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Worldwide Report

EPIDEMIOLOGY

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14 March 1986

WORLDWIDE REPORT
 EPIDEMIOLOGY

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BRAZIL

OUTBREAK OF MENINGITIS IN RIO DE JANEIRO STATE DENIED

Rio de Janeiro O GLOBO in Portuguese 23 Nov 85 p 11

[Text] There is no outbreak or epidemic of meningitis in the state of Rio de Janeiro and the number of verified cases between January and October--1,093-- is below the epidemic level, guaranteed State Undersecretary of Health Claudio Amaral.

Of the 1,093 meningitis cases now counted, 167 were of the contagious type. Two hundred forty-six deaths have resulted, 23 of them being caused by the contagious meningitis. The average number of cases, according to Amaral, has remained at around 100 per month and the 167 cases of cocical meningitis were isolated outbreaks, in different regions of the state.

Claudio Amaral called the reporters together yesterday to put an end to "the outcry surrounding the meningitis cases," which according to him is a result of the 1975 epidemic that health authorities of the time tried to cover up. "Meningiis is always occurring but we are watchful and the appearance of one case here and another there does not constitute an outbreak," he said.

The fatal case observed at the beginning of the month in President Roosevelt Public School in Realengo, in which Jorge Antonio Alves, 16, died, was referred to by the epidemiologist: "That case serves to reinforce our theory that the worst measure that can be taken is to close the school, since that can adversely affect the epidemiological investigation. Classes should be kept open and the school should be well ventilated. The virus does not last more than a few minutes in the air and is only transmittable under the most intimate conditions, through saliva, and never through objects used by the sick person."

The youngest brother of Jorge Antonio, Renan, 3 contracted the disease without having attended the school. Another child that studied with Jorge, Fabricio Lino Machado, 9, is suspected of having post-mumps viral encephalitis, but like Renan is doing well and is out of danger.

"Even in the meningococcal cases, there is only a vaccine for two types of virus, A and C. Family members are recommended to use Minimax as a preventative medicine, but for schoolmates the only recommendation to be made is to watch for the symptoms: fever, headache, nausea, vomiting in a pressured stream, and in advanced cases stiffness of the neck," explained Claudio Amaral.

13026/7051
CSO: 5400/2025

BRAZIL

HEALTH MINISTRY CONCERNED OVER RISING POLIO INCIDENCE

Rio De Janeiro O GLOBO in Portuguese 31 Dec 85 p 7

[Text] Brasilia--Polio infantile paralysis has come back to occupy a place among the concerns and priorities of the Ministry of Health. Its incidence, which had been falling after the start of the 1980 [vaccination] campaigns, has been growing. Forty-five cases were recorded in 1983, in 1984 the number climbed to 130, and this year already more than 500 reports are in the process of being investigated, of which 138 are confirmed.

In a plan presented this month to president Jose Sarney, Minister of Health Carlos Sant'Anna points out that, in spite of the general belief among the Brazilian population that the disease has been eradicated, paralysis is still a threat.

As a result, the local authorities have put into place, beginning in January, a project that aims to eradicate the sickness by 1989. From now on, any suspected polio case will justify true "war measures," such as the vaccination of the entire infant population of the city in which the disease is detected. Beyond that, a technical team of the state secretariat of health will be responsible for determining the origin of the outbreak and, if necessary, extending the vaccination program to other localities.

The ministry of health figures show that by the beginning of December 121 cases, representing 87 percent have been recorded in the states of Ceara, Pernambuco, Bahio, Rio Grande do Norte and Paralba, and in addition isolated cases were detected in Sergipe and Piaul.

In the opinion of ministry of health technicians, these numbers alone justify unleashing more rigorous measures. They explain that vaccination campaigns put the disease under control, but interruption of the contagious chain is not achieved; moreover, they state that the occurrence of one single case means that at least one hundred other people are infected with a non-paralytic "invisible polio," which is difficult to diagnose.

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CSO: 5400/2025

BRAZIL

COUNTRY RANKED SEVENTH IN INFANT MORTALITY RATE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Dec 85 p 31

[Text] Brazil is a country of extreme contrasts: although recognized as having the eighth largest economy in the world, it is ranked seventh in infant mortality (on a global scale), only below India, China, Indonesia, Nigeria, Bangladesh and Pakistan. Moreover, the causes of this tragedy are fairly simple and have been known to Brazilian authorities for many years: malnutrition, diarrhea, and communicable diseases which may be prevented by immunization, such as measles, whooping cough, poliomyelitis and respiratory infections.

Statistical projects based on the infant mortality figures in this country reveal frightening facts: by the end of this year, at least 360 thousand children under five will die. Of this number, some 300 thousand will die before the age of one and 150 thousand in their first month. The projections for the next 15 years are even more alarming: if by the year 2000 nothing is done to overcome the problem, 4.5 million Brazilian children will be fatally condemned to premature death, 4 million of these being less than a year old, and of these some 2 million dying before the age of one month.

Of the deaths expected this year 27 percent, or 87 thousand children, will be victims of diarrhetic diseases connected with malnutrition, which appears to be the most serious of the fatal sicknesses. The Northeast, as usual, is the statistical champion, and is directly responsible for Brazil being included among the countries with the highest levels of infant mortality. There, 40 percent of infant deaths are caused by diarrhea and malnutrition, the latter often leading to dehydration and death if adequate treatment is not provided. This is happening even now, in spite of the fact that medicine to prevent the sickness can be prepared in the home with a base of sugar, salt and water, and is distributed free by the Medicine Center (CEME) through the INAMPS [National Institute for Social Security Medical Assistance] network and the state secretariats of health.

This is the so-called oral rehydration cure, which can even be prepared at home and save the child suffering from diarrhea, if treatment is given immediately after appearance of the first symptoms of the disease. The formula is extremely simple and cheap: 3.5 grams of kitchen salt, 2.5 grams of bicarbonate and 20 grams of sugar, all diluted in boiled water; in 1984 this formula saved the lives of half a million children in the countries, like Bangladesh, that adopted it. In spite of this, as of the beginning of the year less than 15 percent

of families in the world were utilizing it to prevent and treat diarrhetic dehydration, the worst demon of infant mortality.

Even so, 38 countries have already begun to manufacture salt for oral rehydration, considered by specialists "the miracle medicine of the century."

13026/7051

CSO: 5400/2025

BRAZIL

BRIEFS

AIDS CASES, DEATH--Brasilia--As of the first week of this month 540 people in the country have contracted AIDS, with 252 fatalities. In addition, 99 suspected cases are being closely watched, according to figures divulged yesterday by the Ministry of Health. Some health officials observed, however, that these figures are not representative of the true number of cases, since the state secretariats [of health] have delayed in sending reports of the disease. 401 cases, or some 71 percent of the total, have been recorded in Sao Paulo, where 77 persons showing symptoms are being treated by health authorities. AIDS has already caused 175 deaths in Sao Paulo, mainly male bisexuals and homosexuals between the ages of 20 and 49 years old. Rio de Janeiro has accounted for 13 percent of the known cases in the country. 71 people in this state have been infected and another 14 are being closely watched. Moreover, it is this area where the greatest number of people (14) have contracted the disease through blood transfusions. In Rio, AIDS has already killed 44 men, women and children. States which have reported high rates of occurrence are Rio Grande do Sul, with 17 confirmed cases; Minas Gerais, with 14; and Pernambuco, with nine. In the other states, the numbers vary between one and five cases diagnosed. [Text] [Rio de Janeiro O GLOBO in Portuguese 8 Dec 85 p 6] 13026/7051

YELLOW FEVER CAMPAIGN--The minister of health, Carlos Sant'Anna, released yesterday Cr\$42 billion for SUCAM [Superintendency for Public Health Campaigns] to eradicate the "Aedes aegypti" mosquito, carrier of yellow fever, that has returned to infest nine Brazilian states and two territories. The program is part of the National Yellow Fever Control Campaign and anticipates that in its first phase (120 days) some 1.5 million houses will be disinfected. The minister of health plans to increase the annual number of yellow fever vaccines given to Amazon inhabitants and travelers in the region from 3 million to 10 million. The states where the campaign will be intensified are Amazonas, Para, Roraima, Acre, Goias, Mato Grosso do Sul, Rio de Janeiro, Mato Grosso, Maranhao and the territories of Rondonia and Amapa. The campaign to eradicate the mosquito in Rio will have 200 men equipped with 300 hand pumps and 15 vehicles that will visit nine districts of Rio. [Text] [Sao Paulo FOLHA DA SAO PAULO in Portuguese 8 Dec 85 p 29] 13026/7051

MALARIA INCIDENCE IN AMAZON--Porto Velho--The Amazon region is responsible for 90 percent of malaria cases in the country and is the biggest source of the disease in the other regions. With increased migration and the opening of new areas of colonization, the problem is tending to worsen. This situation has been discussed since Tuesday in a meeting which brings together in Porto Velho the directors of SUCAM for the Amazon and Central West regions. Rondonia is the malaria capital of the nation and one of the biggest sources of the disease, mainly because it is host to many gold miners and colonization projects. "By October of this year we had already documented 129 thousand cases of malaria in this state and the situation is becoming more difficult because we are short 238 disease workers for insecticide operations," said the regional superintendent of SUCAM, Joao Bosco Pereira. [Text] [Brasilia CORREIO BRAZILIENSE in Portuguese 5 Dec 85 p 8] 13026/7051

ANTI-MALARIA, MEASLES CAMPAIGN--The Health Ministry has ordered a thorough investigation into the outbreak of measles in Acre State. More than 500 people reportedly were affected by measles toward the end of 1985, causing the death of 22 children. A vaccination campaign has been ordered throughout the state. Moreover, the superintendency for Public Health Campaigns [SUCAM] has begun a special campaign in Rondonia in an effort to eradicate the outbreak of malaria in this state. More than 186,000 cases were reported last year in Rondonia. Porto Velho and Ariguemes reportedly are experiencing the worst problem. [Summary] [Brasilia Domestic Service n Portuguese 2100 GMT 19 Feb 86 PY] /12913

MENINGITIS IN BAHIA STATE--Bahia State Health Secretary Nelson Barros and a group of experts on epidemics today visited Guaratinga district, 690 km from Salvador, to verify the severity of the outbreak of tuberculous meningitis that has already killed two people. /Summary/ /Brasilia Domestic Service in Portuguese 2100 GMT 6 Feb 86 PY/ 12228

CSO: 5400/2036

BULGARIA

AIDS SAID TO INVOLVE FUNGUS INFECTION

AU141411 Sofia BTA in English 0830 GMT 14 Feb 86

["Bulgarians Maintain AIDS Is Related to... Fungi Infections"--BTA Headline]

[Text] Sofia, 14 Feb (BTA)--Bulgarian scientists maintain that the acquired immune-deficiency syndrome (AIDS) is related to... fungi infections; the three dots come to show that the participation of microscopic fungi in the cause of the development of AIDS seems almost incredible in the light of the universally accepted idea of the uniform virus agent of the disease.

But this opinion should not be disregarded bearing in mind whose it is. It belongs to Dr. Georgi Manolov and Dr. Yanka Manalova who recently included their sixth discovery in their research records. They determined that in one of the types of malignant tumors called Burkitt's Lymphoma a change takes place in one of the 14th pair of chromosomes which causes the development of this type of cancer. This discovery facilitates the development of modern molecular genetics of cancer.

But let us return to AIDS. Chance took the Manolov family to the U.S. and to the medical center in Omaha, Nebraska, where in the course of a year they studied the devastating disease and showed its relation to disturbances in the chromosome system of the T lymphocytes which are responsible for the immune defense of the organism against viruses. Obviously the development of Burkitt tumours by AIDS patients is indicative of the fact that the organism usually suppresses the development of tumors if there is no acute immune deficiency. In this case a multitude of oncogenic viruses are activated turning the healthy cells into malignant ones. Hence the opinion of the Manolovs--the agents causing AIDS are numerous. Not only viruses but also the bacteria of some fungi contribute to its development.

Accidentally during one of their chromosome studies, the two Bulgarians discovered that even in ideally sterile conditions there are fungi-microorganisms in the samples--in the air, in the blood, everywhere around us. These microorganisms drop mycelia, reproduce and undergo constant and easy mutating and survive most unfavorable changes of the environment. Some of the fungi may co-exist in a biological balance with their "host" but others affect those same T lymphocytes attacked by the AIDS retrovirus.

This is the latest working hypothesis of the authors of the sixth Bulgarian discovery: homosexuals are "incubators" of the African type F thermophilic fungi. According to the Manolov's this is the reason why AIDS spreads among men, women and children living around the Equator and in America and Europe it affects mainly homosexuals.

A substance has been isolated from the fungi which suppresses the activity on the T cells. This is why fungi infections suppress the immunity and invite various microbial and virus infections. It is not by accident that some cancer diseases such as Burkitt's lymphoma and Kaposi's sarcoma and AIDS spread in one and the same zone--Equatorial Africa where the great dampness and high temperatures combined with rather poor sanitation create an excellent environment for these fungi.

/9738

CSO: 5400/3010

DJIBOUTI

VACCINATION DRIVE DESCRIBED

Djibouti LA NATION in French 26 Dec 85 p 2

[Article: "Unprecedented Operation in Djibouti: 15,000 Nomads Vaccinated; first paragraph LA NATION introduction]

[Text] Fourteen helicopters, 7 medical teams, the mobilization of several hundred people, 59 checkpoints, 30 French reporters to cover the event and, in the background, superb and imposing, the "Joan of Arc" ... These are some of the figures involved in the "commando-operation" to vaccinate between 10,000-15,000 people. The enemies that necessitated such large-scale organization include four of the six diseases that fatally strike children: diphtheria, tetanus, whooping cough and poliomyelitis... It was an original initiative that demonstrates the dynamic character of Franco-Djibouti cooperation.

Rarely has a vaccination drive in our country mobilized so many people. All echelons of the civil and military hierarchy were represented, from the medical agent wielding the vaccination gun to the president of the republic, who by his presence hoped to show the importance be attached to the event. This operation was a perfect example of what not only bilateral, but also interministerial, cooperation can be.

Besides the coordination between Ministry of Health and the French Embassy in Djibouti, the drive also received the support of the Ministry of the Interior, the National Army, the French forces stationed in Djibouti and French Bioforce. Better yet, officials of these different institutions were on hand for the event. Besides the president of the republic, the first lady, Mrs Aicha Bogoreh, the minister of health, the minister of the interior, post office and telecommunications, the general of the armed forces and the commissioners of the districts concerned were present. On the French side, Mrs Danielle Mitterrand, wife of the French president, the French ambassador, the chief-of-staff of the French forces stationed in Djibouti and the director of the Merieux Institute, which provided the vaccines, were present.

A Dual Purpose

In addition to its spectacular aspect, this drive was original in more ways than one.

--First, it took place in a very short period of time (two days), allowing full use to be made of the logistical preparations.

--It introduced a new vaccination method and more effective vaccines. The number of injections has been decreased to two instead of three, as in the expanded vaccination program. The next injection will be given in May. The vaccines themselves are more concentrated and heat-resistant, i.e. they can be preserved in a refrigerator at 4-5 degrees, which reduces "cold chain" problems.

The aim of the vaccination operation was to reach 60-70 percent of the people inhabiting these isolated reaches of the country who are not always able to take advantage of the expanded vaccination program (EVP). It had a dual purpose: protection of children (a classic EVP goal) and protection of mothers.

For the UNICEF and WHO observers who were there, the drive was also important for its stimulating effect on medical service agencies and for the pro-vaccination publicity it will generate. In their opinion, it will allow the EVP, in which they are involved, to benefit from the aftermath of the "Joan of Arc" operation, i.e. its psychological and organizational repercussions.

A Dynamic Operation

This vaccination-commando affecting more than 10,000 people was carried out through the assistance of the "Joan of Arc," which provided most of the logistics. During the information meeting at the Sheraton Hotel, the minister of health moreover stressed the "Franco-Djibouti friendship" which made the operation possible. He then emphasized "the exemplary work accomplished" on all levels. He explained the choice of vaccination zones by the head of state's El Hadj Hassan Gouled Aptidon, concern that, in the interests of equity, our least privileged population groups, located far from permanent health infrastructures, be reached first. Nevertheless, the minister reassured other Djiboutians, stating that, "the Ministry of Public Health, with the valuable assistance of UNICEF and WHO, will insure total vaccination coverage of the territory." He reminded that audience that "Joan of Arc's second stopover next May will provide us the opportunity of giving the second DTCP [not further identified] and tetanus anatoxin injections and completing anti-measles prophylaxis by vaccinating children who were too young when we came through the first time."

During his short press conference in Medeho in the northern part of the country, the president of the republic personally thanked Mrs Danielle Mitterrand for her presence at the event. In response to French reporters' questions on Franco-Djibouti cooperation, he stated that the drive fit in very well in conjunction with the friendship linking the two countries and also with the Djibouti health objectives the government had set for itself since independence...

This two-day drive will not only leave a salutary mark on the arms of the children vaccinated, it will also be remembered by their parents, who will perhaps no longer have to watch them die. As it will be by all the French and Djiboutian medical teams who gave so much of themselves for the success of this operation...

[Boxed Insert] SOS Children

To understand the importance Djibouti authorities attached to this vaccination drive, think about a few painful figures of which UNICEF continually reminds us. Each minute, the six principal childhood diseases kill more than eight children under the age of five in third world countries... If you do your calculations, you will find the number of children who die each year who could be saved. Eight other children become disabled, deaf, blind or mentally deficient because of these illnesses.

In 1985, that is, the age of space conquest, "Star Wars" and computers, 3.6 million children died from these diseases and as many more became handicapped.

Among those that topped the list of these child-killers: according to a UNICEF report published in Washington, this year measles again killed two million children, tetanus nearly one million infants and whooping cough more than 500,000 babies, etc... A very black picture that contradicts the glib self-satisfaction of Third World governments.

However, hope is reborn when we look at the "good" figures. During the last 12 months, more than a million children were saved throughout the world by vaccination and oral dehydration therapy programs. "In Africa alone, vaccination against the six principal childhood diseases made it possible to save 800,000 children in 1 year from paralysis and death." Vaccination rates, below 5 percent a few years ago, have risen sharply and have even reached 60, 70 and 80 percent in some countries like Pakistan, Turkey, El Salvador, Bolivia, Brazil, Columbia, Burkina-Faso, Saudi Arabia, Zimbabwe, etc.

For organizations like UNICEF and WHO which are dedicated to improving health, these praiseworthy efforts are still a long way from the goal established by the United Nations: immunization of all children by 1990.

A difficult challenge, but not impossible according to health experts. Everything will depend on the extent of the "crusades" the countries concerned will launch to eradicate these illnesses. An encouraging example: small pox has been eliminated from the face of the earth through vaccines. A considerable exploit when you consider the millions of victims it once claimed.

In Djibouti, the vaccination rate, which was less than 5 percent several years ago, has reached 30 percent thanks to the EVP (Expanded Vaccination Program) financed by UNICEF and WHO. However, a great deal still remains to be done in our country to achieve an acceptable average -- we must not forget that 200 children in 1,000 still die from these illnesses and from diarrhea.

9825/7051
CSO: 5400/59

EGYPT

VENEREAL DISEASE REPORTED DECLINING

Cairo THE EGYPTIAN GAZETTE' in English 4 Feb 86 p 2

[Text]

THE Minister of Health, Dr. Helmi el-Hadidi, yesterday opened the fourth international conference on dermal and venereal diseases, which is organised by Zagazig University, in collaboration with the International Association for Dermal Diseases in Tropical Areas and the Faculty of Medicine, Philadelphia University in the United States.

In his inaugural speech, the Minister said that three per cent of the total number of cases which received treatment at the public hospitals last year were dermal diseases. He added that dermal diseases spread among citizens due to social and environmental factors.

The Minister moreover said that most organic disea-

ses have their own skin manifestations including psychological disorders, rheumatic diseases, malnutrition, diabetes, fevers and malignant tumours. "Still there are several skin diseases without a known aetiology", he added.

Dr. el-Hadidi also said that the incidence of venereal diseases such as syphilis and gonorrhoea has markedly decreased in Egypt due to the spread of health awareness among the citizens. The Minister also warned against the spread of Acquired Immune Deficiency Syndrome (AIDS) which is considered one of the serious health problems in the world.

Dr. el-Hadidi hailed that the role played by universities and the Ministry of

Health in developing dermatology, especially with the spread of industrialisation which plays a role in increasing the incidence of dermal diseases. He urged researchers from the various countries to cooperate so as to determine causes of these diseases and how to protect people against them.

The Ministry of Health pays much attention to dermal diseases, said the Minister, pointing out that the number of dermatologists working in public hospitals is 200 specialists; in addition to the dermal diseases departments at the hospitals of the Health Insurance Authority, the Armed Forces and the Therapeutic Organisation.

— GSS

/12828
CSO: 5400/4603

HONG KONG

SCREENING PROGRAM FINDS HEMOPHILIACS POSSIBLE CARRIERS

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 19 Jan 86 p 5

[Article by Jamie Walker]

[Text]

IN a bare room, on a bleak winter's night, Jonathon tells how he has come to live in the shadow of AIDS.

"I am a haemophiliac," Jonathon says simply. "I have no choice but to accept AIDS as a fact of life. I can't pretend it doesn't exist."

In Hongkong, as elsewhere abroad, people like Jonathon have been forced to come to terms with the fact that they are probably carriers of this strange and deadly disease. As haemophiliacs, they have been told bluntly to adjust their lives to cope with the risk of transmitting AIDS.

A Medical and Health Department screening programme recently found that 38 — or 46 percent — of a group of 82 haemophiliacs tested for AIDS infection had been exposed to the virus. The figure, doctors say, conforms with international research findings which suggest that between 50 and 80 per cent of all haemophiliacs could be infected.

The director of the Government's AIDS counselling service, Dr Patrick Li, confirmed last week that most of Hongkong's estimated 200 haemophiliacs had been warned to take precautions against transmitting AIDS. The precautions include advice that they always use their own toothbrush and razor blades and limit sexual activity.

"The general guideline is to ask haemophiliacs to assume that they are carriers of the virus," Dr Li said. "From that as-

sumption, we ask them to take the same general precautions that we suggest to anyone who might return a positive result to a test."

Medical and Health Department testing has so far identified 53 people, including the 38 haemophiliacs, as being carriers of antibodies positive to AIDS. The tests, introduced in Hongkong last year, are designed to detect the presence of antibodies produced by the body to counter AIDS infection, but cannot determine whether a patient will actually go on to contract the invariably fatal disease. However, doctors believe those exposed to the virus retain a potential to be carriers.

The chairman of the department's AIDS study group, Dr E.K. Yeoh, said that a total of 65,684 blood samples from high-risk group patients — mainly haemophiliacs, homosexuals and drug addicts — had been screened by government analysts. None of those who returned positive results were found to have developed symptoms of the disease, he said.

But the findings of Hongkong's first major AIDS study have caused dismay among haemophiliacs.

One doctor said: "These people are now very worried about being identified as haemophiliacs. They believe that if people know who they are they will be treated like lepers because of the AIDS business. They are frightened they will be shunned by their friends and even their families."

Jonathon, who is aged 25 and single, concedes that the spectre of AIDS will haunt his future. Like other haemophilia sufferers approached by the *Sunday Morning Post*, he fears ostracism and asked that his identity be protected.

Perched on a wooden chair in the barren office in which he had agreed to be interviewed afterwards, Jonathon said: "I don't tell people I am a haemophiliac because there is so much ignorance about haemophilia and also about the AIDS problem.

"Ever some of my friends who know don't understand. They just don't know what it means to be a haemophiliac."

Jonathon has had to cope with a lifetime of privation. Haemophilia has denied him pleasures and opportunities taken for granted by most healthy young men.

The disease is caused basically by a hereditary lack of blood clotting agents — factor VIII for haemophilia A and factor IX for haemophilia B. Most haemophiliacs require regular infusion of blood plasma or injections of a concentrated blood product developed in the mid-seventies to control any bleeding they might suffer.

In Jonathon's case, this means regular visits to hospital and treatment with blood concentrate. He also receives care for a knee problem caused by continual bleeding into the joint.

Until a few months ago, however, the concentrate on which he was so dependent, and which might require blood taken from

as many as 1,000 different donors to produce a single unit, could not be treated for AIDS contamination. While a new heat-treatment has taken care of the problem, the damage, Jonathon accepts, might already have been done.

"I try not to worry about AIDS," he confided. "There is no way of preventing it from happening. Our lives depend on the blood products and if that product has been contaminated by AIDS, we cannot help it. One way or another, we must accept the risk."

Yet, increasingly, haemophiliacs feel they are being isolated from the community, their friends and families, in the face of the hysteria which has accompanied AIDS to Hongkong.

Another haemophilia patient, who we will call Mr Lee, said he dare not let business clients know of his health problem because he suspected they would refuse to deal with him.

Mr Lee, a middle-aged family man, also said he had heard of incidents where the parents of a haemophiliac child had turned on the youngster as a result of the AIDS menace. In other cases children had refused to identify themselves as haemophilia sufferers at school, believing they would be treated as outcasts.

"Although there is no actual discrimination against haemophiliacs in Hongkong yet, the pressure is there," said Mr Lee, a mild and slightly-build Chinese man.

Dr S.C. Tso, a member of the recently-formed Hongkong Haemophilia Society and the Society of Haematology, estimates that more than half of Hongkong's small haemophiliac population is made up of children or teenagers.

"Up until five or six years ago, when there were big advances made in treatment, haemophiliacs in Hongkong did not

really have a good life-expectancy," Dr Tso said in an interview last week. "Now the treatment they need is available and affordable."

Hongkong's haemophiliacs remain optimistic that medical science will come to terms with AIDS. In any case, young men such as Jonathon point out that being anti-body positive to the virus does not automatically imply the onset of a full-blown case of AIDS.

Jonathon says: "The situation is not that sad. I feel the chances of getting AIDS is very low indeed. (Research) advances are being made all the time, so at this stage I don't think there is any need for any real alarm.

"What the public needs is education about our problems. We should be treated as an unfortunate group of people who have inherited a disease that causes much suffering, both physically and mentally. There is no need for us to be treated as outcasts."

Jonathon and Mr Lee do not believe that the threat of AIDS will prevent them from leading as normal a life as their haemophilia condition allows. Mr Lee faces an extra problem in the form of hepatitis B — the legacy of a contaminated batch of blood product — and habitually takes precautions against infecting his family and friends. He is sure the safeguards will work equally well against AIDS.

Jonathon said he would not let haemophilia or AIDS prevent him from marrying. He has no girlfriend at present, but believes his health problems should not preclude romance.

Children, unfortunately, have been ruled out. Jonathon said he would not risk the possibility that he might pass AIDS down to a generation of innocents.

● The AIDS counselling service can be contacted on 3-7102553.

/13104
CSO: 5450/0111

ICELAND

INVESTIGATIONS OF SHEEP DISEASE PLAY ROLE IN AIDS RESEARCH

Reykjavik NEWS FROM ICELAND in English Feb 86 p 3

[Text]

Research carried out in Iceland for more than 40 years has suddenly assumed international importance for its value in connection with AIDS. The research, into viruses related to the AIDS virus, began following an abortive experiment in sheep-farming.

During the years of the Great Depression, Icelandic sheep farmers decided to import a breeding stock of Karakul sheep, with the aim of producing Persian lamb coats, a good potential currency earner on foreign fashion markets.

Twenty Karakul sheep were bought from Germany in 1933, but despite strict health precautions and quarantine, their arrival had a disastrous effect on the Icelandic sheep: damaging new diseases appeared in the native stock and were to lead to a fall in the numbers of sheep from 730,000 to 450,000. The only way of fighting the diseases was to isolate all the infected animals and slaughter them. The process took a long time, but was a complete success, and the last infected sheep was slaughtered in 1965.

Little was known about the diseases, even though they had been observed in various parts of the world, where particular strains of sheep proved susceptible to them while others did not. Icelandic sheep were possibly rendered especially susceptible because of their isolation: they had not been cross-bred

with other stocks for over a thousand years.

Icelandic scientists began to investigate the diseases, which are now known by their Icelandic names, visna and maedi, and cause disorders of the central nervous system and the lungs. The major contribution was made by Dr Björn Sigurdsson, the first director of the University's Institute for Experimental Pathology. He was the first to create the concept of slow virus infections, characterised by a long incubation period, sometimes reaching many years, before symptoms become apparent, and to show that visna and maedi were caused by such viruses.

Sigurdsson and his team also developed a blood test for diagnosis, and succeeded in cultivating the viruses for the first time in 1957. His pioneering work is extremely highly regarded by workers in the field, and it was said that he would have shared the 1976 Nobel Prize, which was awarded for research on slow viruses, had he still been alive. He died in 1959.

Work on visna and maedi has continued uninterrupted at the Institute for Experimental Pathology, now under the direction of Dr Gudmundur Pétursson, where efforts have been made to trace the mechanism by which visna causes brain damage. Research has shown that the tissue damage is caused by the animal's own immune response.

Icelandic research on visna and maedi has attracted worldwide attention recently, since AIDS, which also affects the body's immune system, is caused by a virus closely related to those of the visna-maedi group. Scientists in many countries have begun research into visna and

maedi because of their bearing on AIDS, and they are also following with interest long-standing Icelandic and Danish experiments aimed at developing vaccines against the diseases.

Because the biological characteristics of the viruses are similar, the model of visna infection in the Icelandic sheep may throw light on the host-virus relationship and offer an opportunity of testing methods of treatment and prevention with a bearing on AIDS.

Iceland's research programme has already profited from the growth of interest in these viruses abroad: in recent months French scientists have determined the genetic structure of the visna virus.

Icelandic scientists are well-equipped to make further contributions to this research not only because they have already developed a lot of basic methods for virus studies, but also because the sheep stock is known to be free of the infections which hamper experiments in many other countries.

Dr Gudmundur Pétursson is one of the co-editors of a book in preparation about the visna-maedi infections and AIDS.

/12828
CSO: 5400/2528

INDIA

AIDS CELL ESTABLISHED

Calcutta THE TELEGRAPH in, English 11 Jan 86 p 6

[Text] Bangalore, Jan. 10 (PTI): A surveillance cell for AIDS will be set up at the National Institute for Communicable Diseases, New Delhi. This is among several other steps planned by the Union health ministry to detect and prevent the occurrence of the disease in the country.

Dr N. C. Bhargava, government adviser on sexually transmitted diseases said no confirmed case of AIDS had so far been reported in the country despite several alarms.

Talking to newsmen at the 10th national conference on STD, which began here today, Dr Bhargava said, the Indian Council for Medical Research, in collaboration with the National Institute of Virology, Pune, had

taken up the screening of high risk groups in Bombay.

Dr Bhargava said the health ministry had provided all medical college hospitals and other government hospitals with necessary information on the disease and asked them to report any suspected cases. He said it was unfortunate that the tourism industry in India had suffered due to exaggerated reports about AIDS.

Dr J.K. Maniar, president, Indian Association for the Study of STD said the country did not stand the risk of acquiring the disease for at least a decade. Screening programmes using standardised diagnostic methods, which were lacking at present, had to be taken up, he added.

/13104
CSO: 5450/0110

INDONESIA

GASTROENTERITIS KILLS 10 IN MALUKU

Jakarta ANTARA NEWS BULLETIN in English 29 Jan 86 p A6

[Text] Tual, Jan 28 (ANTARA)--Ten people were reported to have died while 300 others suffered following gastroenteritis attack at Rumleher, Abusur and Wonrell villages in Kisar and Serwaru districts, Southeast Maluku.

The disease first attacked the districts early this month but paramedics have been able to put it under control, heads of Puskesmas (public health centre) at the two districts disclosed to ANTARA Tuesday.

Medicines continually sent from Tual were able to save hundreds of people who, even though in very bad condition, escaped death.

Head of the Southeast Maluku health office, Dr N.M. Notanubhun confirmed the information from the district heads.

He said the living environment of the districts is very bad, especially in the rainy seasons. This attacks tens of thousands of flies which bring the disease.

/9317
CSO: 5400/4350

ISRAEL

SPERM BANKS TO BE PURGED OF AIDS

Tel Aviv YEDI'OT AHARONOT in Hebrew 22 Dec 85 p 6

[Article by Dvora Namir: "Hundreds of Sperm Batches Will be Destroyed for Fear of AIDS"]

[Text] Hundreds of sperm batches which were collected and frozen during the past 5 years in sperm banks in hospitals for artificial insemination will be destroyed.

As of now there is no way to inspect the sperm to see if it has antibodies to AIDS. Although the names of the donors are on file in the sperm banks, locating the donors and asking them to come for blood tests would be impossible.

About 2 months ago, the Health Ministry instructed all the sperm banks to do blood tests for AIDS on donors and to accept sperm only from healthy males. This procedure is carried out assiduously.

Professor Yosef Shenga, chairman of the advisory committee for gynecology in the Health Ministry, told us that he had advised the Health Ministry not to use the old sperm. "We cannot be certain about the old sperm because its donors were not tested. It must be destroyed and not used," he said.

Professor Shenga summarized the situation. "Although destroying hundreds of sperm batches represents a financial loss for all the hospitals who at one time paid donors for the sperm, it is better to lose money than to risk even one sperm batch being contaminated with AIDS."

9348/9190
CSO: 5400/4506

ITALY

MINISTRY ISSUES FIGURES ON NUMBER OF AIDS CASES

Rome L'UNITA in Italian 14 Nov 85 p 5

[Article by Nedo Canetti]

[Text] Rome--According to the most recent data, there are 104 confirmed cases of AIDS in our country. Based on official statistics, there were 84 in September. This is what the Senate's Health Commission was told yesterday by Deputy Secretary Francesco De Lorenzo in response to several parliamentary inquiries by different groups, among them the Communists.

Of these cases, six concern children of drug addicts and one an individual who contracted the infection surely following a blood transfusion. Unlike in the U.S. and areas of northern Europe, in Italy AIDS almost exclusively strikes drug addicts, and very few cases are homosexuals. The number of cases related by the Honorable De Lorenzo to the Palazzo Madama partially reduces alarmist rumors of a wide outbreak of the Acquired Immune Deficiency Syndrome (AIDS) in our country, while arousing, however, concern over the evidence of its increase.

Consequently, it would have been necessary for the government to have furnished--as Senator Antonio Alberti of the Independent Left emphasized, responding on behalf of the inquiries communist signatories as well--the confirmed epidemiological data in more timely fashion so as to reduce the alarm spreading throughout the country, especially among patients having to undergo transfusion therapy. Communist and senators of the Independent Left had suggested in the inquiry a simplification of all the notoriously lengthy red-tape for the acquisition of the diagnostic tests by the local health units, eventually providing for direct government distribution of these tests even resorting to a ministerial decree for at least the initial phase of the preventive measures, as was done with the viral hepatitis vaccine.

The government has instead limited itself to urge the regions to assume the necessary preventive measures. This has led to significant delays and also to dissimilarities from region to region, both for the measure vis-a-vis the USL (Local Health Units)--and therefore the transfusion centers--and for the price of the tests which varies from 3 to 6 thousand lire, for example, between Tuscany and Calabria, the latter of which, among other things, has not yet issued any measures.

All of the inquiries insisted on the need for a more timely and more fundamental intervention by the government both in the promotion of epidemiological research to determine the "true" cases versus "suspected" ones, as well as in the promotion of information to the people, particularly to the youth and so-called "risks" groups (drug addicts and homosexuals). In addition, rigorous hygienic-sanitary measures have been requested to assure the protection of hospital personnel and territorial services.

13134/13068

CSO: 5400/2515

KENYA

KEMRI INVOLVED IN VIRUS RESEARCH, VACCINE PRODUCTION

Nairobi DAILY NATION in English 6 Feb 86 p 19

[Article by Otula Owuor]

[Text]

The Kenya Medical Research Institute plans to produce vaccines for polio and measles. Science Writer OTULA OWUOR describes some of the activities of the centre.

Compared with other developing nations, Kenya has many scientific research institutions which can effectively help in the war against poverty and disease.

However, the public seems to know little of what is going on in these institutions. This may be due to the complexity of the highly specialised research being carried out there.

Yet many scientists working in these institutions feel scientific information, however complex, should be used to educate the public. One of these institutions is the Kenya Medical Research Institute (Kemri), whose ultra-modern headquarters and central laboratories were officially opened by President Moi last September.

On that occasion Kemri's director, Professor M. Mugambi, said: "The tax-payers need to know all about what we do with their money". Kemri deals with a variety of disease-causing organisms and its virus research centre is one of the most sophisticated in Africa and the Middle East.

Dealing with viruses is a tricky business because they can be lethal. Much smaller than bacteria, effective drugs against them are only in the developmental stages.

Outbreaks of new or unusual diseases tend to be linked to viruses. In most cases it can be the duty of Kemri to come up with solutions. Some of the activities of the virus research centre include:

- Teaching virology to medical, dental, advanced nursing and polytechnical students.

- Helping the Ministry of Health with diagnosis and surveillance of virus diseases.

- Helping determine the quality and viability of some imported vaccines.

- Helping in practical training in virology.

Kemri is, however, a research institute and research is the basic activity at the virus research centre.

The activities of the centre are actually more involved than that. For example, about two years ago people were dying in Machakos, and it was thought that there was an outbreak of a new virus attacking the liver. But investigations discovered it to be just aflatoxin poisoning by a fungal growth on food.

Diseases

Checking on the viability and quality of vaccines helps the Ministry combat diseases like measles, polio and others. "Nothing can embarrass the Government like vaccinating people against a disease which then appears in all those vaccinated," Dr P.M. Tukei, who directs the centre, said.

"If this happens," he added, "people will not believe in any more vaccination and this is dangerous".

Even more, Kemri is planning to produce vaccines for polio and measles. This may eventually be done with co-operation from the United Nations Development Programme (UNDP), the United Nations Industrial Development Organisation (Unido) and the World Health Organisation (WHO), Dr Tukei told me.

Local production of these vaccines may be done in steps. First the centre may have to import the vaccine concentrates to be diluted and "packaged" into proper doses needed for immunisation.

The second step may be full production of vaccines by Kemri personnel eliminating importation of concentrates. "We are carefully moving in this direction and it is not something that can happen overnight," said Dr Tukei, a top virologist in Africa and the Middle East.

The virus research centre is capable of handling some most virulent or lethal viruses known to man. These organisms are linked to the deadly viral haemorrhagic fevers (VHF) and cause generalised bleeding due to their effect on the liver and blood cells and vessels.

Few may remember that in 1980 one of these viruses "mysteriously" killed a Frenchman working in the Miwani sugar factory. The man was transported to Nairobi Hospital severely ill and the doctor who attended him became infected. Said Dr Tukei: "Thank God, it was to Nairobi Hospital that the few who contacted these patients could be traced. They were carefully monitored".

Before the centre established its own maximum security laboratory, blood samples or specimens with dangerous or highly contagious viruses used to be flown to the US Centre for Disease Control in Atlanta, Georgia, for analysis.

The maximum security laboratory at the Virus Research Centre may be one of a few in Africa and it has put Kenya many steps ahead in terms of medical virus research facilities. The laboratory has saved the nation a good deal of money and the suffering which can result from continued shipping of samples for overseas analysis.

More importantly, the necessary sophisticated technology is being transferred to our own institutions.

The maximum security lab operates on three major factors. The entire lab is under negative pressure. Air is sucked in through filters and this minimises the chances of airborne virus particles leaving the lab.

The air circulating and leaving this laboratory is passed through high efficiency filters called, Hepa, which do not allow even the smallest virus particles through.

Pressure

Then those working in this lab have to remove their clothes in an ante-room and wear "astronaut-like" outfits before proceeding to work under hoods or cabinets which have a negative pressure.

The air leaving these hoods is also passed through Hepa filters.

The laboratory is headed by Dr Bruce Johnson, a US virologist who has had a long experience in infectious viruses at the London School of Tropical Medicine and Hygiene.

He was originally seconded to the Virus Research Centre by the Royal Tropical Institute of Amsterdam, and is now on secondment from the University of Health Sciences, Bethesda, Maryland, US.

The Virus Research Centre is gaining more and more international respect. Last in June it held an inter-regional training course on the quality control of Epi (expanded-programme of immunisation) vaccines. Participants came from as far as Iran, Iraq, Egypt, China, Bulgaria, Ghana, Zambia, Zimbabwe, Tanzania and all of Kenya's neighbour states.

The centre is involved in constant research into other viral diseases of medical importance in Kenya, including herpes viruses, both genital and non-genital, hepatitis B, diarrhoea virus (rotavirus) in children under five years, and viruses linked to acute respiratory infections (Ari).

By recruiting a Kenyan veterinary virologist, Dr Ezekial Koimet, the centre expanded its scope into rabies, which can be a human as well as a veterinary problem.

Dr Tukei was also involved in the development of the centre right from the day the East African Community collapsed. His development plans for the centre are now recognised internationally, and the centre is now recognised as a:

- WHO national influenza centre.
- WHO-collaborating centre for research on viral hepatitis.
- WHO-collaborating centre for research on Rift Valley Fever.
- Soon as a centre for viral vaccine quality-control and for research and training in viral haemorrhagic fevers.

/8309

CSO: 5500/78

KENYA

26 AIDS CASES CONFIRMED

Nairobi DAILY NATION in English 8 Feb 86 p 1

[Article by Samuel Nduati],

[Text] Kenyan physicians had identified 26 cases of Acquired Immune Deficiency Syndrome (AIDS) by January but the killer disease is not widespread locally, according to a researcher.

Dr J. O. Ndinya-Achola was speaking at the first-ever public symposium on the disease in Kenya which was held yesterday at the close of the annual Medical Scientific Conference at Kemri.

In a paper on the epidemiology of AIDS locally, he said blood tests had shown that less than one per cent of Kenyans had positive AIDS virus and the disease could not therefore, be said to be widespread in the country.

"My message is that the AIDS virus has taken root in this country but it is not widespread," Dr Achola said at the end of his paper.

Most of the cases diagnosed were in Nairobi hospitals and this was not a pointer to the situation in other parts of the country, he said.

The paper called for more tests to be carried out, especially among small children, to determine the extent of the disease.

The researcher agreed with all the other doctors who spoke at the symposium that the origin of AIDS was still a mystery and

there was no scientific evidence to warrant any claim that the disease originated from Africa.

Dr Achola joined the other doctors in calling for adherence to World Health Organisation regulations which prohibit discrimination against anyone suspected to be suffering from an infectious disease unless all possible tests, confirmed the suspicion.

Speaking at the close of the symposium, the Director of Medical Services, Dr Wilfred Karuga Koinange, said that in view of the fact that only 26 AIDS cases had been identified out of a population of 20 million, its importance in terms of priority should be evaluated.

Dr Koinange said the AIDS scare had hit health workers too and they, as well as the public, needed correct information.

Dr J. B. Were who also addressed the symposium, warned doctors and nurses that infection through handling AIDS patients was possible unless they followed precautions strictly.

He said although only one case had been reported in Britain of a health worker who was infected through a needle prick, this was no licence for doctors and nurses to be careless.

/8309
CSO: 5500/78

KENYA

TREATMENT OF RESISTANT VD STRAINS NEEDED

Nairobi DAILY NATION in English 8 Feb 86 p 4

[Text]

Some strains of gonorrhoea carried by Nairobi prostitutes are resistant to commonly used antibiotics, a research scientist told the conference.

Mr J. M. Ngugi said in a paper that strains of the bacteria which causes Neisseria gonorrhoea were isolated from prostitutes in Nairobi last year and found to be resistant to some common drugs.

"Higher dosages of an expensive antibiotic like spectinomycin are needed to combat certain resistant strains of N. Gonorrhoea," he said.

The problem of bacteria being resistant to commonly used antibiotics was also prevalent in some nations in South East Asia. Mr Ngugi called for greater effort to stop the spread of sexually transmitted diseases.

Although some of the expensive antibiotics could be found in some private hospitals, many patients with venereal diseases could not afford the drugs, he said.

The researcher said he had studied 100 strains of gonorrhoea bacteria using several antibiotics.

"There may soon emerge spectinomycin-resistant strains of N. gonorrhoea in Kenya," he warned.

Several researchers called for closer study of venereal diseases in rural areas, while another, Dr F. Kamunvi called for solutions to some of the important medical problems.

One particular antibiotic was pointed out as having dangerous side-effects like anaemia and had been withdrawn from use in some nations. The drug, chloraphenicol, is however said to be effective in treating certain

strains of gonorrhoeal bacteria.

Another presentation on gonorrhoea was by Ms C. G. Ichoroh, whose paper dwelt on easy and effective methods for identifying the bacteria that cause gonorrhoea.

"Developing nations need to use some of the locally available resources in medical diagnosis instead of importing them," she said.

Instead of health authorities importing the media substances used to grow N. gonorrhoea, they can still use local ones made from sheep blood, called the sheep blood nutrient agar," she said.

The last day of the conference also included presentations on the viruses causing or linked to respiratory diseases in children.

Acute respiratory infections was described by Dr W. O. Ochieng's as the most common cause of illness and death in children all over the world.

"Fifty-four per cent of children at Kenyatta National Hospital were found to have viruses and the detection of these pathogenic disease causing viruses is essential," Dr Ochieng said.

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CSO: 5500/78

KENYA

BRIEFS

CHOLERA THREAT CLOSES MARKETS--Public health technicians in Kiusmu and South Nyanza districts have been directed to close all schools, markets and fishing beaches where there are inadequate toilet facilities. The directive has been given by the Nyanza Provincial Medical Officer of Health (PMO), Dr. Luis Okombo, who announced an outbreak of cholera epidemic in the two districts. Okombo disclosed that two people died in South Nyanza and two in Kisumu of cholera last week. He said the worst affected areas were Mbita, Sindo and Magunga in South Nyanza and Kisumu and Seme locations in Kisumu district. The PMO who made a tour of Mbita division at the weekend and discovered several cases of diarrhoea said something had to be done promptly to stop the disease from spreading to neighbouring areas. He said that in order to contain the disease, there must be improvement of the environmental sanitation and the quality of water being used for domestic consumption. Okombo advised the people using lake water to ensure that they boiled it. He appealed to the administration, schools and county councils to intensify the provision and use of latrines in homes, schools and market places. He directed the public health technicians to visit the said institutions and order immediate closure of the ones without adequate latrines. [Text] [Nairobi THE KENYA TIMES in English 21 Jan 86 p 3] /8309

CSO: 5500/78

MAURITIUS

500 GIRLS VACCINATED AGAINST GERMAN MEASLES

Port Louis L'EXPRESS in French 16 Dec 85 p 6

[First paragraph L'EXPRESS introduction]

[Text] As part of the anti-measles vaccination drive that began approximately 2 weeks ago, 500 young girls from 14 to 17 years of age have been vaccinated so far in the nine centers across the country.

According to the agencies concerned, very few girls between the ages of 14 and 17 came to the vaccination centers during the first week of the drive, but they had better success the second week. The current vaccination drive will extend until December 31.

The vaccination centers are: Family Planning/Maternal and Child Health Office (FP/MCH) on Maillard Street in Port Louis, the Rose-Bella Health Office, the Souillac Health Office, the Dr. Quenum Health Office in Moka, the Flacq FP/MCH, the Rempart River Social Welfare Center, the Health Office of Sir Seewoosagur Ramgoolam in Pamplémousses, the Black River Health Office and the Rose Hill School Health Service.

The authorities intend to continue the vaccination drive next year in girls' secondary schools. They plan to meet with principals of girls' secondary schools for this purpose next year. Students who are to be vaccinated will need the prior consent of their parents.

The Ministry of Health received a donation of 15,000 doses of anti-Rubeola vaccine.

This vaccine protects the individual vaccinated against German measles for a period of 15 to 18 years and has no side effect.

The goal of this vaccination drive is to reduce the risk of congenital abnormalities in babies, of still-births and infant mortality (during the first week after birth). These risks are great when women contract German measles during the first 3 months of pregnancy.

9825/7051
CSO: 5400/59

BRIEFS

AIDS BLOOD TESTS REGULATIONS--Foreigners applying for visas to live and work in the kingdom must provide medical reports showing they have no sign of acquired immune deficiency syndrome (AIDS) in their blood. The Saudi embassy in London says the regulation applies to all foreigners, but does not affect business visitors. Two cases of AIDS have been reported in the kingdom: both victims--a 42-year-old man and a five-year-old boy--in 1981 received transfusions of blood imported from the United States, says a report by doctors at the King Faisal specialist hospital. The study warns that AIDS "may prove to be a major public health problem in the near future" because of blood transfusions carried out before tests were devised to detect blood affected by the disease. [Text] [London MIDDLE EAST ECONOMIC DIGEST in English 25-31 Jan 86 p 32] /8309

CSO: 5400/4507

SIERRA LEONE

DEATHS REPORTED IN KAMBIA, CHOLERA EPIDEMIC FEARED

Freetown WE YONE in English 6 Feb 86 p 8

[Text] Thirty-six people are reported to have died in Kambia and environs last week-end, following a suspected outbreak of Cholera.

This was disclosed in Bo when a delegation of chiefdom people called on the Principal Medical Officer in charge of the Endemic Unit, Dr. George Komba-Kono, with an "SOS appeal".

And immediately following this appeal, Dr Komba-Kono led a team of officials including senior laboratory personnel to Kambia.

They left for Kambia on Monday, with a consignment of drugs made available by the health division of the Bo/Pujehu Project.

Interviewed by our provincial correspondent Dr. Komba-Kono said he could not confirm whether this was a case of cholera, until laboratory tests have been done.

It could be a case of diarrhoea, he said, the cause of which would have to be traced.

The first endemic case was reported from Yelibuya village, a popular trading centre in the Northern Province, where twenty people are reported to have died.

As a precautionary move, an anti-cholera campaign is to be launched in the Southern and Eastern Provinces, Dr. Komba-Kono said.

Special attention will be focussed on food being offered for sale in public places, to ensure that they are prepared and sold under hygienic conditions.

/12828
CSO: 5400/77

SIERRA LEONE

BRIEFS

EPIDEMIC CLAIMS 70 LIVES--Freetown, 14 February (AFP)--An epidemic of acute diarrhea has killed 22 people in Kambia District north of Freetown, bringing the toll in the past two weeks to 70, the health ministry said. Health authorities said they had brought the disease under control in the area, about 115 km (70 miles) north of the capital. Ministry officials said there was no fear of an outbreak of cholera as had earlier been speculated. A ministry official said it was advisable to avoid unnecessary movement of corpses from one area to another for burial "as contamination could be involved." [Text] [Paris AFP in English 1036 GMT 15 Feb 86 AB] /12913

CSO: 5400/76

SWEDEN

CONTAGIOUS ILLNESSES LAW USED TO FORCE TREATMENT ON AIDS VICTIM

Court Orders Compulsory Hospitalization

Stockholm DAGENS NYHETER in Swedish 10 Jan 86 p 6

[Article by Bo Westmar: "AIDS Victim to Be Treated by Force"]

[Text] A 30-year-old drug addict suffering from AIDS in Stockholm will receive compulsory treatment in a hospital, after a decision in the county court. Now the question is how the man will be treated, and where.

"Since there is still no cure for AIDS, we have to try to get the man to change his lifestyle," says Pehr Olov Pehrsson, assistant chief physician at the Roslagstull hospital.

Thursday's decision means that the possibility of the compulsory commitment of an AIDS victim for treatment, in accordance with paragraph 14 of the contagious illnesses law, is being tested for the first time in Sweden.

According to contagious illness specialist Carl-Fredrik de Ron, who reported the pilot case to the county court, the drug addict suffering from AIDS has repeatedly violated the doctor's orders and refused hospitalization.

Among other things, the man has continued to share syringes with other drug addicts, and has had sexual intercourse without using a condom. The country court has therefore decided that there is reason to believe that the 30-year-old man will spread the disease further.

Roslagstull

The decision is to be carried out immediately, even if the man appeals. The county council is now deciding where the man will be treated, and has ordered the police to pick him up.

The man will probably be taken to the Roslagstull hospital, which has had a great deal of experience with AIDS victims and patients suffering from AIDS.

According to clinic head Per Lundbergh, Roslagstull is capable of receiving about 10 forcibly hospitalized patients. They are then put in isolation, under guard.

Roslagstull has also had forcibly hospitalized patients before, most recently for diphtheria.

"It worked quite well, but this time it is a question of a completely different type of abuser. I believe that it will be difficult to keep him locked up," says assistant chief physician Pehr Olov Pehrsson.

"The problem is that the disease is essentially due to the abuse. Drug addicts share syringes and in that way spread the disease further. One cannot treat that away in an infection clinic."

Voluntarily

"But I know that the drug addiction treatment center will not admit this man, since the people there do not accept treatment based on compulsion."

The decision does not make it clear how long the 30-year-old drug addict will be forcibly treated -- that will be decided by the chief physician at the hospital where the man is to be treated.

"I imagine that the man will be 'restored' for several weeks at the hospital, and then an attempt will be made to get him to seek a treatment center for abusers."

This was stated by Christer Lindau, a lawyer and an expert in the government's AIDS delegation.

"As long as he takes care of himself, nothing will happen, but the sword will be hanging over his head the whole time. If he returns to his old life, he will go back in again."

Contagious illness specialist Carl-Fredrik de Ron is now preparing additional cases that will be heard by the county court. So far he has assembled 200 reported cases of AIDS in Greater Stockholm. The real number, however, is believed to be significantly larger, between 600 and 700 AIDS victims.

In a comment on the decision, ministry advisor Jakob Lindberg of the Ministry of Social Affairs says that the strict application of the contagious illnesses law is necessary in order to cope with extreme cases who spread AIDS without any consideration for themselves or others.

"There can never be any question of permanent isolation, however. In practice, there is no other way out except to convince these people not to spread the disease," he says.

Paper Comments on Ruling

Stockholm DAGENS NYHETER in Swedish 10 Jan 86 p 2

[Editorial: "Protection Against AIDS"]

[Text] At the same time that the county court in the Stockholm county is for the first time applying the contagious illnesses law to an AIDS case, two apparently contradictory opinions have been expressed by medical circles

concerning the struggle against AIDS. The Association of Doctors Against AIDS demands that patients who allow themselves to be tested for AIDS should be allowed to remain anonymous. A chief physician at the Maria Surgery in Stockholm suggests that the Law on the Treatment of Abusers (LVM) should be expanded with a separate paragraph on AIDS. One measure is aimed at increased voluntary cooperation in the fight against the disease, and the other is aimed at increased compulsion.

The contradiction is only a superficial one. Both proposals have the support of strong arguments, and could be carried out simultaneously. It would be a disaster if the AIDS debate were to become trapped in a cliched opposition between freedom and compulsion.

No one should be kept from taking an AIDS test by a fear of records or reports. Protection of confidentiality is an important part of the new regulations that have been in effect since the fall, when AIDS was classified as a venereal disease under the contagious illnesses law. In order to protect the individual, the prevalent concept of fighting epidemics has actually been stood on its head.

Perhaps the protection of anonymity should be increased even more? The Association of Doctors Against AIDS believes that this is required in order for possible spreaders of the disease to risk making themselves known, which is the first condition for being able to curb the epidemic. We assume that the association thinks that the doctor who reports the test result should have the right to know the patient's identity, but that otherwise anonymity should be guaranteed.

We hardly have anything to lose by protecting the victims' anonymity, but perhaps a great deal to win. The broad social defense against AIDS must be conducted on individual people's conditions. It must be based on everyone's personal prudence and caution, regardless of sexual preference.

A different reasoning must be followed with respect to the milieux and behavior involving risk: drug abuse, prostitution, and pimping. In these cases we need to intervene quickly, with all the means available, before a young generation of lost and broken people is struck down by AIDS and takes others with it.

Chief physician Lars Sjostrand proposes in LAKARTIDNINGEN that the AIDS disease or the risk of it should be made a special indication for compulsory treatment. This is a possible solution, but it is not enough. We must change the time required for treatment, and equip the whole treatment system to handle thousands of abusers in the risk zone. Only a radically changed policy will suffice here.

9909
CSO: 5400/2520

TANZANIA

NO AIDS-MITUMBA LINK

Dar es Salaam DAILY NEWS in English 30 Jan 86 p 3

[Article by Attilio Tagalile]

[Text] The Government has not received any report linking the Acquired Immune Deficiency Syndrome (AIDS) with second hand clothes, christened mitumba, the Deputy Minister for Industries and Trade, Ndugu Nicas Guido Mahinda, told the National Assembly in Dodoma yesterday.

The Minister was answering a supplementary question by Colonel Ayub Kimbau (Mafia) who wanted to know whether the Government had made any effort to find out if it was true AIDS virus could be transmitted by the clothes.

Ndugu Mahinda told the House that once it was discovered that the virus could be transmitted by clothes, the Government would take necessary steps.

Answering the main question by Ndugu Stephen Nandonde (Tandahima) the Minister said the Government hoped that religious institutions which received mitumba from charity organisations abroad for distribution in the country thanked the organisations concerned on behalf of the Government.

The Minister said the clothes came from West Germany, United States, United Kingdom, Norway, the Soviet Union, Saudi Arabia, Italy, China and Canada. He further explained that the clothes normally came in through two channels: businessmen and religious institutions.

Ndugu Nandonde wanted to know whether the Government thanked foreign organisations abroad for bringing in clothes which were either distributed freely or sold at nominal prices.

Answer another question, also on AIDS, the Minister for Health, Ndugu Aaron Chiduo told the House that only the Muhimbili Medical Centre (MMC) had facilities which could ascertain whether blood samples contained AIDS virus.

The Minister was answering a supplementary question from Ndugu Limuli Kasyupa (Kyele) who wanted to know whether the Government had facilities in its hospitals to detect AIDS virus in blood so as to avert the possibility of passing the virus to patients during blood transfusion.

Ndugu Chiduo said efforts were being made to extend similar facilities to other regional and district hospitals and especially in areas where the disease was suspected to occur.

Answering the main question from Ndugu Jacob Chibwana (Tunduru), the Minister said blood was priceless and whenever patients were short of blood, it was the responsibility of everyone, especially the relatives of the sick to donate blood.

Ndugu Chibwana had wanted to know the price of one litre of blood. He also wanted to know the main causes of blood deficiency.

The Minister said the problem was brought about by loss of blood during delivery and diseases such as malaria, bilharzia and cancer.

In another question asked by Ndugu Mathias Kihale (Ludewa), Ndugu Mahinda said the Government had succeeded in securing import-support to the tune of 16.9m/- for promoting fishing industry - at individual and national levels.

He said the Government had received 4m/- from the Swedish International Development Authority (SIDA) for the Tanzania Fishnet Industry; 4m/- from the Norwegian Agency for Development (NORAD) for the Mbegani Fisheries Institute; 4.9m/- from West Germany for the Mwanza Fishnet Manufactures, and 4m/- from the United Nations Children Fund (UNICEF) for the Tanzania Fishing Corporation (TAFICO).

Ndugu Mahinda said the State Motor Corporation (SMC), was now importing boat engines had recently concluded an agreement with a Japanese company under which the company would provide Tanzania with 500 engines whose horse power ranged between 15 and 48.

Under the agreement, the engines to be provided by the Japanese company on loan basis the Minister said what was presently being awaited was permit from the bank of Tanzania.

Ndugu Kihale wanted to know what steps the Government was taking to assist fishermen in the country by providing them with necessary fishing gear.

/13104
CSO: 5400/75

TANZANIA

BRIEFS

RABIES IN MWANZA--Five people died and several others have been admitted at Sengerema hospital in Mwanza after they were bitten by a dog, believed to have rabies Shihata rported. The Regional Veterinary officer, Dr Cletus Kapinga said that some 88 people in Sengerema district had died of rabies since mid last month. Dr. Kapinga said that areas that had been affected were Sengerema town and villages surrounding Buhindu forests. The doctor said they were containing the situation. Dogs were being vaccinated against the disease.
[Text] [Dar es Salaam DAILY NEWS in English 6 Feb 86 p 3] /13104

CSO: 5400/74

THAILAND

HONG KONG GAYS BANNED IN BANGKOK AIDS SCARE

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 12 Jan 86 p 10

[Article by Mike Currie]

[Text]

Hongkong homosexuals have been banned from Bangkok's most popular gay bars as AIDS panic grips Thailand.

Owners of the bars met a few days ago and agreed to forbid their "bar boys" from mixing with gays from Hongkong after it was revealed that at least 53 people in the territory may be carriers of the deadly AIDS - acquired immune deficiency syndrome.

The move comes as the Thai Government is considering bringing in legislation that would close many of Bangkok's gay bars and allow anyone suffering from AIDS to be detained in hospital.

Six people have already died in Thailand from AIDS, including two foreigners - a diplomat and a German hotel manager - and only last weekend a further eight AIDS carriers were confirmed, bringing the total number of known carriers in Thailand to 32.

Dozens of Hongkong gays are known to take the short trip to Bangkok at weekends, where there are an estimated 200,000 Thai male prostitutes.

Bar owners in Thailand fear Hongkong gays may spread AIDS in Bangkok, which in turn could ruin the nation's multi-billion-dollar tourist in-

dustry. Business in many of the city's gay bars has already fallen off.

And the AIDS epidemic could also have a serious effect on takings at the hundreds of girlie bars in the city. For two female prostitutes are among the nine people so far diagnosed as having AIDS in Bangkok. The disease was passed on to them by boyfriends who work in gay bars in the city.

Many boys working in gay bars regard their jobs as their profession and prefer to be with girls in their own time.

Four of the leading gay bars in the Pat Pong red light area of Bangkok have already brought in the ban on people from Hongkong after their managers got together to discuss the crisis.

They are the Garden, Harries and Ciro's, run by Thais, and the Lonely Boy, which is owned by an American.

Other bars are understood to be also considering imposing the ban on tourists from Hongkong.

The manager of one of the bars which is enforcing the ban, who declined to be named, said: "It is obviously difficult to know immediately if a man is from Hongkong, if he is not Chinese.

"We get European tourists here from all over the world. But we know some of the regulars are from Hongkong and

they will be banned.

"Our boys have been instructed that if a customer tells them he is from Hongkong, they must not drink with him or leave the bar with him.

"There are many wealthy Thai customers in Bangkok who come to our gay bars and they are becoming very worried about contracting AIDS. We must protect these customers.

"We have been shocked by the number of AIDS stories we have read about Hongkong."

Mr Lek Masuda, owner of Super Rex, another gay bar, has also been meeting managers to discuss moves to protect their businesses. He estimated that the gay bar trade has fallen by up to 30 per cent.

A former Hongkong resident who now lives in Bangkok and is a self-confessed practising homosexual showed me just how bad the gay scene is in Bangkok.

He took me to the Barbiery Bar in Pat Pong where I watched an illegal sex show performed by Thai teenage boys.

After the show, a Thai barman approached me and asked if I would like to "buy out" one of the boys.

Most are taken by tourists to the Suriwong Hotel nearby which has "short-time" rooms.

The boys are paid about 30 baht (about HK\$10) per day by

the management at these establishments and given food and accommodation. For taking part in an illegal gay sex show they receive about 80 baht extra.

Most of Bangkok's gay bar boys come down from northern Thailand on vegetable trucks or trains.

So-called employment agencies are said to send touts to the road and rail terminals and they are paid 50 baht for each "recruit."

Many boys find normal jobs, but good-looking youths are asked if they wish to work in bars, where the money is much better.

Some earn money in the bars until the rice harvests are due again in their home provinces, when they return to help their families. It is understood the boys are not forced to continue working in their bars.

Bangkok police usually take no action against gay bars, so long as the boys there are not too young.

It is widely rumoured that some police officers turn a blind eye to what goes on, however, after receiving pay-offs from bars.

However, the Thai Government, obviously worried about the threat to tourist revenue posed by AIDS, has already mounted a major campaign to combat the killer disease and hopes to clamp

down on gay bars with new legislation soon.

There are dozens of gay bars in Bangkok, of which 14 have opened over the past 12 months. In Pattaya, Thailand's most popular beach resort, nine new gay bars have opened - there was only one there two years ago.

Three homosexuals in Pattaya were only recently found to be suffering from AIDS.

Many of these bars are said to have been financed with money from Hongkong.

Apart from forcibly detaining people suffering from AIDS, the new Bill which is being drawn up by the Interior Ministry would enable officials to close gay bars which put on live sex shows or operate without a dancing licence. Foreigners suffering from AIDS, including those resident in Thailand, would be deported.

Medical teams are currently nearing the end of a project involving blood tests on some 6,000 homosexuals and prostitutes in Bangkok.

As a result, gays and prostitutes with a clean bill of health are being issued with medical "no-AIDS" cards.

Dr Anuwat Limsuwman, a Thai specialist in AIDS research, said: "Right now we can stall the disease for a while, but without this Bill, we would not know how to stop it."

/13104
CSO: 5450/0112

USSR

AIDS SEMINAR HELD IN MOSCOW

Moscow SOVETSKAYA KULTURA in Russian 7 Dec 85 p 8

[Article by V. Shvarts "What is AIDS? Professor V. M. Zhdanov, Director of the Institute of Virology imeni D. I. Ivanovskiy and Academician of the USSR Academy of Medical Sciences, Answers This Question" appears under the rubric: "On Medical Subjects"]

[Text] Recently, much has been written and even more said about the disease known as AIDS. As often happens in such cases, various types of inaccurate information cover up the accurate scientific information. N. Svetlovidova writes from Krasnoyarsk "I heard that all mankind may die of this disease." "Is it true that there are many cases of this disease in our country?" asks M. Sereda from Kiev.

What is AIDS? This question led us to a scientific seminar on various aspects of this disease. The seminar was held in Moscow by specialists of the Institute of Epidemiology and Microbiology imeni N. F. Gamaley, the esteemed academician, and the Institute of Virology imeni D. I. Ivanovskiy. In opening the seminar S. V. Prozorovskiy, director of the Institute of Epidemiology and Microbiology and corresponding member of the USSR Academy of Medical Sciences, pointed out that AIDS has become a real biological sensation which today has attracted the attention of scientists in many countries.

The main report at the center was presented by V. M. Zhdanov, academician of the USSR Academy of Medical Sciences, and this is whom we asked to tell us about this disease.

"The first case of this disease, which was named AIDS (acquired immune deficiency syndrome), was reported in 1981 by the Center for Disease Control in the United States and, as early as fall of that year, the number of cases started to grow like an avalanche. As the name of the disease indicates, this is a matter of an immune system disorder. Let me remind you that this system represents a specific aggregate of organs and specialized cells, which protect the body from all kinds of "breakdowns". This system protects the body from

various viruses, which cause infectious diseases and malignant cells, and participates in the rejection of transplanted organs and tissues, which ensure the normal functioning of the hemopoietic and other systems."

"Significant disturbances appear in the body with the immune system just slightly out of order. For example, the body's sensitivity rises sharply to acute and chronic infections, vaccines become ineffective against microbes or their toxins, the potentiality for tumors increases and allergies appear. In short, a great number of the most serious and critical disorders may be explained by disturbances of immune system operation."

"It is precisely this system, its specific cells that are affected by the AIDS disease. The system cells are attacked by a specific virus, which was first isolated in 1983 by the French scientist Lyuk Montanye from the Pasteur Institute. Further research showed that this virus lives in human blood and some other mediums, including a small amount found in tears and twice found in saliva. The virus attacks only one type of immune system cell, known as T-lymphocytes. To be more precise, their variety is known as T-helpers, which play an important role in forming immunity. In the final analysis, this process may lead to very profound changes in the body's protection system. A person with affected T-helpers is helpless against any, even the most harmless, infection which in this case becomes life threatening."

"AIDS is cowardly. Its cowardice is manifested, first of all, by the fact that this disease may not have any symptoms. Its incubation period lasts from several months to five years. Thus, man may be a virus carrier without suspecting that his body has already been struck by the dangerous ailment. In such cases, the process of immunity loss proceeds gradually and, as research has shown, at times it stops for awhile, and then even recovery may appear. But, in serious cases the disease continues to develop and finally the protection system breaks down completely. It is difficult to make a diagnosis in this period because the clinical symptoms are so varied. For example, as a result of AIDS development vaguely expressed fevers appear, which do not respond to conventional therapy or antibiotic treatment, rapid and unexplainable weight losses (up to 10 kilograms a month) may occur and, finally, different types of pneumonia may appear or specific types of cancer, terminating in death."

"Of course, a patient may be diagnosed; in recent years, doctors have learned to do this after conducting very complex blood tests, which enable them to identify the AIDS virus. But, the disease does not become any less dangerous, and the mortality rate for this disease abroad is quite high--on the order of 60 or 70 percent."

"In general terms, this is the picture of the onset and development of this disease today."

"Where did it come from?"

"There is reason to believe that AIDS is native to Central Africa where there are foci of a similar disease in monkeys (and, maybe, in other animals), caused by a virus similar to the AIDS virus in man. It is hypothesized that this virus in monkeys is really the source of origin of the human AIDS virus, which subsequently underwent evolution. We can only guess as to when this "deplorable" event took place and how long such an evolution has continued."

"It appears from what you say that AIDS is not a new disease?"

"It would be incorrect to consider that AIDS appeared, let us say, only in 1981. Hypothetically, we can say that this took place in ancient times. They simply did not know how to diagnose it. After all, science accumulates knowledge gradually. For example, in the last century it was believed that man dies of a ruptured heart, but now we know that this is the result of myocardial infarction. The same here. I have had occasion to talk to many clinicians and they recalled that in their practice they have had cases of disease, whose symptoms were identical to AIDS, but they did not know what it was."

"I think this disease has existed in Central Africa for many hundreds of years, if not thousands of years. And, it may have first appeared in the world as early as the time of slavery. Yes, even today, in this region there are about 10 million carriers of the AIDS virus, according to the estimates of specialists. But, this does not mean at all that they are doomed to death. As I have already stated, a man may be a carrier of the virus, which in the African region is spread in a natural way, but does not necessarily have to contract the disease."

"I confidently maintain that it is not highly contagious. For example, this is proven by the fact that in the United States, where in October there were about 14 thousand AIDS cases, there is only one proven case of a doctor contracting the disease from a patient. And, in this case it happened because of the doctor's carelessness. Even if a virus carrier is in close contact with members of his family, this does not mean at all that they, in turn, will be infected."

"It has also been proven that the AIDS virus is not transmitted by the aerosol drop route."

"Nevertheless, a considerable number of cases of this disease has been reported in the United States and Europe. How do you explain this outbreak?"

"Indeed, the figures for the disease are relatively high. I have already spoken about the United States where half of the total

number of patients have died. There are data indicating that in the United States every three to four months the number of reported cases roughly doubles. According to the estimates of American scientists, there are already about a million persons in the United States who are carriers of the AIDS virus."

"About 1,300 cases have been reported in Europe as well, and a large number of these are in France, Federated Republic of Germany, England, Belgium and Switzerland. I am often asked about our country. I will say that we have seen an extremely small number of cases of this disease, they may be counted on the fingers of one hand."

"What started the sudden spreading of AIDS to the United States and the countries of Western Europe? One of the general reasons may include the general increase of international contacts, taking place in the postwar period, particularly starting with the sixties of this century. The number of contacts has multiplied, and the potentiality of the disease as well. But, probably, the most important factor in the spreading of AIDS is the so-called "sexual revolution" which took place in the West in the seventies.

"In the general statistics, 78 percent of the cases are homosexual men and 15 percent are drug addicts and prostitutes according to the data of the United States and Western Europe. I will not elaborate on this now, but will only point out that these are the specifics for the spreading of the disease and they have been proven with complete accuracy. After all, the appearance of such a huge number of such individuals was caused by this notorious "revolution". As I recall, "Time" magazine in describing this revolution wrote with undisguised cynicism: "Sexual revolution means: pleasure above all, life in sin is not a sin, in the world of adults everything is permitted". It is this "permissiveness", this sexual dissoluteness, which is a complete perversion in our society, that led to the outbreak of the disease."

"Persons with congenital or acquired immune deficiency, blood diseases or requiring frequent blood transfusions constitute a much smaller percentage of cases."

"Already several years have passed since AIDS has become known to scientists. Can we speak of any successes in controlling this disease?"

"First of all, I would consider the fact that in a rather short period of time the disease itself was detected, studied and diagnosed successfully. Certainly, it is a fact of major importance that the causative agent of the disease was found and we now know how this virus looks, what the features of its structure are, how it spreads in the body, and how it affects the body. Naturally, all of this enables us to develop prophylactic measures which, first of all, will be the identification of persons who may be potential virus carriers; and, this will help to prevent further spread of

the disease. I can say that the disease itself, as well as the virus causing it, are not the subjects of urgent research at many scientific centers, including our institute."

"Of course, the main problem on the agenda is the development of effective methods of treating the disease and prophylactic vaccines because so far none of the means used has produced positive results. A search for drugs against AIDS is being intensively conducted, although the production of such is quite a complex matter. Let us not forget that today science has achieved such astounding growth that it no longer spends years, as it formerly did, but only months in its search of the unknown. For this reason, I do not exclude the feasibility of developing an adequately effective vaccine as early as in the next few months abroad as well as in our county (if needed).

12525

CSO: 5400/1002

VIETNAM

NATIONWIDE IMMUNIZATION PROGRAM REPORTED

Hanoi. QUAN DOI NHAN DAN in Vietnamese 11 Dec 85 pp 1, 4

[Article: "Step Up the Nationwide Extended Immunization Program"]

[Text] VNA--The chairman of the Council of Ministers recently issued Directive No 373 relative to the promotion of a nationwide extended immunization program for children.

The directive indicates: "In order to implement the extended immunization program under the auspices of UNICEF, the chairman of the Council of Ministers hereby directs provinces, cities and special zones directly under the jurisdiction of the central government to start a program of extended immunization for children from December 1985 to 1988. The municipality of Hanoi, the cities of Ho Chi Minh and Haiphong, and the provinces of Quang Nam-Danang, Ha Nam Ninh, Thanh Hoa, Thai Binh, Binh Tri Thien, Long An and Tien Giang, in particular, shall strive to complete this program before 1988 with a high immunization ratio in order to learn from the experience and benefit other localities. From now until the end of 1988, our country shall direct all necessary efforts toward the implementation of the program under the instructions of the Ministry of Public Health."

The directive determined responsibilities of various levels of people's committees, of the Ministry of Public Health, the State Planning Commission, the Ministry of Finance, the Ministry of Communications and Transportation, the General Department of Customs, and other related sectors and mass organizations in a coordinated effort to carry out the program.

On 10 December, at a ceremony held in Hanoi, our Public Health Ministry and the United Nations Children's Fund (UNICEF) officially launched the program.

In attendance were P. L. Oda, representative of the United Nations Children's Fund, Dr Z. I. Xlam, representative of the World Health Organization (WHO) in Vietnam, a representative from the Ministry of Foreign Affairs, and representatives from the domestic and international news media.

The deputy minister of Public Health, Dr Nguyen Cong Thang, made a report on results obtained in immunization activities in past years in our country, and on what has been done to prepare for this extend immunization program

(1985-1988). In preparation for the program, from 1981 to 1984 the public health sector has used 1,313 villages and subwards belonging to 166 districts in 20 provinces and cities as test sites for injection and oral immunization to prevent six diseases: tuberculosis, poliomyelitis, measles, diphtheria, tetanus and whooping cough, for children under 1 year old. Those achievements were well evaluated by UNICEF and WHO, which recommended that we step up a nationwide immunization program and try to complete it before 1990 in order to assist other countries in this area of the world through our experience. In implementing this program funded by UNICEF, from 1985 to 1988 efforts will be made to have at least 80 percent of children in the whole country receive injections and oral vaccines according to their ages as a preventive measure against the six diseases, and against other dangerous bacterial infections.

As directed by the Council of Ministers, the extended immunization program in our country will begin 15 December.

9458/12951

CSO: 5400/4346

VIETNAM

NATIONWIDE PROGRAM TO INOCULATE CHILDREN LAUNCHED

Hanoi NHAN DAN in Vietnamese 11 Dec 85 p 1

[Article: "Inoculations for Children Nationwide To Provide Basic Epidemic Protection"]

[Text] Between 1981 and 1984, with the assistance of many international organizations, especially UNICEF and WHO, our country's public health sector carried out an expanded immunization program for more than 200,000 children less than 1 year old in 813 villages and subwards in 166 districts and precincts of 20 provinces and municipalities, in order to guard against six contagious diseases often contracted by small children (between 1 and 6 years of age): TB, polio, measles, diphtheria, tetanus, and chickenpox.

After carrying out a study and making rather good evaluations, UNICEF and WHO recommended that our country expand the immunization program to children nationwide, to be completed by 1990, to gain experience for the other nations in the region.

Our country agreed to accept that proposal immediately. On 5 December Pham Van Dong, Chairman of the Council of Ministers, directed that the provinces, municipalities, and special zones directly under the central echelon must implement an expanded immunization program for children between December 1985 and 1988. The municipality of Hanoi, Ho Chi Minh City, the municipality of Hai Phong, and the provinces of Quang Nam-Da Nang, Ha Nam Ninh, Thanh Hoa, Thai Binh, Binh Tri thien, Long An, and Tien Giang must endeavor to complete that program before 1988 with a high ratio of immunization to gain experience for the other localities.

The directive of the Council of Ministers Chairman emphasized that the expanded 1985-1988 immunization program for children not only has the goal of protecting their health but also has political, social, and international relations significance. All sectors and echelons are required to carry out that directive within the sphere of their responsibility.

Yesterday, 10 December, the Ministry of Public Health and UNICEF held a press conference in Hanoi to introduce the specific contents and program for launching a campaign to promote the implementation of the nationwide program to immunize children, which will begin on 15 December.

5616
CSO: 5400/4342

ZAMBIA

SLIM DISEASE CASES REPORTED

Lusaka ZAMBIA DAILY MAIL in English 29 Jan 86 p 1

[Text]

SLIM disease, an infectious ailment related to the dreaded Acquired Immune Deficiency Syndrome [AIDS] has spread to Zambia, Parliament heard yesterday.

Announcing this, Minister of Health Mr Pitso Chitambala said Slim disease which causes excess weight loss has emerged in the country together with AIDS-related infections known as aggressive Kaposi Sarcoma and shingles.

Although Government has already taken measures to prevent AIDS, active involvement at personal level was required as there was no cure for the disease at the moment.

Government in its efforts to contain AIDS has set up a National Surveillance Committee to determine policies relating to the status of AIDS in the country while a task force has also been formed.

Reference laboratories have been set up at the University Teaching Hospital [UTH] in Lusaka and the Tropical Disease Research Centre in Ndola which would serve as diagnostic centres.

The minister who was speaking during the question and answer session following a query from Mr Yonah Phiri [Mandevu] told the House that although the disease commonly spread through intimate sexual contact, people should avoid sharing toothbrushes razor blades and other personal effects.

Cutting of marks in the skin [tattoos] should be avoided as instruments used in this exercise could spread the disease if infected.

AIDS which was first diagnosed in the United States among homo-sexuals but was later found in heterosexuals leads to the body's inability to fight certain germs and results into chest infections, prolonged diarrhoea, loss of weight, fever of unknown origin, infections of the brain and spinal cord and certain forms of cancer.

Mr Chitambala, however, said that the decision of who has AIDS should be left to doctors while victims should be treated like any other patients in hospitals instead of regarding them as outcasts.

/9317
CSO: 5400/74

INDIA

FIGHT AGAINST HORSE, POTATO DISEASES URGED

Bombay THE TIMES OF INDIA in English 14 Jan 86 p 21

[Article by Surinder Sud]

[Text] Glanders, a dreaded disease of horses, mules and donkeys which was deemed to have been eradicated from the country, has staged a comeback.

Veterinarians of Haryana Agriculture University have recently noticed this malady among mules in Hissar and a few tonga horses in Karnal and Rohtak.

The reappearance of the disease is causing concern as it is communicable to man and often proves fatal. Tongawalas, horse-breeders and owners of donkeys and mules run a relatively greater risk of catching this infection.

Among farm animals, cattle, sheep, goats and pigs are immune to this disease. Camels are known to be susceptible to glanders but the cases are very rare. Dogs and cats can suffer from this malady if they eat the flesh of animals which died of glanders.

According to Haryana Agriculture University experts, the disease can be transmitted to others through infected food and water; by inhaling the air infected with nasal discharge and sputum of sick animals; and through cuts and abrasions on the skin.

Notifiable Illness

In the case of equines, the disease may take an acute form, showing high ulcers, discharge from nose and eyes, loss of appetite and constant running down of health.

It proves fatal in most cases. Examination of nose of a sick animal, though highly useful in diagnosing the disease can be dangerous as the person may contact the disease due to sneezing or coughing by the animal.

Since glanders is a notifiable disease under the Glanders and Farcy Act, 1899, university experts have suggested that suitable action should be taken to check the spread of this disease. They have also advised persons handling equines to take adequate precautions against this malady.

The sick animals should be immediately segregated from the rest and proper medical aid should be sought from qualified veterinarians. The university's department of veterinary public health and epidemiology can be contacted for any assistance in such cases.

The Nilgiri Hills area was once considered the potato bowl of south India. But it is no longer so. Potato cultivation in this region has steadily been declining owing to the spread of cyst nematodes introduced into the Nilgiris by chance through a consignment of potato seed imported from Scotland in the early 1960s. This infection, along with the late blight disease, has played havoc with potato plants, forcing the cultivators to switch over to other crops.

A recent survey revealed that nearly 3,500 hectares out of the total 9,000 hectares under potato in Tamil Nadu hills were infected with cyst nematodes. Farmers as well as agricultural experts have been fighting a losing battle against the nematodes as none of the existing potato varieties can withstand the onslaught of this pathogen.

A concerted attempt to control it in the early 1970s through massive application of a nematicide, Fensulfotion, under an Indo-German Nilgiris development project provided only a temporary respite.

The government imposed a ban on the export of seed potato from the Nilgiris to other parts of the country in a bid to arrest the spread of this dreaded infection. This acted as a disincentive for seed growers who used to make good money through this business besides curtailing the supplies of potato seed in the peninsular region.

Since regular application of nematicides to the soil is both expensive and hazardous, the scientists decided to fight this menace by breeding varieties having genetic resistance to nematodes and blight. Thanks to extensive breeding work of a decade-and-a-half at the Central Potato Research Institute's Muthurai centre in Ootacamund, they have not succeeded in evolving such a strain.

The new strain, the first nematode-resistant variety in the tropical and subtropical world, has been named Kufri Swarna as it has been released for commercial cultivation in the current golden jubilee year of organised research on potato in India.

Scientists are confident that the availability of this variety would reverse the downtrend in potato cultivation in the southern hills. This would indeed be a welcome development as the country can ill-afford a decline in potato cultivation in the Nilgiris, the only region where potato grows the year round producing three crops on the same field.

Yield Trials

The Nilgiris, moreover, is one of the areas in India where potato was first introduced by the British over two centuries ago.

Kufri Swarna has been extensively tested before its formal release for general cultivation. The yield trials in summer and autumn seasons between 1981 and 1983 showed that this variety produced over 300 quintals of tubers a hectare, about 30 per cent more than the existing variety, Kufri Jyoti. Besides, it has maintained high resistance to cyst nematodes and late blight. It is an early-maturing type.

Keeping quality tests on Kufri Swarna tubers have revealed that this hybrid has a short dormancy. About 50 per cent of Swarna tubers started sprouting in 60 days, against 20 per cent in the case of Kufri Mjthu and one per cent in Kufri Jyoti varieties. The short dormancy is expected to prove advantageous under local conditions as potato is cultivated round the year in this tract.

/13104

CSO: 5450/0109

KENYA

BRIEFS

OUTBREAK OF FOWL TYPHOID--An outbreak of fowl typhoid has hit Munyu Self-help Poultry Project in Thika, killing 43,433 chickens and inflicting losses to the tune of Sh1.3 million, the project director, Mr Paul Hato, told a members' special general meeting at the weekend. The director said the project had a total of 73,071 chickens and that so far 8,204 had been sold since the outbreak of the disease in November. Mr Hato expressed fear that the project was on the verge of collapse. The meeting had been convened to seek solution to the problems facing the poultry project in a bid to save the remaining 21,404 chickens. Some of them will have to be sold out, a meeting held at Munyu High School compound was told. [Text] [Nairobi DAILY NATION in English 10 Feb 86 p 24] /8309

CSO: 5500/78

SOMALIA

BRIEFS

VETERINARY SERVICES IMPROVE--The World Bank and the International Fund for Agricultural Development have allocated Somalia 4.3 million and 6.3 million dollars respectively for a scheme to improve the country's veterinary services. It is known that the inadequate monitoring of herds is the reason for the suspension since 1983 of imports of animals on the hoof from Somalia by Saudi Arabia, the country's most important customer in this respect. The Saudi authorities made a condition of the resumption of the trade the vaccination of cattle against rinderpest and three weeks' quarantine prior to shipment. Livestock exports account for 80 per cent of the foreign currency revenue earned by Somalia. [Text] [Paris THE INDIAN OCEAN NEWSLETTER in English 25 Jan 86 p 7] /8309

CSO: 5400/73

VIETNAM

BETTER CARE OF DRAFT ANIMALS IN WINTER SEASON URGED

Hanoi NONG NGHIEP in Vietnamese 5 Dec 85 p 2

["Agricultural Current Events" column: "Care For and Protect Water Buffaloes and Cattle in the Winter-Spring Season"]

[Text] "In our country's agricultural production, at present and for many years to come, soil preparation is and will be carried out primarily by water buffaloes and oxen. In recent years mechanized soil preparation has accounted for only about 20 percent of the cultivated area. The remaining 80 percent has been done by water buffaloes and oxen. Correctly evaluating the importance of water buffalo and oxen raising, our state promulgated many policies to encourage the development of water buffaloes and oxen, and in fact the average rate of increase in the 1980-1984 period was about 3.75 percent of the total (the average rate of increase was 2.78 percent for draft water buffaloes and 10.18 percent for draft oxen). However, the draft power situation is still extremely tense, especially in the Red River delta provinces. In 1980, in the northern provinces each water buffalo had to work an average of 2.17 cultivated hectares. By 1984 the average had increased to 2.22 hectares. In the winter-spring season water buffaloes and oxen must work under conditions of cold weather and a shortage of feed, so in practically all localities all over the nation, especially in the Red River delta provinces, water buffaloes and oxen have collapsed. During the past several years and average of more than 30,000 water buffaloes and cattle have collapsed during the winter-spring season. During this year's winter-spring season the Red River delta provinces and Binh Tri Thien Province were affected by one storm or flood after another and the number of water buffaloes and oxen declined greatly. Although those who survived have not yet regained their strength they must begin to work in the soil preparation phase. Therefore, it is necessary to pay special attention to caring for and protecting the water buffaloes and oxen.

In order to perform that task well, the localities must categorize their water buffaloes and oxen and on that basis draft norms regarding their utilization and rational raising and care systems. The tending of water buffaloes and cattle must be entrusted to cooperative member households who are capable of raising them and have a sense of responsibility. Ideally they would be people who both raise water buffaloes and cattle and are plowmen. It is necessary to set up specialized plowing and harrowing unit sunder the centralized

guidance of the cooperative management boards. We must resolutely eliminate the form of the "blank check" contracting of water buffalo and oxen to a few households to take turns using them to plow and harrow, force them to work beyond their capacity, and raise them carelessly and allow them to become so malnourished that they weaken and collapse during the winter-spring season. In the soil preparation phase it is necessary to absolutely refrain from using water buffaloes and oxen to do other work, such as pulling carts, pulling sleds, stamping soil, etc. On bitterly cold days water buffaloes and oxen must be allowed to go to work late and return early, and when the temperature falls below 10 degrees Centigrade water buffaloes and oxen must not work. Households who use feed bags to sew cloaks for water buffaloes and oxen, repair stables, and ensure that no wind gets in and that they do not leak must be encouraged and awarded work points.

In addition to the systems of rational use and strict and fair rewards and punishments, it is necessary to pay attention to doing a good job of resolving the problem of feed for water buffaloes and oxen. The localities must have plans to collect straw to distribute to water buffaloes and oxen, to ensure that each water buffalo or ox has more than a ton of dry straw for the winter-spring season. Pastureland must be zoned and fully utilize all drainage ditch embankments, field embankments, and dikes to form areas for pasturing water buffaloes and oxen. Places which were recently affected by storms and floods must organize the people to travel long distances to obtain grass and set aside part of the animal husbandry land to grow thick-planted corn, grow water commelina, and propagate azolla in order to have feed for water buffaloes and oxen. Furthermore, it is necessary to fully utilize such waste materials as sugarcane tops, sugarcane bagasse, sweet potato haulms, and corn stalks as feed for water buffaloes and oxen. On demanding work days it is necessary to ensure that water buffaloes eat 30 to 40 kilograms of straw and 10 to 15 kilograms of fresh grass, and that oxen eat 20 to 30 kilograms of straw, 5 to 10 kilograms of fresh grass, and 0.5 to 1 kilogram of supplemental feed. Attention must be paid to doing a good job of the veterinary medicine work and organize pasteurellosis inoculations, the purging of liver fulkes, and the treatment of trypanosomiasis in the old pockets of infection. Water buffaloes and oxen which have recently been brought in after having been purchased in the mountain region must be strengthened and follow a work schedule of gradually advancing from low intensity to high intensity.

Only by doing a good job of caring for and protecting water buffaloes and oxen can the localities have sufficient draft power to prepare soil and plant on schedule, and contribute to a victorious winter-spring season.

5616
CSO: 5400/4339

COLOMBIA

COFFEE RUST EXPECTED TO INFEST ENTIRE GROWING AREA BY 1987

Bogota EL SIGLO in Spanish 6 Dec 85 p 10

[Article by Arturo Menendez Vall-Serra]

[Text] "The rapid growth of the area infested with coffee rust suggests that efforts to control it have not produced the expected results. Consequently, we must review technical and administrative strategies for control in order to make them more effective."

That was the conclusion of a National Federation of Colombian Coffee Growers Technical Subcommittee study presented at a recent Coffee Growers Conference held in the nation's capital.

The report offers a detailed analysis of the situation in coffee growing areas infested with the blight--which the growers fought for more than a decade to prevent its entrance into this country. The study acknowledges that the fungus is spreading fast, especially in the central region, which encompasses the departments of Viejo Caldas, southern Antioquia and northern Valle (Zone 1).

Three years after its appearance inside the national territory, 280,000 hectares are infested with the disease, which can be lived with but which cannot be eradicated from coffee growing areas. The rate of dispersal varies from region to region, but it is advancing much faster than initial predictions concerning the manner and speed of its extension through the coffee growing zones.

In this respect, the Federation's report notes that in zone 1--considered the nation's principal coffee growing center--coffee rust is spreading much faster than initially predicted. A 15 percent increase in the spread of the disease had been estimated; that figure is now 25 percent.

In zone 2, the disease appeared during the 1984/85 growing season, as expected. In zones 3 and 4, it was not expected to show up until the 85/86 and 86/87 seasons, respectively. However, the fungus has been present since the beginning of the last growing season in the various regions into which the country has been divided for the purpose of studying and controlling the disease.

According to the National Federation of Coffee Growers, judging from its behavior and the way the disease is spreading, the outlook for coffee rust in growing areas is not very promising. By the end of the decade, practically all of Colombia's coffee growing area will be infested.

If the fungus spreads at the fastest rate projects, 1,010,000 hectares of coffee plantations will be infested with rust by 1987/88; if it spreads at a more moderate rate, it will affect 878,4000 hectares by that same year; and if it spreads at a minimum rate, it will cover 735,600 hectares.

Figure 1 shows how the coffee rust infestation will increase in the various zones by growing season, according to the blight's rate of growth and dispersion in each one.

Cost of Control

The gradual spread of the blight throughout the nation's coffee growing region will mean increasingly higher costs for control, with respect to the total value of the crop.

In fact, according to the Federation, following the most pessimistic prediction (Figure 2), the cost of controlling the disease could increase from 1.63 percent to 7.38 percent of the crop's total value in 1984 pesos.

During the current growing season, it is estimated that 7,500 to 10,000 permanent employees will be needed to control the disease, basically by applying copper oxychloride. By the time it has spread throughout the entire growing region, about 40,000 people will be needed to maintain the present methods of work to make it possible to coexist with the disease.

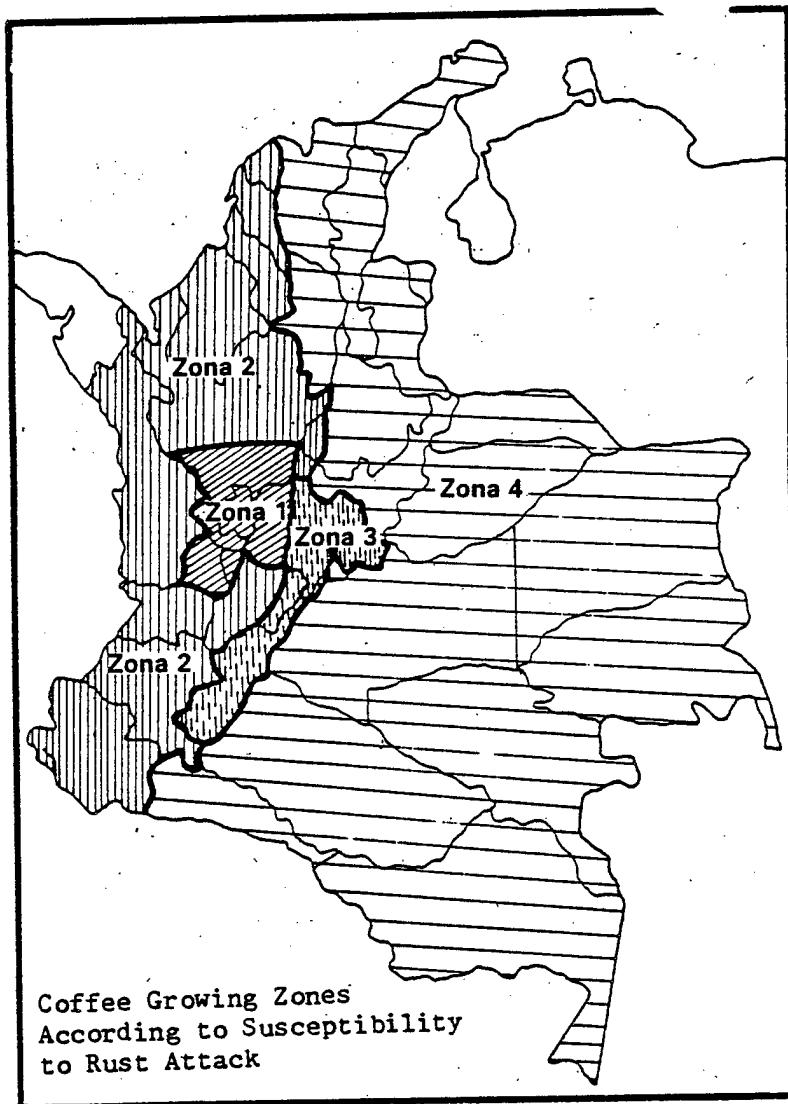
Restructuring

The document advocates restructuring the present rust control campaign and proposes the following points in this respect:

- Coordinate campaigns for chemical control, cutting and replanting with "Colombia Variety" trees;
- Meet the needs of producers as a group rather than individually; this will allow for greater efficiency in technical assistance and allocating resources.
- Unify criteria for meeting the particular problems of each region;
- Manage the campaign centrally but implement it on a regional basis, taking into account the particular conditions of each region;
- Make the central office responsible for logistical support of the campaign, especially regarding material, equipment and application techniques, the unification of criteria for implementation and the evaluation of strategic, that is, of medium and long range decisions;

--To date, general economic efficiency and the cost of control per land surface unit have not been critical variables. In the future, these criteria should prevail in the establishment of control strategies;

--The standards defining proper control were established based on agronomic criteria, without considering costs or availability of resources. For this reason, they should be revised to permit greater coverage of the area by using both conventional and nonconventional equipment, based on the premise that generalized control of the affected area is better, even though the size of the drops, the proportion of leaves protected and other characteristics of proper control may not be the best.



Regions affected: Coffee growing authorities have divided the country into four zones to analyze the coffee rust problem. One of them, zone 1, will be almost totally infested beginning with the next growing season. In fact, it was in this zone at a plantation near Chinchina that the disease was detected for the first time in this country three years ago. We must live with the blight, because it is impossible to eradicate it.

8631/12624

CSO: 5400/2022

EGYPT

CAMPAIGN AGAINST LOCUST INVASION

Cairo THE EGYPTIAN GAZETTE' in English 28 Jan 86 p 2

[Text]

LOCUST-COMBATING groups working in the southern areas of the Eastern Desert, especially along the border with the Sudan, will be provided with all possible facilities to boost their activities. The Deputy Prime Minister and Minister of Agriculture, Dr. Youssef Wali, gave urgent directives to this effect and to the expansion of the locust detection system.

Dr. Wali had earlier received a report prepared by Dr. Yassin Osman, Chairman of the Central Administration for Pests Combating, on the latest developments in the spread of locusts in Egypt, the Sudan and the Arabian Peninsula.

The locust detection groups reported the appearance of big locust concentrations in the southern part of the Eastern Desert on January 18, and said that the

multiplication of the locusts exceeded all the previously estimated forecasts, due to the heavy rains on the locust sites in Egypt, the Sudan and the Arabian Peninsula.

The report said that the locust combating groups have sent two boxes filled with sample of the locusts which started to spread in areas adjacent to the borders with the Sudan, in order to be examined by experts, and to determine the best methods for combating. — GSS

/12828
CSO: 5400/4603

FIJI

MOSAIC VIRUS HITS CANEFIELDS

Suva THE FIJI TIMES in English 1 Feb 86 p 3

[Text]

About 80 sugarcane farms in the Sigatoka Valley have been affected by a deadly virus known as 'Mosaic' which is capable of destroying large amounts of cane crops.

The two most hard hit areas are Kavanagasau and Yalovu, up the Sigatoka Valley. The virus is found in corn plants and it is known to destroy a cane stalk within three days.

The two strains of the mosaic 'Streaker' and 'Dwarfing' is like powder and yellowish in colour. Winds blow the virus from the corn plants then on to sugarcane farms.

Farmers in the Sigatoka Valley have been advised by the Fiji Sugar Corporation not to plant corn plants for fear of spreading the virus.

A three man team from the FSC's Cane Disease Control Unit is presently touring the affected areas to eradicate the virus and inform the farmers of the danger it possess.

The leader of the group, Mr Vijay Chand, told The Fiji Times that the virus was spreading very fast.

Mr Chand said that the virus was first detected early last

month, and his team moved into the area on January 6 and began operations to get rid of the virus.

"Up to today, we have inspected 100 farms in the Kavanagasau and Yalovu areas, and 80 of them have been affected to some extent by the virus," Mr Chand said.

Mr Chand said that cane stalks were immediately dug out if found to be affected.

"We have already dug out over 2,300 cane stalks," he said.

During yesterday's operation alone, his group pulled out 95 cane stalks.

Mr Chand said that he could not say how long it would take for his team to visit all the farms in the Sigatoka Valley and inspect them.

"We have a very large and hilly area here and the farms are dotted all over the place," he said.

His group would be moving into the Nakambata and Oloolo areas towards the middle of next week, once they have finished with the Yalovu and Kavanagasau areas.

The FSC's Research Unit manager, Mr Krishnamurthi, and officials from the Ministry of Primary Industries, including two pathologists, visited

the Sigatoka Valley on Wednesday.

They surveyed the affected areas and held discussions with the farmers at the Kavanagasau home of Mr Nagayia Sami.

Mr Sami said yesterday that the meeting was very useful and the farmers were very happy with the way in which the FSC was handling the situation.

He said that two committees, made up of farmers, have been formed to warn other farmers about the virus and work jointly towards getting rid of it.

"Farmers have taken up corn planting again because of the low cane price. We have to make ends meet," Mr Sami said.

"The FSC have told us not to use this particular corn seed and that we will instead be supplied with the high breed variety for planting," Mr Sami said.

The virus was first noticed in 1979, when a New Zealand company, Dalgety, brought in corn seeds from America and distributed it to farmers in the Sigatoka area.

After the virus was noticed, the FSC approached the Ministry of Primary Industries to destroy all corn seedlings and plants brought from America.

/9274

CSO: 5400/4351

SOUTH AFRICA

LOCUSTS SPREAD ACROSS LARGE AREAS OF KAROO

Johannesburg THE CITIZEN in English 1 Feb 86 p 8

[Text]

SWARMS of locusts are attacking large areas of the Karoo as far as Boshof in the Free State. They are being destroyed by hundreds of labourers using sprays and pumps.

Mr M Heyns, Deputy Director at the Directorate of Soil Protection said this was the first major outbreak of locusts in South Africa for over 10 years.

Locusts can never be completely destroyed as eggs remain in the soil and begin hatching again when conditions are favourable. The eggs then spread.

A factor determining when the eggs begin hatching is sufficient moisture in the soil. Good rains at the end of last year and adequate downpours in January made the moisture level high.

The swarms are far more intense than in 1975 and have spread further. However, Mr Heyns said his department had the

situation well under control.

A serious hindrance to the authorities is that the locusts are spread over vast areas of mainly unpopulated land. Many farms are uninhabited and by the time the locusts are reported they have hatched and spread again.

In December, 30 spraying units were needed, but the number declined slightly at the beginning of January to 27 units in 13 districts. The figure for the end of January, showed they had spread and 145 units were needed in 32 districts.

In some areas which are unreachable by road, a helicopter which is stationed at Carnarvon, is used to spray the locusts.

The areas worst affected at present are Carnarvon (needing 11 units), Prieska (14), Meridale (10), Victoria West (7), Beaufort West (10), Aberdeen (5) and Koffiefontein (8).

/8309

CSO: 4400/99

VIETNAM

STEPS TO FIGHT INSECTS, DISEASES IN HAI PHONG URGED

Hai Phong HAI PHONG in Vietnamese 27 Sep 85 p 1

[Article: "Make Use of Combined Measures To Eliminate Insects and Diseases Harming 10th Month Rice"]

[Text] According to reports of the Plant Protection Department and the districts, at present more than 10,000 hectares of rice in the municipality, including nearly all rice plantings, are infested with insects and diseases, especially stem borers, rice hispa, white leafhoppers, brown leafhoppers, leaf rollers, rice blast, and silver leaf disease. Rice-gnawing rodents are also developing.

In view of that situation, the Standing Committee of the Municipal People's Committee, implementing the 21 September 1985 directive of the Standing Committee of the Municipal Party Committee, decided to make combined use of effective measures to eliminate insects and diseases harming 10th month rice.

Between 25 September and 5 October all districts and agricultural cooperatives in the municipality launched a movement for all the people to go to the fields to light moth traps between 1900 and 2200 hours. The Youth Union and general school pupils served as the hard core in that campaign. During that time, the Electric Power Bureau gave priority in the use of electricity to the areas outside the city so that they could illuminate the moth traps. The Municipal Planning Commission supplied additional oil to the districts so that they could effectively eliminate insects. The Agricultural Bureau supplied additional insecticides to the districts so that they could organize their spraying and spreading on areas infested with insects and diseases.

The districts mobilized labor forces to catch mice both in the fields and in the villages, set out rat traps baited with poison and bran, and had a policy to provide economic incentives for people to catch many mice.

The district people's committees directly guided the that key task and assigned district leadership cadres to each cooperative to guide, supervise, and oversee. The district crop insurance corporation served as the staff in helping the party committee echelons and governmental administrations guide the implementation of the insect and disease elimination measures, and guided

the plant protection units so that they could have good activities in each cooperative and production unit.

The Agricultural Bureau sent a number of cadres to each district to inspect, oversee, grasp the situation, and provide technical guidance.

5616

CSO: 4209/4341

VIETNAM

FORECAST FOR WINTER-SPRING INSECTS, DISEASES PUBLISHED

Hanoi NONG NGHIEP in Vietnamese 5 Dec 85 p 2

[Article by Engineer Nguyen Danh Van of the Forecasting Bureau of the Plant Protection Center of the South: "Forecasting the Situation of Rice-Harming Insects and Diseases During the 1985-1986 Winter-Spring Season in the Southern Provinces"]

[Text] Based on the law of development of insects and diseases in recent years and the special characteristics of winter-spring rice cultivation, combined with weather forecasts, we believe that the following insects and diseases are capable of appearing and causing much harm to the 1985-1986 winter-spring rice in the southern provinces.

1. Small leaf rollers will appear in three principal phases:

Phase 1: From the end of November to the beginning and middle of December they will harm tillering early rice in Long An, Tien Giang, and Cuu Long provinces and in parts of Hau Giang and Ben Tre provinces. In places the density will be as great as 25 to 30 insects per square meter.

Phase 2: From the end of January to the beginning and middle of February the insects will concentrate on the main rice planting and tillering late rice and on part of the heading early rice in nearly all western Nam Bo provinces, such as Tien Giang, Hau Giang, An Giang, Dong Thap, Ben Tre, etc. The density and area infected by insects will be much greater than during the first phase. It will be the most important insect damage phase of the year. In places the density may be as great as 40 insects per square meter.

Phase 3: Between the end of February and the beginning of March, damage will be less than during phase 2. The principal damage will be in the eastern provinces and in some late rice areas in western Nam Bo which are heading and blooming.

2. Rice stem borers also may appear in the following three principal phases:

Phase 1: At the end of November the number of insects damaging 10th month and fall-winter rice began to swarm and then changed over to the phase of laying eggs on early winter-spring rice during the tillering phase to form the first larvae phase. The infected area and the density of insects in that phase were

not large, but it was an important insect phase and was a source for the accumulation of insects for the whole season. Insects caused damage primarily in a number of areas with much 10th month and fall-winter rice, such as Long An, Ben Tre, Kien Giang, Tien Giang, etc.

Phase 2: Moths will swarm at more or less the same time in many provinces (primarily in western Nam Bo) at the end of December and the beginning of January. Insect damage will be concentrated on tillering and heading early and main-planting rice in the provinces of Cuu Long, Tien Giang, Dong Thap, Hau Giang, An Giang, Long An, Ben Tre, etc. The area infested by insects will be larger than Phase 1 and in places the density will be 10 to 20 insects per square meter.

Phase 3: The height of the moth swarming will occur at the end of January and the beginning of February, when larvae will damage tillering and heading rice. The infected area may be larger than during the first and second phases but the density will be less (generally one to three insects per square meters). Insect damage will be wide-spread in both eastern and western Nam Bo.

3. Rice wilt will occur here and there beginning in January, but damage caused by the disease will be most widespread and strong from mid-February to mid-March in all varieties and in nearly the entire rice area before and after the blossoming phase. The disease will cause more concentrated and greater damage in places capable of investing in a high degree of intensive cultivation and places with the custom of thick broadcast sowing, such as Tien Giang, An Giang, Long An, Dong Thap, etc. The disease will continue to cause damage to the end of the season, but the infested area will gradually diminish.

4. Leaf wilt: It is necessary to pay all-out attention to the possibility that this disease may occur in places which still grow many varieties infested with leaf wilt, such as MN7A, MTL 36, VM1, IR 8423, and a number of other MTL varieties. The disease will break out here and there beginning at the end of December, but the high point will be from the end of January to the beginning of February. It will damage the leaves on main-planting and late rice and cause a drying out of blossoms on early a main-planting rice. In the provinces of Tien Giang, An Giang, Hau Giang, Long An, Dong Thap, and Ben Tre the disease may cause more damage in the other places.

Furthermore, it is necessary to pay attention to the following:

1. Aphids will appear and cause relatively wide-spread damage in the first phase of the tillering period, especially in places with late rain and in low-lying places with high water levels in paddies. In some places the density may amount to more than 30 insects per square meters.

2. Rice army worms will appear and cause concentrated damage in December and January in all varieties from the tillering phase to the egg hatching phase in a number of areas in Dong Thap, Hau Giang, Tien Giang, etc. Density may be as great as dozens of insects per square meters.

3. Paddy bugs will be concentrated in the final growth phase of the rice plants, when they enter the ripening phase.

5616

CSO: 5400/4339

VIETNAM

VEGETATION PROTECTION DEPARTMENT ISSUES FORECAST

Hanoi NONG NGHIEP in Vietnamese 5 Dec 85 p 2

[Insect and Disease Forecast by the Vegetation Protection Department]

[Text] Northern Provinces:

Stem-boring insects will continue to cause damage on the early 5th month rice plantings.

Insects and diseases have begun to develop on winter vegetables and subsidiary food crops. If the sky is overcast and there is little sunlight late blight will appear at the end of November in winter soybean areas. Leaf curl and wilt will continue to cause more widespread damage than in the previous week.

It is necessary to carry out plowing, harrowing, soil soaking, soil drying, plowing under, and rice stubble burning, especially in places with a high density of stem boring insects. Those tasks will be combined with picking stem borer egg clusters from 5th month rice seedlings.

Inspections will be carried out and insecticides will be sprayed to eliminate stem borers, aphids, soybeans late blight, and stem borer larvae on vegetable crops and subsidiary food crops in areas with high densities.

In the Southern Provinces:

Stem borers, rice gall flies, small leaf rollers, and aphids will continue to cause damage on a large area. Brown planthoppers and rice blast will damage infested varieties in a number of places. In the Mekong Delta rice wilt will increase more rapidly than in the past and damage rice in the booting and heading phases.

Therefore, it is necessary to concentrate on harvesting the early 10th month rice rapidly and efficiently; guard against and completely eliminate rice gall flies, rice thrips, and small leaf rolling insects on winter-spring rice seedlings; and eliminate rice borers, aphids, and mealy bugs on 10th month rice.

5616
CSO: 5400/4339

VIETNAM

DEPARTMENT URGES MEASURES AGAINST FARM PESTS

OW130925 Hanoi Domestic Service in Vietnamese 1100 GMT 12 Feb 86

[Text] According to the vegetation protection department, leaf folders have damaged the winter-spring rice crop almost everywhere in the southern provinces. Specifically, the affected area has reached 5,000 hectares in the coastal provinces of central Vietnam, with a density of 20-30 insects per square meter. Rice blast has caused more serious damage in the Mekong Delta. Insect larvae have also affected the late winter-spring rice crop, with a 3-5 density per square meter. The density reaches 150 per square meter in some areas of Phu Khanh Province. Stemflies have damaged the rice sown in some areas of Quang Nam-Danang Province, with a density of 20-70 insects per square meter. The density is up to 800-1,000 per square meter in some areas of Binh Tri Thien Province.

In the northern provinces, leaf beetles have gradually developed in the fields put under early rice. Maximum density is up to 20 per square meter in the Bac Bo Delta. Rice blast has diminished while 12 percent of the stem borers in the roots of riceplants in Hanoi have turned into chrysalises. Leaf folders, late blight, and diamondback moths have continued to damage other crops, including corn, potatoes, vegetables, and secondary crops.

In the southern provinces, leaf folders, leaf beetles, stem borers, and aphelenchoides oryzae will continue to damage the winter-spring rice. Rice blast may develop rapidly.

In the northern provinces, leaf beetles will develop gradually, while cirphis salebrosa will affect the spring corn crop.

The vegetation protection department has urged the northern localities to protect rice seedlings and freshly transplanted riceplants from the cold, and to spray insecticides in order to eradicate leaf beetles. Meanwhile, the southern localities should spray insecticides to eradicate leaf folders, buoy-shaped insects, stemflies, and stem borers in areas where their density is high. They should also prevent and combat rice blast while suspending the use of nitrogenous fertilizer in the affected areas.

/9604
CSO: 5400/4352

END