti* larvae have been observed, along with adult mosquitoes, in 19 of the 29 districts surveyed. The situation is not alarming yet, explained Roberto Spinosa, SUCAM chief in Londrina, because there are no individuals carrying dengue in the state. The mosquito is only the transmitting agent and is only dangerous if it bites an individual who is carrying the disease.

Para State--SUCAM is again warning the people about the importance of their help in combating the *Aedes Aegypti* and is recommending some basic precautions: store old automobile tires in covered areas where they cannot collect water; always store bottles with the neck pointed downward; do not store well water in any type of uncovered container; change the water in flower pots; keep lids on trash cans, as well as water tanks and barrels.

Para--Although Para's health authorities have confirmed cases of dengue in the state, they rule out the possibility of an epidemic, adding that all the cases are original and the patients contracted the disease in Rio de Janeiro, probably during Carnaval.

According to health officer Agostinho Haroldo, assistant director of SUCAM, there is no threat of an epidemic because there are no foci of the transmitting *Aedes Aegypti* mosquito in Para.

Jose Raimundo da Silva Aria, acting regional superintendent of INAMPS [National Institute for Social Security Medical Assistance], admitted that the confirmed cases were far from representing an epidemic, but he voiced his concern regarding the need for more effective inspection at the ports and airports, to prevent the entry of the dengue vector via Belem.

The dengue cases were identified by the Evandro Chagas Institute, whose director, Alexandre Linhares, confirmed that all the infected individuals are from Rio de Janeiro or returned from there recently, after the vacation season. All the patients are being treated at home.

Minas Gerais State

Belo Horizonte--The number of dengue cases reported in Pirapetinga, Zona da Mata, has risen to 183. The Superintendency of Public Health Campaigns in Minas Gerais has sent 25 technicians to the locale to combat this first outbreak of the disease registered in the state.

Raul Ferreira, chief of the technical sector of SUCAM in Caratinga, assured that the dengue outbreak would be under control within 15 days, at most. The foci of *Aedes Aegypti* and *Aedes Albopictus* mosquitoes are being treated with the insecticides Malathion and Sumithion. According to Ferreira, the mosquitoes have been found in 88 cities of Minas Gerais. To date, however, no cases of dengue have been reported in any of these cities.

6362

CSO: 5400/2036

BRAZIL

BRIEFS

DENGUE OUTBREAK IN CEARA STATE--In 21 municipalities of the State of Ceara, 12,000 cases of dengue have been reported. The incidence is highest in the metropolitan area of Fortaleza, the state capital. [Excerpt] [Brasilia Radio Nacional da Amazonia in Portuguese 1000 GMT 14 Apr 87] /8309

279 AIDS CASES IN MARCH--Yesterday the Health Ministry disclosed that 279 new cases of AIDS were detected during the month of March in Brazil. The number of AIDS patients now totals 1,542. [Summary] [Rio de Janeiro O GLOBO in Portuguese 9 Apr 87 p 9 PY] /8309

CSO: 5400/2041

PARLIAMENT DECIDES AIDS FIGHT TO BE BASED ON VOLUNTARISM

Copenhagen AKTUELT in Danish 1 Apr 87 p 7

[Text] Christiansborg--The fight against AIDS will be based on voluntarism and anonymity. An almost unanimous Folketing decided that yesterday by a vote of 98 to 2. With the exception of the Progressive Party, all the parties were able to support a resolution based on these main principles.

Every AIDS victim and everyone carrying AIDS antibodies can safely turn to the health authorities without fear of discrimination.

Flabby Humanitarianism

Pia Kjaersgaard (Progressive) was the only one to speak in favor of compulsory registration of AIDS victims during the approximately 3-hour question and answer debate. She was alone in her view that a registration of people with AIDS and those carrying the disease is the only viable way to contain the spread of the disease. She said it should be a criminal offense for a person infected with AIDS to infect a partner through sexual intercourse.

Anything else is flabby humanitarianism, said an angry Pia Kjaersgaard, who took the floor several times to stress that she at least did not understand why the authorities are not being more vigorous in the fight against AIDS. She is sure that Denmark will be unable to avoid registering AIDS victims in the long run.

"We will be doing it within 10 years, but by then the disease will be far more widespread than it is today," she said.

In addition to Pia Kjaersgaard, Birgit Mogensen (Center-Democrat) also expressed views that did not win a warm response from Folketing. She maintained that male prostitutes who go from one man to another should be tested for AIDS. She said it should be a crime for a male prostitute with AIDS to continue his "activities." She also wanted addicted prostitutes to be compelled to undergo methadone treatment and counseling in order to halt the spread of AIDS through prostitution.

6578

CSO: 5400/2449

INCREASING NUMBER OF AIDS CASES PUTTING PRESSURE ON BUDGETS

Mandatory Testing Opposed

Copenhagen AKTUELT in Danish 24 Mar 87 p 6

[Article by Gitte Rabøl: "Epidemic Continues"]

[Text] Copenhagen--The State Health Administration now rejects the idea of anonymous AIDS screening--the testing of a cross-section of the population that could provide an overall view of the AIDS infection, especially in the heterosexual part of the population.

"The time is not ripe to conduct AIDS tests in various population groups and it is entirely against our principles to talk of anonymous testing," said Lone de Neergaard, head of the Health Administration's AIDS office.

Health Administration Backed Studies

But about a month ago--at a meeting of the Health Administration's advisory working group on AIDS--when the question of anonymous testing was on the agenda, the Health Administration held a different opinion.

The need--and the ethical justification--for conducting an investigation was discussed at the meeting and there was agreement concerning the need to conduct this kind of anonymous testing. The meeting was attended by Lone de Neergaard from the Health Administration as well as by representatives of such groups as gays, blood banks, microbiologists and virologists.

Confidence

As the representative of the Health Administration she agreed with the rest of the group that anonymous cross-section testing was something that should be worked on--but she was not sure that the time was right.

"We are afraid that if we start talking about anonymous blood screening now, we will destroy confidence in the system," said Lone de Neergaard. "But we hope that within a year we will be able to treat AIDS like any other disease--and that we can come up with measures that meet the wishes of the public."

Senior physician Henrik Zoffman of the State Serological Institute, who is the leader of the Health Administration's advisory working group on AIDS, has a different opinion. "It is not reasonable to discuss whether it is convenient to start an investigation now or a year from now. It might be easier in another year, but the epidemic will be that much further along," said Henrik Zoffmann.

Secrets

It was Henrik Zoffman who proposed anonymous AIDS testing in Saturday's edition of AKTUELT.

"The idea behind the anonymous blood testing is that everyone who consults a practicing physician or a sex clinic in a certain period of time would be tested without being asked for permission," Henrik Zoffmann said. "If we ask for permission to conduct the tests, people will just say no--especially if they think they belong to a high-risk group."

It appeared from Saturday's article that the tests would be secret. Patients would not be asked if they wanted to have their blood tested. But Henrik Zoffman thinks "secret" is not the right word.

"It would not be a secret that blood is being tested--we just don't want to tell people when the tests will be made--but we would guarantee that no one would know who had provided the blood samples."

It is partly the use of the word "secret" in connection with the anonymous blood testing that has now led the Health Administration to put some distance between itself and the chairman of its advisory AIDS group--senior physician Henrik Zoffmann. After the article appeared in AKTUELT the Health Administration announced that Zoffmann's proposal represents his own opinion--not that of the administration.

Attitude

"All the experts in the group agreed that there is a need for this type of investigation," said Henrik Zoffmann. "So professionally we are in general agreement--it is more a problem of attitude...and thus I do not think we can wait until it is more convenient to propose anonymous screening. We cannot let the epidemic steam ahead for a year."

Henrik Zoffmann will now present the proposal for anonymous AIDS testing to the Central Committee on Scientific Ethics which will decide whether to allow the anonymous investigation. A few years ago the committee refused to allow frozen blood samples to be tested for AIDS.

Cases Double Almost Annually

Copenhagen BERLINGSKE TIDENDE in Danish 3 Apr 87 p 2

[Article by Per Lyngby: "AIDS Could Destroy Danish Economy"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] In 10 years it will cost the state and local communities 45 billion kroner a year to combat AIDS if present trends continue. The authorities are powerless and can only appeal to the public to practice safe sex.

The deadly AIDS disease is a ticking bomb under the national economy. If the present trend continues, the state and local communities will have to come up with 45 billion kroner annually to combat AIDS 10 years from now.

This is shown by calculations BERLINGSKE TIDENDE made on the basis of the spread of AIDS in the last 5 years. The calculations were confirmed by sources in the government and will put the disease in relief when Folketing discusses the fight against AIDS today.

On 1 March of this year 146 people were registered as suffering from AIDS. The experience of the Health Administration indicates that the figure will double every 13 month until scientists find the wonder vaccine that can deal with the fatal virus.

The only way to combat the AIDS explosion is education, education and more education. On practicing safe sex with condoms and by appealing to people's better selves, explained section chief J. Bartels Petersen of the Internal Affairs Ministry.

"But it will take many years before the present education campaign makes an impact," said Dr Eva Hammershoy of the Health Administration. "There are already between 10,000 and 15,000 people who are infected with AIDS and 20-30 percent of them will come down with the disease in the years ahead."

Each AIDS patient costs around 800,000 kroner for tests and treatment. A figure that is expected to drop to 600,000 kroner as a result of the advantage of "large-scale operations." But even so the annual cost will be around 45 billion kroner by 1997.

Copenhagen has 60 percent of all the AIDS patients and this year they cost the city around 35 million kroner.

"With the current trend, Copenhagen will be using its entire hospital budget of 3.4 billion kroner on AIDS patients alone in 1992," said department head Martin Teilmann of the municipal hospital directorate.

6578

CSO: 5400/2448

GROWING DEBATE ON SUPPLYING METHADONE TO COMBAT AIDS SPREAD

Copenhagen AKTUELT in Danish 14 Mar 87 pp 14-15

[Article under the rubric "Nota Bene": "AIDS Puts Methadone on the Agenda"]

[Text] Untraditional methods will have to be used if narcotics addicts are to avoid injecting themselves with AIDS.

The AIDS threat will have to force both the government and the municipal authorities to take much more seriously the problems concerning intravenous drug addicts. If not, the Folketing will have to get after them, according to Ex-Interior-Minister Henning Rasmussen at a conference on AIDS and drug abuse in Copenhagen yesterday.

He went into greater detail afterwards to AKTUELT: In his opinion it is now a question of both determination and money and the establishment of effective systems to tackle drug abuse problems viewed in relation to AIDS.

Serious Words, No Promises

The conference was arranged by the Alcohol and Narcotics Council and the County Council Association and generally had a little of the character of "a discussion as though universal natural law did not apply," as a participant described it. The serious words were big and weighty, from both Interior Minister Knud Enggaard and Social Affairs Minister Mimi Stilling Jacobsen, among others, for example. But there were only faint expressions of the determination to also set up adequate budgets for the necessary effort.

The discussion came to concern itself so much more with methadone.

The minister of the interior: "Easy access to syringes and hypodermic needles is a necessary prerequisite for drug abusers' not infecting one another (and others). But quick and more untraditional treatment is needed in addition. We do not necessarily now have to have 'methadone buses' driving around in the streets, as I recently had an opportunity to study them in Amsterdam; but the idea is illustrative, because it shows the necessity of drug abusers' gaining easy and quick access to the treatment and counseling system."

Not Just a Cold Going Around

Mimi Stilling Jacobsen: "We are forced to heighten the effort against drug abuse /now/ [in italics], and if we do not do so, we will be faced with some monstrous human and socioeconomic costs in the next few years. We know that longterm methadone treatment can attract and hold some drug abusers. Therefore we must use and qualify this form of treatment, in coordination with and as a supplement to other methods of treatment. AIDS is not a bout of head colds. If we are to rise to the occasion, there is first and foremost the need for imagination, flexibility and an undogmatic practical effort."

Director Arne Grunfeld of the County Council Association: "We have to lower the ambition level for some drug abusers, that is, the ambition of making them drug-free. The County Council Association thinks it essential to adopt an unprejudiced attitude toward methadone now. But it is a delusion to think that it is generally possible to keep drug abusers from the needle just by giving them methadone. The distribution of methadone without a relevant follow-up social work effort is no solution."

Grunfeld, incidentally, challenged the social affairs minister to acknowledge her and the government's coresponsibility, and to provide clear reports concerning wanted new information on the treatment of drug abusers. He also wanted government money to be made available for experiments.

Unacceptable "Penalty Charges"

But first and foremost the State must accept its share of the responsibility and exempt the municipalities from the economizing package's completely unfair "penalty charges" when they put in extra money on the AIDS front. This was the demand of several of the speakers.

The discussion regarding AIDS and drug abuse took place on the basis of information from, among others, Physician Peter Ege of the Alcohol and Narcotics Council. AIDS-infected drug addicts are still to be found only in the Copenhagen area. No HIV-positives have yet been found among this group in the provinces.

Of the 643 Copenhagen intravenous drug abusers who have been tested for AIDS at Hvidovre Hospital up to now, a scant 14 percent were found to be infected. But fewer and fewer are allowing themselves to be examined. So Peter Ege feared that up to 30 percent of Copenhagen's perhaps 4000 drug addicts could be infected.

Big Problems in Prisons

But the problem is even bigger among inmate drug abusers. Two hundred and sixty-nine inmates were tested at Vestre Prison. Seventy-three--or over 27 percent--of them were found to be HIV-positive.

This made Copenhagen Social Burgomaster Pelle Jarmer, for one, ask whether it can be expected that the State will provide free condoms and syringes and needles for inmate drug abusers.

His strong message was, by the way, that Copenhagen has reached the limit of its financial capacity for the problems of AIDS and drug abuse.

"I do not believe there is political determination or interest in prioritizing these problems essentially higher in the budgets than they already are today," he said, and he thought it was a State duty to "assume the duties and show what then must be given lower priority."

34,000 Drug Syringes Dispensed

The fear of the spread of the AIDS infection via drug addicts has, as we know, resulted in, among other things, the dispensing of free syringes and hypodermic needles to drug abusers in Copenhagen and in the setting up of a vending machine for hypodermic needles in Vesterbro [section of Copenhagen].

In the three and one half months the experiment has lasted so far, 34,000 "standard sets" have been dispensed, each consisting of two syringes and needles, Municipal Health Officer Inge Jespersen reported yesterday at a meeting on AIDS and drug abuse.

This is 50 percent more than pharmacists previously sold to drug addicts, and far more than estimated in advance. For this reason Inge Jespersen also thinks it will be necessary to have extra appropriations for the experiment.

The vending machine has also been a "success." About 60 sets of needles and syringes are sold from it daily, and double or triple this on weekends. The amount inserted is 10 kroner.

The vending machine--which has not been subjected to the feared vandalism, but only some ordinary operating problems in the beginning--has never been empty yet.

Hide Methadone in Their Mouths

Methadone treatment or not, it should not be handled by general practitioners, is the opinion in Arhus. For they cannot maintain sufficient control over methadone's not being abused, Chief Physician Iwan Mark of Arhus said at the meeting on AIDS and drug abuse in Copenhagen.

He told how cunning drug addicts could abuse the administering of methadone. When they come and have their methadone solution administered they do not swallow the mixture but "hide" it in their mouths until they have left the dispensing station. Afterwards they spit the methadone out into a bottle they have taken along and then it is ready to be injected or sold in the drug market.

The trick was discovered in Arhus, when, for one thing, they "came to lock up" 12 drug abusers after they had just received their methadone allotment. None of them could answer when they were asked a number of questions. For their mouths were full of methadone.

For this reason, now, when Arhus is setting up a drug abuse clinic affiliated with the municipality's Youth Center, they are requesting agreements with the city's general practitioners to the effect that they will not dispense methadone.

400 Drug Addicts in Arhus

It is estimated that today there are about 400 intravenous drug abusers in the city, after several years of a drop in number. None of the 75 examined up to now has been found to be AIDS-positive. But this makes it still more important to prevent their being able to become so.

There will be room for 40 for methadone treatments at the new clinic. Eighty-five of the city's "old" drug addicts are already under longterm methadone treatment.

But what about the rest then? Several participants in the meeting yesterday questioned whether general practitioners can be done without for methadone treatments.

At the moment they are taking care of a total of 1300 drug abusers, said Health Administration Chief Physician Michael von Magnus.

8831

CSO: 5400/2445

STATE TO ESTABLISH NATIONAL CHLAMYDIA REGISTER

Copenhagen INFORMATION in Danish 19 Mar 87 p 4

[Article by Anne Brockenhuus-Schack; first paragraph is INFORMATION introduction]

[Text] Young women represent a high-risk group for the disease chlamydia and they are a key element in its treatment.

Although cases of one of the "new" and serious sexually-transmitted diseases, chlamydia, have not been registered, it is estimated that the figure is between 20 and 50 percent higher than the number of gonorrhea cases. This would mean that between 18,000 and 20,000 people are infected with chlamydia in this country each year.

"We are engaging in guesswork here and I believe the figure is closer to 50 percent higher. But I also think this is more realistic than the estimate given by the distributors of the diagnostic kits, who claim the figure is 10 times greater than the number of gonorrhea cases," said senior physician Inga Lind. Dr Lind is head of the Neisser department of the State Serological Institute, which deals with sexually-transmitted diseases, and she probably knows more about chlamydia than anyone else in this country.

The estimate of 18-20,000 cases was arrived at as a result of a small calculation. Inga Lind believes that because of underreporting of gonorrhea cases and a lack of agreement between information provided by doctors and laboratories, the figures the Serological Institute has represent only 50-60 percent of all actual cases. The "official" figure for 1986 was 6100 cases of gonorrhea. To this must first be added 50-60 percent and then another 50 percent.

As INFORMATION reported Wednesday, chlamydia, like other "new" sexually-transmitted diseases such as herpes and venereal warts, is more difficult to combat and is increasing more rapidly than the "old" venereal diseases, gonorrhea and syphilis. But these "new" diseases are not registered anywhere because the diagnostic techniques for these diseases are relatively new. Thus the incubation period for herpes is not known and there are no generally accessible research methods for this disease.

Underreported

In addition, as we mentioned, a clear tendency can be noted in the present reporting system for venereal diseases by health services to underreport cases by around 25 percent. And doctors are not required to report the location of the disease. This is important for gonorrhea, for example, as it can occur in the vagina, the cervix, the urinary tract, the colon or the pharynx.

A study carried out at Copenhagen's venereal disease clinic at Rudolph Bergh's Hospital showed that while syphilis and gonorrhea cases have declined by 64 and 41 percent respectively, venereal warts have increased by 56 percent. The kinds of venereal warts seen at the clinic are mainly those that are suspected of causing cancer. At the same time a slight decline has been noted in the number of chlamydia cases, although this was not thought to be a reliable trend.

Most Frequent in Women

With respect to this observation, Inga Lind says it could have something to do with the clinic's clientele, as a third of the men are homosexuals and less than a third of the patients are women. Chlamydia is more frequent in women. Like gonorrhea, herpes and venereal warts, the disease occurs much more often in young people than in older ones.

Inga Lind agreed with senior resident Carsten Sand Petersen, the doctor who carried out the study at Rudolph Bergh, that chlamydia is grossly underestimated.

"People have not faced the fact that the consequences are serious. The disease leads to internal inflammation, a problem that is increasing in frequency among 15-19-year olds. Each time a woman has such an inflammation the risk of sterility increases. A Swedish study stated that the risk is increased by 75 percent after the third infection.

"Due to the formation of scar tissue in the Fallopian tubes, chlamydia increases the risk of ectopic pregnancies. These cases have increased in recent years and according to studies from Odense and Randers they have now almost tripled. In Sweden and England they have counted in the social costs of chlamydia, as it is expensive to determine the cause of sterility and the disease is responsible for many sick days."

Chlamydia is a discharge disease like gonorrhea with a somewhat longer incubation period. Half the people infected have no symptoms, but the infection can spread to the uterus and the Fallopian tubes anyway. Women are also infectious--and men can come down with an inflammation of the epididymis tubes.

Abortions and IUD's

"Women infected with chlamydia are at greater risk if they have an abortion or if an IUD is inserted, because this carries microorganisms from the infected areas up into the uterus. Around 25 percent of infected women get the disease following the insertion of an IUD. During childbirth women can also infect their infants, who can develop conjunctivitis and lung infections."

We asked if it wouldn't be a good idea to make a routine examination for chlamydia and treat it if present before a woman has an abortion.

"Certainly, if there is enough time. Otherwise treatment must occur in parallel, if required. But as far as I know this is done in only a few places."

Inga Lind is a member of the Health Administration's working group on venereal diseases and at a meeting in late January the group discussed whether reporting of other sexually-transmitted diseases in addition to the actual venereal diseases should be required. However the problem is that many different diagnostic methods are currently available in the form of a wide variety of testing kits, so that the basis for the diagnosis is very dissimilar and of varying quality.

"These kits are marketed very aggressively without the distributors telling people much about how the various methods differ from each other. Many of them are questionable."

Registration

Inga Lind feels that the only value in designating chlamydia, for example, as a venereal disease is that the testing and treatment will be free, but she considers that very important. According to her it is not expedient to require doctors to report the disease. But the Serological Institute is willing to take on the job of recording the number of cases on the basis of reports from laboratories--if they are accompanied by a description of the group of patients. The question of the purely practical aspect of such registration will be discussed at another Health Administration meeting in a few months.

One of the big customers to date has been the City of Copenhagen. That is because the institute worked closely with the Rudolph Bergh clinic, which has a quarter of all the patients in the country in this area, in an epidemiological study of these diseases and in providing advice concerning the best methods of treatment. The institute performed 10,000 chlamydia tests for the city from this clinic alone in 1985, at a total cost of 1.3 million kroner.

Cooperation Discontinued

This cooperation has now been discontinued except for the cultivation of gonococci, a state job that is still carried out at the institute. The city has taken over the rest of the tasks. These tests will now be carried out by means of one of the less reliable "kit methods." Starting on 1 July the city has also decided to take over all analyses from private practicing physicians. They will now be handled by Hvidovre Hospital.

At the beginning of the year a division of tasks occurred between the Serological Institute and hospital districts and the institute offered to handle chlamydia diagnoses. But in the opinion of the institute the municipalities are very reluctant to make use of this offer. However the institute's resources are limited. If it has to take over analysis of the number of estimated cases, the institute will have to receive more funds.

"With regard to chlamydia, women are the key people. If resources are limited, they must be spent on the high-risk group, women under the age of 25. That is where we see all the serious side effects. That is also the reason why we at the State Serological Institute have urged reliable diagnostic methods in this area.

"The idea of taking resources from one disease and using them for another is a bad one. Both chlamydia and gonorrhea appear frequently and often simultaneously. From 10 to 25 percent of the people born each year get gonorrhea in the course of their lives. Chlamydia must be added to this high figure," said Inga Lind.

6578

CSO: 5400/2448

GONORRHEA SPREADING MORE RAPIDLY AMONG YOUTH

Copenhagen AKTUEL in Danish 1 Apr 87 p 5

[Article by Ruth Northen]

[Text] Copenhagen--There is a disturbing trend in the number of gonorrhea cases among very young men. Since 1983 the frequency of the disease among young men in the 15-19-year-old group has risen by 23 percent, according to Inga Lind, chief physician at the State Serological Institute.

Among 15-19-year-old women there has been a smaller increase, 4 percent. On the other hand, girls in that age group are the ones who are most apt to have gonorrhea. One percent of girls get this disease--as far as can be determined from a friend who is 3 or 4 years older. Among men gonorrhea is most frequent in the 20-24-year-old age group, where it also occurs in around 1 percent of the group.

AIDS Campaign Not Reaching Youngest Group

Like other doctors specializing in sexually-transmitted diseases, Inga Lind is worried that gonorrhea (and other sexually-transmitted diseases) is still flourishing among young people.

"The campaign that was launched against the risk of AIDS has obviously not reached the youngest age group," she said.

One can be especially anxious about the possibility that male prostitutes appear frequently in the gonorrhea statistics, which could indicate a potential AIDS threat also. But the State Serological Institute does not know which social groups are involved in the gonorrhea statistics.

AIDS information has had a more profound effect on the somewhat older groups. This can be seen in the statistics from Copenhagen. Here the incidence of gonorrhea has clearly declined. The figure has been almost cut in half in the last couple of years. At the Copenhagen Venereal Clinic, which reports most of the cases, there were 1916 cases in 1984, 1538 in 1985 and 1128 in 1986.

Changed Behavior Among Adults

This can be taken as proof that especially the more mature homosexuals have changed their sexual behavior. But in this part of the statistics too there are signs that the youngest are letting things slide. In 1981 rectal gonorrhea was most frequent among men aged 25 to 29. Now it is those in the 20-25-year-old group who are most exposed. And 5-10 percent of rectal gonorrhea cases occur in boys between the ages of 15 and 19.

Doctors around the country reported a total of 7842 cases of gonorrhea in 1985, but there were at least 9800 cases, or 20-25 percent more than that. That many have been bacteriologically verified, at any rate. This was 600 less than the year before--a result of the 20-percent decline in gonorrhea figures as a whole in Copenhagen.

6578

CSO: 5400/2449

MENINGITIS CASES DOUBLE IN YEAR

Copenhagen AKTUELT in Danish 31 Mar 87 p 10

[Text] The Serological Institute has received 73 meningitis specimens in the first months of this year.

A meningitis epidemic is under way. The State Serological Institute has received twice as many specimens as last year. And in 1986 there was a 73 percent increase in the number of cases compared to the year before.

In the first few months of this year 73 specimens were sent in to the institute and several deaths have been recorded--for example a young girl died in Hillerod a few days ago. Normally there are no serious consequences, such as brain damage, etc., if treatment is begun early.

"But the problem is that the disease can progress with incredible speed and a patient can die within a single day," said chief physician Inga Lind of the State Serological Institute's Neisser department. "There are vaccines that can protect people against some groups of meingococci, but because of the rapid course of the disease one must decide quickly which form of meningitis is involved and wheter or not to vaccinate."

Is this an epidemic?

"It looks like the beginning of one. But there are different ideas about what constitutes an epidemic. Some people say that if more than 2-3 out of 100,000 people are sick it is an epidemic. Others would put the figure much higher."

Last year 282 cases of meningitis were reported and 80 percent of the cases were bacteriologically verified. There are many different strains of meingococci and in 1985 and 1986 type B and C infections appeared with equal frequency, while type B accounted for two-thirds of all cases in 1986 [as published].

Children and Adolescents

Reports of the disease show that it still affects small children and very young people the most. Thus a third of the cases occurred in the 0-4 age group and a third in the 10-19 age group.

The State Serological Institute has noted that reporting practices have steadily deteriorated in the last 6 years. In almost 40 percent of the cases the report was not made until the doctor was reminded of the requirement to do so and the problem exists in all counties. In addition the reports in almost another 40 percent of the cases did not arrive until 2 weeks after the onset of the disease.

The institute says a report should be made within 3 days to insure that the situation is monitored and intervention can occur quickly. But this requirement was met in only 9 percent of the cases.

6578

CSO: 5400/2449

DENMARK

BRIEFS

FEWER GONORRHEA CASES REPORTED--The frequency of gonorrhea has declined generally since 1980--especially among men living in Copenhagen. On the other hand there has been a sizable increased among younger men since 1983 and they also account for more and more cases of rectal gonorrhea. There were 11,040 cases of gonorrhea in Denmark in 1980 and 9798 cases in 1985. [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 3 Apr 87 p 2] 6578

CSO: 5400/2448

BRIEFS

AIDS NUMBER REMAINS SAME--No further cases of AIDS antibodies have yet been found in Greenland in addition to the three that were detected back in 1985, according to the national physician's office in Nuuk. During the month of January the health authorities offered AIDS testing to people who were having blood tests made because of suspected syphilis. There were 1878 blood samples in all, 779 from men and 1025 from women. Several people were tested more than once. These samples came from all parts of Greenland, but no antibodies were detected in any sample. "Based on the current tests and similar tests from January 1986 it can be concluded that infection with the AIDS virus is not widespread in Greenland," said a press release from acting national physician J. P. Brangstrup Hansen. [Text] [Godthaab GRONLANDS-POSTEN in Danish 25 Mar 87 p 36] 6578

CSO: 5400/2448

FRENCH MISSION TEAM AIDS IN MEASLES, MENINGITIS VACCINATIONS

Conakry HOROYA in French 6 Mar 87 p 3

[Article by A. T. Bah "[copy missing] Meningitis Epidemic"]

[Text] Upon completion of a 9-day campaign in Mali Prefecture, where an outbreak of meningitis and measles had been reported, a joint effort by the French Bioforce and Guinean disease protection units was welcomed on Monday, 2 March, by the Minister of Health and Social Affairs, Dr Pathe Dialo.

First to report was Lt Seny Diabate, Director of the Contagious Disease Department: 13,417 children vaccinated against measles (87 percent of all children between the ages of 9 months and 4 years), and, at the same time, 218 patients were treated and released as cured.

In completing this herculean task, the Guinean-French team traveled 2,836 kilometers and stopped in all 13 sub-prefectures of Mali Prefecture, whose population is estimated at 136,451 souls.

Col Guelain, who heads the French Bioforce mission, whose team arrived in Conakry with 160,000 doses of vaccine, had praise for the "excellent" preliminary arrangements Guinea had made to root out the meningitis and measles epidemic, which was officially declared early in February.

After the vaccination campaign, 26,000 doses of the vaccine against measles and 100,000 doses of the antimeningitis serum remain, as well as large quantities of pharmaceuticals, all of it made available to the Ministry of Health and Social Affairs. The value of that gift is estimated at 1.5 million French francs.

The head of the Bioforce mission voiced his complete satisfaction, and that of his team, at their reception by Mali's prefects, as well as the availability of local populations who arrived en masse at the vaccination centers. He cited one woman who had traveled 40 kilometers, with her children, to reach a vaccination center.

Listing the lessons learned from the campaign, Dr Pathe Diallo, along with his top staff, and the name of the Guinean government, offered thanks in Gen Lansana Conte's behalf to the joint Guinean-Bioforce team for all their work. He called the outcome gratifying and had high praise for the swift and effective way our French friends responded to Guinea's plea for help. In closing, Dr Pathe Diallo praised the courage of the French who had covered rough tracks and completed such a tremendous task in so little time.

6182/12223

CSO: 5400/9

MEDIA REPORTS INDICATE PERSISTING THREAT OF MALARIA

Statistical Review

Georgetown CATHOLIC STANDARD in English 29 Mar 87 pp 1, 3

[Text]

AS THE THALLIUM poison scare subsided following assurances given by visiting teams of experts that there was no widespread contamination Dr. Keith Carter, Head of the malaria vector control service, warned doctors at a Medical Association meeting that malaria poses a threat to the country.

The well-attended meeting held on Mar. 17 to discuss thallium and malaria, was told of an enormous increase in the number of detected malaria cases last year.

The disease which had gradually been spreading over the last few years suddenly exploded last year, more than doubling the number of cases diagnosed for the previous year.

In 1985, 7,600 cases; in 1986 16,400; (in 1981 a mere 2,000).

More alarming, Dr. Carter said, was the steep rise in the number of cases caused by the most dangerous type of malaria parasite, plasmodium falciparum, which can be fatal if not treated in time.

These cases quadrupled in 1986, rising from 2,300 in 1985 to 9,100 in 1986. (In 1981 there were only 354).

The main cause of the great up-

surge of this sickness, Dr. Carter said, was the gold rush that had occurred over the last two years in the hinterland.

The miners from infected areas travel to other mining areas and from time to time return home to the Pomeroon, North West District, Bartica and areas around the city.

The parasites in their blood are then spread by the vectors.

Until 1984 plasmodium falciparum was confined to the Rupununi, where in that year 370 cases were recorded.

By 1985 it had not only increased in the Rupununi to 1,350 cases, but had spread to the Pomeroon (9 cases) and the Mazaruni/Cuyuni (342 cases).

By 1986 Pomeroon recorded 275 cases and a minor epidemic had hit the North West District, centred around Arakaka.

There plasmodium falciparum was found for the first time and numbered more than 2,000 cases.

By 1986 the numbers in the Mazaruni/Cuyuni area had grown to 1,950 cases.

Many miners, too, came to the city to be tested and the number of positive cases then grew from 11 in 1984 and 320 in 1985 to

3,725 in 1986.

The disease began to appear in and around the city last year when four persons contracted the more serious type of malaria although they had not travelled to the interior. That meant that there was a carrier on the coast.

This year already 20 cases have been diagnosed of persons who never left the coast.

As the usual carrier of the disease, the anopheles darlingi was eradicated from the coast since the late 40s and early 60s by the DDT campaign carried out by Dr. Giglioli there had to be another carrier.

This has been identified as anopheles aqua salis. These mosquitoes are very prevalent on the coast but are not efficient carriers of malaria.

As the number of cases increases, however, there will be an increasing possibility of the disease being spread by them.

The less dangerous type of malaria, plasmodium vivax, has also risen from 5,300 cases in 1985 to 6,900 in 1986.

The increases occurred mainly in the North West District and the Pomeroun.

To meet the increasing threat from malaria there is need for more

DDT spraying, more anti-malaria drugs and better management of the present resources.

Last year gifts of drugs were received from Venezuela, Brazil, PAHO/WHO and the Miners' Association

UNDP also gave a handsome gift of land rovers, motor cycles, outboard engines, drugs, etc.

Much more effort and expenditure, however, are still needed to bring under control this situation which threatens to become an epidemic.

Spread to Capital

Georgetown MIRROR in English 29 Mar 87 p 4

[Text] The malaria parasite more common to the interior regions of Guyana where there have been many reports of an increase over the past few years, is now threatening citizens in the eastern part of the capital. Georgetown Health Ministry sources disclosed that malaria-breeding mosquitoes known as Anopheles have been discovered in the city outskirts of Meadow Brook Gardens, TUC-ville and Festival City.

According to the source, the spreading of the mosquitoes is difficult to control at present: high clumps of bushes and clogged-up drains are preventing environmental workers from effectively spraying the areas with chemicals that can exterminate the mosquitoes. Up to present time there has been no release from the City Council on this finding.

Malaria is a high risk disease which has led to the deaths of many interior residents, particularly among the indigenous people. The Anopheles mosquitoes are the chief transmitter of this disease which result in the victims suffering from high fever and its attendant general symptoms, which at a later stage can lead to death.

In the previous PPP government steps were taken to wipe out this disease from the face of the land. Medicated (preventive) salts were in regular supply at all the border areas and the disease was put under control. But under PNC administration there has been neglect in health services especially in the interior regions where even medicated salts are out of supply.

The Pan American Health Organisation (PAHO) Report of Health Conditions in the Americas, 1981-1984 noted that malaria is the most important of the endemic tropical diseases in Guyana and that most hinterland areas experience an increasing incidence of the disease. The annual number of reported cases according to PAHO, rose from 2,003 in 1981 to 3,006 in 1983. However, recent figures show that this grew to 7,468 in 1985 and by mid-1986, the number had grown to 6,000. This is three times the number recorded for Tupununi alone.

This assessment was made by PPP spokeswoman for Health, Janet Jagan, in the 1987 budget address, who pointed to the growing seriousness of the malaria danger.

But in the PAHO report, three years ago, it was observed that the coastlands remained free of malaria. All that is changed as Malaria has now moved to the coastal areas and to the capital city.

Surveillance Program

Georgetown GUYANA CHRONICLE in English 2 Apr 87 p 5

[Text]

TECHNICIANS from the Ministry of Health will be conducting an active malaria surveillance programme in all the malarious areas of the country every two weeks.

Speaking recently with some 150 residents of the mining community at Mountain Foot in Region Seven, Senior Minister in the Ministry of Health, Dr. Noel Blackman said that the spraying of insecticide to eradicate the malaria-carrying mosquito, the aedes aegypti, will also continue in all the Administrative Regions.

Dr. Blackman and a team of Health officials, including malariologist Dr. Keith Carter and Director of Regional Health Services, Dr. Winston Gobin, spoke

with the residents after visiting the Guyana National Service (GNS) Centre at Konawaruk.

At Mountain Foot, blood smears of all the residents were taken and tested and six persons with positive traces were treated for malaria. In addition, a discussion on malaria control was held with miners.

Dr. Blackman stressed the need for persons to adhere to the doctor's prescription when taking treatment for malaria.

He told the gathering that it was in their best interest to use a mosquito net and warned of the dangers of sleeping outdoors. Medical attention should be sought when a person develops a fever.

The Ministry of Health will work in collaboration with

the GNS to provide the fullest support and education for the miners, the Minister assured.

And, speaking with the Chronicle after his trip, Dr. Blackman said that with the institution of preventative measures and the surveillance programme, the malaria threat in Region Seven could be controlled. This type of programme will also be executed in other parts of the country where malaria cases have been reported.

In recent months, Guyanese Ministry of Health officials have been working in close collaboration with their Venezuelan counterparts in a joint effort to combat the malaria problem, which has also seen a resurgence in the neighbouring republic.

REPORT IN PPP ORGAN CLAIMS INCREASE IN TUBERCULOSIS

Georgetown MIRROR in English 22 Mar 87 p 3

[Excerpts]

Tuberculosis is on the rise in Guyana. Whereas formerly it was highly pronounced among Amerindians in the Hinterland, today it has invaded the City of Georgetown. Informed sources say that Georgetown citizens exhibit a high profile at the Chest Clinic in Orange Walk while increasing numbers of persons from the coastal areas are patients at the Best Hospital for the disease.

The Ministry of Health in its annual report for 1985 said of the TB scourge:

"The mortality in tuberculosis has remained low at about two per 100,000 population, with the majority of deaths occurring in the 45 years and above age group.

The incidence of notified cases has increased from 23 per 100,000 population (171 cases in 1984) to 27 per 100,000 (219 cases in 1985).

The increase was evident in all Regions of the country, but especially in Georgetown.

The morbidity showed no change in the young age group, but from 15 years up, there was a steep increase of notified cases, maintaining this elevation throughout to the older age groups. Compared with the previous years it could be seen that the incidence of notified cases in the older groups is on the increase.

For 1985, the total number of attendance at the Chest Clinic (most cases are diagnosed there) was 3,507, with new patients being 822. Persons referred to the Clinic by general practitioners numbered 76.

The notified cases in 1985 showed a statistical breakdown as follows: East Indians 69; Blacks 88; Amerindians 42; Mixed 18; Chinese 1; Portuguese 1.

For East Indians, females numbered 24; for Blacks 35; for Amerindians 24; for Mixed 8. Altogether females were 91 compared to 120 males. The affected Chinese and Portuguese were both males.

/9274

CSO: 5440/093

VISITING DUTCH HEALTH TEAM ENDS 8 DAYS OF DISCUSSIONS

Evaluation of Lab Facilities

Georgetown GUYANA CHRONICLE in English 18 Mar 87 p 1

[Picture caption]

A team of doctors working for Medecins sans Frontieres, Holland [Doctors without borders] arrived in the country on Monday night to assist the Ministry of Health with the upgrading of laboratory facilities here and with the setting up of a toxicology unit in the country.

President Desmond Hoyte, in his address to the nation on Sunday night, had announced the impending arrival of the team, which will be working along with local personnel on a programme for strengthening the Health Ministry's ability to deal with the diagnosis and treatment of all cases of poisoning.

Members of the team will be using several pieces of sophisticated equipment which will be donated to the Government when they leave.

Yesterday, the team met with Senior Minister in the Ministry of Health, Dr. Noel Blackman and other senior Health Ministry officials to discuss their work.

Picture shows members of the team with Dr. Blackman [at the head of the table]. Also in picture [clockwise] from left are Dr. K.I. Wubs, Analyst; Dr. G. de Groot, Analytical Toxicologist; Dr. Dana van Alphen; Dr. Barbara Lopes Cardozo; Permanent Secretary, Ministry of Health, Cde. Edward Persico; Dr. T. Dean F. Savelloul and Dr. H.T. Remmert.

Donation of Equipment

Georgetown GUYANA CHRONICLE in English 1 Apr 87 p 5

[Text]

A six-member technical team from Medecins Sans Frontieres (MSF), Holland left the country on Wednesday after eight days, during which they held

talks with Ministry of Health officials and visited health institutions, the Government Analyst Department and the Institute of Applied Science and Technology (IAST).

Senior Minister in the Ministry of Health, Dr. Noel Blackman said that the team donated two pieces of equipment to the Health Ministry. These will be used at the Central Medical Laboratory of the Georgetown Hospital and will strengthen the department's analytical diagnostic and testing capability.

One piece of equipment an ultra violet spectrometre, has already been set up at the Central Medical

Laboratory. The other piece of equipment, an atomic absorption spectrophotometre has been temporarily installed at the IAST and will be transferred to the Central laboratory as soon as facilities are ready there.

The technical team from MFS was headed by Dr. G. de Groot and included Dr. K.I.Wubs, Dr. Dana Van Alphan, Dr. Barbara Lopes Cardoso, Dr. T. Dean, F. Savelkoul and Dr. H.T. Remmert.

Meanwhile a Service Engineer from the MFS in Holland will arrive in the country shortly to help repair equipment at the Government Analyst Department. This exercise will be done in collaboration with technicians from IAST.

In addition, arrangements have been made for the MFS and the Health Ministry to collaborate in the sponsoring of a continuous training programme for local laboratory technicians and engineers.

/9274

CSO: 5440/093

BRIEFS

VENEZUELAN COOPERATION--Co-operation in the areas of health is one of the ongoing arrangements between Guyana and Venezuela and early last year, Chief Medical Officer Cde Enid Denbow after completing discussions with Health Officials in Venezuela signed an agreement for co-operation in malaria eradication and maternal and child care, in Guyana. As a result of that agreement a Venezuelan Medical Team visited Guyana in August last to look at the problems discussed at the first meeting and in November an implementation team set up a programme in Guyana to deal with the existing problems. Seven persons have been trained in Malaria microscopy. Under the maternal and child care scheme a Rubella vaccination programme was set up for preventive immunisation in schools. [Excerpt] [By Lynda Shortt] [Georgetown NEW NATION in English 29 Mar 87 p 8] /9274

FILARIA INCREASE--As many as one person in ten along the coast may have the filaria germ in their blood. This was disclosed by random tests made in Buxton and Albouystown which showed that ten to 14 percent of the people tested had filaria. This disease is carried by the culex mosquito which is present in increasing numbers along the coast. It breeds in septic tanks, pools of odorous water and stagnant drains and operates mostly at night. The increasing number of cases of "big foot" and swollen arms, attests to the prevalence of the disease. [Text] [Georgetown CATHOLIC STANDARD in English 29 Mar 87 p 3] /9274

CSO: 5440/093

BRIEFS

ANTIMALARIA, FILARIA MISSIONS--Two technology missions have been taken up in hand under the Union Ministry of Health and Family Welfare to achieve specific targets by 1990, reports PTI. The first, "vaccination and immunisation of vulnerable population, especially children" aims at reducing morbidity and mortality due to diphtheria, pertussis, tetanus, poliomyelitis, tuberculosis, measles and typhoid and to achieve self-sufficiency in vaccine production. The second, integrated sector, control of malaria, filaria and other vector borne diseases, taken up through the Indian Council of Medical Research is to administer the feasibility of malaria and/or filaria control by integrated vector control methods, to study cost effectiveness of the alternate strategy and to develop a model for its extension to other parts of the country. Minister of State for Health and Family Welfare Saroj Khaparde told Mr Nityananda Mishra in a written reply in the Lok Sabha today. [Text] [New Delhi PATRIOT in English 4 Apr 87 p 5] /13104

LEUCODERMA--The incidence pattern of leucoderma is high in coastal areas of Andhra Pradesh, Gujarat, Kerala and West Bengal as compared to other States, the Lok Sabha was informed on Thursday, reports PTI. This was based on an analysis of patients treated at the Central Research Institute for Unani Medicine, Hyderabad, Health Minister P V Narasimha Rao said during question hour. Mr Rao told Mr V Krishna Rao no population based survey had so far been conducted to estimate the incidence pattern of leucoderma in the country. Mr Krishna Rao claimed that the answer given by the Minister seemed to be unreliable. He said he had seen with his own eyes a large number of persons afflicted with the disease and even small children were not spared. He sought to know whether Government would conduct a survey to find out persons affected by the disease. Earlier, Minister of State for Health Saroj Khaparde said under the Unani system about 80,000 were studied. [Text] [New Delhi PATRIOT in English 3 Apr 87 p 5] /13104

ORISSA MEASLES DEATHS--Altogether 10 tribal children in four to ten years age group died of a virulent type of measles in two villages of Ravanaguda and Boriguma blocks in Koraput district during the past two weeks, according to official reports reaching here. Unofficial reports, however, put the death toll much higher. At least 30 more were affected and were receiving treatment. The chief district medical officer, Dr Nirakar Patra, told newsmen that an adequate number of medical and health personnel with mobile medical units had been combating the disease. But, he said, tribals in the interior

villages depended more on witch doctors than go in for medical treatment. Meanwhile, according to another report, seven persons from Muniguba and Kasipur blocks died and another affected from bacillary dysentery last week. [Text] [Calcutta THE TELEGRAPH in English 23 Mar 87 p 5] /13104

ORISSA MENINGITIS DEATHS--Eleven persons have died of biogenic meningitis in four villages in the Koraput district during the past three weeks, raising the number of deaths in the district to 20, the health authorities said. They said at least 40 others had been affected and were undergoing treatment. The assistant district medical officers said health units had been sent to the affected areas to combat the disease and preventive measures enforced in other areas to check the spread of the disease, which, according to medical experts, starts from thoeat infection. [Text] [Calcutta THE TELEGRAPH in English 22 Mar 87 p 5] /13104

MENINGITIS STATISTICS--The Minister of State for Health and Family Welfare, Miss Saroj Khaparade said in the Lok Sabha today that incidents of death due to meningitis seemed to be declining. There were 1,848 deaths due to meningitis in 1986 as against 2,216 in 1985. No shortage of drugs had been reported from anywhere. Miss Khaparade said that while meningitis deaths were reported from Kerala, West Bengal, Delhi and Rajasthan in 1985, similar deaths were reported from Maharashtra West Bengal and Delhi in 1986. Dr. G. S. Rajhans (Cong-I) drew the attention of the House to the plight of persons afflicted with meningitis. He said most of the hosptials were reluctant to admit such patients. Citing his personal experience, Dr Rajhans said he could get some of the meningitis patients from his constituency admitted to the All-India Institue of Medical Sciences only after much pursuasion and threat that the matter would be raised in Parliament. The Human Resource Development Minister, Mr. P. V Narasimha Rao said it was not possible to give a 'cast iron' assurance in the matter. The hospital authorities were there to admit patients. Efforts would be made to improve the situation. [Text] [Madras THE HINDU in English 27 Mar 87 p 6] /13104

CSO: 5450/01202

CATHOLIC BISHOPS BEHIND AIDS TASK FORCE FIGHT

Dublin IRISH INDEPENDENT in English 27 Mar 87 p 10

[Article by Joseph Power]

[Text]

THE Catholic bishops have appointed an inner-city priest, who has run their fight against drug abuse for three years, to co-ordinate pastoral care by the new National Task Force on AIDS.

The 18-member task force, consisting mainly of religious, doctors and individuals involved in the care of drug victims, will be chaired by District Justice Gillian Hussey.

Father Lavelle (47) was ordained to the priesthood after a career in advertising and in the cinema business. During his first 10 years as a priest, he worked in the Dublin city Centre parish of Sean McDermott Street, later serving as curate at Haddington Road, before being appointed to establish and run the archdiocese's drugs awareness programme.

An initial budget of £20,000 has been allocated by the bishops for the work of the task force, which is expected to meet for the first time next week.

The bishops have given the body the function of encouraging and guiding the necessary response to AIDS required from dioceses, parishes, groups and individuals within the church. The emphasis will be on prevention and care.

It is envisaged that the task force will make available information to priests, religious, seminarians, community and church workers about the medical, psycho-social and pastoral issues.

The new body will also provide information to prevent discrimination, ensure just treatment of sufferers, support continuing church programmes to combat drug abuse, and help schools to provide accurate information within

the context of a programme for "positive Christian living".

The Hierarchy announced at the end of its spring meeting that it planned to establish the body. They gave responsibility for its setting-up to the Catholic Social Service Conference (CSSC), the social care agency of the Dublin archdiocese, headed by Auxiliary Bishop Desmond Williams.

The members of the task force are: District Justice Gillian Hussey (chairperson); Dr. Geoffrey Dean, Director Emeritus, Medical-Social Research Board; Dr. Fiona Mulcahy, STD Clinic, St. James's Hospital, Dublin; Dr. Ann O'Connor, community care doctor, Dublin; Sister Catherine Lillis, drug addiction counsellor; Father Brian Power, P.P., Rialto; Fintan Drury, journalist; Carl Berkeley, Cairde Counselling Service.

Paul Sheridan, Haemophilic Society; Father Michael Cullen, Chaplain, Mountjoy Prison; Ciaran McKinney, Gay Health Action; Father Frank Brady, S.J., Anna Liffey Project; James Cumberston, Coolmine Therapeutic Community; Peter Nugent, National Catholic Marriage Advisory Council.

Dr. John O'Connor, Drugs Treatment Centre, Jervis S. Hospital; Patrick McCarthy, ex-chairman, Religious Teachers' Association, Cork; Father Eamonn O'Brien, Chaplain, Mater Hospital, Belfast; John Collins, Department of Health and a representative of the Major Religious Superiors, who has yet to be appointed.

The bishops have said: "We trust that the establishment of the new task force will mark the beginning of a response from the Irish church which will be generous, practical and compassionate."

NEW AIDS HOTLINE IN EAST 'SWAMPED WITH CALLS'

Dublin IRISH INDEPENDENT in English 27 Mar 87 p 10

[Article by Stephen McGrath]

[Text]

A confidential AIDS hotline, set up by the Eastern Health Board and RTE yesterday, was swamped with callers anxious to know more about the virus.

Eight phone lines, manned by 22 volunteers for 13 hours, never stopped ringing. Exhausted counsellors had to leave phones off the hook to take five-minute breaks.

"We have only seen the tip of the iceberg today. The response has been staggering. The volume of calls and the range of questions could not have been predicted," said co-ordinator Dr. Zachary Johnson.

The calls came from every county and from all ages.

Dr. Johnson, a com-

munity medicine specialist with the EHB, said information is the only way of stopping the spread of AIDS.

"It's the only weapon we've got. By telling people how they can get the disease we could stop it in its tracks. Information is critical to AIDS control until we find some better way of dealing with it."

Dr. Johnson added that a Government-backed information campaign should get underway by April at the latest. There was no justification for a further delay.

Most of the calls yesterday came from people who had nothing to worry about, but other people were told they should go to VD clinics or drug counselling units.

/9274

CSO: 5440/089

\$2 MILLION TO BE SPENT ON AIDS EDUCATION, SCREENING

Port-of-Spain TRINIDAD GUARDIAN in English 11 Apr 87 p 5

[Text]

KINGSTON, April 10, Cana—JAMAICA is to launch a \$2-million education and screening programme on sexually-transmitted diseases (STD) with the major focus being on AIDS, Health Minister, Dr Ken Baugh, announced.

Jamaica already has an education programme on STD, but the growing incidence of AIDS—acquired immune deficiency syndrome—is forcing the authorities to put it on the front burner.

AIDS weakens the body natural immune systems and makes the patient susceptible to the mildest afflictions. There is no known cure for the disease.

So far, there have been 16 local cases of AIDS and 12 deaths from the disease, Baugh told journalists.

Among the AIDS victims in Jamaica were four homosexuals, one bisexual, ten heterosexuals and a baby born with the disease.

In developed countries, the high-risk groups for AIDS are homosexual males and intravenous drug-users.

Greatest Risk Factor

But here the risk factor is greatest for those with conventional sexuals preferences, officials say. "The danger in Jamaica is for the heterosexual spreading AIDS, because of our traditional promiscuity," Dr Baugh said.

Most of the AIDS cases here have been "imported"—acquired by Jamaicans who have been abroad and by Jamaicans who have had sexual relations with foreigners.

A high-risk "importing" category is returning farm workers, 7,470 of whom have been tested for the AIDS virus. Of these, 21 possible carriers have been identified and samples sent abroad for further testing.

Health officials said the education campaign would utilise radio, newspapers, pamphlets, billboards, lectures and discussions. Apart from the general population, special target audience will include prostitutes, homosexuals, prisoners and farm workers.

However, Dr Baugh warned against allowing the focus on AIDS to detract from other sexually-transmitted diseases. "There is a danger of AIDS diverting attention from the other STDs which are more prevalent here," he said.

/9317

CSO: 5440/094

MINISTRY OF HEALTH FOCUSES ON IMMUNIZATION PROGRAMS

World Health Day Messages

Kingston THE DAILY GLEANER in English 7 Apr 87 p 3

[Excerpts] DR. KENNETH L. BAUGH, Minister of Health has issued the following message for World Health Day, today:

Here in Jamaica following the 1982 polio epidemic, coverage steadily increased. In the under 1 age group the following existed:

	1984	1986
DPT	59%	74%
Polio	58%	73%
BCG	50%	72%

The analysis of the 1-4 year statistics for 1986 although not complete appears to indicate that coverage will exceed 80%. A major education programme was launched in May 1986, aimed at mobilizing parents to bring their children for immunization prior to entry into schools in September of that year.

The existing services are adequate, the education is on stream and the missing link, the last step to complete the triad has now been taken — the Immunization Law has been enacted. Whereas no one wishes any parent committed because of failure to conform, education has to be maintained in order that parents assume responsibility for having their children fully immunized from the six vaccine — preventive diseases. This education will also address the major problem of drop-outs — low returns for second, third or booster shots.

In 1986 there was improvement also in the management and maintenance of the cold chain in order to keep vaccines fresh from manufacturer to vaccinator.

This year many parishes have interpreted the theme through the involvement of schools, churches

and other community groups. Health workers can do much, much still remains to be done and nothing can replace the active participation of the individual within his community.

Here in Jamaica a large sum of money is spent on putting the necessary infrastructure to ensure an efficient and effective service. However, each year the services suffer from theft — a number of compressors from refrigerators, for example, are stolen and the cost of grilling refrigerators is enormous. To ensure adequate security of equipment the community input is highly necessary.

World Health encourages participation by all schools, parents, employees, social groups, the disabled. Interestingly, World Health Day was originally observed on the 22nd July, but in order to encourage student participation it was changed from July when schools are closed.

Our response therefore, to this theme should be one of CARING, CONCERN, COMMITMENT AND COMMUNITY INVOLVEMENT so that our support for the 1980 goal of the Expanded Programme of Immunization be realized.

If all services are in place, all personnel trained and personnel trained and prepared, these in themselves will not increase coverage. May I therefore appeal to all parents and guardians to make use of the available immunization services and get children fully immunized. Not just having them receive initial doses but getting the complete coverage as indicated the Health Department.

100 Percent Immunization Goal

Kingston THE DAILY GLEANER in English 15 Apr 87 p 16

[Excerpt]

The Ministry of Health aims to achieve 100% immunization of "high risk" people in the country over the next three to five years.

Disclosing this today, Minister of State, the Hon. Karl Samuda, said the entire programme of immunization would cost about \$15 million.

Mr. Samuda was speaking at the World Health Day prize-giving ceremony at the Kingston and St. Andrew Parish Library, Tom Redcam Drive. Prizes were awarded to a number of schools which participated in a Poster and Skit Competition among Corporate Area schools to highlight the importance of immunization.

Apart from immunization against the six preventable diseases — measles, diphtheria, whooping cough, tetanus, poliomyelitis (polio) and tuberculosis — a campaign against rubella (German measles) would also be conducted, the State Minister said.

Mr. Samuda recalled the 1982 polio outbreak in Jamaica and said that incidents such as this should never be allowed to recur. He noted that before the outbreak there was 35% immunization status which he said has now been upgraded to 75%.

He noted that the 100% goal was achievable as there was now "only quarter of the way to go". He said that the Ministry's immunization programme since 1982 must be seen as one of the most successful projects undertaken by the Ministry of Health.

Mr. Samuda said that the success of the immunization drive was due to the hard work of the health team and to new legislation which makes it mandatory for all children to be immunized before entering school.

Mr. Samuda said that the emphasis on primary health care was correctly placed as the focus on prevention now would later cost the country less in health care.

/9317

CSO: 5440/094

VIENTIANE CAPITAL DISEASE RESEARCH, PREVENTION DESCRIBED

Vientiane VIENTIANE MAI in Lao 23 Jan 86 p 2

[Article by Phantha Langsi: "Implementing the Three Branches"]

[Excerpt] "The three branches" are activities which get down to the level of the people in the countryside far from the towns. This reporter has encountered the medical cadres of these branches many times. The three branches include the public health branch, the malaria branch and the examination branch. These are under direct control and leadership of public health service of Vientiane City.

Those of the three branches which were set up in 1980 now have a total work force of 30 including 14 women. There are 12 men who are union members and 11 women. There are two LPRYU members. Each branch has at least one or two responsible for leadership.

Dr Chanpheng, the head of the examination branch, told this reporter that the examination branch was set up at the end of April 1985; it is a new achievement of the public health service of Vientiane City. It is the first examination branch of the city, and its special mission is to test food and water for toxic substances. At present the work force of this branch is 10. In the past all the cadres of the three branches have always struggled to perform their special duties vigorously. In 1985 their accomplishments included giving 19,965 injections for tuberculosis and 2,736 injections for measles. They gave 40,591 injections for diphtheria in three stages. They gave 40,310 injections for polio and 29,718 injections for tetanus. They cared for 5,407 pregnant women. They distributed 23,678 packets of medicine for diarrhea and cared for 10,495 sick people. The project to suppress malaria in those patients for whom injections and care had been provided, 19,840 people, discovered 1,546 cases of malaria, 1,116 cases of falciparum and 417 cases of vivax.

In addition the project to inspect drugs, food and water was able to inspect for 110 categories and 48 species of bacteria. The chemical laboratory was also able to prepare 2,540 liters of distilled water, process 23 liters of experimental medicine, inspect 32 categories of local medicines on 174 occasions, inspect 36 kinds and 69 categories of food and drink on 438 occasions, and produce 12 kinds of local medicines and 45 categories of

government medicines. The bacteriological laboratory inspected 48 kinds of food and utensils on 84 occasions. It combined 16 kinds of local and government medicines on 32 occasions. It inspected for the tetanus bacterium on 18 occasions, E.coli bacteria on 83 occasions, staph bacteria on 82 occasions, anaerobic organisms on 67 occasions and aerobic organisms on 83 occasions.

In addition to working in their specialty they also did collective work. For example a work force of 27 did repair work on the road in to the facility for a distance of 300 meters, a work force of 35 did public health work at various locations on five occasions and a work force of 25 weeded the grass and planted flowers on one occasion.

8149

CSO:5400/4347

BRIEFS

XIENG KHOUANG MALARIA INCIDENCE--In 1985 by proceeding with the public health policy which stressed disease prevention as an important form of care, the medical cadres of the malaria station in Xieng Khouang Province increased their spirit of responsibility in performing their specialty and mastered the situation. This was apparent in their actual accomplishments: they conducted 75 operations to inspect for disease in more than 1,100 people, they examined 1,370 blood samples for malaria, they discovered malaria in 397 people, they inspected for malaria in four towns, they trained 40 cadres in malaria control and they carried out other activities. These accomplishments were important in steadily reducing the incidence of malaria in the localities of Xieng Khouang Province. [Excerpt] [Vientiane PASASON in Lao 13 Dec 85 p 1] 8149

CSO: 5400/4347

NATIONAL, STATE, REGIONAL AIDS STATISTICS PRESENTED

More Than 280 Cases Nationwide

Mexico City EXCELSIOR in Spanish 14 Jan 87 STATES section p 3

[Article by Eduardo Hacho]

[Excerpt] Reynosa, Tamps., 13 Jan--AIDS has taken on epidemiological proportions in Mexico because there are many more cases than the 280 detected.

The above was stated today by the pathologist at the Social Security Specialties Clinic in this city, Jesus Sifuentes Guerrero.

He added that two cases of AIDS have been recorded in Reynosa. They were sent to the Medical Center in Mexico City where they will be treated by specialists.

Nearly 300 Cases Nationwide

Mexico City PROCESO in Spanish No 533, 19 Jan 87 pp 26-31

[Article by Federico Campbell]

[Excerpt] The number of cases of AIDS in Mexico has grown geometrically and can be estimated now at about 300, according to Dr Guillermo Ruiz Palacios, chief of the Department of Infectious Diseases of the National Institute of Nutrition.

AIDS is transmitted by sexual contact between homosexuals or heterosexuals and by blood transfusions. It has been tracked epidemiologically by the SSA [Secretariat of Health and Public Assistance]. Its statistics show that, as of October 1986, incidence of the disease has been increasing. The cases are concentrated in the large cities. Of the 249 cases reported as of October, 46 percent or 107 cases are in the Federal District. There have been 28 cases recorded in Jalisco, 13 in Coahuila, and 10 in Baja California.

Dr Ruiz Palacios said: "Baja California, Coahuila, and Chihuahua have the highest incidence as border states. About 16 percent of the cases reported are on the northern border."

The first case in Mexico was detected in 1981.

In 1982, 8 cases were recorded.

In 1983, there were 20 cases recorded.

In 1984, there were 40.

In 1985, there were 86.

In 1986, the figure reached almost 100.

Heightened Incidence in Border States

Mexico City PROCESO in Spanish No 533, 19 Jan 87 pp 26-27

[Article by Fernando Ortega Pizarro]

[Text] According to the SSA, 4 percent of the cases of AIDS in Mexico are due to contaminated blood transfusions. Dr Jose Luis Dominguez Torix said that this has led to careful examination of the blood donors. "The percentage of donors found with AIDS is very low, only .006 percent."

That blood is incinerated. Dominguez Torix, director of the National Center for Blood Transfusions of the SSA, explained that the SSA locates the infected donor--every donor, whether volunteer, professional, or family, is registered--in order to attend to him or counsel him about his disease.

However, last 4 December, the assistant secretary for health services of the SSA, Jesus Kumate, said that professional blood donors are among the high risk groups for transmission of AIDS. This is despite the fact that the technical norm for handling human blood and its components for therapeutic uses and prevention of infectious diseases went into effect on 22 May 1986.

The 4 percent of the cases mentioned were recorded as of 22 October 1986. According to the National Center for Blood Transfusions, half of the blood donated comes from relatives, a fourth from volunteer donors, and the rest from professional donors. However, the Red Cross data are different. In its case, volunteer donors make up 20 percent, relatives 35 percent, and paid donors 45 percent. Blood is collected by government institutions (62 percent), the Red Cross (34 percent), and privately (4 percent).

The SSA recognizes that it has lost track of many patients with AIDS. Dr Jaime Sepulveda Amor, general director of epidemiology of the SSA, recently noted the poor follow-up work with AIDS patients.

In 31 percent of the cases, its evolution is unknown. There is follow-up in 34 percent of the cases and 35 percent are dead. "Probably the unknowns are people who are still alive and have emigrated to the United States in search of medical care or who have not had terminal cases. These might be listed as deceased because in those stages they tend to seek high-level hospital care."

According to the SSA, of the cases notified--except for those infected by blood transfusions--91 percent had a background of homosexual practices, 2 percent came from heterosexual contacts, and only 1 percent had a background of intravenous drug addiction.

In December 1986, AIDS was not yet considered a worrisome health problem. "Heart disease, accidents, respiratory and gastrointestinal infections, and tumors continue to be the leading causes of death in Mexico." However, Dr Sepulveda Amor demonstrated the true dimension of the problem by implying "a situation of alert in epidemiological vigilance."

He cited proximity to the United States as one cause. Most of the AIDS patients in the world have been found there, particularly in border states like California and Texas, and there is a great migratory flow between the two countries. States like Coahuila, Baja California, and Chihuahua had 5.6 percent, 4.3 percent, and 3.9 percent of the cases, respectively. In the rest of the border states, Sonora has 0.4 percent and Nuevo Leon 2.1 percent. In states like Michoacan, cases could be explained by temporary migratory flow to the United States, according to Dr Sepulveda.

In 26 of the 32 federal states, "the frequency of cases has increased constantly since the second half of 1981, doubling every 6 to 12 months, especially the latter."

According to the SSA, "the most important transmission is by sexual contact with a person infected with the virus VIH (who is not necessarily sick with AIDS), the shared use of infected needles or syringes (also toothbrushes and razor blades), and, less frequently, transfusion of blood or its derivatives from a person infected with the AIDS virus. Direct contact of blood or semen with any mucus or cutaneously is necessary for transmission of the virus that causes AIDS."

The SSA receives blood all over the country by means of mobile units. It then sends the blood to the laboratories. The SSA keeps control of professional blood donors by granting credentials. It also registers and supervises the private blood banks. The Red Cross, Hospital General, and Hospital Espanol, for example, have their own blood banks. The doctors explain that so far there is no effective method to completely identify AIDS in blood even in the United States or Europe. However, the mere presence of an abnormal or unknown virus arouses suspicion and it is immediately incinerated.

Dr Dominguez Torix stated that, in general, the number of donors has not decreased--he does not give figures--and they continue to obtain 700,000 units per year. (Each unit contains half a liter of blood.) They drop in certain seasons like in December but, according to SSA data, they increase during the after-Christmas slump when needy people sell their blood to survive or to pay for public medical services.

AIDS is the latest disease detected in donated blood. Hepatitis, brucellosis, syphilis, malaria, and other common diseases of the poor continue to increase. In the La Raza Medical Center, one-third of the 6,000 blood donors are

rejected each year, mainly due to hepatitis. The data supplied by the Mexican Gastroenterology Association are surprising: 1.5 percent of the population in Mexico are carriers of the disease. Of all the case of hepatitis by virus B, 5 or 10 percent are probably post-transfusion.

There is the risk that by using certain vaccines to fight hepatitis--which are expensive and have a certain percentage of flaws--"AIDS is contracted," according to the Mexican Gastroenterology Association.

National Figure Set at 316

Mexico City EXCELSIOR in Spanish 24 Jan 87 STATES section pp 1, 3

[Article by Lubin Jimenez and Felipe Sanchez]

[Excerpt] Tampico, Tamps., 23 Jan--The first case of AIDS in this port was detected by the IMSS [Mexican Social Security Institute]: a 35-year-old person to whom the doctors of the institution gave no more than 3 years to live. The medical personnel is alert to what can be the link in a chain of contagion.

The director of the IMSS family clinic, Maximiliano Hernandez Perales, reported that the AIDS victim detected some weeks ago admitted having had relations with single and married bisexual men who perhaps have already transmitted the deadly virus to many women.

Refusing to give the name of the patient, due to professional ethics, the doctor pointed out that the Social Security laboratories in Nuevo Laredo confirmed that the case is clinically positive and advanced.

Epidemiological studies of the patient will be sent to specialized laboratories in Atlanta, Georgia, to confirm the existence of the disease. Its main symptoms are fever, loss of appetite, loss of weight, diarrhea, and later lack of defenses in the organism which makes the person vulnerable to any disease.

This port has already been considered a high risk zone because the number of men the patient had relations with cannot be determined because he did not provide this information. Also the frequent arrival of sailors from abroad increase the uncertainty among the population.

Doctors in the city received instructions to pay more attention to prostitutes, homosexuals, and bisexuals--the people most likely to acquire AIDS.

Actions Against the Disease

Meanwhile, the secretary of health, Dr. Guillermo Soberon Acevedo, stated today in Oaxaca that AIDS is already a serious public health problem in our country, "not because of the cases detected, 316 already, but because of the carriers of the virus."

30 Jalisco Cases

Mexico City EXCELSIOR in Spanish 25 Jan 87 STATES section p 2

[Article by Eduardo Chimely and Francisco Santacruz]

[Excerpt] Guadalajara, Jal., 24 Jan--This state is second in the country in the number of AIDS patients with 15.6 percent. First is Valle de Mexico with 29.9 percent of the total in the country, according to Amado Gonzalez Mendoza, an IMSS specialist.

Eduardo Vazquez Vals, head of the Department of Infectious and Experimental Pathology of the University of Guadalajara, revealed that officially there are 30 cases of AIDS in the IMSS Medical Center and in the state SSA in Jalisco.

During a course on dermatology organized by the Jalisco Medical Association and the Dermatology Association of this city, Gonzalez Mendoza pointed out that the majority of the cases studied are caused by residence in the United States along with a background of homosexuality, bisexuality, and drug addiction.

Vazquez Vals explained that this figure is questionable since it does not reflect the total from all health institutions, public and private.

2 Die in Guanajuato

Mexico City EXCELSIOR in Spanish 29 Jan 87 STATES section p 2

[Excerpt] Irapuato, Gto., 28 Jan--Two of the six persons detected with AIDS here have died, according to Dr Teodoro Cerrada Bravo, IMSS specialist in skin diseases, today.

According to the doctor--who privately took care of both persons--the victims contracted the disease as emigrants to the neighboring country in the north.

The four cases still under observation, he said, are homosexuals and bisexuals who apparently were prostitutes.

7 Valley of Mexico Cases

Mexico City EL DIA ('METROPOLI' supplement) in Spanish 29 Jan 87 p 2

[Excerpt] From 1980 until now, seven cases of AIDS have been confirmed in Valle de Mexico. This represents 47 percent of the total reported throughout the country, the assistant secretary of planning for the SSA, Manuel Ruiz Chavez, indicated yesterday. He was speaking at the Third Medical-Surgical Seminars organized by the Medical Services of the DDF [Federal District Department].

4 Sonora Cases Cited

Mexico City EXCELSIOR in Spanish 13 Feb 87 STATES section p 2

[Article by Francisco Santacruz]

[Text] Nogales, Son., 12 Feb--One person who died recently after contracting AIDS led to guidelines to maintain strict control over the other three suspected of carrying that disease, said the head of the Health Center here, Lawrence Alegria Mayboca.

He explained that the probable cases were detected 2 months ago along with another person from Guaymas who unfortunately died. The alleged carriers of AIDS, he added, are two homosexuals and a prostitute whose ages range between 25 and 30. They were discovered by accident when they came for their health cards.

He said that the alleged infected people have been submitted to intensive studies and tests.

7717

CSO: 5400/2031

ANTHRAX DEATHS REPORTED IN ANAMBRA STATE

Enugu DAILY STAR in English 31 Mar 87 p 1

[Article by Dan Okoye]

[Text]

AT least, 13 persons and seven cattle, have now died at Ndiechi-Achara in the Ikwo local government area of Anambra State sequel to an outbreak of a deadly man-and-animal disease called Anthrax, according to inside sources at the state ministry of agriculture.

The disease which was reported to have afflicted a herd of 17 cattle, and later spread to flocks of sheep and goats, resulted in the death of a number of domestic animals.

According to sources, an investigation carried out by a National Youth Service Corps (NYSC) staff of the veterinary division of the ministry, Dr H.S. Garba, based in the affected area, showed that the diseased persons included those indigenes who dismembered and consumed afflicted carcasses.

More deaths were, however, averted through swift veterinary intervention, which referred natives who had in any way come in contact with the infected animals to local dispensary there whilst

promptly treating livestock showing signs of the disease.

Furthermore, sources indicated that, apart from initiating sanitary measures aimed at checking escalation of the infection, the veterinary division had procured relevant vaccine in order to undertake massive anti-anthrax campaign in the area.

It was also learnt that the full-dose campaign was mounted by the chief veterinary officer, Dr Jonathan O. Eluogu, who was despatched to the place with the said drugs for an on-the-spot assessment of the situation and prompt initiation of appropriate action.

When our correspondent interviewed the state director of veterinary services, Dr Steve N. Okoye, at his office in Enugu, who confirmed the report, he said the department had deployed some of its staff operating in other parts of the Abakaliki zone to the Ikwo area to ensure a successful campaign.

He indicated that the area lay

within an anthrax-belt zone which kept it prone to the recurrent (or enzootic) nature of the awful disease, also known as "wool-sorter's disease".

Dr Okoye explained that while merely touching an infected animal would cause a hand-swelling affliction called "carbuncle" eating same would lead to outright death of the victim.

Epidemiology of anthrax, which broke out about three weeks ago in the Ikwo area, noted Dr Okoye, revealed that it could survive for up to 30 years on an infected pasture, whose ingestion by an animal would give rise to the disease.

He observed that the natives of the area were in the habit of consuming carcasses of mysteriously killed and uninspected animals, and advised them to cultivate the habit of consulting the veterinary office as soon as sickness was noticed, or for yearly (preventive) inoculation.

/9317

CSO: 5400/162

BRIEFS

MEASLE HOSPITAL ADMISSIONS--Four hundred and fourteen measles patients are now on admission at the Infectious Diseases Hospital (IDH), Kano. This was disclosed yesterday by the Senior Medical Officer in-charge of the hospital, Dr P.C. Onyebujoh while briefing the committee for fight against epidemics which visited the hospital. He said as a result of this development 80-100 measles patients who come to the hospital daily to consult doctors on suspicion of the disease were being sent home because of the congestion at the hospital. Dr Onyebujoh told the committee that plans were on hand to move some patients suffering from Cerebro-Spinal Meningitis now on admission to the hospital verandah and shades to make room in the wards for the stream of measles patients. According to the doctor three to four of the measles patients now on admission share a bed because "all the wards are full." He also complained to the committee that there were not enough doctors and that the drug situation in the hospital "is not too good." [Text] [Kano THE TRIUMPH in English 9 Apr 87 p 6] /9317

MEASLES, MENINGITIS IN KUTIGI--At least eight persons have been reported dead as a result of an outbreak of measles and cerebro-spinal meningitis (CSM) in Kutigi, the headquarters of Lavun Local Government area of Niger State. Reports from the area indicated that five other villages were also affected by the spread, resulting in the hospitalisation of many people. It was gathered that the incident which occurred last Thursday was now under control following the delivery of over 1,000 doses of vaccines coupled with the mass inoculation of people in and around the area. The chairman of the council, Alhaji Alliu Muhammed Goro has, therefore, appealed to people to go to the nearest clinic for inoculation against the killer disease. [Text] [Lagos DAILY TIMES in English 6 Apr 87 p 20] /9317

CSO: 5400/162

PEOPLE'S REPUBLIC OF CHINA

NEW DRIVE TO CONTROL ENDEMIC DISEASES PLANNED

OW280538 Beijing XINHUA in English 0219 GMT 28 Feb 87

[Text] Beijing, 28 Feb (XINHUA)--China is expected to launch a new drive this year to control endemic diseases and to cut the number of cases that still kill people and animals, CHINA DAILY reported today.

The move includes improving the management of more than 5,000 institutions of endemic disease prevention and treatment, enlisting financial help from local government, stepping up publicity and increasing scientific research and technical training.

Zhang Yifang, director of the bureau of the treatment and prevention of endemic diseases of the Ministry of Public Health, told CHINA DAILY that endemic diseases in China range from the plague and leprosy to filariasis (a parasitic disease). Most have been brought under control over the past decades.

He said that plague claimed four or five lives every year, snail fever in some areas had not been effectively controlled, cases of pernicious malaria had increased recently and more than 60 million people across the country suffered from endemic diseases.

To cope with the "serious situation," Zhang said, local governments were urged to devote special effort to the prevention work. Besides some state allocations, local governments should raise their own funds, he added.

More decision-making power would be granted to local medical institutions so that they could concentrate their efforts in trying to control plague, stop it from being spread by rodents and combat snail fever in the 86 counties and cities where the disease still prevailed, he said.

Over the past several decades, China has basically eradicated snail fever in nearly 280 counties, controlled the prevalence of plague among rodents in coastal areas and built more than 10,000 projects to improve the water supply in rural areas, greatly reducing the effects of flourine in the water.

However, the government is to intensify its efforts to control these diseases across the country. In the next several years, plague would be controlled in 85 percent of the counties now being affected.

The incidence of other diseases such as malaria, filariasis, and leprosy would also be reduced, he said.

Necessary laws and regulations regarding the prevention and treatment work would be formulated to help medical workers, Zhang said. Training of personnel would be improved and college graduates assigned by the state to institutions specializing in the treatment of endemic diseases, the official added.

Sino-foreign cooperation would be sought and if necessary, advanced technology and equipment would be imported to accelerate the development of China's medical services, he said.

/6662

CSO: 5400/4125

DETECTION OF ANTIGEN OF HFRSV BY HFRS McAb 25-1 IN CELLS OF URINE AND WHITE BLOOD CELLS OBTAINED FROM HFRS PATIENTS

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 1, Jan 86 pp 29-33

[English abstract of article by Chen Boquan [7115 0130 2938], et al., of China Preventive Medicine Center; Wang Shiming [3769 0013 2494], et al., of Shenyang Infectious Diseases Hospital; Sun Yueying [1327 2588 5391] of Chinese Academy of Medical Sciences]

[Text] Direct detection of the antigen of HFRSV in urine and white blood cells obtained from 138 HFRS patients and detection of the HFRS antibody from the same patients have been carried out.

The positive rate of the antigen in white blood cells and urine cells is 82.6 percent (114/138) and 71 percent (98/138) respectively. In the same patients the positive rate of the HFRS antibody is 81.2 percent (112/138). However, detection of the antigen from 50 healthy persons and from patients with other diseases has produced negative results.

The positive antigen was mainly found during the first 10 days of the illness during the fever phase and the oliguria phase; however, the high positive rate of the HFRS antibody was mainly found after 10 days. It has also been found that combining the results of the detection of the antigen and antibody can improve the diagnosis rate to 99.0 percent.

Detection of the antigen from white blood cells and urine was easier to carry out than that of the antibody, and the appearance of the antigen was earlier than the antibody. Therefore, detection of the antigen may be used for early diagnosis of HFRS. (Paper received 22 Apr 85; revised 20 Jul 85.)

REFERENCES

- [1] Li Faqing [2621 3127 0165], et al., LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] 1(4):230, 1980.
- [2] Fang Liang [2455 0081], et al., "National Symposium on Epidemic Hemorrhagic Fever Prevention Work," 183 pp, 1983.

- [3] Li Faqing [2621 3127 0165], et al. JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY] 9(2):85, 1984.
- [4] Chen Boquan [7115 0130 2938], et al. "Proceedings of the National McAb ELISA Academic Exchanges," 1984, 12.
- [5] Chen Boquan [7115 0130 2938], et al. ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] 3:366, 1983.
- [6] Wang Shiming [3769 0013 2494], et al. SHENYANG YIXUE [SHENYANG MEDICINE] 3:13, 1981.

ANALYSIS OF ANTIGENIC DIFFERENCES AMONG HFRS VIRUSES BY MONOCLONAL ANTIBODIES

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-BIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 1, Jan 86 pp 34-37

[English abstract of article by Xu Zhikai [1776 1807 0418], et al., of the Department of Microbiology and Laboratory No 403-3, Fourth Military Medical College]

[Text] Thirty-five strains of HFRS virus isolated from patients and several rodents in various areas of China were analyzed by indirect immunofluorescence assay with 10 monoclonal antibodies specific for the HFRS virus. It has been proved that there are antigenic differences among the strains. The HFRS virus strains revealed nine different reactions for the monoclonal antibodies, suggesting that there are at least nine different group types and strain specific antigenic determinants. The analysis also shows that antigenic differences among the HFRS virus strains is mainly related to the differences in the sources of infection. (Paper received 21 Jan 85; revised 9 Jul 85.)

REFERENCES

- [1] Song Gan [1345 1626], et al. ZHONGGUO YIXUE KEXUEYUAN XUEBAO [ACTA ACADEMIAE MEDICINAE SINICAE] 4:73, 1982.
- [2] Song Gan, et al. WEISHENGWU XUEBAO [ACTA MICROBIOLOGICA SINICA] 22:373, 1982.
- [3] Ni Dashi [0242 1129 4258], et al. ZHONGHUA YIXUE ZAZHI [NATIONAL MEDICAL JOURNAL OF CHINA] 63:65, 1983.
- [4] Li Zhongduo [2621 6988 6995], et al. ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] 4:198, 1983.
- [5] Hung, T., et al. Arch Virol 78:137, 1983.
- [6] An Xianlu [1344 3759 4389], et al. JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY] 9:241, 1984.
- [7] Lee, H.W., et al. J Inf Dis 137:298, 1978.
- [8] Zhu Zhiyong [2612 2535 0516], et al. WEISHENGWU XUEBAO [ACTA MICROBIOLOGICA SINICA] 24:92, 1984.
- [9] Yan Yuchen [0917 3768 6591], et al. ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] 3:194, 1982.
- [10] Xu Changwu [6079 2490 2976], et al. ibid 3:201, 1982.
- [11] Li Zelin [2621 3419 2651], et al. ibid 4:205, 1983.
- [12] Franko, M.C. Proc Natl Acad Sci USA 80:4149, 1983.

9717

CSO: 5400/4121

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

THYROPATHY CONTROL--Harbin, 2 Mar (XINHUA)--An endemic disease--thyropathy--has been brought under control in 15 provinces and autonomous regions in China, according to reports at a meeting now being held here. The Inner Mongolia Autonomous Region, where there were one million sufferers from the disease recently, has become the 15th in China to bring it under control, according to the meeting sponsored by the Ministry of Public Health. Last year the regional government earmarked two million yuan for prevention and treatment of thyropathy. China had 300 million people affected by thyropathy in its 28 provinces, autonomous regions and municipalities, according to reports. The state spent six million yuan annually on potassium iodide, and made iodine-containing salt available in 1,279 Chinese counties. [Text]
[Beijing XINHUA in English 0852 GMT 2 Mar 87 OW] /6662

CSO: 5400/4125

YELLOW FEVER EPIDEMIC THREATENS TINGO MARIA, LIMA

30 Cases, Lack of Vaccine

Lima EL NACIONAL in Spanish 5 Mar 87 p 6

[First paragraph is EL NACIONAL introduction]

[Text] There have already been approximately 30 victims of the deadly epidemic of yellow fever in Leoncio Prado Province. The health authorities have not been able to fight the terrible disease due to a complete lack of yellow fever vaccine to protect the people.

Support Hospital No. 17 in Tingo Maria, the only health center in the zone, asked the Central Office of the Ministry of Health in Lima to immediately ship 50,000 doses of that vaccine. There has been no response despite the existing emergency situation.

Dr Alfredo Tataje Silva, director of the Support Hospital in Tingo Maria, indicated: "We are in the midst of a vaccination campaign but, ironically, we do not have a single dose of vaccine right now."

The doctor stated that the 50,000 doses that they have requested will be allocated to the rural population which has the greatest risk. They would need 120,000 doses to protect the entire population.

So far 21,900 doses have been used in the province. Some 18,000 came in various shipments from the capital. The rest was sent from the city of Huanuco which has exhausted its stock.

This is inadequate because there are daily reports of new cases of yellow fever, mostly peasants.

The Tingo Maria hospital covers approximately 200,000 people, mostly inhabitants in the outskirts. It has recorded nine deaths from yellow fever (proven by a liver biopsy) and there have been at least 25 clinical diagnoses of this disease.

One of the districts most affected by the epidemic is Aucayacu. A total of 6,000 doses of yellow fever vaccine were sent there but, according to health authorities, another shipment is imperative.

There is no exact record of deaths in Aucayacu yet, but it is assumed that it is a large number based on reports from that zone.

It is also not known how many deaths from yellow fever might have occurred in other rural districts located in Bajo Huallaga because many peasants die in the "mountains" and are buried there without having their deaths reported.

This epidemic that infects the zone has taken the health organizations by surprise because such alarming figures have not been recorded in recent years.

Dr Tataje indicated that the reoccurrence of the disease is due to the indiscriminate felling of trees there. This has changed the habitat of the aedes aghepty, carrier of the virus that causes the disease. It normally lives in the high branches. He explained that when the trees are cut, these mosquitoes come down and the disease spreads.

The doctor also noted that migrants from the coast and the mountains are more susceptible to this disease than the natives who apparently have a natural immunity to the virus.

The settlers, migrants, are precisely the ones who clear large wooded areas to construct their farms.

Always Fatal

Yellow fever is one of the most feared diseases because once the virus is caught, it is always fatal.

The disease is frequently present in zones where monkeys proliferate. The monkeys are used as a reservoir by the aedes aghepty, the carrier mosquito, which then bites people who catch the disease.

Once a person is bitten by this insect, there is an incubation period of at least 14 days. Then the symptoms appear and violent death usually follows within 5 days.

The cause of death is the complete destruction of the liver. Characteristic symptoms are the so-called "black vomit," high fever, and jaundice which makes the skin and eyes turn yellow.

Tataje stated that the only possible control for this terrible disease is massive vaccination in the zone and preventive vaccination for those people who are preparing to travel to the jungle zone.

Jungle Diseases in Lima

Lima EL NACIONAL in Spanish 6 Mar 87 p 2

[Article by Jose Olaya; first paragraph is EL NACIONAL introduction]

[Text] Epidemics of yellow fever, yaws, and leprosy threaten Lima. People infected with these disease come there from different areas in the jungle. The situation is growing worse because the main health centers in Lima lack supplies, drugs, and medical infrastructure.

The director of the Tingo Maria hospital, Dr Alfredo Tataje, telephoned the Ministry of Health yesterday to report that panic has seized the residents there facing the increased number of deaths from yellow fever.

Total Medical Indifference

However, the technical director of coordination of special programs of the Ministry of Health, Dr Augusto Andres Reategui, said the reports from Tingo Maria were not serious. He said that "only six people have died from yellow fever."

Yellow fever usually destroys the liver of the infected person who then develops black vomit. There is no curative treatment for this disease that usually attacks those who travel to the jungle without having been vaccinated, according to Dr Reategui.

25 Deaths from Yaws

He said that the mosquito "aedes aghepty" is the carrier of this terrible disease which could not spread without this insect.

However, other entomologists indicated that the presence of many infected people creates favorable conditions for an epidemic outbreak.

The entomologists, experts in insect behavior, said: "It is clear that the mosquitoes are carriers. The disease does not spread without them. However, if several patients move to a certain zone and are bitten there by the mosquitoes, these immediately become carriers and an epidemic, in all its terrible reality, begins."

Yesterday our correspondent in Jaen, Jorge Vasquez, reported on the death there of 25 people--14 children and 11 adults--as a result of yaws.

The correspondent quoted Dr Gerardo Huatuco, chief of the medical post in the San Ignacio district, where the yaws epidemic started. In addition to having killed these 25 people, another 80 are in serious condition. Dr Huatuco sent out an SOS through the police radio network and thus made contact with the deputy minister of health, Meliton Arce. He asked him for emergency aid to stop what could end up as an epidemic of unpredictable consequences.

Town "Surrounded"

According to Dr Huatuco, the yaws epidemic broke out in Nuevo Trujillo, San Jose de Lourdes, and Tabaconas. It was feared that the virus was brought from Cajamarca by farmers.

Yaws surrounds Jaen since there have already been cases in districts very close to the heart of this province.

35,000 with Malaria

Asked about yaws, Dr Reategui of the Ministry of Health confirmed that 14 cases of this terrible disease had been detected in Cajamarca and 13 of those patients died.

The official also revealed the existence of 35,000 cases of malaria detected in different parts of the jungle. Dr Alejandro Eliot of the Institute of Tropical Diseases of Universidad Nacional Mayor de San Marcos reported a large increase in people from the interior of the country infected by yellow fever, malaria, or yaws.

No Preventive Measures

The specialist who also reported an increase in cases of Hansen's disease (leprosy) in the country warned about the lack of controls in the Lima airport. People infected with diseases transmitted by insects can enter without any control.

Uncontrollable Situation

The same is true about travelers who go to infected zones. They could return days later carrying the virus of any of those epidemic diseases and unleash a real emergency in the capital. The situation could become uncontrollable because the main health centers in Lima have a critical supply of serum, supplies, and health infrastructure.

Children's Hospital lacks hydrating serum. The pharmacies do not have this saving element either.

7717

CSO: 5400/2038

PERU

BRIEFS

11 MENINGITIS DEATHS IN PIURA--Piura, 23 Mar--Eleven children have died from meningitis in less than a month and a half in Morropon Province, Castilla district, and the San Martin slum of this city. The children's ages ranged from 1 to 5. Seven of the victims had purulent meningitis, two had bacterial meningitis, one had viral meningitis, and the last had meningitis caused by an unknown agent, according to the chief of the departmental health unit, Guillermo Varillas Castro. He said that this situation might be due to the presence of sources of infection like lakes with stagnant water and the spread of insects because of heavy rains in recent weeks. Dr Varillas indicated that the cases are being studied. However, he pointed out that there could be others because all the conditions are present at this time of year. He said that he also knew of another seven cases that were treated in time. He indicated that there have been 32 cases of malaria in two slums. [Text] [Lima EL COMERCIO in Spanish 24 Mar 87 p A-1] 7717

CSO: 5400/2038

KWAZULU MALARIA OUTBREAK WORSENS

Johannesburg BUSINESS DAY in English 15 Apr 87 p 1

[Text]

ULUNDI — KwaZulu's malaria outbreak is gaining momentum with more cases reported since January than all of last year.

The situation is worsened by the fact that the increase in malaria, which is now reaching previously unaffected areas, comes before the annual "peak period" during May and June.

KwaZulu Health Secretary Dr Darryl Hackland said yesterday 770 cases had been reported since January compared with 690 for the whole of 1986.

He said new "previously malaria-quiet" areas including Nongoma, Hlabisa and the lower Umfolozi had become a southerly extension of the traditional malaria belt around Ingwavuma, Ubombo and the coastal areas near Hluhluwe.

Hackland said the situation was under control and there was no need for panic.

He said although the malaria outbreak had placed an additional burden on medical staff at hospitals in the area, they

were coping "very well".

Another worrying aspect of the outbreak was that about 20% of the patients in some areas were suffering from resistant malaria and were not responding to the normal chloroquine treatment.

He said those patients were "watched closely" and given appropriate and adequate treatment including alternative medication after intensive tests to cure them and eradicate the chloroquine-resistant strain.

The increase in the number of cases and the spread of the disease was attributed to the heavy early rains in the area bordering Mozambique — which created improved breeding opportunities — and the southerly movement of malaria carriers from the Maputo area looking for work.

Hackland said: "Many cases come across from Maputo. We have watched the area carefully as we are aware of this as a real hazard."

/9317

CSO: 5400/157

UPDATE ON INCIDENCE OF AIDS; RATE CALLED 'ALARMING'

Port-of-Spain SUNDAY GUARDIAN in English 12 Apr 87 p 16

[Article by Horace Monsegue]

[Excerpts]

SIX men have died at the Caura Chest Hospital from AIDS for the year so far, while two are still patients and a third is being examined as a possible case.

According to a Ministry of Health source, the dreaded AIDS virus has attacked 16 persons for 1987. Two of the cases were children — a boy and a girl. The other 14 were men.

Showing Signs

The AIDS (Acquired Immune Deficiency Syndrome) victims at Caura are being kept in a special private ward at the Caura Chest Hospital, but the Ministry of Health source said the Ministry was not aware that so many persons had already died for the year from AIDS.

The Ministry source said that AIDS patients are warded both in Port of Spain and San Fernando hospitals, but many victims present themselves showing signs of tuberculosis, and this is how they end up at Caura.

In-Depth Study

Since AIDS was discovered in Trinidad in 1983, there have been 137 cases. The last in-depth study done last year and released by Professor Courtenay Bartholomew of the University of the West Indies School of Medicine, indicated that as of mid-1986 of the 100 cases (at the time) 73 percent were among males in the 21-40 age group.

Of these 100 cases, 12 have been women and ten have been babies.

Prof. Bartholomew gave figures showing the ethnic distribution of AIDS in this country.

The highest affected group was of African origin (81 percent), with only two percent in the East Indian group, although Prof. Bartholomew said homosexuality is equally common in the two races.

Prof. Bartholomew also gave figures tracing the spread of AIDS in the country since it was discovered in Trinidad in February, 1983.

In that year, there were eight cases; in 1984 there were 18 new cases, and the following year, there were 45 new ones. From that projection, Trinidad may well have close to 200 cases by the end of 1987, the *Sunday Guardian* understands.

Other Countries

By comparison with other countries, Prof. Bartholomew described the Trinidad rate as "alarmingly high" particularly among children and women.

/9317

CSO: 5440/095

BRIEFS

IMMUNIZATION CAMPAIGN--All health centres throughout Trinidad and Tobago will immunise children against communicable diseases tomorrow, World Health Day. Dr Glenda Maynard, Principal Medical Officer (Community Services) in the Ministry of Health, Welfare and the Status of Women said the programme was specially arranged for the under-five group of children. Theme of World Health Day is "Immunisation--a chance for every child." According to a statement from the Information Division of the Office of the Prime Minister, parents should take their children, as well as their immunisation record cards, to the centres, to ensure that they are properly immunised against diphtheria, whooping cough, tetanus, measles (rubella), yellow fever, and poliomyelitis. Dr Maynard pointed out that although Trinidad and Tobago had recorded no cases of polio since 1972, the country had to be on the alert always. Relating to measles, she said that it should be taken seriously, since measles was responsible for two million child deaths a year around the world. The Ministry, she said, was preparing an immunisation manual for health workers to ensure that information given to the public was standardised. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 6 Apr 87 p 3] /9317

CSO: 5440/095

DEATHS FROM AIDS EXPECTED TO REACH 4,000 BY 1989

London THE DAILY TELEGRAPH in English 24 Mar 87 p 2

[Article by David Fletcher]

[Text]

A TOTAL of 4,000 people are expected to have died from Aids in Britain by the end of 1989 when there will be 7,000 people sufferers, Mr Fowler, Health Secretary, said yesterday.

He announced at a conference of international Aids experts in London the formation of a new committee chaired by Dr Joe Smith, of the Public Health Laboratory Service, to assess how many Aids sufferers there are.

Current estimates are that 35,000 to 40,000 people are infected, said Mr Fowler.

"There is no suggestion we are overstating the dangers. Everyone at the conference took Aids as a very serious, profound problem as far as this country, Europe and the world is concerned."

American experts warned that Britain was following the experiences of the United States where Aids cases are

expected to total 270,000 by 1991.

Dr Meads Morgan, from the Communicable Diseases Centre, Atlanta, said: "The majority of cases will continue to be among homosexuals and intravenous drug abusers but seven per cent of cases were associated with heterosexual transmission last year and we expect this to rise to ten per cent by 1991."

100,000 victims

Dr Jonathan Mann, Director of the World Health Organisation Aids Committee, there were thought to be 100,000 victims throughout the world although only 44,000 cases had been officially reported. He estimated the number infected worldwide to be between 5 and 10 million.

"We are still at the beginning of a worldwide epidemic whose dimensions we are unable to project. Every country in the world in every region is part of this worldwide epidemic."

/9274

CSO: 5440/090

HEALTH OFFICER CLAIMS AIDS PASSED FROM TOWELS, BEDDING

Belfast SUNDAY NEWS in English 22 Mar 87 p 8

[Article by Diane Aiken]

[Text]

PEOPLE could get AIDS from towels and bed linen.

Both could transfer the killer virus, it has been disclosed.

The shock revelation comes in detailed precautions laid down by environment expert, Brian Oliphant.

And this is just the tip of the iceberg for many other household items are potential AIDS carriers.

In a document he has circulated to public authorities, he has outlined the hidden everyday dangers that lurk in the home and workplace.

He has warned that blood and semen-stained clothing and linen should be boiled at 80°C and heavily contaminated bedding should be handled only when wearing protec-

tive clothing and treated as infected laundry.

"Items that could become contaminated with blood, such as towels, face flannels, razors and toothbrushes, should be segregated and should not be shared," he said.

Mr Oliphant, the Chief Administrative Environmental Health Officer in the west, added that sanitary towels, nappies and incontinent pads must be considered as infected waste and incinerated or burnt in the home.

Dishes and crockery should be washed in really hot water and rubber gloves should be worn.

/9274

CSO: 5440/090

FACTORS CONTRIBUTING TO AIDS SPREAD VIEWED

Johannesburg THE STAR in English 9 Apr 87 p 19

[Article by Paul Vallely]

[Text]

When a man dies in rural Zambia local tradition demands that one of his male relatives must have sex with his widow. The Bemba tribe calls the custom "ukupyana", which means "succession". Other tribes have different names but everywhere the notion is the same — that the woman must be "cleansed" or she would be haunted by the ghost of the dead man. In a country where as many as 15 percent of the people are thought to be AIDS virus carriers the implications are frightening.

The Health Minister insisted recently that the World Health Organisation figures showed fewer than 300 AIDS cases in Zambia.

Doctors tell a different story. One, supervising a blood donor session, spoke of a routine sample which showed 18 percent of donors infected with the virus. Another, in

a VD clinic, said the rate was 33 percent. Among the capital's population it is said to be 23 percent, according to researchers at the university teaching hospital.

"It is particularly prevalent among the businessmen who travel to Lusaka and among the poor girls they mix with when they return here," said an expatriate doctor at a remote rural hospital. "We test those who are ill and the results show that 50 percent have the virus. Among the soldiers the rate is virtually 100 percent; AIDS could wipe out the entire Zambian army in 10 years."

The educated urban elite, whose skills are desperately needed in Zambia, are being hit disproportionately, presumably because they have more opportunities for promiscuity. Already two of the country's nine provincial medical officers are understood to have died from AIDS.

Another factor was pinpointed by a Lusaka schoolteacher who told me: "Most Zambian men have a girlfriend as well as a wife. It is normal. So is going with the barmaid at the end of a night's drinking. And the use of condoms is considered disgusting by both sexes."

A rural doctor agreed: "The notion of sticking to one partner is culturally unacceptable to them. There is also a peculiar African fatalism connected with AIDS. A common response to getting the disease is: 'I'm not going alone'."

The extent of the disease in Zambia makes it an ideal area for medical research. But to raise such issues in public is to risk being branded a racist. A Western diplomat said: "We run the risk that if we offend the Zambians they might put an end to research programmes which could prove vital to the rest of the world." — The Times.

/9274

CSO: 5400/160

ZIMBABWE

BRIEFS

FOOT-AND-MOUTH DISEASE IN MATABELELAND--Zimbabwe's beef exports to the EC, potentially worth Z\$70m this year, might be jeopardised by an outbreak of foot-and-mouth disease in Matabeleland. [Text] [Johannesburg BUSINESS DAY in English 10 Apr 87 p 1] /9317

CSO: 5400/157

DISCOVERY OF COLORADO BEETLES SPARKS NATIONWIDE ALERT

Dublin IRISH INDEPENDENT in English 24 Mar 87 pp 1, 2

[Text]

A MAJOR plant health alert is in operation today as the country's £50m potato crop faces the threat of being devastated by the arrival of the Colorado Beetle in Ireland.

The Department of Agriculture issued a nationwide alert last night after three of the beetles were discovered in a routine check of a consignment of French parsley — but much of the shipment of herbs had already been delivered around the country.

Importers of all close-leaved vegetables are being urged to be particularly vigilant by the Department of Agriculture which fears that more beetles may have entered the country in such shipments.

The Colorado Beetle (*doryphora decemlineata*) was first observed in 1824 near upper Missouri, USA. It's larva, the potato-bug, is highly destructive to the potato crop.

Horticultural experts also warned last night that if the beetles manage to survive in the wild they could spell disaster for the country's potato crop.

The ladybird-sized beetle, with highly distinctive black and amber stripes on its back, can

reproduce at an alarming rate. A spokesman for the Department of Agriculture pointed out that one insect can lay up to 2,500 eggs.

A nationwide hunt is underway to track down the parsley which managed to escape the Department check. The beetles were found in only part of the French herb consignment and some 20 boxes of parsley are understood to have been already delivered before the discovery.

Shop owners and members of the public are being asked to contact the Department or their local agricultural advisory centre if they discover the beetles.

Customs authorities have now been called into the operation with all shipments of close-leaved vegetables now facing tighter controls.

The Department of Agriculture is taking every measure possible to tackle the problem, a spokesman emphasised. It has already isolated and destroyed the beetles found in the parsley consignment. But there is concern that some of the parsley may be on the market.

Ireland's potato industry is now trying to expand to meet the increasing competition from foreign imports.

/9274

CSO: 5440/089

GRASSHOPPERS ATTACK CROPS, ADD TO COUNTRY'S LOSSES

Abidjan FRATERNITE MATIN in French 20 Feb 87 p 9

[Article by Ettien Essan]

Farmers in Grand-Lahou are at the end of their rope. They no longer know which saint to propitiate. It is as if the gods have abandoned them. On the heels of drops in copra prices have come grasshoppers assaulting food production. The insects are destroying the leaves of the banana, manioc, coffee, and yam crops.

According to Mr Tanoh, chief of the SADR, it is urgent and imperative to begin large scale aerial operations to try to save what can be saved.

"Grasshoppers are difficult to wipe out." Ordinarily they appear between September and December, the period favorable for farming in the area. They disappear at the end of February. But for several months, the grasshoppers have been turning up everywhere, at Bacanda, Tiebissou, Nandibo, Sikasso, Lahou, etc., zones referred to as the region's economic powerhouse.

Mr Tanoh also believes that only preventive efforts can solve the problem.

Most farmers complain that the stocks of SOFACO and SATMACI [Technical Assistance Company for the Agricultural Modernization of the Ivory Coast] are not represented at Grand-Lahou. That is of little importance to agriculture agents. The DMC is not represented at Lahou either.

Copra sales are in a slump, and farmers whose futures are tied to the cacao and coffee plantations face heavy debt. That disturbs Mr Yao Koffi, a planter in Bacanda, who says, "The grasshoppers will not disappear in the departement until a treatment is carried out that will destroy the larvae."

13220

CSO:5400/105

GRASSHOPPER INFESTATION DIFFICULT TO END

Abidjan FRATERNITE MATIN in French 20 Feb 87 p 9

[Article by Hien Solo]

Grasshoppers, the age-old enemies of our farming, are with us still, and officials in the Agriculture Ministry say they cannot be fought off now because of their age. Treatment should be carried out in September and October. After this period, the insects grow and disperse. Any effort at spreading insecticides now is wasted. And this is the very time they begin attacking crops. The most mature are getting ready to lay eggs.

Studies have shown that the heavy rains that followed Africa's 10-year drought have created ideal conditions for a population explosion of several species of grasshoppers that have threatened the area in recent years. In some West African countries, the grasshoppers are at their worst since 1978.

At the end of last year, aerial pesticide spreading operations in the area succeeded in preventing grasshoppers from invading the Sahel. But such an operation is very costly. Isolated efforts are therefore out of reach. Besides, isolated efforts are ineffective because the grasshoppers know no frontiers and can travel from one country into another overnight.

The FAO [UN Food and Agriculture Organization] said in a recent press conference in Abidjan that \$14 million would be necessary to halt the epidemic. But for how long? The grasshoppers are unpredictable and therefore difficult to wipe out.

Meanwhile, the Ivorians are struggling day and night to save their crops. In the south and east of the country, the threat is especially severe. Some farmers are losing two-thirds of their harvest. Some even say they will have to wait until March, when the rains begin, to assess the devastation fully. Within that horizon, no treatment offers relief.

13220
CSO: 5400/105

BRIEFS

EEC ANTI-GRASSHOPPER AID--AFP--The EEC Commission has just released 990,000 ECU's (339.6 million CFA francs) to help four francophone African countries and Nigeria fight the grasshoppers ravaging their crops, according to a Commission spokesperson yesterday.

The 990,000 ECU's, part of a plan adopted by the international community in coordination with the FAO [UN Food and Agriculture Organization], is divided as follows: Niger, 295,000 ECU's; Nigeria, 180,000 ECU's; Chad, 150,000 ECU's; Mali 210,000 ECU's; and Burkina, 155,000 ECU's.

The funds will buy insecticides and technical assistance to prevent a grasshopper epidemic in these countries during the next growing season. One ECU = 340 CFA francs. [Text] [Abidjan FRATERNITE MATIN in French 17 Feb 87 p 27] 13220

CSO: 5400/105

VIETNAM

RADIO REPORTS PEST OUTBREAKS IN NORTHERN PROVINCES

BK151545 Hanoi Domestic Service in Vietnamese 1100 GMT 14 Apr 87

[Unattributed "article": "Urgently Control Harmful Insects and Diseases Affecting the 5th-Month Spring Rice in Northern Provinces"]

[Summary] "This year's winter-spring crop has created favorable conditions for the development of various kinds of harmful insects and diseases. This crop was hit the hardest ever in terms of area and pest and disease development, with ground beetles, brown planthoppers, rice blast, and stem borers developing the most vigorously.

"To date, it can be said that ground beetles have appeared in nearly all provinces, affecting almost 100,000 hectares of rice. In the areas of Thanh Hoa, Nghe Tinh, and Binh Tri Thien and those in the midland districts of Hanoi, Ha Son Binh, Ha Bac, and so forth the damage was caused mainly by rice bugs, while other areas such as Ha Nam Ninh, Hai Hung, Haiphong, and Thai Binh, crops were attacked by green, plant bugs. Meanwhile, in the midland province of Vinh Phu, crop damage was caused by black, rice bugs. The average density of ground beetles was 10-20 insects per square meter; in some areas, the density was very high and hundreds of ground beetles could be found per square meter. This year ground beetles have developed most vigorously and have become an epidemic."

In Thanh Hoa and Nghe Tinh provinces alone, in a recent pest eradication campaign, 200 metric tons of fully grown, rice bugs were caught by manual means. In Ha Nam Ninh Province, tens of metric tons of green, plant bugs have been netted to date. "From now until the end of the crop season, ground beetles may inflict serious damage on earing rice plants in the areas already affected. If the pests are not eliminated in time, they may cause a very sharp fall in rice yields."

In addition to ground beetles, brown planthoppers are also developing rapidly and causing serious damage. In particular, the density of these insects is much higher than in the year when brown planthoppers are known to have caused the most serious losses of crops. "According to reports by various production establishments, by early April the area affected by brown planthoppers had hit the 200,000-hectare mark, nearly two-thirds of the peak period of pest outbreak in 1986. The average density is about 200-300 insects per square

meter, or thousands of insects per square meter in seriously affected areas, and even tens of thousands of insects per square meter in some places."

Rice blast has also developed early in many areas, and more than 100,000 hectares had been affected by early April. In Nghe Tinh Province, 35,000 hectares of rice have been ravaged.

Stem borers are also widespread. Observations made in several places have shown that the current density of this pest is five or six times higher than in the corresponding period last year.

"The production of winter-spring rice crop this year is extremely difficult. Rice yields, in addition to being affected by premature earing and cold weather, are also being reduced by harmful insects and diseases. To limit the damage, we must urgently protect rice plants from now until the end of the crop season.

"The Ministries of Agriculture and Food Industry, together with various localities, have concentrated their efforts on overcoming the consequences of natural calamities. The Vegetation Protection Department has joined the localities concerned in concentrating all means and resources on controlling harmful insects and diseases."

Only about 1 month is left before the end of the winter-spring crop. Therefore, all localities should urgently carry out the following tasks:

-- First, closely follow all developments of harmful insects and diseases in the ricefields and classify each affected area so as to adopt appropriate control measures;

-- Second, those areas affected by brown planthoppers should use oil and insecticide to eradicate these pests;

-- Third, all localities should prepare the necessary pest control means before mobilizing the masses to protect crops;

-- Fourth, consolidate the vegetation protection network.

/9599

CSO: 5400/4355

CROP INFESTATION STRIKES NORTHERN PROVINCES

Hanoi NHAN DAN in Vietnamese 25 Mar 87 p 1

[Text] According to the Department of Plant Protection (of the Ministry of Agriculture and Food Industry), nearly 150,000 hectares of fifth-month--spring rice of provinces in the Red River Delta are being infested by various types of insects and disease: rice blast, brown and white-backed planthoppers, rice bugs and stem borers. Rice blast has affected nearly 100,000 hectares of rice and many patches have died. Rice bugs are strongly developing in the two provinces of Thanh Hoa and Nghe Tinh over a wide area with a density of up to thousands per square meter, concentrated in the districts of Tho Xuan and Thien Yen of Thanh Hoa, and Do Luong and Yen Thanh of Nghe Tinh. Chaff planthoppers have appeared in the area of early transplanted rice; and the density of brown planthoppers is 5 to 10 times the same period last year. In accordance with local sowing and transplanting schedules, the fifth-month--spring rice will head in a few more weeks; the appearance and spread of insects and disease while the rice is heading has a major adverse effect on grain yields and output, and occasionally a complete loss results in no harvest.

Faced with these developments in the insect and disease situation and present capabilities for supplying chemical fertilizer materials, to reduce losses in fifth-month--spring rice yields to the lowest level, local areas must increase supervision of plant protection department purposes, and carry out good insect and disease forecasting in their region. Regularly inspect the fields, firmly grasp the development of insects and disease in each cooperative, and formulate firm methods of supervision to promptly stamp out and prevent the spread of insects and disease. Many cooperatives must strengthen and maintain the activity theme of plant protection units; maintaining a system of inspecting and remaining in close contact with the fields, and firmly coordinating with crop protection corporations and the plant protection stations of the district to eliminate insects and disease. Each farm family must visit the fields daily to carefully examine the insect and disease situation in their contracted fields and use manual methods to eliminate insects and disease harmful to the rice; at the same time, cooperatives must actively prepare sufficient insecticide forces and sprayers to be ready to cope when insects and disease cause serious damage.

7300

CSO: 5400/4354

END