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EPIDEMIOLOGY

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AIDS TEAM RECEIVES EQUIPMENT, BEGINS DETECTION WORK

Dhaka THE NEW NATION in English 15 Jun 87 pp 1, 8

[Article by Shehab Ahmed]

[Text]

The Institute of Post Graduate Medicine and Research (IPGMR) has started collection of blood samples to detect the acquired immune deficiency syndrome (AIDS) in Bangladesh.

The samples are being standardised for screening tests by its newly acquired computerised equipment, according to informed sources.

The equipment came late last month as a gift from the world health organisation (WHO).

The 12,000 dollar equipment was bought from the United States by WHO. Who also donated the blood matching reagents for AIDS tests.

The reagents cost three dollars a piece.

With the newly acquired equipment, the IPGMR hopes to increase the vigilance for detection of the AIDS.

A few thousand people have so far been screened at a private clinic, who had bought the equipment earlier. But not a single case of AIDS has been detected among the people who were screened.

Meanwhile, the IPGMR's AIDS unit have collected nearly 200 samples of blood from the professional blood donors and prostitutes in the city.

The blood donors samples have been collected from among the people who sell their blood at different blood banks of city hospitals.

The prostitutes were monitored at the destitute women's homes at Mirpur. They were taken there after being dislodged from city brothels.

Although the AIDS unit have started working on the task of detecting the deadly virus in Bangladesh with the sophisticated equipment. It still lacks less sophisticated items like deep freezers, the sources said.

Prof. Nazrul Islam, of the IPGMR, who is heading the AIDS team,

said that they are trying to obtain necessary items and accessories to help accelerate their work. The necessary items will be procured soon, he added.

He said that the next phase of their study will be to collect samples from the prostitutes in Chittagong and Mongla port areas.

Besides, they are also planning to carry out tests among the prison inmates and drug addicts, who use hypodermic syringes for pushing heroines morphines and intravenous drugs.

Earlier, the government formed a ten-member national committee for AIDS with National Professor Nurul Islam as Chairman and Professor Nazrul Islam as Member-secretary.

The members of the committee includes among others Major General M.R. Khan of the armed forces institute of pathology and transfusion, Hasan Mohammad Khan, Professor of dermatology, IPGMR, colonel Mozammel Huq, Professor M. A. Quadri, Professor Waliullah, Dr Farida Huq of public health institute and Dr Gholam Moazzem.

BRIEFS

CHOLERA OUTBREAK--Satkhira, 12 Jun--Six persons died of cholera and 30 others were attacked with the disease in Khehra Union under Tala Upazila. It is learnt that cholera has broken out in an epidemic form, while no medical team has yet been sent to the affected areas. According to a reliable source, the situation has aggravated in Shahpur and Kheshra in the said union. When contacted UNO Tala told this correspondent that he had appealed to the concerned authorities for effective measures to check further spread of the disease. [Excerpt] [Dhaka THE BANGLADESH OBSERVER in English 12 Jun 87 p 7] /9274

MALARIA IN JAMALPUR--Jamalpur, 7 Jun--Malaria has broken out in different areas of Jamalpur districts. In the border belt, the disease has already taken an epidemic form. According to official sources five to eight patients are being admitted to hospitals daily. It is alleged that there is no sufficient stock of medicine in the hospitals to combat the disease. According to an official source, the disease broke out due to unabated mosquito bite. Despite public demand, the derelict ponds, ditches and marshes were not cleansed resulting in acute mosquito menace. [Text] [Dhaka THE NEW NATION in English 9 Jun 87 p 2] /9274

KALA'AZAR DEATHS--Serajganj, 1 Jun--Four persons including one minor girl identified as Mina, 8, of village Moshipur under Shahzadpur upazila died of black fever (Kalazar) recently. It is learnt that hundreds of people of Shrifalgati, Nandiganti, Newargacha under Ullapara and Dugli, Makarkole, Moshipur under Shahzadpur upazilas have been attacked with black fever. It is gathered that the only medicine used for this disease known as Injection Stebatin is scarce and if available the same is sold at Tk 400 to Tk 500. [Text] [Dhaka THE NEW NATION in English 3 Jun 87 p 3] /9274

CSO: 5450/0156

BRIEFS

AIDS CASES--The number of AIDS cases in Brazil has increased. The Health Ministry recorded 1,981 cases by the end of June, with 45 percent resulting in death. Out of the AIDS cases reported, 846 are homosexuals, 383 bisexuals, 67 hemophiliacs, 65 people involved in blood transfusions, 45 intravenous drug addicts, and 25 heterosexuals. Sao Paulo continues to lead the statistics in AIDS cases. [Text] [Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 11 Jul 87 PY] /9738

CHILDREN WITH AIDS--The Sao Paulo School of Medicine has reported that 18 children, 8 years old or younger, have been registered as suffering from AIDS. Six of them have already died. Sixteen of them were infected by blood transfusions, four are hemophiliacs, and two contracted the diseases from their mothers during their pregnancies. [Text] [Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 3 Jul 87 PY] /9738

MALARIA INCREASE--Rio de Janeiro, 5 Jul (EFE)--According to Dr Roberto Medrenho, 500,000 malaria cases were diagnosed in Brazil in 1986, of which 2,500 were fatal. These figures show that, second only to Africa, Brazil has the highest number of malaria cases in the world. Dr Medrenho, who is head of the Epidemiology Service of Rio de Janeiro's Hospital dos Servidores, emphasized that the number of malaria cases in Brazil increased from 50,000 to 500,000 during the period 1970-1986. [Summary] [Madrid EFE in Spanish 1509 GMT 5 Jul 87 PY] /9738

YELLOW FEVER OUTBREAK--A yellow fever outbreak has already killed eight people in Goias State. [Summary] [Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 27 Jun 87 PY] /9738

CSO: 5400/2067

AIDS CHILDREN INCIDENCE, STUDY OF WOMEN, ARRIVAL CASES NOTED

Incidence Among Children

Toronto THE GLOBE AND MAIL in English 8 Jul 87 p A5

[Text]

MONTREAL

Twenty-four of 30 Montreal children treated for AIDS at a local hospital since 1981 have died as a result of the disease, the head of the hospital's immunology department says.

And a second wave of children with AIDS — acquired immunodeficiency syndrome — is likely to begin showing up soon, Normand Lapointe told a national conference of pediatricians. "This time we will get the children of drug-addicted mothers," said Dr. Lapointe, of Ste-Justine Hospital.

"We expect Montreal to follow the same pattern that developed in Belgium or in Miami, where the first wave of AIDS cases appeared within a transplanted group, like the Haitians, then later you have the emergence of the children of intravenous drug addicts."

He said the 30 youngsters treated for AIDS were among 45 children in Quebec who have been diagnosed in the past six years as having AIDS.

While Montreal has no known cases of children who contracted AIDS through mothers who are intravenous drug users, Stanley Read, of the Hospital for Sick Children in Toronto, said, "We are starting to get referrals about the children of high-risk parents."

Dr. Read told the conference of the Canadian Pediatric Society and l'Association des pediatres de langue française that he has examined three Toronto children born to women who have had several sexual partners. He said the mothers include one woman who is a prostitute and an intravenous drug user, and another woman who has had a blood transfusion.

"One of the children is definitely infected," said Dr. Read. "One of them has antibodies (to the AIDS virus), but we're not sure whether it's the baby's own antibodies or still his mother's, and the third child is well, but has some abnormalities in his blood."

Dr. Read said he believes it is only a matter of time before Canada has an increasing numbers of infants at risk through drug-addicted parents, though there is no statistical evidence of such a trend.

Three prostitutes in Canada have been found to have the HIV (human immunodeficiency virus) that causes AIDS, said M. V. O'Shaughnessy of Ottawa's Laboratory Centre for Disease Control.

The only information on the numbers of intravenous drug users infected with the human immunodeficiency virus comes from the first few months of voluntary testing in British Columbia, says a report from the Addiction Research Foundation in Ontario.

Seven of 345 addicts who asked to be tested were found to be infected, a rate of 2 per cent, including five of 128 women.

Dr. Read heads one of the largest North American studies of hemophiliac children. He said of the 120 to 150 children monitored at the Toronto hospital, 35 per cent are infected with the AIDS virus.

Dr. Lapointe said about 40 hemophiliac children in Quebec are infected with the AIDS virus.

AIDS is spread through blood or semen and attacks the body's immune system, rendering it incapable of fighting off other diseases or infections.

In Canada, about 1,100 cases of AIDS have been reported, with about one-half that number having died.

Prognosis for Children

Ottawa THE OTTAWA CITIZEN in English 7 Jul 87 p A5

[Article by Cathy Campbell]

[Text]

MONTREAL — A study shows that children with AIDS die much sooner than adults who have the disease, says a Montreal doctor.

Dr. Normand Lapointe of Montreal's Ste. Justine Hospital told doctors at the annual meeting of the Canadian Pediatric Society here Monday that since 1981 he has seen 30 Montreal children infected with AIDS. Twenty-two are now dead.

The children, all born after 1978, spent hundreds of days in hospital.

Lapointe said a study of 60 children who had been infected with the AIDS virus revealed that 30 youngsters actually had the fatal disease.

About half of the 30 children with AIDS died within 14 months of being diagnosed, while the others died within 43 months.

Adults live an average 20 months after developing AIDS.

Lapointe said every man and woman considering having a child should look at their past, their risk of getting AIDS and ask for help and testing depending on their previous behaviour.

"It's a very heavy, difficult disease for children," said Lapointe.

He said children with AIDS stop growing and gaining weight.

In such children "all their developmental skills stop and they regress. They stop walking or have more difficulty. They also develop more infections than other children."

Children with AIDS are spread across the country. "There have been a few cases in Calgary, a few cases in Halifax and Toronto and the rest in Montreal."

Of those children, he said, about 83 per cent were recent immigrants from Caribbean countries where the disease is prevalent.

The children's mothers were infected with the AIDS virus and passed it on to them in the womb or during birth.

There is a 30-per-cent to 50-per-cent chance that a mother infected with AIDS will pass it on to the fetus.

There's been some speculation that AIDS can be passed through mother's milk to the child. Women with AIDS have been advised not to breast feed their infants.

About 10 per cent of children with AIDS have contracted the disease through blood transfusions.

Study of Women's Behavior

Ottawa THE OTTAWA CITIZEN in English 7 Jul 87 p A5

[Text]

MONTREAL — A study of the sexual behavior of Canadian women to determine how they protect themselves against AIDS is to begin next week in five cities.

Catherine Hankins, director of Montreal's sexually-transmitted disease control program, said Monday the study will examine the sexual behavior of women in Vancouver, Edmonton, Winnipeg, Toronto and Montreal.

As many as 300 women who visit public health clinics will be asked to take part in the year-long, federally-funded study. Women who consider themselves to be at high risk will also be asked to volunteer.

The women will be given a test for the AIDS virus and asked questions about their sexual partners, use of condoms and drug abuse.

Hankins was one of about 500 people to join in a seminar on AIDS at the Canadian Pediatric Society annual meeting Monday.

The study will determine whether women differentiate between things they will do with their regular partner and things they will do with a casual sexual partner, Hankins said.

"For example, if they don't use condoms with their regular, committed partner, will they use condoms in a one-night stand."

Hankins said a pilot study, recently completed in Montreal, shows many women who don't perceive themselves to be at risk of contracting AIDS are, in fact, in danger.

Cases Among New Arrivals

Toronto THE GLOBE AND MAIL in English 10 Jun 87 p A3

[Article by Victor Malarek]

[Text]

OTTAWA

At least three people who have arrived recently in Canada have active symptoms of AIDS, the Department of Health and Welfare says.

Scott Leslie, chief of the department's immigration and quarantine section, said yesterday that Immigration Department officials have been advised that the individuals, who are not landed immigrants, have acquired immune deficiency syndrome.

In other words, they have the active disease and are therefore considered medically inadmissible under the Immigration Act, he said.

Dr. Leslie denied reports yesterday that five people who were exposed to the AIDS virus were refused immigration visas in recent months. He said anyone who simply tests positive for AIDS antibodies — which indicates that they have been exposed to the virus — is not considered inadmissible to Canada as a visitor or an immigrant.

It is the responsibility of the Immigration Department to determine whether those with the active disease should be ordered to leave the country.

Dr. Leslie refused to discuss the status of the individuals with active AIDS — whether they are refugee claimants or people trying to immigrate to Canada from within the country — because he feared a public backlash against refugees.

The people in question have all been either admitted to hospital or placed under the care of a physician, Dr. Leslie said. "They wouldn't be allowed to flounder without medical attention."

He said that while the Department of Health and Welfare carries out 160,000 to 170,000 medical examinations overseas on prospective immigrants each year, it is not conducting tests to determine whether someone has AIDS or has been exposed to the AIDS virus.

He said that if doctors through a routine medical examination happen to find someone with an active form of the disease, that person will be declared medically unfit for immigration because he or she poses a threat to the health and safety of Canadians.

But people who test positive for AIDS antibodies will not be prevented from immigrating to Canada, Dr. Leslie said.

On Monday, U.S. Attorney-General Edwin Meese ordered the Immigration and Naturalization Service to develop an AIDS testing program to bar "all immigrants, refugees and legalization applicants" who test positive for AIDS antibodies.

Federal Health Minister Jake Epp said Canada has no plans to follow suit.

Dr. Leslie noted that current scientific knowledge about the disease indicates that "75 per cent of those who test positive may never develop the disease . . . so it is not fair to keep everyone out on the possibility they may develop the disease."

Dr. Leslie also said that on the advice of the World Health Organization, it would be a waste of time and money to screen all potential immigrants.

In particular, he questioned the reliability of laboratories in certain countries, adding "anyone can buy a report saying they tested negative."

MEDICAL EQUIPMENT FOR AIDS, OTHER DIAGNOSES DESCRIBED

Havana BOHEMIA in Spanish No. 22 29 May 87 pp 53-55

[Article by Marta Matamoros]

[Text] One of the country's principal objectives during the nearly three decades of revolution in power has been the satisfaction of the population's needs in the area of public health.

The fact that the life expectancy at birth had reached 74 years by 1986, and that there is one doctor for every 443 inhabitants and one dentist for every 1,864 inhabitants, are unassailable realities which reflect the possibilities achieved throughout these years of giving top priority to the national health system.

Cuban medical institutions have assimilated no small number of scientific-technical advancements, and extremely modern equipment and facilities are providing free service to the entire population, even though they required hefty investments. These advancements include diagnostic ultrasound, computerized axial tomography (CAT), hyperbaric oxygenation, and nuclear magnetic resonance.

There has been a great boom in the area of transplants in recent years, and heart, heart-lung, pancreas, and kidney transplants have been performed with good results and success after many years of hard work.

The massive vaccination campaigns and the intensification of the hygiene-epidemiology services, health care for mothers and children, and the Family Doctor plan, just to cite a few important accomplishments, are examples of an institutionally structured effort aimed at systematically raising the level of medical care in Cuba.

Scientists, researchers, and technicians at dozens of institutions are working arduously toward this end, and every day they study the possibilities of obtaining new vaccines, medications, diagnostic tools, and other products. They are also striving to devise equipment, instruments, furnishings, computerized systems, and all resources that will facilitate and improve the system.

And now, like the budding of flowers in spring, the results are being announced in a society where nothing is more valued than human health.

To develop healthy, happy children, the Cuban vaccine against bacterial meningitis type B is being field-tested from Matanzas to Holguin. In 1988, the evaluation of the results will be concluded. If the results are positive, this will represent an achievement for Cuban medicine and will make a great contribution to worldwide health. So far, no country has mastered the technology for producing vaccines against this type of meningitis, which kills tens of thousands of children and teenagers in the world each year. The extensive field-testing which Cuba is performing at present will provide ample confirmation of the effectiveness of this vaccine.

A "synergic splint for the immediate mobilization of the flexor tendons of the fingers" has already helped 15 patients overcome setbacks after surgery to graft tendons, a very difficult and painful procedure. Rehabilitation begins with just adhesive tape within 24 hours of the operation; at 48 hours, the splint is emplaced. In the cases treated, the period of disability was reduced by 50 percent, the need for surgical reintervention was eliminated, and the investment was cut to one-third. In addition, all of the patients recovered completely from their health problem. The review of patents conducted by the inventors, who work for the Carlos J. Finlay Hospital, revealed that no similar device exists in the world.

The digital weight is a useful measuring instrument manufactured entirely in Cuba by the Ministry of the Steelworking Industry. It can be used to measure both children and adults, while an electronic device weighs the patient. It can also weigh infants with the use of an attachment in the form of a basket, created especially for that purpose.

A Family Doctor's office completely equipped by the steelworking industry is available to Cuban doctors for their work with the residents in their area. It has a multi-purpose examining table (gynecology and general); an infant examining table; a digital weight; a glass case for medications, solutions, and instruments; a 3-body medical paravane; a negatoscope (for observing X-rays against the light); an infant measurer (to determine the length of babies); an auxiliary table; an autoclave with a capacity for two trays (sterilizer); and furniture (bureau and file cabinet for clinical histories).

The diagnostic kit for the detection of antibodies of the virus HTLV-III (AIDS) contains nine types of reagents and a set of three disposable plates for 288 tests. It is currently being used at the provincial and municipal Blood Banks, and its production covers national needs for the detection of the disease. In a capitalist country, a set of reagents of this type costs around \$432. The detection of antibodies of the human immunosuppressor virus (HIV) uses the ELISA (immunoenzymatic analysis) microsystem as a testing technique.

The Automatic Processor of Ventricular Images (PAIVEN) was invented by the Institute of Cardiology and Cardiovascular Surgery in conjunction with the Military Technical Institute. It is the standard method for comparing the mechanical function of the left ventricle. Based on the images obtained by contrast ventriculography and the data from catheterization, the mechanical

function of the ventricle is evaluated as a whole and by segments. A report is provided with the patient's data, graphics, parameters of interest to the specialist, and an evaluation of the results of the process. All of this comes in the form of a print-out which is included in the medical file. This system allows for items to be omitted or added, depending on scientific development. A similar, closed system (with no allowance for changes) with a lifetime of just 3 years costs approximately \$50,000 to import.

A wide range of monoclonal antibodies are produced in Cuba, 12 of them at the Institute of Oncology and Radiobiology. They are used in the fields of immunology and oncology, primarily as a diagnostic reagent. Because they are obtained and produced on a large scale, this technology has been extended to different medical institutions throughout the country, and there is sufficient capacity to export them. The monoclonal antibodies can also be put to therapeutic use, for example, in cases of rejected transplant organs and neoplastic diseases. On the international market, 0.1 mg of this reagent sells for approximately \$70. The treatment for an individual who has received a transplant would require about 150 mg per month, at a cost of \$105,000.

DEBITRONIC is the name of this electronic cholangiomanodebitometer, which has been used successfully with 60 patients at the Military Hospital of Matanzas. It is a device designed to measure the pressure of the biliary arbor during gall bladder surgery. It also allows the iodized substance to enter the patient so that contrast radiography can be performed during surgery. The method that has been devised allows for the detection of pathologies in the bile ducts that cannot be discerned through simple observation or by ultrasound or X-rays. In this way, any other surgical procedure that is deemed necessary can be determined and performed during the same operation, and reintervention is avoided. This guarantees that the patient will be fully diagnosed and treated.

The methods for rapid diagnosis of renal diseases permit the discovery of pathologies of this type in a short period of time, and the patient can thus be treated immediately. The test strip to detect urea in the saliva is very simple, and allows for the early diagnosis of chronic renal insufficiency at the primary level of medical care. The test strip for urinalysis to quantify urinary proteins, pH, erythrocytes, leukocytes, and glucose, streamlines and optimizes the diagnosis by identifying pathological urine. The mini-urine culture, on the other hand, using the technique of cultivating with filter paper, reveals the presence of infection and the type of germ involved in just 24 hours.

The Institute of Endocrinology and Metabolic Diseases produces nine different sets of reagents, corresponding to an equal number of hormones or metabolites of diagnostic interest in endocrinology, pediatrics, gynecology, and nephrology. This year, total production of these substances will be the equivalent of about \$55,000 worth of imported substances. This means that import substitution is beginning in this area, and the needs of medical institutions which have not used these reagents until now are also being covered.

8926

CSO: 5400/2006

STATUS OF AIDS IN SLOVAKIA

Prague RUDE PRAVO in Czech 4 Jun 87 p 2

[Article by CTK: "Prevention of Contagious Diseases"]

[Text] The development of the epidemiologic situation in the SSR in 1986 was in general satisfactory, particularly in terms of contagious diseases. Due to the vaccination of all pre-school children against chickenpox, the incidence of that disease markedly declined to one-tenth of the long-term average.

Another case of AIDS was diagnosed in the SSR last year. After hospitalization the patient, a student from Zambia, left our territory. As a preventive measure, all blood donors are being tested since the beginning of this year. Intensive health education of our citizens, with a focus on normal sexual habits, is the essential precondition for success in the struggle against this dreaded disease. Expanded laboratory capacities make it possible to test foreign students and workers as well as individuals under observation in clinics for venereal diseases. Preventive tests in Bratislava identified 3 foreign students and 4 homosexuals as AIDS virus carriers.

This information was given to journalists in Bratislava last Wednesday.

9004/12851

CSO: 2400/317

CZECHOSLOVAKIA

HUMAN

INTERVIEW ON SPREAD OF AIDS INFECTION

AU070900 Prague RUDE PRAVO in Czech 2 Jul 87 p 4

[Interview with Marie Bruckova, doctor of natural sciences, candidate of sciences, deputy head of the AIDS laboratory attached to the Institute of Hygiene and Epidemiology in Prague, and Prof Jan Sejda, doctor of medicine, doctor of sciences, and head of the chair of epidemiology at the Institute for Postgraduate Studies of Physicians and Pharmacists, and chairman of the advisory board of the Chief Medical Officer of the Czech SR for AIDS Questions, conducted by RUDE PRAVO staff journalist Zdenka Stepankova after their return from the Third International Conference on AIDS, held in Washington during the first week of June: "Individual's Sense of Responsibility Is Decisive" -- date and place not given]

[Excerpt] [Passage omitted] [Stepankova] What would you say about the situation in our country?

[Bruckova] I would like to again remind you of the words of a WHO representative that the AIDS virus knows no borders. It will not bypass our country. Thus far, we have registered in the Czech SR 55 infected persons, 14 of whom are foreign nationals. Five persons have clinical symptoms, thus they are ill and this number will certainly be augmented by others. However, we do not believe that in our country the illness will reach the dimensions it has in the Western states, because our way of life is, after all, different.

[Sejda] The health community is fulfilling its tasks. We control all blood supplies and derivatives, and we also check all blood donors. To this I would like to add that checking donors is being done rather for some sort of safety, but as regards the spread of the disease, the effect will be practically nil. Thus far, the experience has been that out of one-half million checked blood donors only one is tested positive. It is helpful that the blood of donors is being checked, but the important thing is to know where the disease threatens to spread.

[Bruckova] Our health services also have greater possibilities than the health agencies in the Western countries. Our system permits, for example, the great advantage of ordering mandatory tests for certain groups with the result that we can avoid an epidemic. [passage omitted]

/9274

CSO: 5400/3025

NATIONAL FRONT ANNOUNCES ANTI-AIDS CAMPAIGN

Paris LE MONDE in French 26 Jun 87 p 40

[Article by Jean-Yves Nau: "The Anti-Aids Program of the National Front To Be Distributed On The Beaches"]

[Text] Doctor Francois Bachelot, a National Front deputy, presented the anti-AIDS program of his party on Wednesday, 24 June. This program is very different from the one adopted by the government and presented on that same day by Mrs Michele Barzach during the Council of Ministers.

Thus, the National Front is demanding that a "national, systematic and anonymous program" be set up to test the population and--without fear of inconsistency with the previous measure--"a compulsory one to follow-up those who test positive." The National Front is proposing that a referendum on these two issues be organized. According to Doctor Bachelot, the systematic testing of the French population should be carried out twice a year. The cost of such a measure (estimated at between 16 and 25 billion francs) should be financed by a "National solidarity loan." The National Front also favors testing those who cross the borders.

Although he does not pick up Jean-Marie Le Pen's terminology on the subject ("sidaïques" [affected by AIDS] and "sidatoriums" [hospitals for AIDS patients]), Doctor Bachelot fully upholds the arguments of the president of the National Front. Criticizing sharply the action of the government and of Mrs Michele Barzach, whom he accuses of "lying," Doctor Bachelot raised once again the possible contagious role of saliva.

The deputy of the National Front also announced the filing of a draft bill when Parliament reconvenes. He declared: "The following questions will have to be answered soon: Who will insure those testing positive and who will soon be rejected by the insurance groups? Who will indemnify hemophiliacs who were knowingly contaminated between 1983 and 1985? Who will save the young delinquents sentenced to small prison terms and who are suffering sexual abuse at the hand of contaminated subjects?"

The program of the National Front, "summarized in a pamphlet printed to several million copies," will be distributed at the time of Le Pen's intended "tour of the beaches" this summer.

STUDY SHOWS HIGH AIDS INFECTION RATE AMONG PREGNANT WOMEN

Paris LE MONDE in French 2 Jul 87 pp 1, 27

[Article by Jean-Yves Nau: "Pregnancy: The Risk of AIDS"]

[Text] According to a still confidential and unique study carried out in France over the last few months, the AIDS epidemic is affecting a growing number of pregnant women. ("The HIV Infection Among Pregnant Women in the Parisian Region." This epidemiologic study was carried out by nine of the leading maternity hospitals of Paris and the Parisian region. It was conducted by the Perinatal Hematology Center (Paris) and by the laboratory of virology of the Bretonneau (Tours) CHU [University Hospital Center].) These results, which worry virologists and gynecologists-obstetricians, could lead to the stepped-up monitoring of pregnant women.

The French study involved more than 7,500 women who, between February and June 1987, had been seen in nine of the leading maternity hospitals of Paris and the Parisian region; 6,812 of them were pregnant; 930 wanted an abortion. All the women participating in this study had previously accepted to be tested for detection of the AIDS virus. In all, it was possible to diagnose 46 cases of seropositivity. Twenty-eight women were already known to have been contaminated by the AIDS virus, but the survey also helped uncover 18 cases of seropositivity which had remained undetected until then.

Women 21 to 38 years old were involved, most of whom have characteristics known to have AIDS-risk factors such as blood transfusion, patients or wives native of Central Africa, drug addiction of the patients or their spouses, seropositive spouses, prostitution, and visits to countries where the disease is present, like the West Indies, etc.

Analyzed in their entirety, the results lead us to believe that contamination by the AIDS virus among pregnant women (approximately seven cases per 1,000) is appreciably more prevalent than in the general population (less than one case per 1,000). Several factors must however be taken into account, beginning with the recruiting characteristics of the Parisian maternity hospitals which participated in this study.

Professor Alain Goudeau (laboratory of virology, Bretonneau CHU [University Hospital Center], Tours) explains: "A priori, the results which we obtained

are alarming. Several factors could lead us to think that we are observing an explosion of the infection by the HIV virus among pregnant women. Our study shows in particular that a large percentage of seropositive women go, in fact, undetected when, in an attempt to define the groups of women who should be tested, simple and conventional questions are asked about risk factors associated with AIDS (drug addiction, prostitution, etc.)."

Professor Roger Henrion (Port Royal maternity hospital, Paris) believes that: "Taking into account the rate of contamination by the virus, the systematic testing of pregnant women as a whole is, for the time being, out of the question. These results however raise very serious public health problems."

The seropositivity of a pregnant woman raise the issue of abortion. It is believed today that a large percentage of the in utero children concerned develop the disease rapidly within weeks or months following their birth. When seropositivity is discovered during the first quarter, abortion is almost systematically proposed to the woman. Some women accept the abortion whereas others refuse. Professor Roger Henrion explains that, for example, "Women of African origin almost always decide to keep their children and we know that, in any case, the child can be cared for by the family; often, drug addicts also ask to keep the child; however, the latter must often be placed by the administrative services of Health and Social Action.

The way the virus is transmitted from mother to child not having yet been clarified, those specialists who participated in this study believe that such research must be pursued. It will make it possible, among other things, to define a better medical handling of the concerned women and children, in particular at the time of delivery.

No Premarital Examination

The authors of this study however are having great difficulties obtaining the financing which would enable them to continue their work. It was possible to launch most of the project with the aid of an initial budget of approximately 350,000 francs allocated without difficulty by the general health administration. As it stands, today, it is no longer within its means to finance this type of research. Furthermore, the National Institute of Health and Medical Research does not seem inclined to release the needed sum (approximately 500,000 francs).

This situation is the more amazing that the government, through Jacques Chirac, recently announced its decision to release 100 million francs for financing AIDS research and that all concur in the need to emphasize the extent and urgency of the problems created by the expansion of the AIDS epidemic among pregnant women.

It is said at the Ministry of Health that Mrs Barzach is "allergic" to any measure aimed at making AIDS serology compulsory under one form or another. Let us specify also that the minister of health has reversed her decision, announced last February (LE MONDE dated 26 February), to impose compulsory testing at the time of the premarital examination. It is now being explained that "In reality, it had only been a sounding bell designated to focus the

young people's attention on the problem. Our entire policy is based on individual responsibility."

The analysis of HIV serologies, as practiced in France, shows the medical profession's very definite awareness, like that of the population as a whole, of the heterosexual nature of the virus transmission. Whereas at the end of last year, eight times out of ten, these detection tests were carried out on men, they are today being carried out on more than one out of two women.

6857

CSO: 5400/2485

RADIO REPORTS ON EFFORTS TO COMBAT AIDS

AB011507 Accra International Service in English 1930 GMT 30 Jun 87

[From the "Ghana Newsreel" program]

[Text] The fight for a cure for the disease AIDS [acquired immune deficiency syndrome] continues to engage the attention of the world. In this regard, the World Health Organization, WHO, has announced that it is providing for the next 18 months an amount of \$98 million in the fight against the killer disease. As to what Ghana is doing in this exercise, here is Christian Tagoe:

[Begin recording] [Tagoe] In an effort at fighting the disease, Ghana has set up a technical committee on AIDS. That committee is under the chairmanship of a physician specialist of the Korle-Bu Teaching Hospital, Dr Neequaye, who gives lessons, especially to youths, in checking AIDS.

[Neequaye] Recently in Ghana, we have all heard of a new disease called AIDS in our midst. We should all get involved, we should all do something to prevent ourselves, our loved ones, from contracting the disease. If the older member or the older parents get the message, they should educate their children. They should talk to their children realistically about this disease. But the young people are going to bear the brunt of our campaign because the future of Ghana depends on the young people. But the disease affects many people therefore although the campaign must be on them, we want all young people to know we share their difficulties, as everybody at one time may want a husband or wife.

In the olden days, it was left to your parents to choose your partners for you, but over the past 3 or 4 decades, the choice has become individual. If you go to town, maybe make two or three friends, maybe 10 friends, and then you choose for your lifetime, a partner. But this all has to stop, because we don't know who may or may not have AIDS. Young people must therefore stop having sex. We must do the customs as pertained in the olden days. The WHO's decision to provide \$98 million in the continued fight for the prevention of the killer disease, AIDS, came from the leader of the WHO research team, Mr Jonathan Nai, at a [word indistinct] meeting in Paris, France, at the start of a 3-day conference on AIDS. Mr Nai said the records of the WHO show that about 52,000 sufferers of AIDS could be traced in 118 countries. However, it

is believed that the figure could be thrice as high. He said his organization hoped to stop the spread of AIDS by insisting on prevention since there is no vaccine and no effective treatment yet.

Giving a breakdown on how the \$98 million will be put to use, Mr Nai said that \$34 million of the amount will be utilized this year, while \$64 million was committed for next year. He explained further that the money would go into funding worldwide programs of teaching people how to avoid being infected with AIDS. [end recording]

/9738

CSO: 5400/207

MINERS MEET WITH PRESIDENT HOYTE ON MALARIA SITUATION

Details on Incidence

Georgetown CATHOLIC STANDARD in English 21 Jun 87 pp 1, 4

[Text] "We wanted to ensure that the President knew how serious the malaria situation was," one of the delegation from the Miners Association that went to see President Hoyte last Monday told the CATHOLIC STANDARD.

The miners took with them a copy of the most recent report on the malaria situation by the Ministry's Malaria Department.

This showed that the incidence of the disease had continued to rise sharply in recent months,

Last year the disease had exploded, more than doubling the number of cases diagnosed for the previous year. In 1985 there were 7,600 cases; in 1986 there were 16,400 and already for the five months, Jan-May 1987, there were 9,500 cases.

More alarming is 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. For the five months this year already there are 6,200 such cases.

The disease is spread all over the interior. On Sat, June 13 Geoffrey Vieira of the Rupununi died in the Mercy Hospital and Phillip Daniels of 9 miles, Potaro died in the Georgetown Hospital, both of malaria.

PAHO Malaria Consultant Dr M. Nathan came down with malaria after visiting Kurupukari over the Easter holidays and within the last two weeks three miners from Golden Star's Omai mine were brought to the city with the fever.

The miners pointed out to the President that according to the Department's report, "There is a pronounced drug shortage in all the regions," as well as a shortage of DDT and spray-cans.

The President undertook to get the Ministry to put in train a joint effort by the Ministry and the Miners Association to tackle the problem.

The Ministry in conjunction with PAHO had been encouraging the miners to take many initiatives on their own:

- undertake spraying - some are acquiring mechanical spray guns to spray the underbush around their camps,
- making and using mosquito nets - Golden Star is getting nets made from cotton mull from Sanata Textiles at a cost of \$200.00 each
- putting up walls made of rice bags around their huts and applying DDT to them. The anopheles darlingi mosquito lights on walls before attacking its victim. The walls can be rolled up during the day.
- using repellants
- getting blood smears taken each week for testing.
- using the prophylactic drugs regularly.

The outbreak of malaria is not confined to Guyana. Half the malaria cases in the whole of

South America is accounted for by Brazil and the vast majority of these cases is recorded in the Amazonas where the Government is encouraging mining and agriculture

Venezuela also has problems, especially in the Sucre State on the coast, where the vector is the anopheles aqua salis.

An increasing number of cases is being found on Guyana's coastlands in persons who claim not to have travelled to the interior. The vector is said to be the aqua salis mosquito.

The problem of mosquito control is one that needs constant effort and expenditure.

The large forest areas will continue to produce mosquitoes, making the eradication of the disease an unrealistic undertaking.

The most that can be hoped for is the control of the disease. If this is not done, the health of the nation will always be imperilled.

Government Shortcomings

Georgetown CATHOLIC STANDARD in English 21 Jun 87 p 2

[Editorial]

[Text]

GOVERNMENT obviously cannot cope with malaria. The number of infected cases, especially in the gold mining areas, is rapidly increasing.

We are glad that the President has invited the miners to join with the Ministry in working out a common approach to the problem.

Health, after all, is the concern of us all and all Guyanese should be involved in the task of promoting it.

For this the people need to know what the problems are and to have

a say in their solutions.

Instead, the culture of secrecy is tenaciously maintained by the Ministry of Health. Recent efforts to contact the Senior Minister and Dr London have failed.

Yet, the questions we want to ask are vital. They concern the prevention and cure of the many diseases with which we are threatened.

Why is there no quinine in the country? Why no fensidar, the drug used for treating the more virulent type of malaria?

Why up to now is there no facility for testing for the deadly HIV virus, the cause of the AIDS epidemic that has swept the world in recent years?

However can the Ministry invite people to donate blood for the blood bank without first checking it for this virus and for the virus of the very prevalent hepatitis, when AIDS and hepatitis are spread by blood contamination?

When the incidence of social diseases is so high, why is there in the Georgetown Hospital no reagent for testing for syphilis?

The Ministry, we are told, has appointed a National AIDS Committee. Who are the members and why is this fact kept secret?

The Ministry needs not only to be less secretive, but also to draw on the knowledge and experience of others in the same field.

Just recently, it has disbanded the Social Disease Clinic at the Georgetown Hospital that has been in operation for 50 years.

The male patients who seek treatment for these diseases are sent to the Accident and Emergency Unit.

The female patients are directed to the ante-natal clinic.

We know of senior doctors who are very much against this move. The only sign that Government has given top priority to health care is that the Ministry has no less than four Ministers - the Senior Minister of Health, the Minister of Environmental Health, the Minister within the Ministry of Health and, generally responsible for the Ministry, the Prime Minister.

Let these Ministers discuss openly with the people the problems they face and in a truly democratic manner encourage their initiative in seeking solutions to the problems.

For health is everybody's business.

Government Campaign

FL0611548 Bridgetown CANA in English 1429 GMT 4 Jul 87

[Text] Georgetown, Guyana, July 4, CANA -- Prime Minister Hamilton Green has announced that a nationwide campaign will be launched shortly against the spread of malaria. His announcement was made in an address to the opening session of the Third Annual Gold and Diamond Miners Conference attended by local miners to whom the problem of malaria infestation has become a source of great concern.

The problem manifests itself mainly in the country's hinterland and border areas where many of the miners operate. But several cases have also been recorded on the coastland.

Green said the campaign will be launched now that health officials have researched the problem of malaria infestation.

Executive Secretary of the Guyana Gold and Diamond Miners Association, Anthony Shields told the conference of efforts being made to control and eradicate malaria and announced that miners have already donated more than 5,000 US dollars to facilitate the importation of drugs to be used in the campaign against the mosquito-transmitted disease.

/9274

CSO: 5440/178

EDITORIAL ADVOCATES TEACHING 'HARD FACTS' ABOUT AIDS

Hong Kong HONGKONG STANDARD in English 26 Jun 87 p 6

[Text]

Up to now, Asians have by and large felt able to dismiss AIDS — the deadly acquired immune deficiency syndrome — as a serious threat only to the Western world. Those days are apparently drawing to an end.

The World Health Organisation (WHO) has warned that the disease is threatening to sweep across Asia. WHO Director-General, Dr Halfdan Mahler, said that if AIDS penetrated highly populated countries, such as India and Indonesia, it would be uncontrollable.

There can be no doubt that AIDS is potentially the most serious epidemic to have shown its face in this century. Summarising currently accepted statistics, the *Economist* recently raised the possibility "that the AIDS virus will have killed more than 250,000 Americans in eight years' time." And although only about 150 of the world's 50,000 cases of the deadly disease have been reported in Asia, Dr Mahler had no qualms about using the word "powderkeg" when speaking of the threat to this part of the world.

Most experts agree that any projections about the future course of the AIDS epidemic are tinged with great uncertainties. Nobody knows how many people around the world are currently infected with the virus that can cause this killer ailment, or how many of those who are infected will go on to develop either AIDS or a range of related illnesses, including brain damage. Nobody knows whether an effective vaccine or drug treatment will be developed. Nobody knows whether rising fears and new educa-

tional programmes will change the behaviour of promiscuous homosexuals or intravenous drug users enough to slow the spread of the disease.

The important thing, however, is that these educational programmes must be intensified — even if it means using shock tactics and, in the words of one campaigner, "scaring the hell out of people."

It's time, we believe, for the Government to try and "scare the hell out of people" in Hongkong. We must spell out the grim facts about this disease that destroys the body's disease-fighting ability. And we must come up with a meaningful educational programme to replace the rather ineffective "pyramid" campaign which was far too soft. We have a right to know the hard facts about AIDS, unvarnished by moralistic prejudgments from either side. We are well aware of the unfortunate reality that the disease is transmitted by morally controversial practices. And we are also aware of local sensitivities — especially when it comes to discussing such matters as sex, pornography, censorship and condoms.

At the same time, however, we believe it is now time to bite the bullet and to warn those who are not aware of the repercussions of sexual mismanagement that around the corner there is death. It is final. There is no appeal against the Grim Reaper. There is no cure.

In the six years since AIDS was first diagnosed, doctors have noted different patterns of the disease in different countries. Presumably, geographical variables

account for the differences in the frequency with which some microbes cause opportunistic infections. Fundamentally, however, AIDS is an immune deficiency disease in which a virus invades and ultimately destroys helper T-cells, the white blood cells that turn on the body's defences against viruses, parasites, fungi, protozoa and certain cancers. In the absence of a strong population of these defensive blood cells, a host of opportunistic diseases can move in and take advantage of this chink in the body's immune armour.

Some 93 percent of the cases so far reported to the US Federal Centre for Disease Control belong to the known risk groups — homosexuals (73 percent), intravenous drug abusers (17 percent) and patients who receive infected blood (three percent). Some of the remaining seven percent may also come from these groups. This means that the majority of AIDS sufferers are homosexuals or bisexuals. An American columnist recently suggested that homosexuals "have declared war on nature and now nature is extracting an awful retribution."

On the other side, some homosexual activists see the public response to AIDS as a political confirmation of society's homophobia — an expression of a general dislike of homosexuals. They refuse to acknowledge that some of the responsibility for the transmission of the disease falls squarely on those homosexuals who have persisted in irresponsible sexual practices even after the dangers became clear. The homosexual movement has been very successful in its propaganda campaign to convince everybody that anyone can succumb to this lingering, lethal disease. True, in Africa, men and women are infected in almost equal numbers. But that could be because medicines are more often taken by injection there, with unsterilised needles.

We have no stake in using AIDS to prove the morality or immorality of any particular life style. We merely believe, as we said before, that people have a right to know the hard facts about AIDS, unvarnished by moralistic prejudgments from either side. And one of those hard facts is that the disease is still largely confined to the homosexual community.

That is where the disease began. That is where it started to be passed on. And that is where innocent victims have been caught in its net. The mandate of reason and emergency is that we warn young people that homosexuality is a quick path to death.

SURVEY TO ASSESS RESPONSE TO ANTI-AIDS CAMPAIGN

Hong Kong SOUTH CHINA MORNING POST in English 18 Jun 87 p 3

[Text]

THE Government has commissioned a survey to assess public response to its anti-AIDS campaign.

The results will be used to help campaigners map future strategies for the territory-wide offensive.

A report will be ready early next month but it has yet to be decided whether the findings will be released, the acting Assistant Director (Publicity), Mr George Yuen, said yesterday.

He stressed that the review was intended as a working reference for the Public Education and Publicity on AIDS Committee, which is responsible for the campaign.

The survey will probe how effectively messages are being put across and will examine the public's reaction to the first phase of the campaign — aimed at promoting awareness of the deadly disease — which was kicked off in April.

This will be done by comparing the data with those obtained in a pre-campaign survey.

The findings would help campaigners decide on such issues as the future gear for the publicity drive and whether it should go into greater depth, Mr Yuen said.

The campaign enters its second phase next month.

This will focus on preventive measures against contracting the disease through sexual contact. It will, in particular, promote the use of condoms for safer sex.

While the general population remained the target, special efforts would be made in the upcoming phase to reach the high risk groups, including haemophiliacs, homosexuals and prostitutes, Mr Yuen said.

Campaigners are formulating different strategies to promote the new theme, which focuses on sexual activities.

Television commercials would not be aired until late in the evening and campaign materials appearing in the mass media would not carry pictures, Mr Yuen said.

Pictures would only be used in leaflets to be sent out to specific target groups "who need to read and will want to read" the materials, he said.

Among these groups are the staff and frequent customers of nightclubs, discos and other entertainment establishments.

And for the first time in the campaign, anti-AIDS advertisements will be screened in cinemas showing movies which attract the target groups.

Outreaching efforts and counselling services would also be intensified to reach the high-risk sectors, Mr Yuen said.

The second phase, which will last until the end of this year, is expected to cost \$500,000.

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CSO: 5450/0158

HONG KONG AIDS CASES SAID TO BE 'LESS PROMISCUOUS'

Hong Kong SOUTH CHINA MORNING POST in English 2 Jul 87 p 3

[Article by Jamie Walker]

[Text]

GOVERNMENT doctors have found that most people in Hongkong exposed to AIDS through sexual contact are far less promiscuous than those infected abroad.

The chairman of the official scientific working group on AIDS, Dr E.K. Yeoh, said yesterday some case studies had shown that patients overseas had up to 10 times the number of sexual partners.

"You can read studies of AIDS patients where . . . you have reports of people having 50 or 100 partners in one year," he said.

"But the number of sexual partners that we find in our own clinics is about one tenth of that in general."

The Medical and Health Department believes that 29 of the 83 AIDS victims in Hongkong were infected during a sexual encounter.

Dr Yeoh added that it was likely there were at least 400 potential carriers of the disease in the territory, based on the generally accepted proposition that 100 undetected infections exist for every diagnosed AIDS case.

So far only four confirmed cases of full-blown AIDS have been acknowledged by medical authorities,

although doctors have treated several other people who left the territory to seek specialist help.

Dr Yeoh said he expected there could be up to 100 cases of AIDS in Hongkong by 1992, based on a projection that between 10 and 30 per cent of those known to have been exposed to the virus would develop the disease.

"You can make a rough calculation that if this (infected) population is static and remains in Hongkong, then you can expect, say, 40 to 100 cases in five years.

"Of course, these cases may not in fact occur in Hongkong because some of these individuals may have left Hongkong before they develop symptoms."

AIDS generally takes seven years to develop, doctors say.

According to the World Health Organisation, 51,751 AIDS cases had been reported in 113 countries to last month. But only 68 cases have been identified in Asia, representing less than 0.2 per cent of the global total.

In Hongkong, 45 of those known to be infected are haemophiliacs who received contaminated blood clotting agent known as Factor Eight, 26 are homosexual or bisexual men believed to have been

exposed to the virus through sexual contact, three are heterosexual men also infected sexually, three are people given transfusions of contaminated blood before the Red Cross began screening its supplies in 1985, and six were infected by unknown means.

Dr Yeoh said 46,692 people had so far been tested for AIDS in Hongkong, in a program that was directed towards those in identified high risk groups. These include haemophiliacs, sexually promiscuous people and intravenous drug-users.

He said only two females — a woman "in her sixties" and a girl — had so far returned positive results to tests. Both were believed to have been infected during blood transfusions.

Routine screening at Government-run social hygiene clinics had identified nine infections, all among men. No women prostitutes had yet returned a positive result to a test, Dr Yeoh said.

"This does not mean to say there are no women in Hongkong who are infected, nor does it mean that all the prostitutes are not infected" he said during a speech to the Golden Mile, Kowloon, Rotary Club.

TWO AREAS DECLARED INFECTED WITH RABIES

Hong Kong SUNDAY STANDARD in English 21 Jun 87 p 3

[Article by Chalina Chung]

[Text]

PAT HEUNG and Kam Tin were yesterday designated rabies infected areas by the Agriculture and Fisheries Department.

The announcement came after the department found a second case of a rabid stray dog in the area this year.

On Tuesday the dog bit 81 year-old Leung Sin on her thigh at her home in Shek Tau Wai, Pat Heung. An hour later, 11-year-old schoolgirl, Chan Meishan, was bitten by the same dog while on her way home.

Villagers then clubbed the dog to death while laboratory tests carried out by the Medical and Health Department late Friday afternoon confirmed that the dog was rabid.

The site declared rabies infected is about 25 square kilometres in area and includes 30 villages.

The Frontier Closed Area and Ta Kwu Ling were the first places to be declared rabies infected this year. This was announced after four people, including two young boys and a student nurse, were bitten by a rabid dog at a village in Ta Kwu Ling at the end of May.

Speaking at a press confer-

ence yesterday, Agriculture and Fisheries Department assistant director, Dr Thomas Yip, said the purpose of such declarations was to restrict the movement of dogs in and out of the area.

Dr Yip said his department would step up visits to Pat Heung and Kam Tin, to round up stray dogs and check that all dogs kept by residents were licensed and vaccinated.

He said the present case, the 39th in Hongkong since October last year, was not a cause for alarm but his department would closely monitor the situation.

Dr Yip said the department would try to vaccinate all dogs kept as family pets and said people should report any stray dogs.

He said his department also kept in close contact with authorities in Shenzhen to further control outbreaks of rabies and Hongkong has requested China to ask villagers near the border to vaccinate their dogs.

"Without the co-operation of China, there would have been more rabies cases," he added.

He said four rabies control teams were immediately mobilised to Pat Heung and Kam Tin late Friday afternoon and yesterday to search for, and

round up, unlicensed animals.

More than 35 unlicensed dogs and five cats were found.

Dr Yip said rats were also a potential cause of rabies but so far no rabid rats had been found in Hongkong.

He said there was a smaller risk that humans would contract rabies from rats.

Meanwhile, senior veterinary officer, Dr Norman Cheng, said any area designated to be rabies infected would only be declared rabies free if no further cases were reported within six months.

Dr Cheng said people should notify the police if they are bitten by a dog.

He said that so far all people who had reported being bitten and who had received immediate treatment had been cured.

In the most recent incident, both the elderly woman and the girl were discharged after treatment and did not need to stay in hospital.

Dr Cheng also reminded people to take dogs, over five months old, to be vaccinated, otherwise they would face a maximum penalty of a fine of \$5,000 and six months' imprisonment.

'SOURCES' SAY AIDS MAY SWEEP INDIA BY 1992

Calcutta THE STATESMAN in English 26 Jun 87 p 4

[Article by Sanjeev Miglani]

New Delhi, June 25.--In less than five years from now the country could well be swept by the deadly AIDS epidemic, according to health experts.

The statistics provided by the 30 surveillance centres in the country reveal that the virus is infiltrating new areas. Out of the 4,000 people screened 137 have been found to carry the virus. While the majority continues to be in Tamil Nadu (41) where the first six cases surfaced, the surveillance centres at Srinagar, Jabalpur, Calcutta, Bombay and New Delhi report increasing incidence of the virus. Till last year these centres had not found anyone infected with it.

Sources in the Health Ministry describe the figures as just the tip of an iceberg. For one, so far only prostitutes have been screened--other high-risk groups like homosexuals, intravenous drug abusers and those who have received blood transfusion have not been reached.

Secondly, the Centre AIDS Cell at the Directorate-General of Health Services in New Delhi finds itself handicapped by a lack of trained manpower and the Elisa machines used for conducting the test. The cell was found in the middle of last year. Resources were hard to come by and, as more surveillance centres started working, the incidence of virus-infected persons went up. "We do not have experts trained to detect this particular virus and to build up expertise takes time" explained a senior Health Ministry official.

Scientists at the Indian Council of Medical Research have not been able to isolate the particular virus strain although the search began more than a year ago. It is by now established that the AIDS virus could be of several different clinical manifestation of the disease.

In the USA it is the retrovirus HTLV--III that has been detected while data from African countries suggests the existence of a less pathogenic virus HTLV--IV. The menacing forms that different strains of the virus takes continue to baffle scientists. Reports from America have stressed the role of homosexual activity, intravenous drug abuse and blood transfusion as the prime

modes of virus transmission. In Africa, on the other hand, the infection is equally distributed in males and females suggesting hetero-sexual transmission.

So, as long as the virus is not isolated in the country medical workers will continue to grope in the dark -- both in the process of detection of the virus and in finding the point of entry of the virus. So far, the Elisa test has been conducted assuming that the "American virus" has entered the country but officials admit that there is no scientific rationale for such an assumption.

So, what worries many health officials is that several cases could go undetected till the disease strikes. The virus has an unusually long period of incubation which could be anything from five months to five years.

Besides, as long as the virus is not isolated, professional appreciation of the growing threat will continue to vary. AIDS can manifest itself in a variety of ways and experts at the National Institute of Communicable Diseases predict that tuberculosis could be its most common form in the country. "But if a doctor who is cynical of the existence of the virus in the country continues to treat an AIDS patient as yet another case of TB we could have a disaster on our hands" says a senior health official.

Professional opinion vary -- there are doctors who think that the disease, because of its predominantly sexual nature, will not strike the country. Sexual permissiveness still is relatively restricted in conservative India, they assert.

Others point out that the incidence of Sexual Transmitted Diseases the number is as high as anywhere in the world. In the southern parts of the country venereal disease is not considered much of a taboo, according to the Health Ministry officials who are now exploring the possibility of the virus having entered the country through the Sri Lankan Tamils.

Experts fear that when AIDS strikes the country it could take a heavier toll owing to the malnutrition prevalent in the country. This, coupled with the lack of sexual hygiene in the rural areas, could aggravate the impact of the disease.

"We are in the same stage as America was five years ago", Health Ministry officials point out. America is now faced with a veritable explosion of the disease. So experts predict that by 1992 the virus would begin to show itself here.

They say: "all we can do is to delay the emergence of the disease till some cure is found". Towards that end the Health Ministry has mounted educational programmes.

Foreigners intending to stay for a period longer than a year will have to carry a clearance certificate, according to sources. The next priority is to bring tourists who are not part of a package tour under this umbrella.

/13046
CSO: 5450/0179

LAWS TO COMBAT AIDS REPORTEDLY UNDER STUDY

New Delhi PATRIOT in English 23 May 87 p 5

[Text]

Legislative measures are being considered to tackle the problem of the killer disease acquired immune deficiency syndrome (AIDS), reports UNI.

Copies of draft legislation prepared by the Health Ministry have been forwarded to the State Governments and Union Territories to elicit their comments.

The proposed legislation has been prepared on the basis of similar enactments already in force in the United States, the United Kingdom and Japan.

The legislation would encompass the curative and preventive aspects of the dreadful disease including protection of the aids patients, spread of the disease, watching the movements of aids patients, and instructions to the hospitals.

As part of the AIDS control programme which the Government has launched, the ministry has sent a list of names of the experts to the World Health Organisation (WHO) for undergoing special training abroad.

The Indian Council of Medi-

cal Research has already trained some experts on the elisa testing methods.

The National Institute of Virology, Pune, is already conducting research to isolate the virus.

According to ministry sources, keeping in view of its fast-spreading nature, the Government in 1985 had asked the Indian Council of Medical Research to undertake surveillance for AIDS through establishment of diagnostic capabilities and screening of high-risk group for the disease.

Following the first confirmed evidence of AIDS infection in six Indian prostitutes in Tamilnadu in April 1986, the Indian Government in consultation with the State health authorities drew up a national strategy for control of the disease.

The surveillance machinery was then expanded and augmented. Earlier there were only two surveillance centres — Christian Medical College, Vellore and National Institute of Virology, Pune. At present 26 surveillance centres and four referral centres

are functioning. Five more centres have been identified and training of the laboratory personnel have been undertaken already.

All the States and Union Territories have been asked to establish State AIDS cells to coordinate aids control activities and most of the States have responded to this favourably.

All State health authorities, including hospitals, have been alerted. The WHO has been requested to procure elisa test kits for 55,000 tests. Materials for 35,000 tests have already been received.

Orders worth 24,000 US dollars have been placed with the WHO to procure chemicals and reagents to establish virus isolation capability in the country.

Thirty sets of the elisa readers and accessories for supply to different surveillance centres have been received. Besides restrictions have been placed on the import of blood and blood products without AIDS clearance certificates.

/9274

CSO: 5450/0152

LAWMAKERS DISCUSS COOCH BEHAR MALARIA EPIDEMIC

Calcutta THE STATESMAN in English 27 Jun 87 p 4

[Text]

AT least 40 people have died of malaria in the Mathabhanga and Mekhaliganj sub-divisions of the Cooch Behar district since April this year. Stating this in the Assembly on Thursday, Mr Sadakanta Roy, a Forward Bloc MLA, drew the attention of the Health Minister to the acute problem persisting in the district. Nearly 4,000 people have been affected by the disease, he added.

Later, talking to reporters in the Assembly lobby, Mr Roy said the affected areas included Kedarhat and Gopalpur in Mathabhanga and Uchalpukri and Jaldaha in Mekhaliganj. He complained that after repeated reminders to the Chief Medical Officer of the district and the Director of Health Services, some steps had been taken, but these were insignificant considering the magnitude of the problem.

Three MLAs from Midnapore district, including Mr Manas Bhuniya (Cong-I), Mr Sudhir Giri (CPI-M), and Mr Kamakshya Ghosh (CPI), referred to the scarcity of anti-venom and anti-rabies drugs prevailing in the district. While Mr Bhuniya said that the State Government was doing nothing to

tide over the shortage, Mr Giri said he had been told by the Health Minister that the Centre was not maintaining a steady supply of drugs. Mr Dipak Sengupta (FB) urged the Health Minister to take immediate steps to resolve the problem.

Mr Dipak Chanda (CPI-M) said the World Health Organization had recently issued a circular advising all Governments to stop the use of synthetic bags for packaging purposes. Synthetic bags, he said, when used for packing food could not prevent insects from breeding inside the food. The WHO, he said, had suggested that gunny bags be used instead. He urged the Government to take up the matter with the Centre as this would lead to a widespread use of jute products.

During zero hour, Mr Manas Bhuniya urged the State Government to help the Ramakrishna Mission Seva Pratisthan, which was presently passing through a financial crisis. He said the medical institution had made a name for itself by contributing to the growth of medical science in West Bengal. He requested the Health Minister to consider the issue.

/13046

CSO: 5450/0180

BRIEFS

POSITIVE AIDS TESTS--Srinagar, 21 Jun (PTI)--A total of 12,000 persons suspected of AIDS disease have been so far tested in India, and only 12 of them found to be positive, Dr J. G. Jolly, director of the blood transfusion department, of Post Graduate Institute of Medical Sciences, Chandigarh, said. Talking to newsmen, at the conclusion of the three day conference on blood transfusion here, he said all the positive cases detected in India were found to have contacted the dreaded disease abroad. Expressing the view that there was an "exaggerated scare" about the danger of AIDS disease spreading in India, he said the Government and medical personnel in the country should be more concerned about how the blood banks functioned in India. Dr Jolly said it had been found that AIDS was more prevalent amongst criminals, drug addicts and homosexuals, and yet blood donors from criminals and the "jailed population" was encouraged in India. [Text] [New Delhi PATRIOT in English 22 Jun 87 p 6] /9274

MORE MALARIA CASES--An alarming number of cases of cerebral malaria has been reported from the tribal district of Koraput in Orissa, according to a report received at the Indian Council of Medical Research (ICMR) in the Capital, reports PTI. The report from the Vector Control Research Centre (VCRC) said that 36 deaths had occurred in Masipodar and Champapadar villages alone, and described the situation in the entire district as "serious." Every Primary Health Centre (PHC) in the tribal belt is in the grip of malaria and 14 out of every hundred people are positive for malaria, the report said. Most alarming, according to the report, is the fact that 90 percent of the cases are of cerebral malaria, caused by Falciparum parasite, that is often fatal if untreated. [Excerpt] [New Delhi PATRIOT in English 10 Jun 87 p 5] /9274

CHOLERA IN GUJARAT--Baroda, 14 Jun (PIT)--The death toll in the sudden outbreak of cholera in Bhaniara village in this district and Timba village in Godhra Taluka of Panchmahal district 80 km from here, has reached seven, according to a report received here today. At least fifty cases of cholera have been reported from Timba, according to official sources. [Text] [Calcutta THE TELEGRAPH in English 15 Jun 87 p 5] /9274

BLOOD DYSENTERY EPIDEMIC--Raipur, 10 Jun--Blood dysentery has taken a toll of over 150 people, mostly children, since mid-April in the Chhattisgarh region in Madhya Pradesh. The disease claimed seven lives in the first week of June. Rupenga village in Raigarh district, where the epidemic originated this year, is again in its grip. Raipur, Rajnandgaon and Bilaspur districts have

reported a few fatalities each and Durg and Bastar districts have been spared. In 1984, blood dysentery claimed 600 lives including 500 in the tribal district of Bastar, in the region. Although the malaise was brought under control in 1985-86, the disease resurfaced this year. Apparently, the medical authorities are to blame for not learning any lessons from the recurrence of the epidemic and for not effectively controlling it. The district-level medical authorities are understood to have delayed in alerting higher-ups about the gravity of the situation. For instance, the report from Boda village in the Kawardha sub-division in Rajnandgaon district reached the top only after 26 days. Similarly, at Chiddi village in the same district, the doctor at the primary health centre (PHC) there is alleged to have withheld information to the district authorities with a view to improving his private practice. In fact, at Rupenga, medical assistance arrived only after seven deaths occurred in the village. [Text] [Bombay THE TIMES OF INDIA in English 11 Jun 87 p 17] /9274

KERALA CHOLERA DEATHS--Trivandrum, 8 Jun (PTI)--The health minister, Mr A. C. Shanmugasdas today informed the Kerala Assembly that 28 persons had died of cholera in Palghat district in the last few weeks. He said 3617 cases of gastroenteritis and cholera had so far been reported from the district. All arrangements had been made to provide medicines and other relief measures to the victims. A team from the Trivandrum Medical College had visited the area and the situation was now under control, the minister said, adding that anti-cholera operations would be continued. [Text] [Calcutta THE TELEGRAPH in English 9 Jun 87 p 5] /9274

PATNA MENINGITIS TOLL--Patna, 17 May (UNI)--With the death of two more patients in Patna Medical College Hospital today, the death toll in meningitis and jaundice raging different parts of the Bihar capital rose to 98 in the past seven weeks. PMCH sources said nine meningitis and jaundice patients were admitted to the emergency medical department taking the number of such cases registered with the hospital to over 260 during the period. Meanwhile the seven-member medical team from Jaya Prabha Hospital at Kankerbagh near here continued its door-to-door survey on identification of such patients. The leader of the team attributed the cause of jaundice in most of the patients examined yesterday, to supply to contaminated water. Out of eight samples tested by Patna water board two were found to be "unhygienic." [Text] [Calcutta THE TELEGRAPH in English 18 May 87 p 5] /9274

AIDS VICTIM DEPORTED--Bombay, 21 May--Heinz Jurgen Chidugh, a 32-year-old AIDS victim who had been admitted to the JJ hospital here, was deported to West Germany by a Lufthansa flight this morning. Mr Chidugh was admitted to the hospital on May 8 with complaints of diarrhoea, fever, weight loss and multiple ulcers and boils on his feet. Mr Chidugh, who had been staying in Goa for the past two months, received a letter from his mother saying that AIDS tests done earlier in his country and proved positive. A drug addict for the past 18 years, Mr Chidugh had got the tests done before coming to India for a holiday. Dr I. S. Gilada of the JJ Hospital also said AIDS tests were done on Mr Chidugh after he had severe convulsions and they proved positive. He said the West German consulate was immediately contacted and arrangements were made to send him back though he had lost his passport. [Text] [Calcutta THE TELEGRAPH in English 22 May 87 p 5] /9274

GOA AIDS SUSPECT--Panaji, 21 May--A French tourist suspected to be suffering from AIDS has been isolated at a hospital at Mapusa near here, according to official sources. Preliminary reports of blood tests carried out on the tourist, Patrick Phillippe, who had initially reported to the Goa Medical College with symptoms of pneumonia indicated that he was a suspected AIDS patient. Efforts are on to deport him to France. Only recently, two German tourists who were suspected to be AIDS carriers were sent back to their home country. Final reports of the tests on their blood samples are awaited from the National Institute of Virology, Pune. With the detection of Mr Phillippe's case, the Goa government has decided to isolate all suspected AIDS patients and keep them under observation at the TB Hospital at Mapusa which has been lying vacant for a want of patients. The health minister, Mr Shaikh Hassan, told TOINS yesterday that he had instructed all hospitals and primary health centres in Goa to use disposal syringes while treating or collecting blood samples from foreign nationals or persons known to be drug-addicts. [Text] [Bombay THE TIMES OF INDIA in English 22 May 87 p 15] /9274

HIMACHAL ANTILEPROSY DRIVE--Simla, 18 May--The leprosy eradication programme in Himachal has not taken off because 50 percent of the workers in the programme are untrained and a large number of vacancies in different leprosy clinics and centres have remained unfilled. Lack of vehicles has immobilised six leprosy control units resulting in ineffective supervision and implementation of the program, according to an official source. A recent official study showed that there were nearly 800 registered cases of leprosy in the state with a per thousand incidence rate of 1.1. Hypo-endemic districts in respect of leprosy, according to the study, were Chamba, Kinnaur, Mandi, Simla and Sirmaur. Last year, some 150 deaths due to leprosy were registered in the state. The deformity rate of patients was also quite high, according to the study. Meanwhile, the state government has prepared a plan for the eradication of the disease and for the rehabilitation of cured lepers. A lepers' colony at Mandhodhar and a number of lepers' home in the most endemic districts are planned in addition to 15 centres in the hypo-endemic districts. [Text] [Bombay THE TIMES OF INDIA in English 19 May 87 p 6] /9274

AIDS TEST REFUSED--New Delhi, 18 May--African students studying in Indian universities will not undergo any AIDS tests as they consider the Government's directive in this regard "highly discriminatory and humiliating," reports UNI. In a statement here, the African Students Association (India), Delhi regretted that the Government had not responded to its memorandum addressed to the Prime Minister on February 27. The association has also said it will continue to boycott all Government functions, including the Africa Day celebrations on May 26. The association is also planning a peaceful protest rally on that day. [Text] [Calcutta THE STATESMAN in English 19 May 87 p 4] /9274

MORE CHOLERA REPORTED--Raipur, June 30: Fourteen people have died in an outbreak of cholera in some villages in Bilaspur district during the past fortnight. Over 41 people are still suffering from it. Medical teams have rushed to Khairabahaf village near Bilaspur, where seven deaths due to the disease have been reported. It was found that people were taking recourse to witchcraft as a cure. The team also reported that some of the villagers were not using the only hand-pump in Khairabahaf as the so-called "lower-caste" persons were utilising it. [Text] [Bombay THE TIMES OF INDIA in English 1 Jul 87 p 14] /13046

RAJASTHAN AIDS CASE--Jaipur, June 24 (UNI)--A Swiss national lodged in the Ajmer Central Jail has been reported as the first "full-blown" case of Acquired Immune Deficiency Syndrome (AIDS) in Rajasthan. State medical and health department director Gyan Prakash told newsmen here today that a serological blood test done by the National Institute of Communicable Diseases (NICD), New Delhi, confirmed that the foreigner was suffering from AIDS. He said the State Government had taken steps to have the foreigner deported immediately. In the meantime, he had been placed in solitary confinement and all people with whom he had come in contact were being screened. The foreigner, arrested at Pushkar earlier this month for possessing 18 gms of heroin, had told the jail authorities that he was an AIDS patient. He was immediately taken to the local Jawaharlal Nehru hospital but the doctors there expressed their inability to do anything as they lacked the facilities to conduct the necessary test. Blood samples were then set to NICD. [Text] [New Delhi PATRIOT in English 25 Jun 87 p 2] /13046

CSO: 5450/0182

HEALTH MINISTER STOPS FUNDING CUTS, AIRS FUTURE PLANS

Dublin IRISH INDEPENDENT in English 30 May 87 p 1

[Article by Chris Glennon]

[Text]

HEALTH MINISTER Rory O'Hanlon pledged last night that there would be no further reductions in the allocations to the eight Regional Health Boards and the 52 voluntary hospitals.

He was launching a counter-attack on his health cut critics.

And he promised protection of "all essential units" in the £1,300 m. a year health service.

All the health boards and voluntary hospitals would be involved in consultations to ensure that there were "no gaps" in the facilities available to people needing care he said.

Dr. O'Hanlon declared: "Every agency except the Mid-Western Health Board has already decided how to live within their allocations. We will be monitoring for the remainder of the year and I have no plans for extra cuts."

Despite the Minister's assurances on the hospitals, the crisis in the health service escalated last night when it was announced that the maternity unit in Dublin's St. James' Hospital

is to close.

And it was claimed that at least two patients have been turned away from the burns unit of Dr. Steevens' Hospital in the city since the unit has been winding down.

As the Cabinet met to consider cuts in other areas so as to keep in sight the key budgetary targets of day-to-day deficit and overall Exchequer borrowing, the Health Minister was outlining his own plans.

He announced:

- A Commission headed by Dr. Miriam Hederman O'Brien to study the overall funding and cost-effectiveness of the health services.
- A national conference in July to chart the way towards the possible production of a Government White Paper on the services.

- No change in the number of Health Boards because he believed in devolved administration.

The Minister told a news conference that he believed that the public at large were "supportive" of what he was trying to do. "There was no resistance to paying the £10 hospital charge."

Actual job losses would arise, he went on, in that 2,000 vacancies would not be filled. Temporary staff would be let go and locums also would be dismissed.

Dr. O'Hanlon confirmed that the Department was "looking at" the refund of drugs scheme where people can recoup spending on medicines above £28 a month. The cost of drugs was an area where he hoped to make savings.

/9274

CSO: 5440/173

ITALY

HUMAN

840 CERTIFIED CASES OF AIDS NOTED AS OF JUN 24

AU261116 Rome ANSA in English 0840 GMT 26 Jun 87

[Text] (ANSA) Rome--In the past thirty days 110 new cases of AIDS have been reported to Italian health authorities, an average of three more cases per day of the Acquired Immune Deficiency Syndrome which destroyed the body's ability to fight off fatal infections and cancers.

The figures, which brought the total to 840 certified AIDS cases in Italy as of June 24, was made available Thursday at a meeting of the National AIDS Commission. The Commission asked for further information on the case of a nurse in Turin who apparently tested seropositive after she came into contact with the blood of a patient with AIDS.

A spokesman for the Commission said the experts want to make certain that the contact with the blood of an AIDS patient was the true cause of the appearance of the AIDS retrovirus in the nurse's blood.

Discussing another case, Ferdinando Aiuti, a member of the Commission, said that the new pharmaceutical product AZT was administered to a boy in Crotone suffering from AIDS. Noting that the patient died after treatment, the commissioner said that the product is known to have no effect in advanced cases of AIDS and may then be counterproductive. He said that even if AZT has been given to the patient months ago, it probably would not have changed the course of the disease.

In its meeting scheduled for next week, the Commission is expected to act to shorten the time required for the registration of new drugs used to combat the effect of AIDS such as AZT.

/6662

CSO: 5400/2484

MINISTER OF HEALTH BAUGH REPORTS ON INCIDENCE OF AIDS

Kingston THE DAILY GLEANER in English 1 Jul 87 p 1

[Text]

TWENTY cases of AIDS have been reported in Jamaica up to June 24, the Minister of Health Dr. Kenneth Baugh told Parliament last night. He was speaking in the Sectoral Debate.

Dr. Baugh said the first case was reported in 1982 and the second in 1984. "Since then an increasing number of cases have been reported each year in keeping with an exponential rate of spread of the disease."

"Increasing numbers of AIDS cases are expected over the next few years. Over this we have no control as these persons are already infected with the virus and are going to develop the disease," Dr. Baugh said.

He said that 14 of the 20 cases were imported into Jamaica; four of the 9 cases reported in 1987 were

indigenous cases. Seventeen of the cases have died.

Of the 20 cases 15 are men three are women and two are children.

Four of cases were homosexual, 10 were heterosexual and two were bisexual. The sexual practice of two cases is unknown, the Minister said.

Five of the cases were migrant farm workers, four of whom had worked in Belle Glades, Florida. They were heterosexuals and therefore probably became infected from having sex with prostitutes. In addition one other case had lived in Belle Glades.

The first female case of AIDS was the common-law wife of a farm worker. Two of the cases were sailors, and one is a prostitute who has died.

/9274

CSO: 5440/176

AIDS SCREENING PROGRAM UNDERTAKEN BY WHO, GOVERNMENT

Monrovia DAILY OBSERVER in English 5 Jun 87 pp 1, 6

[Article by Vaanii Paasewe II]

[Text]

The Liberian Government in collaboration with the World Health Organization (WHO) is beginning to screen for AIDS, the disease which destroys the body's immune system, authoritative health sources have disclosed. The program, which will screen Liberian citizens and foreigners, is expected to be fully operational in three weeks. It is a non-compulsory exercise, the source said.

A WHO technical team is already in the country to discuss the establishment of an AIDS screening facility at the Liberia Institute for Bio-Medical Research in Firestone, Margibi County.

The source, who preferred to remain anonymous, told the Daily Observer yesterday that the WHO team has held discussions with the National Advisory Committee on Acquired Immune Deficiency Syndrome (AIDS) about the establishment of a secretariat which will supervise the anti-AIDS campaign.

The screening project which is expected to last five years, is estimated at over \$1 million and will be primarily funded by WHO but the Liberian Government will bear some other expenses.

According to our source, WHO's decision to establish the AIDS screen in Liberia is precipitated by reports of the spread of the syndrome in West Africa, including neighbouring countries.

So far, there has been one official report of AIDS in Liberia to the WHO, the source confirmed.

When the disease was first discovered in Liberia last year, authorities at the JFK Medical Center promised to start screening for AIDS.

However, health officials in the country later became uneasy after persistent reports in the local media about the spread of AIDS in Liberia.

AIDS and its fatality was first discovered in 1980 and since then doctors and researchers have been grappling with the pathology of the syndrome. Thus far, little advance has been made in finding a cure; but recent reports reaching here from the United States claim that test of an anti-AIDS vaccine is being carried out on volunteers. Earlier this year, a French research doctor injected himself and some of his staff with trial vaccines.

AIDS is transmitted through sexual intercourse, the use of contaminated needles for injections through skin grafts and blood transfusions.

/13046

CSO: 5400/13

MEASLES EPIDEMIC HITS NIMBA COUNTY

Monrovia DAILY OBSERVER in English 2 Jun 87 p 8

[Text]

Fourteen children have died as a result of an outbreak of measles epidemic in Duo-Gbeah Town, Sanniquellie Mah District, Nimba County.

This was disclosed to the Daily Observer recently by Sanniquellie Mah District Commissioner, Mr. Vamala M. Jabateh, at his office in Gompia City.

Commissioner Jabateh said upon hearing the news of the epidemic, he immediately informed the county chief medical officer, Dr. Sei Parwon, who in response, dispatched a team of medical officers there to bring the situation under control.

He said the Expanded Program of Immunization (EPI) is also assisting the county medical team to halt the spread of the disease.

Duo-Gbeah, which is the headquarters of Duo Clan, is about 35 miles from Sanniquellie City. It has no clinic or any medical facilities.

Commissioner Jabateh revealed that the lack of road from Sanniquellie to Duo-Gbeah Town is a major setback for the people of the town.

At the moment some of the children are being brought to

Sanniquellie for treatment, the commissioner said.

Meanwhile, citizens of the town have unanimously agreed to construct a road linking their town to Sanniquellie on a self-help basis so as to make Duo-Gbeah accessible.

The incident in Nimba is the second in recent times. The first incident occurred in Benjada, Grand Cape Mount County, where at least seven children were reported to have lost their lives as a result of the outbreak of measles.

Also from Sinoe County comes report that measles have attacked about 20 babies in that county.

Supt. Joseph Douglas, who disclosed the news of the outbreak of measles, said the matter was serious.

The incident occurred in Jarboville, Kpanyan Statutory District.

A vaccination team has already been sent to the area from the Francis J. Grante Memorial Hospital in Greenville to bring the disease under control.

/13046

CSO: 5400/13

BRIEFS

ANTI-AIDS CAMPAIGN--Macau--The Public Health Department in Macau is to launch its first major campaign against AIDS later this year. Health director Dr Pinho da Silva said yesterday officials from the World Health Organisation (WHO) were to visit the territory next month to advise the department on developing a campaign against acquired immune deficiency syndrome. He said the campaign would concentrate on preventive measures such as the use of condoms. Macau's Public Health Department has tested 1,000 of its citizens for AIDS but so far all tests have proved negative. But Dr Da Silva warned that this did not mean that there were no AIDS carriers in Macau. The Macau Public Health Department has given 1,000 people AIDS blood tests and all have proved negative. Nevertheless, Dr Da Silva said the possibility of AIDS carriers in Macau could not be ruled out. As part of the program, the doctor said, all new prisoners detained in Macau jails would be given blood tests, and video programs would be shown in prisons telling inmates how AIDS was spread. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 16 Jun 87 p 4] /9274

CSO: 5450/0160

TYPHOID OUTBREAK REPORTED

Kuala Lumpur NEW STRAITS TIMES in English 11 Jun 87 p 5

[Text]

KUALA LUMPUR, Wed. — The Health Ministry has still not been able to track down the source of the typhoid outbreak in Penang, Deputy Minister Datuk K. Pathmanaban said today.

The Ministry's departments there were currently conducting intensive checks on the possible sources of the disease, he told reporters after attending a Rotary Club luncheon here.

Thirty-one typhoid fever cases were detected in Penang last week to bring the total in the State to 190.

As preventive measures, Datuk Pathmanaban urged local authorities to provide running water supply when they licensed new hawker centres, adding that itinerant hawkers should undergo medical examinations.

On the cholera outbreak, he said the source of the disease in Kelantan and Kedah, the two worst-hit States, had been traced to untreated water supply such as rivers and wells.

Datuk Pathmanaban said the situation in the two States was under control, adding that it would take two to three weeks more before the disease's transmission cycle could be broken. — Bernama.

/9274

CSO: 5400/4380

MOZAMBIQUE

HUMAN

THIRD INHAMBANE VACCINATION CAMPAIGN PHASE SCHEDULED

Maputo NOTICIAS in Portuguese 10 Jun 87 p 3

[Text] Plans call for the launching of the third phase of the special vaccination campaign for infants up to 23 months of age and pregnant women in Inhambane in July. This is a part of the Expanded Vaccination Program.

It will cover the districts in the southern region of Inhambane.

According to health officials, the program calls for the vaccination of all children up to 23 months of age, and for rendering aid to pregnant women.

In preparing for this program, the bodies providing health care for mothers and infants recently held a provincial seminar in Inhambane for study of the methods and techniques of door-to-door mobilization of the people.

The participants in the seminar included the secretaries of the party committees in some districts, district health directors, representatives of the democratic mass organizations on various levels, and representatives of the SMI, among the other bodies participating in the normal activities of the Expanded Vaccination Program.

The participants in the seminar studied the techniques of door-to-door mobilization, the completion of infant vaccination records, family planning, the SMI, and also children requiring special care.

Background of the Campaign

This program, which is carried out annually, is a part of the Expanded Vaccination Program, and is designed to provide better vaccination coverage in the target age group.

Marcelino Costa, a community health official working with the Provincial Health Office, said that this program began experimentally in 1985, a year after some cases of poliomyelitis, particularly in children under 23 months of age, were reported.

He said that at that time, various studies were undertaken with the cooperation with the Ministry of Health itself, and later, the UNICEF.

Felicity Cutts, an epidemiologist and physician with the UNICEF working on this project in Maputo, who traveled to the province of Inhambane to oversee the preparations for this third campaign phase, told NOTICIAS that other southern districts will be covered between June and September, and the districts in the north will be covered between October and December.

She added that the great advantage of this campaign is to be found in the involvement of the political-administrative structures of the party and the democratic mass organizations in the door-to-door mobilization of the people to participate in the campaign to have their infants vaccinated and have pregnant women regularly checked.

"During the first year (1985), we achieved vaccination coverage of an estimated 54 percent, and in the second phase, 75 percent. These figures, which are merely illustrative, were achieved only in the campaigns in the cities of Maxixe and Inhambane," Dr Felicity Cutts explained.

She added that in the southern districts of the province of Inhambane, the vaccination coverage achieved last year within the context of this program was 82 percent.

She also said that the vaccines administered over 3 consecutive months within this project included protection against tetanus, diphtheria, whooping cough and poliomyelitis.

5157

CSO: 5400/206e

MOZAMBIQUE

HUMAN

BRIEFS

CHILDREN VACCINATED IN TETE--The 1 January Health Center in the province of Tete vaccinated 3,850 children under 1 year of age against tuberculosis, poliomyelitis, tetanus, diphtheria, whooping cough and measles. The first, second and third doses were administered in May. Initially the vaccines were administered twice a week, but with the increase in the population, daily vaccination was begun. The medical agent at the center, Ermelinda Joao, reported that talks are being given on health education, covering the safe storage of foodstuffs, personal hygiene, family planning and the avoidance of abortion. The talks are given on Mondays and Fridays. The greatest problem encountered at the center is malnutrition in children. The center has provided support to the most needy children with prescriptions for milk and by supplying the milk donated by the Caritas organization in the diocese twice weekly. [Text] [Maputo NOTICIAS in Portuguese 26 Jun 87 p 3] 5157

CSO: 5400/206e

BRIEFS

AIDS AWARENESS CAMPAIGN ADVANCES--In the awareness campaign to fight AIDS more and more people in the UAE are volunteering for tests. An educational drive has also been launched by the Federal Health Ministry and, according to senior officials, earnest efforts were being made to broach the subject of AIDS on the national radio and television. Dr Jalal Mohammed Bayumi head of the newly-created Public Health Clinics and Services Section of the Dubai Municipality, who has been advocating compulsory AIDS test for all visitors to the UAE, felt happy that the awareness campaign in the UAE was beginning to bear fruit. He acknowledged the futility of the anti-AIDS campaign if even a single infected person was left out of its purview. Dr Bayumi, agreed that mere health checks were not enough. Dr Bayumi felt that inhibitions in this regard had been fanned by ignorance. Studies on AIDS had now shown that a person could be helped to develop anti-bodies against the virus if it was reported in the early stages. [Text] [Muscat TIMES OF OMAN in English 18 Jun 87 p 18] /9274

CSO: 5400/4524

FIRST 'HOME GROWN' AIDS CASE REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 6 Jul 87 p 11

[Text]

A PAPUA New Guinean prostitute has been found to have AIDS. The woman, whose identity has been withheld, had been working in both Port Moresby and Lae, Health Secretary Dr Quentin Reilly said on Friday.

The woman is the first Papua New Guinean actually living in the country to be

confirmed as an AIDS victim.

Last week an expatriate man was revealed to have AIDS or HIV — Human Immunodeficiency Virus — antibodies and a Papua New Guinean living in Australia is reported to have died from the disease. AIDS is contracted through sexual intercourse with an infected person, or

through contaminated blood or blood products or the use of infected needles. It is passed on in the actual body fluids. At present there is no cure.

The virus destroys the body's immune system and those who develop full-blown AIDS eventually die because they are unable to fight off diseases — such as pneumonia — which in a healthy person would not necessarily be fatal.

Dr Reilly again warned on the dangers of having casual sexual relationships and the need to use condoms to prevent the exchange of body fluids during such encounters.

/9274

CSO: 5400/4382

AIDS FEAR SAID TO HIT BOTH SIDES OF TAIWAN STRAITS

Hong Kong HONGKONG STANDARD in English 27 Jun 87 p 8

[Text]

AIDS fears are causing alarm across the Taiwan Straits as a second Chinese man recently died from the disease in the eastern city of Hangzhou and a Taiwan homosexual AIDS victim yesterday called for greater public awareness of the deadly virus. Correspondents in Taipei and Beijing report:

BEIJING: A second Chinese man has died of AIDS — Acquired Immune Deficiency Syndrome — a Chinese Health Ministry official said yesterday.

The victim was a haemophiliac contaminated last year by blood products from the United States, said the official, identified as Mr Dai, director of the ministry's department for the prevention of contagious diseases.

The man was the first of four haemophiliacs discovered carrying the AIDS virus in the eastern city of Hangzhou last year after receiving transfusions of US blood products, Mr Dai said.

He declined to identify the victim or say when he died, but said the other three haemophiliacs affected are children. The first Chinese AIDS death was in February in Fuzhou, the capital of Fujian province on the east

coast. The victim was a 36-year-old man who returned late last year from a prolonged stay in the United States.

An Argentine tourist died of AIDS in China in June 1985. In March this year, a diplomat from the Zairean Embassy in Beijing died of AIDS in Hong-kong.

China banned the import of some blood products in 1984 and under a law enacted on May 1, all foreign residents in China and all Chinese returning from a long stay abroad are supposed to take an AIDS test. Also, visitors to China are supposed to sign a form declaring they are free of AIDS.

But these laws have not been rigidly applied and the Chinese Government has acknowledged that it does not yet have the necessary manpower and materials.

Few foreign residents have taken the test, while a recent traveller said no forms were available at Beijing Airport. But the authorities have said the AIDS test will be given to all foreign students when they arrive at Chinese universities for the autumn term.

Nearly 10,000 foreigners live in Beijing, while more than one

million foreigners visit China each year.

Meanwhile, a Taiwan homosexual AIDS victim yesterday, his head completely covered and wearing a mask, called for greater public awareness of the deadly disease and advised homosexuals not to shun medical attention.

The victim, a college student in his early 20s, was the first AIDS victim in Taiwan to admit publicly he was suffering from the killer disease.

Facing bright lights from television and photographers' cameras at a press conference sponsored by the National Health Administration (NHA), he sobbed for half an hour before conquering his fears.

The student, accompanied by homosexual rights activist Chi Chia-wei and director of NHA's Quarantine Department Chuang Chen-hua, mumbled from behind a paper mask that he was confirmed as carrying the AIDS virus early last year by National Taiwan University Hospital.

"The world fell to pieces when I learned about it," he said in a trembling voice. "I know I won't recover, but life has to go on."

/9274

CSO: 5450/0177

STUDIES OF BINDING OF MONOCLONAL ANTIBODIES TO HEPATITIS B SURFACE ANTIGEN

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 6, Nov 86 pp 366-368

[English abstract of article by Qian Lisheng [6929 0448 3932], et al., of the Department of Microbiology, Shanghai Medical University; Tao Yixun [7118 5030 6064], et al., of the Institute of Medical Laboratory Diagnosis, Shanghai]

[Text] Six hybridoma cell lines secreting monoclonal antibodies (McAb) against hepatitis B surface antigen (HBsAg) subtype "a" have been established. The binding properties of these McAbs to ^{125}I -labeled free HBsAg, HBsAg coated to polyvinyl plates, HBsAg expressed in cell culture and HBsAg present in liver tissue section have been studied. Six McAbs did not show significant differences when assayed by binding to free HBsAg or HBsAg attached to polyvinyl plates. However, in tissue culture or in cells that expressed HBsAg on their plasma membrane or cytoplasm, these McAbs reacted differently. One McAb (S_5) showed the highest binding property by staining the cells at 1:625000, while another McAb (S_6) only stained the cells at 1:20, indicating the lowest binding property. Results of staining HBsAg in liver tissue sections were similar to those of tissue cells, but with less intensity. Therefore, it is recommended that the binding of McAb to HBsAg be assayed by the antigen expressed in cells if one expects to use it in vivo.

9717

CSO: 5400/4132

SYNTHESIS OF ANALOGS OF TAI-DING-AN, A NEW DRUG FOR TREATMENT OF CHLAMYDOZOA TRACHOMATIS

Beijing YAOXUE XUEBAO [ACTA PHARMACEUTICA SINICA] in Chinese Vol 22 No 4,
Apr 87 pp 308-311

[English abstract of article by Jiang Xiangjun [5592 3276 0689], et al., of
the Institute of Materia Medica, Chinese Academy of Medical Sciences, Beijing]

[Text] Tai-Ding-An, an effective agent against chlamydozoa-trachomatis and
herpes virus, has been used in clinical trials. Because of its poor water
solubility, eight new analogs were synthesized by direct condensation of the
appropriate aldehydes and 3-amino substituted ketones with thiosemicarbazide.

9717

CSO: 5400/4134

SELECTION OF BETTER IMMUNOGENIC AND HIGHLY ATTENUATED LIVE-VACCINE STRAIN OF JAPANESE ENCEPHALITIS. III. FIELD TRIAL OF LIVE VACCINE (14-2 STRAIN) ON 1026 CHILDREN

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 2, Apr 87 pp 84-86

[English abstract of article by Yu Yongxin [0205 3057 2450], et al., of the National Institute for the Control of Pharmaceutical and Biological Products, Beijing]

[Text] Four lots of JE live vaccine, totaling 870 ml, were produced with 14-2 attenuated virus strain. The virus contents of those vaccines were log 7.0-7.5Tcd50/0.2 ml. All of them passed the safety test. Therefore, it has been demonstrated that the residual virulence of the vaccine virus is as low as that of the seed virus.

Over 1000 children aged 5-12 years, living in a region of very low JE incidence, were vaccinated with one of the four lots of vaccine. Of them, 47 children were checked for body temperature and systematic reactions every other day for two weeks after vaccination. No body temperature over 37.3°C and no other systematic reactions were recorded. The other 979 children also remained healthy, with no untoward reactions observed.

Serological response was tested with the plaque reduction neutralization method. After immunization, seroconversion rates in seronegative children were 100 percent (GMT 35.3, n = 11), 100 percent (GMT 31.7, n = 12) and 83.3 percent (GMT 23, n = 10) in groups receiving vaccine dilution of 1:3, 1:5 and 1:50 respectively. These results indicate that the JE live-attenuated vaccine virus is highly immunogenic, genetically stable and safe for children.

9717

CSO: 5400/4128

WHO DONATES AIDS MONITORING LABORATORY

AB292328 Paris AFP in English 1906 GMT 29 Jun 87

[Text] Freetown, 29 Jun (AFP)--The World Health Organization (WHO) has given an AIDS monitoring laboratory to Sierra Leone to conduct tests on potential acquired immune deficiency syndrome (AIDS) victims, WHO official John Wickett said Monday.

Mr Wickett, who is on an AIDS evaluation mission, said WHO will also provide funds for AIDS health education programs. He said that though there were no confirmed cases of the disease in the country, "it is obvious that the disease would spread to Sierra Leone if preventive measures are not adopted soon."

WHO said that Liberia and Guinea have confirmed cases of the disease. An official of the national committee for the surveillance of AIDS, Doctor Effie Gooding, said 117 blood samples from several groups of people, including tuberculosis patients and those whose ailments cannot be diagnosed, had been sent for tests in Atlanta, Georgia, and the test proved negative.

Two small laboratories for AIDS tests are already in operation at Bo, 240 kilometers (150 miles) and Segbwema, 362 kilometers (227 miles) from the Sierra Leone capital.

/9738

CSO: 5400/207

DOCTOR: AFRICAN AIDS TO REACH NATION EVENTUALLY

Cape Town THE ARGUS in English 10 Jun 87 p 6

[Article by Ada Stuijt]

[Text]

AFRICAN Aids, which killed heterosexual men and women, would eventually find its way into South Africa, Professor Deon Knobel, head of the department of forensic medicine and toxicology at the University of Cape Town, has told a conference on Aids held at Tygerberg Hospital.

"We are part of Africa and we cannot hide behind the often-heard argument that African Aids will never become a problem here, or that it is still a small problem," Dr Knobel said.

"It is a tremendous problem in the rest of Africa, where the sufferers are men and women of breadwinner age and who are killed by the so-called 'slim' disease, leaving behind the children and the elderly.

Miners, visitors

"It has already been identified among mineworkers from the north and can be expected to be spread into the local communities by the automatic 'across-the-wire' contact that takes place between mineworkers and their visitors."

Dr Knobel was a guest speaker at the conference, which was arranged for Tygerberg Hospital health workers by the Ned Geref Sendingkerk.

He praised the church leaders for

organising the conference and said sufferers of the disease were often judged harshly by many people.

"If the church also rejects these people there will be no hope left in the world," he said.

"Pastoral workers will have a large role to play in helping health workers treating young people who are going to die."

He emphasised that Aids was not easily transmittable through normal nursing or social contact.

Prostitution

"Aids cannot be transmitted by normal kissing, mouth-to-mouth resuscitation, by the communion cup, nappy services, communal toilet or washing facilities, and neither by sharing meals or by touching patients," he said.

Dr Knobel expressed concern about the fact that prisoners were not now allowed, by law, to have free access to condoms and also warned that unless "safe sex" was practised by prostitutes, Aids could be expected to spread further through the prisons and through prostitution.

"Prostitution, the oldest profession in the world, cannot be destroyed. Would it be unrealistic to say that one should legalise prostitution and register prostitutes in order to prevent Aids?" he concluded.

/9274

CSO: 5400/205

BRIEFS

AIDS TOLL RISES TO 35--Johannesburg--Aids yesterday claimed another life in SA, bringing the country's death toll from the disease to at least 35. The 35 people who have died include 14 from other countries who have been treated in SA. The latest victim, a former mineworker who has not been identified, is believed to have died in the Johannesburg Hospital just months after the disease was diagnosed. Shortly before his death, a club here held a fund-raising afternoon for him. [Text] [Cape Town CAPE TIMES in English 12 Jun 87 p 3] /9274

MEASLES SCOURGE STRIKES KWAZULU--More than 2,300 children have been treated for measles in norther kwaZulu since the beginning of the year. kwaZulu's director for communicable diseases, Dr Murray Short, said yesterday many children had not been immunised against measles. About 65 children are reported to have died of measles in Maritzburg's Edendale Hospital since the beginning of March. An immunisation campaign began in the Stanger district last week. [Text] [Johannesburg THE STAR in English 17 Jun 87 p 7] /9274

NATAL/KWAZULU MALARIA CASES DECREASING--Malaria cases in Natal and KwaZulu may be on the decrease since the epidemic peaked in May, but the number of cases so far this year is still much higher than in previous years. There have already been 2,430 cases this year, compared with only 697 last year. KwaZulu's senior medical officer in charge of Communicable Diseases, Dr Murray Short, said today that although the worst might be over it was difficult to predict what would happen. 'Malaria seems to have peaked out as there has been a drop in cases since May, but it all depends on the weather. As long as the temperatures stay cool and the rainfall low, the mosquito breeding will be contained,' he said. KwaZulu, leaders in the malaria fighting campaign, are still intensively involved in their anti-malaria home-spraying programme. 'We are keeping our fingers crossed that the worst is over, but even so we are still getting 100 new notifications every week,' said Dr Short. [Text] [Durban THE DAILY NEWS in English 17 Jun 87 p 7] /9274

AIDS CASES DOUBLING--New Aids antibody carriers are regularly being identified in Durban, but at present there are no full-blown cases in Natal. Four new cases have however been confirmed in Johannesburg with more in the pipeline, Aids authority Dr Ruben Sher said today. There have been 73 confirmed cases in South Africa--the others have come across the border from neighbouring African states. 'We are getting more and more cases and the pattern is more

or less doubling every year, which is what we expected it to do," said Dr Sher. In 1982 there were two cases in the country; in 1983 there were four cases; in 1984 there were eight cases; in 1986 there were 21 cases. "There have already been 21 cases so far this year, which means that we are likely to have more than 40 cases during this year," said Dr Sher. So far only 4,000 confirmed cases had been reported from central Africa, but according to Dr Sher this was "grossly under-reported." According to Aids experts the "African Aids threat" was the most lethal of all as it was a heterosexual disease spreading like "wildfire." "We have fortunately still not detected the antibodies in our black prostitutes--this would be our early warning system," said Dr Sher. About 1,200 prostitutes around the country had been tested. "What is most frightening is that we are just not controlling it at all--it is spreading just as fast as we predicted," said Dr Sher. [Text] [Durban THE DAILY NEWS in English 23 Jun 87 p 7] /9274

RSA FEARS AIDS OUTBREAK--Migrant workers arriving in South Africa could be carrying the deadly AIDS virus, and while the disease could be spreading rapidly, the Chamber of Mines and Government are still debating what to do about the situation. Since the Chamber of Mines survey started last August, almost 1,000 migrant carriers of the disease have been identified; most came from Malawi. A chamber spokesman says negotiations have been going on with the government, but there have been no new developments since the survey. It is feared the AIDS bomb could explode out of mining compounds and into black townships. [Text] [Umtata Capital Radio in English 1100 GMT 5 Jul 87 MB]

MINES CHAMBER DENIES AIDS CASES--The Chamber of Mines has rejected a report that there are 1,000 confirmed cases of AIDS in the mining industry. A spokesman for the chamber has said there are at present only two cases of the deadly disease in the industry, which has a work force of more than 756,000 people. The spokesman says there have been nine cases in the industry in the last year, of whom five had died, two had been repatriated, and two who are being given therapy prior to being sent home. The spokesman says the report of 1,000 AIDS cases is probably a misinterpretation of a chamber study which up to 1,000 AIDS carriers in the industry, most of them from central Africa. [Text] [Umtata Capital Radio in English 1500 GMT 12 Jul 87 MB]

/9716

CSO: 5400/210

BRIEFS

DYSENTERY, TYPHOID INCREASES--A growing number of people have been infected with serious water-borne disease such as typhoid fever and dysentery in recent years, health authorities reported yesterday. The number of typhoid fever patients increased by 51 percent in the last three years, according to the statistics released by the Ministry of Health and Social Affairs. Typhoid fever patients stood at 184 in 1984, but increased to 208 in 1985 and to 278 in 1986, according to the statistics. The number of dysentery patients which totaled 60 in 1984 soared to 118 in 1986. The statistics showed, however, no cholera outbreaks have been reported in the country since the infectious disease struck 145 people in 1980. Four of the 145 patients died at that time. No cases of Japanese encephalitis, polio or malaria have been reported here in the past several years, according to the statistics. This year, the statistics showed, 95 typhoid fever patients and 57 dysentery patients have been reported. [Text] [Seoul THE KOREA HERALD in English 18 Jul 87 p 3 SK] /12913

CSO: 5460/0013

VIROLOGIST ZHDANOV ON AIDS IN USSR

Vilnius KOMSOMOLSKAYA PRAVDA in Russian 28 Mar 87 p 3

[Unattributed article: "What We Know About AIDS"; first paragraph is KOMSOMOLSKAYA PRAVDA introduction]

[Excerpts] The word AIDS--an abbreviated name of a new deadly disease, which affects many countries throughout the world--has often been mentioned in newspapers. Statements are contradictory: Some call this disease the "plague of the 20th century," which threatens mankind's very existence. Others believe that this problem is not relevant to us. Opinions concerning the virus are also contradictory. V. Zhdanov, academician of the USSR Academy of Medical Sciences, tells an IZVESTIYA correspondent about this disease.

It would be a harmful error to think that the AIDS pandemic developing throughout the world will bypass our country. We are not isolated -- we live in a complex world with intense contacts among countries and nations. Therefore, we cannot rule out that AIDS will be brought into our country. The total number of diseases heretofore detected in the USSR does not exceed 30, of which over two-thirds were brought in by foreigners, and less than one-third can be attributed to the native population. Naturally, the number of detected healthy AIDS carriers exceeds the number of sick ones. The groundlessness of the statements by some Western newspapers that the AIDS virus appeared in our country during the 1970's should be noted. The first case of AIDS in the USSR was recorded only in 1986.

Of course, we are not threatened by such an outbreak of diseases as in the United States and Western Europe. However, the fight against AIDS cannot be neglected. Both the Soviet government and Soviet science are doing a great deal to fight the disease. Our scientists have developed diagnostic methods (test systems), which make it possible not only to diagnose the disease, but also to uncover the carriers of the AIDS virus during the latent period.

A healthy family--the basic cell of our state--is of great importance for the prevention of AIDS. A healthy family is the antipode of sexual laxity and every citizen should know that sexual laxity is not only immoral, but also dangerous. Unfortunately, we have both drug addiction and other "groups in risk" of an AIDS infection and these groups should be systematically detected and examined for AIDS, of course, observing the rules of medical ethics.

It should be kept in mind that AIDS is transmitted mainly in two ways--sexually and through blood preparations. The disease is not transmitted during ordinary everyday contacts, nor through food, water, or air. Fortunately, the disease is generally not very infectious and is not always transmitted even from spouse to spouse. We are also discussing this because the population often feeds on rumors and not on scientific knowledge.

Soviet virologists persistently work on the development of a vaccine for AIDS prevention. This has been a difficult task--one which world science has not yet been able to accomplish.

I would like to believe that the approaching 21st century will be not only a nuclear-free century, but also the century of victory over AIDS and other serious diseases.

From the editorial department: The Lithuanian SSR Ministry of Health advised us that cases of the AIDS disease were not recorded in the republic. A laboratory equipped with Finnish diagnostic equipment, where donors' blood is examined, was opened at the Vilnius Republic Clinical Hospital.

Scientists at the Department of Infectious Diseases at the Kaunas Medical Institute, as well as at the Scientific Research Institute of Epidemiology, Microbiology, and Hygiene, have planned a number of studies in this area. The republic's physicians are cooperating with Moscow's scientific centers.

11439

CSO: 5400/1010

BRIEFS

MALARIA HITS KURUNEGALA--Malaria has reared its head again in Kurunegala. More than 200 patients affected with P. Faliciparum Malaria are now lying at wards 2, 4 and 8 of the Kurunegala hospital while about 100 patients are seeking OPD treatment every day. The hospital staff is reported to have taken preventive measures using the Malaria pills and additional microscopists and field assistants have been rushed from the Anti Malaria Campaign (AMC).
[Text] [Colombo THE ISLAND in English 26 Jun 87 p 1] /9274

CSO: 5400/4716

SWAZILAND

HUMAN

BRIEFS

RSA HELPS COMBAT MALARIA--RSA Helps Against Malaria. Mbabane (SAPA)--South Africa will help Swaziland combat a malaria epidemic by spraying the afflicted areas. Some have already died and hundreds have been hospitalized since the epidemic broke out about a month ago. The South African government has allocated about 50 kg of DDT insecticide for this purpose and has also announced that a campaign to inform people in the malaria-threatened areas about the disease will start in September of this year. The World Health Organization and the United States have also offered to purchase tablets from South Africa to relieve suffering from malaria. [Text] [Johannesburg DIE TRANSVALER in Afrikaans 7 May 87 p 10] 12593

CSO: 5400/181

TROPICAL DISEASES COMING INTO UK IN AUTOMOBILE TIRES

London THE DIALY TELEGRAPH in English 12 Jun 87 p 10

[Article by Roger Highfield]

[Text]

IMPORTED bald tyres can bring tropical diseases, into the country scientists have found. Asian mosquitoes carrying diseases such as dengue, which can be fatal, can hitch a lift in used tyres, a team led by Dr George Craig of the American University of Notre Dame reports in Science magazine.

The team believes tyres imported into North America for retreading and reselling can contain *Aedes albopictus* mosquito larvae or eggs.

The mosquito uses stagnant water in tyres as a breeding ground.

The mosquito was introduced into the United States in this way in 1985. However. "As far as we know, the mosquito has not been found in Europe yet," said Dr William Hawley, of the Vector Biology Laboratory, one of the team.

The team traced the source of these mosquitoes by comparing the characteristics of several strains, notably how well their eggs withstand cold and their sensitivity to light, with those of other species.

Aggressive biters

The best candidate came from a temperate region of northern Asia. Because it is not a tropical insect "it has the capability of spreading further northwards," said Dr Hawley.

The mosquitoes are aggressive biters and can carry a range of dangerous viruses including the dengue virus, encephalitis viruses and yellow fever viruses.

They are becoming increasingly abundant in southern and midwestern states in the United States, and there is a possibility that dengue may spread northward, said Dr Hawley.

"Dengue can be a very serious disease. In Asia it kills thousands of people, mainly children, every year."

Known as break-bone fever, it causes severe fever, aching and internal bleeding. There is no cure.

/9274

CSO: 5440/174

AIDS-INFECTED INTRAVENOUS DRUG USER INTERVIEWED

Zagreb VJESNIK in Serbo-Croatian 19 Apr 87 p 9

[Article by Boris Delic: "Laughing With AIDS, Without Drugs"]

[Text] The journalist, as a journalist--while once more, before going into the hospital room, just in case, he checks to see whether he is wearing his microphone properly, mutters what he will ask to himself, and once more quickly "films" in his head how he will get acquainted with his subject--in this case, a truly unusual one--comes last:

We stop in the corridor of ward 6 of Zagreb's Dr Fran Mihaljevic Infectious Disease Clinic; we had been passed by a man in slippers and pajamas, ill-looking, without hair, and with some strange spots on his head. "AIDS," our heart shuddered, and we wrestled with the fact that we too had been exposed. Not because of fear. We got over that a long time ago, not in accordance with the fatalistic idea of "what will be, will be," but simply because there is no basis of any kind for that fear.

"Let's go, that's not the patient," the ward nurse whispered to us. "All right... the press photographer is already inside... back to the left," she said courteously, noticing that we were upset.

He sat on the bed--tall, thin, with thick black hair, beautiful skin, and long well-kept hands, and when he offered the right one so that we could shake hands, we only noticed a watch and a small tattooed flower on his faultlessly clean skin.

"I am 20 years old, and I am from Belgrade. My name is Branko Bradic... I am from a working-class family..."

He spoke calmly and quietly, but the movements of his hands nevertheless betrayed nervousness--not because he was speaking "publicly," he "did not have any problem with that at all," but because of his "special condition." He was very communicative, gave an impression of sincerity, and expressed himself beautifully; in short, he was very likable--as everyone in Ward 6 had already concluded long before us, including the clinic's director, Dr Drazen Borcic, who is not his "assigned physician" and therefore does not see him that often. He was a handsome young man, who obviously had no trouble finding girls.

The Same Fate, the Same Room

"Did you tell her immediately that you were an addict, and that you were seropositive (infected with the AIDS virus--author's note)? How did you do it?" he was asked by psychiatrist Dr Veljko Djordjevic, one of the members of the Expert Committee for the Prevention of AIDS, which was established two months ago by the Zagreb City Assembly's City Committee for Health and Social Welfare.

This is already the second entry by a journalist into the "famous" hospital room at the Zagreb Infectious Diseases Clinic. Stevo Katalin from Podravska Slatina, the subject of a recent interview by DANAS, was lying in the bed next to Branko. Although they already knew each other well (and got along extremely well, they said), Stevo listened with unconcealed interest and maximum attention to every word spoken by "roommate" Branko into the tape recorder.

Although they have the same fate and are in the same hospital room, with the journalists entering it for the same reason, each of them has a different, characteristic life story. It is fortunate that the intentions of the Committee members and the journalists coincided precisely with their own intentions: they consented to "confessions" in order to contribute to a proper understanding of the fact that the malignant AIDS virus has spread beyond the so-called risk groups (Stevo is a hemophiliac and Branko is a drug addict) into the "normal" population, and thus to the creation of a strategy to have that fact accepted without excessive panic and to preparations for the level-headed reception of AIDS in our country.

"What really interests me," Dr Djordjevic continued, "is whether you thought about whether you might infect someone else."

"I told her at once that I was taking drugs. And this other thing, that I am seropositive... let me try to remember... Yes, along with that I also said that I was seropositive."

Branko's diagnosis is ARC (AIDS-related complex), a group of symptoms, if we may use the official medical vocabulary, that are causally associated with the AIDS virus, and that have manifested themselves in Branko's case by the enlargement of the lymph glands throughout his body and by the enlargement of his liver and spleen. Consequently, he is undoubtedly infected with the malignant virus, and is a carrier.

As Dr Krsto Babic, the head of ward 6, explained to us, Branko is now undergoing further tests for his immunological status, the immunological defense of the organism, which is the most essential thing for predicting the further course of the disease. In fact, some so-called opportunistic infections have not yet appeared, and the question is whether they should be expected soon. All in all, Branko is first and foremost a drug addict, and only then a patient infected with AIDS, with some quite initial symptoms of AIDS, and who came for treatment with a large supply of hard drugs, but who, as far as AIDS is concerned, is infected and dangerous. Furthermore, so far

science has unfortunately not observed any cases of someone who is seropositive "growing" into negative. But likewise, there is no information to show that such people (with initial symptoms of the development of AIDS), as Dr Babic put it, "have to go further."

How Did He Start?

"And in spite of that," Dr Djordjevic asked next, "the girl did not want to leave you?"

"No, although she was frightened."

She visits him regularly, and phones him. Her picture is above his bed. Branko says that she was tested for AIDS, and it was negative. They had sexual contacts innumerable times, and sometimes it happened without a condom. He is surprised that she did not "catch it." He also has an older sister, who loves him, and is not a drug addict either. Tomorrow his mother is coming to visit him...

For the first time. He told her, in the first few days, not to come, because he would be terribly nervous and in a terrible state. He says, "I do not like it when I can't even talk with her; I could even wear myself out..."

He said he was aware that it was difficult for them. His mother was the first to notice his strange behavior; he was increasingly weaker and more restless in school, he created problems, ran away, and demanded more and more money--for drugs, naturally. One day she caught him; she found the hidden marijuana.

"How did you really start?"

"My motives were really--how can I put it--curiosity... But when I think about it more, I still had problems with my parents... They have not been living together for 2-3 years now, and my father is a little independent... I started with drugs sometime around 13, hashish, and marijuana around 15. I took heroin, a fix, when I was 17, and afterwards took it regularly, even every day, opium... I was treated in Belgrade, Zagreb, and in the Padin ferry (prison--author's note)."

"Treatment" for drug addiction, unfortunately, only begins when the addicts reveal themselves through some criminal act. The question of whether they are first of all sick, and only then criminals, has still not received real answers in professional circles, among the innumerable professions dealing with this problem. Dr Djordjevic later told us:

"An addict is a sick person who also commits a number of crimes in his search for drugs, and it often happens that between his moments of freedom and the hospital, which he mostly perceives as repression, he also spends part of his time in a penal or correctional institution."

"Why were you in the Padin ferry?" he asked Branko.

"Like every addict, nothing special... Several car burglaries."

When a Person Is Infected

"You know, don't you, that you are infected with the AIDS virus?"

"For a year and a half now..."

"When a person is infected, he usually knows what he got it from. Did you think," Dr Djordjevic asked next, "about when you could have gotten that virus?"

"I know exactly when I got it! I also know who I got it from, since I did not borrow a syringe from anyone except that guy I knew had the virus..."

"You knew?"

"He told me that he was positive, but I thought he was joking; he was smiling while he said it... This was about two years ago, let's say, in Belgrade, and imagine--that was the only time I ever took a fix with someone else's syringe."

"What do you think? How many other people have borrowed a syringe and become infected with the AIDS virus?"

"A lot! Certainly a lot of them! But not all of them know this. Drug addicts borrowing someone else's syringe is normal... It is simply that a person does not have a syringe at that time; he has left it at home, or something like that. I was in a withdrawal crisis then, and it was really tight..."

"But it seems to me that you still haven't given up drugs? If you had a fix now, would you take it?"

"No. And I am in withdrawal now. I know opium withdrawals from my own experience, and I have also read a great deal--they can even last for six months."

"You have a lot of friends who are addicts..."

"There are quite a few of them in Belgrade, really quite a few. A lot. I know several hundred of them, but they are not all friends of mine. They are all using opiates. The market? It is horrible today. Drugs are awfully expensive--an ordinary heroin fix is a million dinars. Three fixes a day... And that heroin is not real heroin--it is mixed with some strange things, with sugar, and even with rat poison..."

"I see that you tried something... Was that during a withdrawal crisis?"

"Yes... But let's not talk about that, please. I would not like to. I am no longer suicidal."

This painful dialogue did not leave even this experienced doctor, who knows hundreds of addicts quite well, unmoved. Even without AIDS, Dr Djordjevic commented later on, the problem of addiction and drug addicts, both the

treatment and its success, and the later rehabilitation of addicts, has been and has remained one of the most serious social and psychiatric problems of the modern world. Addicts are almost necessarily young people, on the threshold of social and psychological maturity, barred from the normal course of life, outside of society, and in conflict with themselves, their families, and society. Since this has to do with an illegal activity (Dr Djordjevic was referring here to drug trafficking), it is understandable that we do not have exact data on the number of addicts, because they cannot exist. All that is reliably known is the number of addicts under treatment throughout the country at psychiatric institutions; for example, in Croatia there will be around 500 under treatment each year, almost all young people, not older than 30, while it is estimated that there are 10 times more of them than those who apply for treatment.

If the Film Were Rewound

"Are you certain that you will not return to drugs when you get out of the hospital?"

"I cannot vouch for it; I really am not certain. I am never certain, even though I have a lot of motivation and a tremendous desire."

Many philosophers, artists, and even ordinary people have thought for a long time that the real world is a tragic one. But the price of seeking a new world of fascinating sensations, ecstasy, or nirvana is a high one, and shrouded by obscurity.

"If you could rewind the film of your life, which path would you take? What would you choose?"

"Well, naturally, I would never start taking drugs. I don't know, I don't know, I really don't know... I have thought about how wonderful it would be for me to be without drugs, to be with normal people and not with drug addicts, who are so repulsive to me, even now. Vile. I think only about that. I would be glad to have a family. I would like to have two children. But I must not have them.

"I will not have them. My girlfriend is the only one who understands me. I have thought about adopting children. But in the end, perhaps it would be worthwhile to take the risk, but all of this is still a great risk. And I would like very much to have children with her. I thought that we would get married; we have been together for more than a year now. Perhaps I have an amorous nature. But no... There were mostly female drug addicts, and those were not any sort of contacts."

"What attracts you to her?"

"I do not know how to answer you. I really do not know what a person is like without drugs, but... what I like about her is that she acts normally without drugs. I can't understand it, since I really need drugs in order to act normally..."

"What does she say about your drug use?"

"I am very grateful to her, in any case. She really makes an effort, makes a considerable effort, and she has been very patient with me... I constantly said that I would stop, but never did, and now I have really seen that this has come to an end and that she cannot bear it any more. And naturally, if I continue, she will leave me, and that is normal, understandable. And it is mostly because of her that I will make an effort. You know, it is necessary to have something, some support, someone you love, some alternative, in order to give up drugs; you cannot do it just like that, on your own..."

Medication is not enough to treat addiction--Dr Djordjevic explained Branko's view. Consequently, the results so far have been relatively modest, especially in treating those addicted to opiates--recently, more and more to heroin. The statistics indicate that more than 60 percent of those who are treated remain patients for years, right up until their premature deaths. What is disturbing today is that young people are becoming acquainted with drugs earlier and earlier--with glue, pills, and hashish. The proportion of addicts of the most serious, opiate type is becoming larger and larger, and is above 30 percent of all those treated. In the last 10 years in our republic, for example, more than 25,000 drug addicts have been treated; as we know, the number of those treated is still relatively low in comparison with the real number of addicts. More than 35 percent of all those treated come back to the hospital to seek help.

Half Seropositive

"You have been an addict for 7 years, and you have been treated 5 times. Are you unhappy because of that, or in general?"

"At the moment, while I do not have drugs, I am..."

Specifically, he says that he does not feel normal: "No, no, absolutely not. My body needs to get used to a new balance, to a new world that I simply am not familiar with. I am awfully timid and often embarrassed in talking with people."

"What do you feel worse about? The AIDS virus, or the addiction?"

"I feel worse about everything when there are no drugs! Everything, everything... I am much more sensitive."

There will still be problems, however. Branko has had 8 years of school, a course for a precision machinist. He is employed "at a textile machine in Kluz." If he succeeds in giving up drugs, he will certainly be morose, he will not feel like working, and perhaps he will even be a little aggressive. He believes, however, he really firmly believes, that he will finally "become a person."

"What kind of person would you like to be, with what qualities?"

"Well, satisfied, happy; I would like to live with my wife, modestly, and not have to live with our parents..."

"You were loaned a syringe. Would you loan one to someone, knowing that you are seropositive?"

"No, no, certainly not. Many people even asked, even though they knew, as if it had no connection..."

"What do you think," Dr Djordjevic asked, "how many of the addicts that you know are seropositive?"

"Half of them, certainly. And a lot of them have been tested. They live normally, like me; they just go for regular checkups... Within the group, people know who is seropositive, but they do not talk about it."

He Tried the "Golden Fix"

He is critical of the fact that in his city, he cannot buy a syringe in a drugstore without a prescription. He says, however, that if someone were to ask him about it, he would be very hard on those who knowingly endanger other people's lives. "They should be punished in some way." Otherwise, he would advise potential addicts that if they try drugs, like him, they will severely regret it later on, as soon as the honeymoon is over. Then the agonies come, truly terrible agonies. The first time it is "beautiful, the best," and perception is stronger with the opiates; the second time you say once more, just once more, and you do not think that you will get hooked on it and that you will no longer be able to live without it.

He has already been at death's door. He even tried the "golden fix," but unsuccessfully. He thinks that he will live to be 80!

Has AIDS, however, changed his attitude toward drugs?

Yes, naturally, because he knows that drugs influence his immunity, and that addicts are more susceptible to the AIDS virus.

"Stand up a little, so I can see you. Here, give me your hand. Put your feet together. Blink. Stick out your tongue a little. Is your neck usually this red?"

"No, I have been scratching myself; I am nervous. No, I have not lost weight; I have even gained it in this hospital. This is the best hospital, if I could only get out a little..."

"We do not let anyone do that, because this is a hospital for contagious diseases."

"Can I ask you, finally, what your fellow patient is like?"

"A good, good, awfully good person! I like the way that he can laugh without drugs..."

"And with AIDS," Stefan laughed.

"And now you are laughing without drugs."

9909

CSO: 5400/3015

BAN ON SENDING AIDS INFORMATION ABROAD

Lusaka TIMES OF ZAMBIA in English 18 Jun 87 p 1

[Text]

THE Ministry of Health has banned all medical workers in Zambia from sending abroad information on AIDS.

Deputy permanent secretary Comrade Helen Matanda said when opening the 17th annual council of the Churches Medical Association of Zambia at the Co-operative College in Lusaka yesterday that the blackout on AIDS was still in force.

"Distortions in some foreign Press on the incidence of AIDS in Zambia could well have emanated from the zeal of some health personnel who have been too anxious to project their efforts in the prevention and control of the spread of the virus."

Speaking for minister Cde Rodger Sakuhuka, she said no information on AIDS should be sent abroad without the knowledge of the ministry.

She praised regular notifications of AIDS cases from both Government and church institutions which had improved and had assisted in planning control measures more realistically.

She urged the churches to channel any requests for financial and material support of the AIDS programme through her ministry to ensure that the support sought was in line with the national plan of action.

Churches should be vanguards in the promotion of good nutrition, increasing immunisation and provision of maternal, child health services and family planning, and the promotion of good sanitation and safe water supply.

In his report CMAZ chairman Mr Ian Campbell said there was a unique opportunity in Zambia for church institutions to cooperate with the Party and its Government and that each depended on health recognition of the other.

He called for further consultations with the ministry to ensure effective representation of CMAZ institutions.

Because of such consultation the Government had increased the annual grant to the institutions from K15 million last year to K22 million this year.

Three institutions had been added to CMAZ, bringing the total number to 47 rural health centres and 29 hospitals all over Zambia.

/9274

CSO: 5400/111

OFFICIAL ON FOOT-AND-MOUTH OUTBREAK; DEPARTMENT'S DEFICIENCIES

Buenos Aires CLARIN in Spanish 6 Jun 87 p 16

[Interview with Oscar Bruni, head of SENASA; date and place not given]

[Text] Another outbreak of foot-and-mouth disease in the main livestock zones of the country put the officials of the Secretariat of Agriculture, Livestock, and Fishing on guard.

In an impromptu press conference at the end of May, the assistant secretary of livestock, Carlos Maria Valerga, announced the extent of the disease and the emergency measures passed by his secretariat.

The minister of agrarian affairs in Buenos Aires, Hector Ariel Molinuevo, denounced the "sluggishness of our health system" (SENASA [National Service for Animal Health]) and its "centralized and bureaucratic" nature. He pointed out that this outbreak of foot-and-mouth disease "spread without any knowledge of where it was first detected. What is serious is that by the time it was reported, foot-and-mouth disease was already widespread."

CLARIN interviewed Oscar Bruni, head of SENASA, who said he "disagreed with Molinuevo's evaluations. This organization suffers from the same deficiencies of any government institution that depends on the budget of the Ministry of Economy. Therefore, we are studying the possibility of it being autonomous since it can finance itself."

[Question] Wouldn't that make the health system sluggish, as Molinuevo said?

[Answer] I can only discuss what has happened since I came to this department 8 months ago. At that time, I myself talked about SENASA's mistakes but I cannot accept its being branded as bureaucratic and autocratic. We started drawing up a bill with Valerga, INTA [National Institute of Agricultural-Livestock Technology], and CONASA [National Commission for Animal Health] 3 months ago to create a National System for Animal Health that coordinates all the organizations involved with health, including the producers, the meat-packing industry, and the pharmacological industry.

[Question] What are SENASA's mistakes?

[Answer] In recent years, the infrastructure of SENASA has been noticeably reduced. For example, 20 years ago we had a staff of 4,200 people. Today we only have 3,100. We are working to change that situation with a bill that proposes autonomy for SENASA. I feel that it is self-sufficient like INTA, the National Meat Board, or the National Grain Board.

[Question] When was the new outbreak of foot-and-mouth disease detected?

[Answer] The first sources were detected in San Justo and Rafaela (Santa Fe Province). According to studies by the Pan-American Center on Foot-and-Mouth Disease in Brazil, this virus is type A. Therefore, I disagree with Molinuevo when he says that we did not act in time and that the floods are not primarily responsible. More than 2.5 million head of cattle were moved because of a disaster. In this situation, the producers could not vaccinate. Also the virus in the vaccine that we were using is only 50-percent effective against this strain.

[Question] Are there statistics as to the number of sources of foot-and-mouth disease in the country?

[Answer] Combining all the active viruses, there are approximately 400 sources. This is encouraging compared to 960 in 1985. Our control indicates that the sources have decreased in a promising way. In week 17, we recorded 36 sources; in week 18, 48 sources; in week 19, 126; in week 20, 119; and in week 21, only 80. We sent these figures to the EEC to describe the situation. However, we are aware that this is not an exact science but biology which can offer surprises.

[Question] In your opinion, was SENASA's reaction adequate?

[Answer] Considering that SENASA is not synonymous with foot-and-mouth disease, we believe that we are working effectively. This week we held continual meetings with Valerga, INTA, the assistant secretariat of Buenos Aires Province, and others to polish up the policy of the ARSA plan (rejected for proposing a superstructure contrary to government philosophy).

[Question] Concretely, what was being done to fight foot-and-mouth disease and what emergency measures were taken facing the new outbreak?

[Answer] At the end of 1986, we made plans to fight foot-and-mouth disease. The first is called "Ayacucho" and consists of a pilot plan in the Salado basin because 80 percent of the sources came from that zone. It is expected to start in October for sheep and in November for cattle.

For the latter, we will use a new oily vaccine that is only applied twice a year, unlike existing ones that require three doses a year.

The field of animals treated will be 600,000 head of cattle belonging to 1,300 producers in an area of 6,700 square kilometers. A similar plan was studied to protect 100 kilometers north of the Health Barrier. It will cover 460,000 cattle. We also support the "Federacion" plan of Entre Rios Province, Centro Pampeano, and Mendoza to reinforce supervision over the movement of animals to

Chile in order to keep smugglers from evading health precautions and infecting the cattle of that country.

Next week we will have 1 million doses of the monovalent vaccine to use for government applications. It will be used to vaccinate the herd south of the Health Barrier, in Entre Rios, the cattle at the exposition in Palermo and other areas, and the animals in the regions with the densest number of sources.

The monovalent vaccination will be applied massively with the trivalent in September. In February, only the monovalent dose will be given.

[Question] Is this the result of the agreement Molinuevo announced with SENASA to develop a specific vaccine for the new virus?

[Answer] No, SENASA's only task is to supervise the suitability of the doses. I don't understand what Molinuevo meant to say. To support the action of the vaccine, we prevented the entrance of animals south of the Health Barrier, reinforced epidemiological vigilance, and follow up on the herds coming from flooded zones.

7717

CSO: 5400/2058

FOOT-AND-MOUTH COUNTERMEASURES ANNOUNCED

Buenos Aires AMBITO FINANCIARO in Spanish 29 May 87 p 10

[Text] Yesterday the assistant secretary of livestock, Carlos Maria Valerga, announced the implementation of a series of measures to control the outbreak of foot-and-mouth disease that afflicts a large part of the country. The basic measures involve producing a monovalent vaccine with the new virus detected (called A 87) which will be given to the animals in the next vaccination campaign planned for September and the future formation of an animal health commission by government and private organizations.

He said that measures already implemented include a ban on breeders from abroad (there are serious outbreaks of foot-and-mouth disease in Brazil and Uruguay), advancement of the vaccination campaign from June to 1 May, and follow-up on all herds from infected zones that were revaccinated or banned when the virus was detected. There were also ring vaccinations in the zones affected by foot-and-mouth disease.

Announcement

The official explained that the virus detected "already existed in the country and is very similar to A 81" which was taken out of the current vaccine in 1984.

Concerning the current vaccine, he stated that it "is only 50-percent effective against the new virus for a period of 50 days. Therefore, we have already developed a monovalent vaccine that will be applied separately in the September vaccination. In February it will be part of the current vaccine that is made with four viruses: A 79, C 1, C 3, and C 85." He added that the first shipments of monovalent vaccine will be used to immunize the animals shown at the Palermo exposition.

As to the causes of this epidemic, Valerga indicated that the floods "prevented completion of the vaccinations. Even in those fields where vaccination was completed, they could not follow the appropriate procedures."

He recognized that "coordination among government organizations is very bad and integration with the private sector is even worse. Although each organization works well individually, the system does not work when it is

necessary to coordinate functions." For this reason, he said that there will be a commission made up by SENASA [National Service for Animal Health], INTA [National Institute of Agricultural-Livestock Technology], CEVAN, representatives from the provinces and the private sector, and technicians from the School of Veterinary Sciences. It will develop a long-term integral plan that will not just take care of temporary problems.

Problems

He felt that "the fight against foot-and-mouth disease should not be fought by the state alone. The private organizations should also participate actively." He added: "Today (yesterday) [28 May] we ended talks with the technicians of the Pan-American Center for Foot-and-Mouth Disease and, in the next few days, we will begin the second series of meetings with the technicians, the chambers, and the private sector."

Valerga also stated that a series of long-term measures to fight foot-and-mouth disease are being studied. He mentioned that these include expansion of the free zone 100 kilometers toward the north, reclassification of the battle zones, and implementation of a pilot plan to apply an oily vaccine with greater immunological power. He said that an agreement was signed with Brazil and Uruguay to eradicate this disease in the border zones, specifically the Mesopotamia, Rio Grande do Sul, and the Uruguayan coast.

7717

CSO: 5400/2058

BRAZIL

ANIMAL

BRIEFS

FOOT-AND-MOUTH DISEASE--An outbreak of foot-and-mouth disease in Sao Paulo is worrying officials. The Agriculture Ministry secretary has warned people regarding consumption of milk and meat. However, he said that in 6 months the number of foot-and-mouth disease outbreaks in Sao Paulo state has been reduced from 632 to 324. Of the 10 million cattle in the state, 13,000 have reportedly been affected by this disease. [Summary] [Brasilia Domestic Service in Portuguese 2200 GMT 16 Jul 87 PY] /6091

CSO: 5400/2072

ZOOZOSES STILL NOT UNDER CONTROL IN SLOVAKIA

Bratislava ROLNICKE NOVINY in Slovak 27 Apr 87 p 3

[Article by Lubomir Olach: "The Struggle With Zoonoses Continues"]

[Text] There have always existed problems with zoonoses, diseases transmitted from animals to humans. It is true that presently, thanks to veterinary medicine, the problems are no longer as current. The regular vaccinating of domesticated animals, monitoring their health and other measures decrease the possibility of disease transmission to humans to a minimum. Inoculating employees working in animal production against zoonoses is also important. In spite of all these measures, certain difficulties prevail. It is therefore important to examine this problem.

For many decades veterinarians as well as physicians have been trying to obtain the maximum data about individual zoonoses and their origins. The objective is to decrease the danger of transmission to a minimum and thus prevent the economic damages caused by the disease. In spite of a great amount of data collected, we still are unable to determine the number and the spread of the diseases. Presently, we know about 150 types of diseases, of which 100 should be paid close attention to. However, in reality we only monitor 20 or 25 zoonoses. In recent years, in the fight against zoonoses, we were able to achieve significant results not only in prevention. The veterinarians were able to eliminate many of them. Yes, infectious anemia of single hoofed animals, cattle mange or brucellosis do not worry us much any more. It is necessary to emphasize that other diseases belonging to the zoonoses group continue to cause serious problems. It is therefore important that great attention is paid to them in terms of diagnosis and prevention.

In recent years veterinarians have been much more concerned with rabies. Last year, 244 animals were affected, 188 foxes, 23 cats, 19 dogs, 4 deer, 1 weasel, 1 cow, wolf and bore. This dangerous infection occurred in the entire Slovakia. In the framework of anti-infection measures, dogs, cats, cattle and sheep were vaccinated, mainly animals from the affected areas. The veterinary service continued to give peroneal vaccinations at the fox farm of the Veterinary University in Kosice.

Luckily, no cases of rabies in humans were reported. However, that does not mean that we can relax. It is necessary to realize that for each mistake the payment is the dearest--human life.

Until recently, Q-fever has worried farmers. It occurred in the entire Slovakia and the confusion it caused, particularly in cows and sheep caused much damage. Last year, the Q-fever was serologically diagnosed in one particular area in the Dolny Kubin region. After vaccinating the sick animals the disease was stopped before any humans were infected.

Salmonellosis is an infectious disease which is caused by various types of salmonella--a typical food poisoning, paratyphus. From the economic, veterinary and health point of view this is among the most dangerous diseases. Even though the fight against it here and in the entire world has been continuing for a long time and is very intensive, the results are modest. Last year the disease was diagnosed in 125 calf breeding farms, 11 pig farms, 43 chicken farms, (mainly in hatcheries), in 3 water fowl farms, and 4 sheep farms. The most common cause of this disease are poor hygiene and food conditions, incorrect breeding technology, etc. Because these conditions are prevailing the improvement has not been successful.

It is good to know that last year the breeders did not have any problems with tuberculosis in cattle and pigs. We know that it is very difficult to eliminate this disease from cattle. It is even more demanding to protect the farm from tuberculosis. We have been successful only thanks to employees of veterinary services, who have emphasized comprehensive diagnosis and application of preventive measures.

The breeders are very well acquainted with the diseases mentioned above. Our veterinarians pay increased attention to many others diseases. It will be necessary to deepen and intensify their activity, such as diagnostic research, prevention and disease elimination. With all the valuable experiences and knowledge they have already obtained, they will most certainly be successful.

12993/12951
CSO: 5400/3019

BRIEFS

RABIES CASES CONTINUE TO INCREASE--In recent years rabies have been on the advance again. They are causing considerable losses in our country and the annual direct and indirect losses in the CSSR arising from rabies have been estimated at about Kcs 10 million. In Slovakia rabies exist in practically all districts. Last year the staff of the Slovak veterinary service registered 224 animals infected with rabies, and cases of rabies were also registered in Bratislava. Some 100,000 heads of beef cattle and 140,000 dogs are being inoculated against rabies in Slovakia annually. Even though the inoculation yields results, this disease still persists in our territory and, unfortunately, is on an upward trend. Therefore--even when there is only a suspicion of rabies --one has to proceed quickly with utmost responsibility. Timely measures can prevent not only considerable economic losses, but also save human lives.

[Lubomir Olach article: "Rabies Continue To Be a Threat"] [Excerpt]

[Bratislava SMENA in Slovak 9 Jul 87 p 3 AU] /9738

CSO: 5400/3026

INDIA

ANIMAL

BRIEFS

CATTLEPOX DEATHS REPORTED--Calcutta, 28 May--About 50 heads of cattle have died of pox in the Kankurgachi area over the last month, the local councilor, Mr Paresh Paul, said here today. He said that he had met the mayor, Mr Kamil Basu, in this regard and had been assured of quick action. [Text]
[Calcutta THE TELEGRAPH in English 29 May 87 p 2] /9274

CSO: 5450/0154

MAURITIUS

ANIMAL

DISTEMPER EPIDEMIC CONTINUING TO GROW

Strict Quarantine Measures Applied

Port Louis LE MAURICIEN in French 4 May 87 p 4

[Excerpts] Dogs in Mauritius are contracting the disease known as distemper, which is caused by a virus. Since the outbreak of the disease in Port Louis, it has taken on epidemic proportions and is spreading to other parts of the island.

The division of veterinary services is applying stringent controls on dogs entering Mauritius. Only those that have been vaccinated against distemper are authorized to enter the country. Additional vaccinations are given, if necessary, in quarantine by the Ministry of Agriculture.

The same division monitors the movement of animals between Mauritius and Rodrigues. The disease is therefore not found in Rodrigues.

100 Dogs Slain Daily

Port Louis LE MAURICIEN in French 6 May 87 p 4

[Excerpt] The island's canine inhabitants are severely threatened by "Carre's disease," commonly known as distemper. More than 100 dogs are "humanely" put to death every day by the MSPCA, Dr J.D. Shuja, honorary secretary of the MSPCA, told LE MAURICIEN yesterday.

For the time being, veterinarians have only one way of shielding dogs and puppies from the epidemic: a vaccine given in two injections. The MSPCA has used up its supply. More of the vaccine has been ordered and is expected to arrive at any moment. The dosage for the two injections (from the previous supply) costs 76 rupees.

12413/12859
CSO: 5400/110

MOZAMBIQUE

ANIMAL

VACCINATION AGAINST RABIES LAUNCHED IN CAPITAL

Maputo NOTICIAS in Portuguese 22 Jun 87 p 2

[Text] The vaccination campaign against rabies, which will last 30 days and will cover six urban districts, is being launched in the capital city today. For this purpose, a brigade has been organized, made up of 25 technicians who are students in the Faculty of Veterinary Medicine, as well as six others from the Maputo Provincial Agricultural Office.

Svilen Maidenov, the veterinarian who provided us with this information, has announced that in Urban District 1, between 8 am and noon, vaccinations will be made available in the district of Malhangalene, covering Blocks 1 through 8.

The schedule calls for continuation of the campaign in the same district tomorrow, with the same schedule, covering Blocks 9 through 16.

This effort, which involves vaccinations of a compulsory nature for all cats and dogs over 3 months of age, also applies to poultry in this residential area, the purpose being to prevent and combat the ailment known as Newcastle's disease.

According to a communication sent to our offices yesterday, an official will be appointed in each district to take charge of organization and to accompany the brigade in the course of its work.

This individual will also have the duty of drafting a list of the dogs and cats which should be brought to the brigade on the vaccination date, prior to which the owners of the animals must be informed of this fact.

5157

CSO: 5400/206e

MOZAMBIQUE

ANIMAL

BRIEFS

SWINE FEVER DECLINING--African swine fever, which killed a considerable number of animals last year in Nampula, has recently been on the decline. The provincial veterinary services are still continuing their efforts to prevent and combat the disease. The head of the veterinary services in Nampula, Joaquim Sousa, has reported that the studies undertaken by the technicians have not yet established the best means of completely eliminating the epidemic. He explained that as of this year, the raising of swine in the city of Nampula is forbidden, because of the threat to the health of human beings. He further said that the emergence of this scourge in the region provided a challenge to veterinarians to be always on the alert against an epidemic. The head of the veterinary services said that the work of combating this disease is proceeding slowly because of the lack of funds for the purchase of medicines. He said that 3 million meticals have been spent to combat the African swine fever which has killed hogs in Nampula. The regions which suffered most from the effects of this disease between April and November of last year were Nampula and Mecuburi. Disinfectants were used to combat the disease. [Text] [Maputo NOTICIAS in Portuguese 18 Jun 87 p 3] 5157

CSO: 5400/206e

STUDIES OF BIOLOGICAL PROPERTIES OF AVIRULENT RICKETTSIA PROWAZEKII MADRID E

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-BIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 2, Apr 87 pp 113-114

[English abstract of article*by Wang Min [3076 3046], et al., of the Institute of Microbiology and Epidemiology, Academy of Military Medical Science, Beijing]

[Text] Rickettsia prowazekii Madrid E obtained from WHO in 1978 has been identified serologically and biologically. Its avirulent properties toward guinea pigs were maintained in the first four egg passages, however, the virulence toward both embryonated eggs and guinea pigs was raised after eight successive passages. The morbidity and mortality were increased in the irradiated guinea pigs. A smaller dosage might increase the yield of rickettsiae in eggs. Also, the peak of the growth curve occurred around the 12th day postinfection.

* Project supported by the Science Funds of the Chinese Academy of Sciences

9717

CSO: 5400/4128

CONCENTRATION, PURIFICATION AND ULTRACENTRIFUGATION ANALYSIS OF EPIDEMIC
HEMORRHAGIC FEVER VIRUSES

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-
BIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 2, Apr 87 pp 115-118

[English abstract of article by Xing Zheng [6717 1513], et al., of the
Institute of Virology, Beijing]

[Text] It was effective to concentrate the EHF virus A9 and L99 strains
from infected suckling mice brains by polyethylene glycol precipitation and
ultracentrifugation after treatment with protamine sulfate. Two sedimental
peaks appeared, located at 1.16-1.18 g/cm, 1.21-1.22 g/cm and 1.20-1.21 g/cm,
1.27-1.28 g/cm respectively in sucrose and cesium chloride density gradient
centrifugation. No difference was found in the sedimental properties of
Apodemus and Rattus borne viruses.

9717

CSO: 5400/4128

HEMMORAGIC SEPTICAEMIA OUTBREAK

Lusaka Province Affected

Lusaka TIMES OF ZAMBIA in English 12 Jul 87 p 1

[Text]

A DEADLY disease which has claimed six cattle and affected 1,200 others has broken out in Lusaka Province.

The disease, haemorrhagic septicaemia, was discovered at Chakankula farm west of Lusaka.

The outbreak, according to veterinary officials, was caused by the lifting of the ban on cattle movement from Southern Province two weeks ago.

A circular from the provincial veterinary officer Comrade Bole Simulombwa to all veterinary camps requested the assistant director for research to produce more vaccine for the disease which is highly contagious.

Cde Simulombwa has advised farmers next to the affected area and others near Galaunia Holdings to take precautionary measures by having their animals vaccinated.

Chakankula farm animals would stay in quarantine with immediate effect until the disease is contained. There are 6,000 cattle at the farm.

The Ministry of Agriculture and Water Development last month lifted the ban on the movement of cattle in Southern Province which had been seriously affected by corridor disease. That disease has since been controlled.

Haemorrhagic septicaemia is spread by grazing contaminated pasture and by contact of wagons or trucks. Cde Simulombwa

expressed fear that the disease would be difficult to control because the animals would still be ferried in infected vessels.

"The danger lies in the fact that the same trucks that ferried infected cattle from Southern Province to Chakankula farm could have been used to carry animals to other farms without being disinfected," he said.

Veterinary stations and camps in provinces and districts have been put on alert and asked to assist farmers, especially those in areas where they cannot readily buy the required vaccine.

In Lusaka the vaccine can be bought at the central veterinary research institute 25 km south-west of the capital.

Until now Lusaka Province has been free of animal diseases which killed thousands of cattle in other regions.

The lifting of the ban worried some commercial farmers in Lusaka who feared the disease would be introduced to the province from other areas.

In January the Government imposed strict controls on livestock movement from the Southern Province.

Foot and mouth and corridor diseases had become a menace and last year 3,251 animals were killed in Choma district alone.

Unnamed Disease Infecting Cattle

Lusaka TIMES OF ZAMBIA in English 18 Jun 87 p 7

[Text]

COPPERBELT West Farmers Association has called on district councils to ensure that cattle brought in from infected areas is slaughtered within 24 hours of arrival.

The farmers concern comes after reports that a large number of cattle brought in from areas known to have cases of various diseases had been left for months to wander and mingle with other cattle before they were killed.

The members of the association who met yesterday under the chairmanship of Mr Les White at Straven farm in Kitwe expressed concern at the large number of cattle brought in the province from infected areas.

One farmer said he witnessed the delivery of more than 800 cattle which were left to wander in his farm.

The Ministry of Agriculture and Water Development last month lifted a ban on the movement of cattle in Southern Province which had been affected by foot and mouth disease which has since been controlled.

However, another deadly disease, haemorrhagic septicaemia was discovered at Chakankula farm west of Lusaka.

/9274

CSO: 5400/111

BRIEFS

MANGO TREES ATTACKED.--Ishurdi, 31 May--Mango production in Pabna, Rajshahi and Chapai-Nawabganj districts may suffer a serious setback this year due to the outbreak of "thopper shutgall and leafgall", a disease which is causing heavy damage to the mango trees and hampering its production. These districts are famous for quality mangoes from the time immemorial. Taste and flavours of these mangoes are highly commendable. It may be mentioned here that a sum of Tk 4.25 crore has been allocated for the development of mango research project but no fruitful results has been achieved so far in this regards, it is alleged. The work of project was started in 1983 and two foreign specialists had been recruited for the project. But though the mango research project was established at Chapai-Nawabganj, the specialists are staying in Dhaka. The large building for Mango Research Project at Chapai-Nawabganj has been lying idle for a long time. [Test] [Dhaka THE BANGLADESH OBSERVER in English 1 Jun 87 p 7] /9274

CSO: 5450/0157

BELIZE

PLANT

STANN CREEK MEDFLY BAN LIFTED; ERADICATION EFFORTS BEGIN

Belize City THE BEACON in English 27 Jun 87 pp 1,3

[Text] Belize City can expect a flood of mangoes and on oranges from the Stann Creek District, following the lifting of the ban on fruit movement from that district imposed by the Ministry of Agriculture.

The ban, imposed because of the spread of the Mediterranean fruit fly (Medfly) was lifted following a spraying campaign and trapping operations. A spokesman from the Ministry of Agriculture said that it has now been determined that the Medfly is eradicated from the Stann Creek District, but cautioned that the ban would be re-imposed if the problem recurs.

Meanwhile a government release issued this week states that spraying against the Medfly began in the border area of the Cayo District on Monday.

The spraying is part of a programme of Medfly control and eradication agreed to by Belizean and Guatemalan authorities, following the detection of two adult Medflies in the Guatemalan border town Melchor de Mencoa.

/9274

CSO: 5440/177

OAKS ENDANGERED BY TRACHEOMYCOSIS

Bratislava ZIVOT in Slovak 31 May 87 pp 30-32

[Article by Olga Vavrova: "What Has Happened to the Oak?"]

[Text] The first, alarming reports about mass deaths of oak trees came from Eastern Slovakia at the end of the 1970s. Gradually, whatever was causing the oaks to die covered all of Slovakia, reaching its peak in 1983. Oaks, those majestic trees that are synonymous with strength, had suddenly become a plaything in the jaws of a mysterious epidemic. Sometimes it would take as little as two weeks for a 100-year old oak tree to die completely. Many serious questions have been raised by these mass deaths of oak trees. The questions were first put to researchers and scientists, and their answers were awaited impatiently because every day that passed brought further significant losses...

A team of experts was formed rapidly at the Forest Management Research Institute in Zvolen with the goal of determining what was causing this far reaching calamity and making recommendations to foresters as to what to do about this problem. After all, the oak is the third most prevalent tree in Slovakia, after the beech and the pine. Because of its qualities of hardness, durability and splitability it is a sought after raw material for the woodworking and chemical industries, and as a fuel. The nine varieties of oak that occur in Slovakia, i.e. the winter oak, summer oak, grey-green oak, felt-oak, slaven oak [not further identified], yellow oak, etc., have adapted to many different ecological environments and now grow in various conditions of dampness and dryness. The oaks have not been able to adapt to one thing, however, and that thing is the subject of this article.

The above mentioned 40-member collective brought together experts in various fields, who began to take a comprehensive approach to solving this serious economic and ecological problem. The team was headed by docent eng Miroslav Capek, doctor of science, with eng Romal Leontovyc serving as the project manager.

The laboratories at the research institute contain branches and twigs from infected oaks, cross sections of trunks. Test tubes contain fungi of the genus *Ceratocystis* growing in an agar medium. Other test tubes contain the toxins of these fungi. Flower pots contain uninfected oak seedlings. A small insect, the oak bark borer, has been pinned under glass, etc. These are only some of the things that have been having an impact on the mass destruction of the oak trees.

One stage of research has been completed, the results have been compiled, and the foresters have been provided the specific information that will allow them to continue. This is because oak tracheomycosis, as the disease affecting our oaks is called, is a complex problem. Rather than being able to say that the danger is passed, we rather need to examine case histories and diagnoses, and only then can we proceed to treat specific trees.

The actual death of the oaks is caused by fungi from the genus *Ceratocystis*, which attack the circulatory system of the tree and disrupt the flow of fluids within it. These fungi are considered native to our country and their existence has never before caused any great damage. On the contrary they have been of some use, because they attacked and eliminated the lower, shaded branches, or destroyed lower, weaker oak specimens, both of which helped the stronger trees to grow.

What has changed so that this fungus now threatens all the oaks in Slovakia? And not only here, but in Hungary, Romania, Yugoslavia, Austria, the FRG and other countries, all of which have been experiencing the mass deaths of oak trees. The problem stretches, for practical purposes, from France to the Tatar ASSR.

People will not soon forget last winter's snows. Moreover, other meteorological events stay in the memory: who can forget the 1978/79 New Years Eve, when the temperature dropped by more than 20 degrees Celsius in a few hours; or the heat wave of the summer of 1983, or the extreme cold of the winter of 1985; or the exceptionally dry summer of last year followed by the long and extremely cold winter of 1986/87...

Scientists at the Zvolen Forest Management Research Institute speak of a significant weakening of our forests caused mainly by the above mentioned extremes in recent macroclimatic conditions. But it has not been only the unpredictable weather that has weakened even strong specimens like the oaks; the actions of men have played a part as well. According priority to economic or quasi-economic interests, without sufficient regard for natural and biological laws, will sooner or later be manifested in some unpleasant fashion.

Some time ago it became the practice in the forest management sector, in the interest of improving efficiency, to cut off the long, taproot from oak seedlings before planting.

The reason for this policy was that the taproot caused nothing but problems. After two to three years of growth this root is almost one-half meter long. This not only makes it difficult to dig up the seedling, but an extremely large hole had to then be dug where the seedling was to be planted. The taproots were therefore cut off. This caused the growing oak to develop additional side roots, but it lacked the main, deep, taproot characteristic of the oak. It was this taproot that had enabled many oaks to survive dry periods by reaching deep into the soil to ground water.

By adapting the oak, in other words, to a cultivation technology that made our lives simpler we ended up not making things operate more efficiently, but only in causing losses for ourselves.

In the words of project coordinator, docent Capek: "The primary reason for the mass deaths of oak trees has obviously been an increase in the moisture deficit in recent years during the vegetative period. This reduced the resistance of the oaks. Dry, warm, and unusually long vegetative periods made it easy for the insects that transmit the disease in question, oak trachemycosis, to multiply. The primary carrier is the oak bark borer. A symbiotic relationship has been established between this insect and the fungus that causes the disease that has been very unfavorable to the oaks. Tracheomycosis indeed often seems to prefer the largest, healthiest specimen trees. The future of this disease will depend both on macroclimatic conditions, and on the success that we have in cleaning up forest stands."

So cleaning up the forests is one of the basic issues affecting the future existence of oak trees! It sounds hard to believe, but is in fact the case. Hygiene always plays a major role in fighting epidemics, and the trachemycosis epidemic is no exception.

It is of interest to note that people have played a role in the development of this condition, in addition to all the objective causes already noted. It is well known that our woodworking industry culls only the finest specimen trees from our forests so that it can produce higher than average quality products. There is no interest in timber of secondary quality. Formerly this thinner timber found application as a household fuel. But at a production cost of Kcs 70 per cubic meter and a market price of Kcs 48 per cubic meter, for firewood, where will you find a forester who wants to be caught devoting production assets in this area? This means that the thinner, lower quality timber remains in the forests as a breeding ground for pathogenic fungi and their insect hosts. The economics of forest management also mandates fuel conservation at any cost. This in practice means that wood, that rare raw material offered to us by nature, actually remains in the woods as a damaging waste product, spreading the deadly disease to other oak stands.

At one time oaks were felled only in the winter time. Now they are felled during their vegetative period, and the tracked and wheeled tractors that are used wound existing trees, thus creating an entry point for the further spread of the trachemycosis fungus.

Our forests are in bad shape at the present time. Our oaks have been experiencing an epidemic that has no parallel. It is in remission now, but has not been fully cured. After the dry summer of last year the researchers at Zvolen fear a recurrence. No universal medicine for treating this disease has yet been developed in any of the affected countries. There are ways to deal, however, with the individual factors that combine to cause the disease. Implementing these measures in the context of an efficiently managed forest ecosystem will enable us to heal our forests and save our oaks.

Forests are part of our natural wealth; their water, wood, fragrances, plant and animal life combine to form a unique natural beauty.. For our people the forest is also the most sought after friend for rest and recreation.

Or should we speak in the past tense--was the most sought after friend for rest and recreation?

GHANA

PLANT

ARMY WORMS DESTROY CROPS, KILL LIVESTOCK

AB302212 Accra Domestic Service in English 2000 GMT 30 Jun 87

[Text] Seven thousand acres of millet, sorghum, rice, and maize have been destroyed in the Upper East Regions as a result of an invasion of army worms. Also, livestock which fed on grass attacked by the worms have died.

According to our regional correspondent, the worst hit areas are the Bawku and Bolgatanga Districts. The regional undersecretary for agriculture, Mr Godfrey Abudu, told newsmen at Bolgatanga today that the presence of the worms in the region was first reported by some farmers at Kolongo, a border village in the Bawku District, a week ago. He said a team of plant protection and regulatory division staff, who were immediately dispatched to the area, could not control the situation.

Mr Abudu said the worms have since spread to other parts of the region. The undersecretary said his office has already sent a report to the Ministry of Agriculture in Accra for aerial spraying. He has also notified the FAO representative in the region and alerted his counterparts in the Northern and Upper West Regions about the worms which are drifting southward.

The undersecretary pointed out that it may require an international effort to effectively control the worms since they are suspected to have entered the country from neighboring countries.

/9738

CSO: 5400/207

INCIDENCE OF DEADLY WHEAT DISEASE BROUGHT DOWN

New Delhi PATRIOT in English 1 Jul 87 p 5

[Text]

Indian scientists have reduced appreciably the incidence of "Karnal Bunt" — a deadly wheat disease — by treating the seeds with fungicides, reports PTL.

Experiments by scientists at the Indian Agricultural Research Institute (IARI) have shown that when seeds infected with the "Karnal Bunt" are treated with the fungicide "thiram", the incidence of the disease was found to be reduced, according to Dr J R Tandon, director, Wheat Project Directorate.

They also found that another fungicide "vitavax" was effective in controlling the disease, but its cost was prohibitive.

Other reasons for the reduced incidence of the disease in endemic areas like Punjab, Haryana, Western Uttar Pradesh and sub-mountainous regions include changes in weather and introduction of new varieties resistant to "Karnal Bunt" disease, Dr Tandon said.

High temperature and reduced humidity have also decreased the occurrence of the disease after 1982 which was at its peak till then, he said.

The disease was first discovered in 1931 in Karnal, which led to its being named "Karnal Bunt".

Wheat infected with "Karnal Bunt" gives a foul smell and is unfit for human consumption. The disease, which is soil-borne, is transmitted through seeds and air and mostly hits the wheat plants at the flowering stage.

While thrashing the wheat, the spores of the infected grains fall on the soil and remain active for 42 months. Soil treatment, as a method to combat the disease, is very difficult, said Dr Tandon.

Scientists have been trying to spray chemicals on the wheat plants at the flowering stage, but, so far, they have not achieved any success.

As part of its strategy to prevent the incidence of the disease, the Directorate has asked farmers not to move seeds from disease prone areas to unaffected ones. If it is essential to do so, the seeds should be treated with fungicides to reduce the occurrence of the disease.

Scientists have also identified and developed certain "Karnal Bunt"-resistant wheat varieties which are gradually being introduced in the affected belt under the wheat improvement programme. The varieties include HD-2281, HD-2285, WL-1562 and DWL-5023. Southern parts of the country are reported to be free of the disease.

/13046

CSO: 5450/0181

BRIEFS

DISEASES SANDALWOOD--Bangalore, 14 Jun (PTI)--Denudation of forests, a devastating 'spike' disease, and relentless poaching by smugglers has led to an alarming fall in production of Indian sandalwood, famous all over the world for its exotic fragrance. Only about 2,000 tonnes of this 'fragrant gold' was produced last year against 4,000 tonnes in 1984-85. The production used to average between 4,000 to 5,000 tonnes during previous years, scientists at the Sandal Research Centre (SRC) said here today. They estimated that spike disease and smuggling account for 50 percent production loss. The SRC had identified the pest responsible for the disease nearly a decade ago, but further research was stalled for want of sophisticated equipment. Sandalwood is grown in a 9,600 sq km area in the country, of which Karnataka accounts for 5,000 sq kms and Tamil Nadu, 3,600 sq kms. Farmers are reluctant to take up sandalwood planting due to its long gestation period, and a fungal disease that destroys nearly 80 percent of the saplings. [Text] [Bombay THE TIMES OF INDIA in English 15 Jun 87 p 6] /9274

COCONUT ROOT-WILT--Trivandrum, 10 Jun (UNI)--The coconut production loss due to root-wilt disease in Kerala had increased to 968 million nuts in 1985 from 340 million nuts in 1976. In his report for 1985-86, the Comptroller and Auditor General of India said the physical achievement under spraying during 1980-85 was just nine percent while utilisation of budget provision was 90 percent. The report said excessive purchase of copper sulphate for spraying during 1980-81 had resulted in an accumulation of over 515 tonnes costing Rs 69.40 lakh. An area of one lakh hectares was covered during 1977-86 as against a target of 1.95 lakh hectares under a scheme for the rejuvenation of diseased and unproductive coconut plantation. The number of uneconomic palms cut and removed, under a comprehensive coconut development programme, during 1980-85 was 4.35 lakh as against a target of 8.45 lakh, the report said. [Text] [New Delhi PATRIOT in English 11 Jun 87 p 5] /9274

CSO: 5450/0162

ICDCS MAKES APPEAL FOR AID AGAINST LOCUSTS

AB022012 Dakar Domestic Service in French 2000 GMT 1 Jul 87

[Text] President Abdou Diouf has made an appeal to the international community on the locust situation. He made the appeal in his capacity as current chairman of the ICDCS [Permanent Interstate Committee for Drought Control in the Sahel]. Here is the text of the appeal read by Ibrahima Sani:

[Begin recording] This time last year, in my capacity as the ICDCS current chairman, I made an appeal to the international community that the ICDCS member countries were asking us to redouble our efforts in the fight against the locust invasion in the Sahel. Thanks to the positive response of donors, and to the effective physical organizational structure set up in our states, the threat was overcome and the consequences mitigated.

The experience acquired in the past and the dispositions already taken this year in collaboration with the international community will make it possible to forestall any eventualities in the fight against locusts. I want to take this opportunity to wholeheartedly thank the international community on behalf of my eight colleagues, heads of state of the ICDCS member states, for its assistance and readiness to help anytime it becomes necessary to confront the destructive effects of natural disasters in our sub-region.

However, a serious danger has emerged in another region of Africa which is equally serious for the Sahel. It has come out from the analysis of experts that an invasion of migratory locusts is likely to occur during the current rainy season, considering the

(?unfavorable) ecological condition and the presence of many residual locust colonies observed at the end of 1986. Thus in the countries of the Horn of Africa, the experts have [words indistinct]. We hail the courage and efforts made by the leaders and people of that region to overcome that calamity.

The international community has the duty to give vigorous support to these countries in their efforts to protect their agricultural produce and to weed out the locust. If such an action is delayed, not only would those sister countries face very serious dangers, but the Sahelian region itself would be dangerously threatened. That is why, on behalf of the ICDCS member states, I am making an urgent appeal to the international community, friendly countries, the specialized institutions of the United Nations, to give us their precious help, so that the efforts already made to overcome the danger of this plague are not rendered fruitless by the threat of the migratory locusts.

It is important to deal definitively with the locust population in their (?breeding) zones and to draw up an immediate plan of attack to stop the (?remainder) which will attempt to invade our subregion. I am convinced that the international community will respond to this call as usual, because it is convinced that all natural disasters of this nature must find adequate answers in human solidarity.

Signed: Abdou Diouf, current chairman of the ICDCS [end recording]

/9274

CSO: 5400/208

10-DAY CROP INSECT INFESTATION REPORT FORECAST GIVEN

BK270934 Hanoi Domestic Service in Vietnamese 1430 GMT 20 Jun 87

[Text] The Vegetation Protection Department reports on the insect situation over the past 10 days as follows:

In the northern provinces, the density of summer potato bugs quickly increased on prairies, along the canal banks, in bushes and along the village borders. In Nghe Tinh and Thanh Hoa Provinces, the eggs of rice bugs began to hatch on the fields of dead rice and secondary food crops. Rice stem borers prevailed in the summer-fall ricefields and the fields of early rice seedlings. Rice bug eggs continued to hatch.

Rice thrips increased quickly on every planting of rice seedlings especially the early planted ones, with a density up to thousands per square meter in Hai Hung and Hanoi. Moreover, rice stemflies, leaf rollers, and broan and green plant-hoppers have been damaging the early 10th-month rice seedlings.

In the central coast provinces, stem borers have massively developed into butterflies. Larvas caused unfilled tassels on the plantings of rice that eared in mid-June or would bud in early July. Following the recent rainfall, blight has strongly developed on those rice fields where rice has been intensively cultivated and thickly transplanted.

In the Mekong River Delta, rice thrips have damaged 41,800 hectares of rice, two and a half times more than the same period last crop season. Density ranged from hundreds per square meter to thousands per square meter at the highest. Stem borers, small leaf rollers, and white-backed rice fulgorids have caused partial damage in some localities. As for other crops:

Green leafhoppers have vigorously developed on jute crop, affecting leaves and plant tops over a large area. The density reached thousands per square meter. The density of worms was low from 100 to 250 per square meter in some localities.

Stem-eating maggots have affected 4 or 5 percent of the summer soybean crop. Leaf rollers and rust have caused sporadic damage.

For the time ahead, it is estimated that in the northern provinces rice bugs will continue to affect the summer potato. They will increase heavily on prairies, on the canal banks, and along the village borders. This will be a great threat to the summer-fall rice. Stem borers and rice thrips will cause general damage over a large area. Special care must be paid to the early planted rice seedlings.

Small leaf rollers, and rice army worm, stemflies, and leaf beetles will cause heavy damage in some localities. In the central coast provinces, stem borer larva will continue to develop, causing undeveloped tassels on all the rice plantings that grow ears. Rice thrips will continue to cause some damage in the Mekong River Delta. Small leaf rollers, blight, and white-backed rice fulgorids will cause partial damage in some localities.

It is recommended that northern provinces use insecticide to kill rice bugs on the summer potato crop, eradicate pockets of eggs on the fields of secondary food crops, manually kill insects on the various fields of rice seedlings.

In the central coast provinces, traps should be set up to catch butterflies. Eggs of stemborers on the ear-growing ricefields must be manually killed and insecticide be used where the density is high. Insecticide must be sprayed on the rice thrips in the Mekong River Delta and on other pockets of insects while taking care of the 10th-month rice seedlings.

/9738

CSO: 5400/4381

PESTS THREATEN CASSAVA PRODUCTION, TREATMENT DETAILED

Lusaka TIMES OF ZAMBIA in English 17 Jun 87 p 6

[Text]

CASSAVA production throughout Africa is threatened by two pests, the cassava mealybug and cassava green mite. Both pests were apparently introduced accidentally, and separately, from South America in the early 1970s and have since spread to affect almost all cassava growing countries of Africa.

Chemical control of these pests is not practicable; it requires frequent application of costly and highly toxic pesticides to achieve control, making this approach environmentally unsound and prohibitively expensive for use on this subsistence food crop.

Instead, an integrated approach has been found effective, combining classical biological control with improved agronomic practices and the use of healthy planting material.

Classical biological control involves the use of natural enemies of an introduced pest brought from the pest's own area of origin. In South America, neither cassava mealybug nor cassava green mite are serious pests because both are kept in check by a variety of natural enemies.

Following careful study to ensure that these natural enemies attack only the target pest and can cause no harmful side effects, they are introduced to Africa where they are able to control the pests.

Relatively small

numbers of natural enemies are introduced initially but these increases naturally to cope with the pest.

As the pest is reduced to harmless levels the numbers of natural enemies also fall to a low level. The first impact of the natural enemies may be seen as early as one year after release at the release site.

Natural enemies subsequently spread by themselves from field to field but their dispersal over longer distances can be hastened by supplementary releases. Following their establishment, natural enemies remain in a natural balance, permanently controlling the pest (unless this balance is upset by factors such as inappropriate pesticide use).

Classical biological control is permanent, cost-effective and environmentally sound; this approach has been successfully used throughout the world for many years to control a wide variety of harmful pests.

The Africa-wide Biological Control Programme (ABCP) of the International Institute of Tropical Agriculture (IITA) has been set up, under the umbrella of the Organisation of African Unity, to assist countries with control of cassava mealybug and cassava green mite.

Financing and support are being provided by the international donor community and the Food and Agriculture Organisation (FAO). Since 1981, over 150 releases of mealybug natural enemies have been made in 13 countries. In West Africa and Zaire, where the earliest releases were made, effective control of cassava mealybug has already been achieved.

Efforts continue to spread mealybug natural enemies throughout the affected area (which now covers 28 countries) and to find an equally effective control for cassava green mite.

Natural enemies are produced at the ABCP headquarters in Nigeria and then distributed by air to affected countries.

CONTROL

On arrival, natural enemies are either released by researchers on the ground or dropped at low level into cassava fields using ABCP's own specially equipped aeroplane.

In Zambia, successful small-scale trials of cassava mealybug biological control were carried out during 1984 and 1985 in the Luapula Valley. A major effort was then launched last year by the Zambian Government to spread biological control throughout the cassava-producing regions of the country.

This three-year project, funded by a loan from the International Fund for Agricultural Develop-

ment, is being carried out by the Ministry of Agriculture and Water Development with technical support from ABCP.

During last year's dry season, surveys of cassava mealybug incidence were made throughout Northern, Luapula, Central, Copperbelt and North-Western provinces.

The cassava mealybug has also been noticed in the Lusaka Province.

Releases of natural enemies using the ABCP aeroplane were then made at 12 sites spread over this area. Mealybug populations fall naturally during the wet season and usually rise to damaging levels during the dry season.

It is therefore too early yet to assess the impact of last year's campaign. However establishment of natural enemies has already been noted at several sites and detailed follow-up surveys will be carried out as the weather becomes drier this winter.

Depending on the results of these surveys additional releases will be planned for next month and August to spread natural enemies over a wider area.

In the areas where natural enemies have been established during last year's campaign, a reduction in cassava mealybug damage should be noticeable during this year's dry season. A more widespread and continuing improvement in the situation may be anticipated from 1988 onwards.

On the basis of experience elsewhere in Africa it is expected that biological control, combined with improved farming practices, will provide an effective and permanent solution to the problems caused by these devastating cassava pests. —