

209082

PRS-TEP-87-014

D JUNE 1987



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

DTIC QUALITY INSPECTED 2

Epidemiology

DISTRIBUTION STATEMENT A

Approved for public release;
Distribution Unlimited

19981202 112

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

33
94
A

JPRS-TEP-87-014

10 JUNE 1987

EPIDEMIOLOGY

CONTENTS

HUMAN

AUSTRALIA

- National Reaction to AIDS Awareness Campaign
(Michael Gawenda; THE AGE, 2 May 87)..... 1

BERMUDA

- AIDS Victims Increase by 12 Percent in First Quarter
(THE ROYAL GAZETTE, 24 Apr 87)..... 7

BRAZIL

- Briefs
 AIDS Cases Triple 8
 AIDS Cases Confirmed 8

CANADA

- Salmonella Poisoning Increase Blamed on Poultry
(THE OTTAWA CITIZEN, 23 Apr 87)..... 9

AIDS Worker Arbitration, Prison Incidence Reported (THE GLOBE AND MAIL, 17, 23 Apr 87).....	10
Worker Suspension Arbitration, by Lorne Slotnick	10
Prison Incidence, by Joan Breckenridge	11
Ottawa Area Schools Report Red Measles Outbreak (Daniel Drolet; THE OTTAWA CITIZEN, 1 May 87).....	12
Chicken Pox Outbreak Causes Closure of Ottawa School (THE OTTAWA CITIZEN, 30 Apr 87).....	14
CZECHOSLOVAKIA	
Health Officer Interviewed on AIDS in Slovakia (Stefan Calpas Interview; NEDELNA PRAVDA, No 19, 87) 15 May 87).....	15
FINLAND	
Number of AIDS Patients Doubles in Year (HELSINGIN SANOMAT, 10, 21 Mar 87; UUSI SUOMI, various dates).....	17
Voluntary Testing Plan Suggested	17
Increased AIDS Testing, by Sinikka Mustonen	18
Eleven Deaths Reported	19
Concern Over Blood Supply	19
Hospital Starts New Test	20
AIDS Hospital Budget Needs, by Sinikka Mustonen	21
High Number of Female Patients	23
Future Spread Projected	24
Foreign Students Protest Mandatory AIDS Testing (HELSINGIN SANOMAT, 12 Apr 87).....	25
Life Insurance Companies To Deny Coverage to AIDS, HIV Applicants (HELSINGIN SANOMAT, 11 Apr 87).....	27
GAMBIA	
Second Type of AIDS Virus Discovered (NEW NIGERIAN, 20 Apr 87).....	28
GUYANA	
Health Ministry Official Describes Immunization Program (Noel Blackman; GUYANA CHRONICLE, 7 Apr 87).....	29
Briefs	
Venezuelan Malaria Team	30

HONG KONG

Extra Care Urged To Avoid Seasonal Diseases (SOUTH CHINA MORNING POST, 4 May 87).....	31
Universal Susceptibility to AIDS Noted (Editorial; SOUTH CHINA MORNING POST, 22 Apr 87).....	32
Papers Report Government Campaign Against AIDS (SOUTH CHINA MORNING POST, 22, 30 Apr 87; HONGKONG STANDARD, 30 Apr 87).....	34
'Shock Tactics' Avoided, by Jamie Walker	34
No Limit on Funds, by Terry Lee	35
Favorable Response	36
Administration of AIDS Tests Questioned (SOUTH CHINA MORNING POST, 25, 27 Apr 87; HONGKONG STANDARD, 13 May 87).....	37
Reporter's Experience, by Wendy Kay	37
Discretion, Professionalism Advised, Editorial	39
Specialist Defends Counsellors, by Seth Faison	40
No Plans To Deny Entry to AIDS-Infected Tourists (Neil Perera; SUNDAY STANDARD, 19 Apr 87).....	41
AIDS-Research Drug Available Prescription Free (Shirley Hui; HONGKONG STANDARD, 6 May 87).....	43
AIDS-Carrying Children Attend Regular Schools (Aruna Kulatunga; HONGKONG STANDARD, 12 May 87).....	44
Danger Village Rabies-Free, Suspected Case in Stanley (SOUTH CHINA MORNING POST, 2 May 87).....	46
INDIA	
Bihar Forms Panel To Control Kalaazar (THE TIMES OF INDIA, 13 Apr 87).....	47
Gastroenteritis Epidemic Compounded by Shortages (THE TELEGRAPH, 17 Apr 87).....	48
Eye Diseases Common Among Children in Desert Region (PATRIOT, 21 Apr 87).....	49
Briefs	
Meningitis Epidemic	50
Orissa Dysentery Deaths	50
Baroda Gastroenteritis Deaths	50
Spreading Measles Epidemic	50
Study on AIDS	51

INDONESIA	
Briefs	
Gastroenteritis in Aceh	52
ITALY	
Authorities Increasingly Concerned Over AIDS Spread (Tuula Laurila-Coladonato; HELSINGIN SANOMAT, 30 Mar 87).....	53
JAMAICA	
Minister of Health Discusses Tuberculosis Situation (THE DAILY GLEANER, 29 Apr 87).....	57
JAPAN	
Government To Launch AIDS Prevention Publicity Campaign (MAINICHI DAILY NEWS, 28 Mar 87).....	59
Briefs	
AIDS Directive to Local Governments	60
MALAYSIA	
Briefs	
Cholera in Kelantan	61
Kedah Cholera Cases	61
MAURITIUS	
Ministry of Health Reports on Malaria in North (LE MAURICIEN, 17, 21 Mar 87).....	62
Malaria Statistics, by H. Bissoonauth	62
Malaria Outbreak in North, by Bissoonauth	63
NIGERIA	
Briefs	
AIDS Screening, Devices	64
PAPUA NEW GUINEA	
Influenza Epidemic in Trobriand Islands (PAPUA NEW GUINEA POST COURIER, 15 May 87).....	65

PERU

Briefs

Malaria Outbreak in Ayacucho	66
AIDS Cases Reported	66
Yellow Fever Kills 40	66
Medical Product Reportedly Transmits AIDS	66

PORTUGAL

Study Conducted on Total AIDS Cases (Paula Brito; SEMANARIO, 24 Apr 87).....	68
---	----

SOUTH AFRICA

Malaria on Increase in Kwazulu, Natal Due to Mozambican Refugees (FINANCIAL MAIL, 24 Apr 87).....	70
--	----

Briefs

Miner Contracts AIDS; Five Deaths	71
-----------------------------------	----

SOVIET UNION

Outbreak of Legionnaire's Disease (TASS, 10 May 87).....	72
---	----

Briefs

Hospital Plans for AIDS Patients	73
----------------------------------	----

SUDAN

High Tuberculosis Rate in Eastern Region Discussed (AL-SIYASAH, 25 Mar 87).....	74
--	----

SWEDEN

First Mandatory AIDS Testing by Private Company Starts (HELSINGIN SANOMAT, 11 Apr 87).....	75
---	----

UGANDA

Briefs

Sleeping Sickness in Kamuri	76
-----------------------------	----

VIETNAM

Briefs

Dac Lac Malaria Control	77
-------------------------	----

ZIMBABWE	
Model Predicts Number of AIDS Cases by 1991 (THE FINANCIAL GAZETTE, 30 Apr 87).....	78
ANIMAL	
INTER-AMERICAN	
Animal Health Programs for Caribbean Under Review (GUYANA CHRONICLE, 7 Apr 87).....	79
INDONESIA	
Briefs	
VD Attacking Cows	80
KENYA	
Briefs	
High Perch Death-Rate	81
ZIMBABWE	
Briefs	
Foot, Mouth Disease Outbreak	82
PLANT	
BELIZE	
Medfly Control Program To Be Launched in Citrus Groves (AMANDALA, 10 Apr 87).....	83
VIETNAM	
Briefs	
Ha Bac Pest Damage	84
Ha Bac Pest Control	84
Hanoi Suburban Drought Combat	84
Hanoi Warning Against Pests	84
Ha Son Binh Rice Insects	85
Thai Binh Pest Control	85

/12223

NATIONAL REACTION TO AIDS AWARENESS CAMPAIGN

Melbourne THE AGE in English 2 May 87 pp 1, 2

[Article by Michael Gawenda; "AIDS--Reaping Responsibility"]

[Text]

THERE IS SOMETHING appallingly fascinating about AIDS, so fantasies abound and they are everywhere. A young woman stares out at you from the television screen. She has the strangest look on her face. She talks about sex and death and condoms and spermicidal cream. She looks to be in some sort of pain. Sex and death; the Elizabethans referred to orgasm as dying.

A joke: two men are standing in an alleyway shooting up. They pass the syringe from one to the other. Another man watches them and eventually confronts them. "Don't you know you could catch AIDS doing that?" he says. "No worries," they say. "We're wearing condoms."

At the football: we stand in the outer and the bloke next to us yells out: "Put a condom on before you catch something, you white mongrel."

A national education campaign: Grim Reapers — can there be more than one? — mediaeval mists, bodies tumbling from death-carts, death rampant and rampaging. These are images evoking the Middle Ages which tap into ancient fears, re-establishing links long submerged in our collective unconscious.

It is a fantasy, this national education campaign advertisement, its images born of Steven Spielberg and music videos and horror movies. But in the jargon of the advertising industry, from which these images emanated and for which we paid, the Grim Reaper has succeeded; AIDS has now been re-positioned in the market; it is a product to be examined by all, not just homosexuals and drug users. Do not ask for whom the death-cart comes; it comes for thee.

And so thousands of people, in a panic, peer down the corridor of memory and dredge up what was once insignificant or at least resolved in some way — a long-forgotten one-night stand, a brief infatuation, a clandestine affair — and wonder "Could it kill me?"

"COULD HE KILL me?" In Melbourne, at Fairfield Hospital alone, the blood samples of 500 people, the majority of them women, are now tested each day for AIDS. Who are these people? What are they anxious about? No one knows; but most of the women, apparently, are in their late-twenties and thirties. Many are married. Trust before AIDS was one thing. Trust now is something else altogether.

Another reaction: we talk a bit about the Grim Reaper advertisement, an old friend and I. His anger is surprising. We have known each other for 20 years and what he says produces a small pool of doubt. He resents the fear that is being fostered. He does not consider himself to be at risk. My friend is 40 and single. Why is he so annoyed?

AIDS is appallingly fascinating. Tens of thousands of words about it are published each week in Australian newspapers and magazines. There are lift-outs, supplements and advertisements as well as an unremitting flow of news reports, feature articles, columns, editorials. It is the same on radio and television.

To immerse yourself in all these words, to spend several weeks reading about nothing else, to speak to researchers, doctors, therapists, gay activists, public servants and to friends and acquaintances about AIDS is to realise that each individual's reaction is determined not so much by facts about the disease, but by individual prejudices, fears and self-perceptions.

Take Ita Buttrose, the spokesperson for the National Advisory Committee on AIDS, the organisa-

tion responsible for the \$3 million Grim Reaper advertisement. Ms Buttrose is a middle-aged, professional woman, twice married and divorced. Recently, she announced that she had become a radical cellbate.

She is not, we can safely assume, a male homosexual or an intravenous drug user, the two high-risk groups in Australia.

Assuming that Ms Buttrose, as the public face of NACAIDS, has read at least as much as I have about AIDS and spoken to as many researchers and doctors, she must know that the risk of contracting AIDS among heterosexuals in Australia is infinitesimal at the moment. Is radical cellbacy — whatever that may mean — a reasonable response to the facts? The answer depends on who you are and where you're coming from ...

SOME FACTS:

Last year, the Victorian Health Department collected the following statistics on AIDS blood tests:

There were 4015 blood tests recorded of homosexual and bisexual men, 308 of which were antibody positive.

Some 254 tests were performed on men suffering from haemophilia, with 12 antibody positive results.

There were 2861 tests of IV drug users; 13 were antibody positive.

Some 1064 blood-product recipients were tested; nine were antibody positive.

There were 602 blood tests recorded of prostitutes, of which one was antibody positive and, with this result, IV drug use was suspected.

Some 458 heterosexuals were tested, with no antibody positive results.

There were 4174 tests in prisons and hospitals; one was antibody positive.

WHAT DO WE do with this information? What we do first is scan the figures, calculate our risks and the risk to our families, and each one of us sees something different. Where are you coming from? What are your fears? What do you know about your

own sexuality let alone other people's?

Facts become obscured and distorted, and different groups — homosexuals, medical experts, politicians, church leaders, right-wing moral conservatives, left-wing ideologues, moral libertarians — bring their own hidden agendas to the AIDS debate. We all do.

Some more facts:

No one knows how many people in Australia have been infected with the AIDS virus.

We do know that 442 people (of whom 385 were homosexual or bisexual men) have developed symptoms and infections due to the damage to their immune systems caused by the virus, and that 227 of them have died.

Four of the 442 AIDS sufferers are said to have been infected by heterosexual sex. One, according to the head of the federal AIDS Taskforce, Professor David Penington, is a young woman who was infected from one sexual contact with a bisexual man.

Only 16 of the 442 people are women.

Sydney — which, since the mid '70s, has been the homosexual capital not only of Australia but of our region — has been the epicentre for AIDS in Australia, with close to 70 per cent of the cases.

Blood tests on some 80,000 homosexual men — mainly in Sydney and Melbourne — have been performed. Just over 10,000 were antibody positive. The infection rate in Melbourne was around eight per cent of those homosexual men tested. The infection rate in Sydney was more than 20 per cent.

In all, 3000 IV drug users in Victoria have been tested; 15 have proved to be antibody positive. In Sydney, around 1000 have been tested, with 60 antibody positive results.

Last year, blood banks across Australia received donations from almost one million people. Since the blood test for AIDS was introduced in 1985, all donations at blood banks are tested, and people in high-risk groups (homosexuals, bisexuals and

IV drug users) are banned from donating blood. Out of close to one million donations, three tested antibody positive.

At Fairfield Hospital, though all the results have not yet been collated, of the thousands of heterosexuals who felt the need to have blood tests in the weeks following the appearance of the Grim Reaper, there have been no positive antibody results.

NOW LET US return to that death-cart fantasy for a moment. As the bodies spill out, the voice-over intones: once we thought AIDS was restricted to homosexuals and drug users — now we know that more than 50,000 men, women and children in Australia are carrying the AIDS virus.

Put the words and images together and what do you get? One thing you get is a glimpse of a hidden agenda. The message of these words and images is: everyone is at risk — everyone, from babies to prepubescent girls to old grannies and grandads. **Everyone. The virus is after YOU.**

Ms Buttrose and her NACAIDS body, which was set up by the Health Minister, Dr Blewett, and consists of representatives of the trade unions, the homosexual community, welfare organisations and health and education workers, have achieved their goal; lots of people are frightened.

There is another government organisation dealing with AIDS on a national level: the AIDS Taskforce. The Taskforce, headed by Professor Penington, consists of Australia's leading researchers and clinicians in the AIDS area, and it reports not to Dr Blewett but to the State Health Ministers' conference.

One leading researcher from the Taskforce had this to say about NACAIDS and the Grim Reaper advertisement:

"The committee that Ita Buttrose chairs is dominated by the gay community, and what the advertisement is designed to do is take the pressure off and say AIDS is everyone else's problem. They don't want it identified as a gay problem.

"The Grim Reaper thing was outrageous. It was incredibly misleading. I believe that if it was an advertisement for a normal product, it could have been prosecuted under the Trade Practices Act."

IT ALL DEPENDS where you're coming from. Several days after the launch of the NACAIDS campaign — which produced headlines like "Two million Australians at risk" — the Victorian AIDS Council held a press conference at the Southern Cross Hotel to coincide with the release of its 'Safe Sex' booklet.

The VAC is a gay organisation, funded predominantly by the state and federal governments, set up three years ago when it was becoming clear that AIDS represented an enormous threat to the health of homosexual men.

The council had several goals: to provide support, counselling and care for the increasing number of men afflicted with AIDS; to educate gay men about what it considered to be "dangerous sex"; to combat the inevitable increase in "poofster bashing" that would occur as a result of AIDS; and to defend the political and social victories won by homosexuals in the late '70s and early '80s.

Adam Carr, the VAC president, launched the booklet. He said people enjoy sex and still can. "So long as people learn which practices are safe, we need not fear AIDS or the Grim Reaper, and we can certainly continue to have sexual relationships."

Young men dressed as condoms wandered around the room. There were condoms scattered across the table in front of Mr Carr, together with stacks of 'Safe Sex' leaflets.

The leaflets are instructive in more ways than are immediately obvious. The facts are presented in a "valueless" fashion, in much the same way as the facts were presented in that recent 'Behind the News' program on AIDS produced by the ABC for Victoria's primary schoolchildren.

It lists, in no particular order and with no particular emphasis, the sexual practices which are known to involve risk — receptive and insertive anal intercourse and vaginal intercourse — and then goes on to say that condoms, properly used, prevent the risks.

But the very concept of valueless facts is absurd. There are clear, though implicit, moral and political considerations underlying the VAC's leaflet, just as there were moral and political values involved in the ABC's 'Behind the News' program, which showed children first a cartoon of a naked man and naked woman embracing and said "this is one way of spreading AIDS", and then showed them a naked man embracing another naked man and said "this is another way of spreading AIDS".

Some facts:

Anal intercourse is an efficient way of passing on the AIDS virus. Most medical researchers believe that the risk of infection is at least 20 times greater through anal intercourse than vaginal intercourse.

Anal intercourse is a major form of sexual contact among homosexual men. No one knows how common anal intercourse is among heterosexuals.

Most of the evidence in Australia suggests that the AIDS virus has not yet spread beyond the high-risk groups — homosexual men and, to a much lesser extent, IV drug users.

Vaginal intercourse is an inefficient way of passing on the AIDS virus. The chance of being infected through one heterosexual encounter with an infected person is less than one in 100.

Condoms, as long as they do not burst, slip off or leak, prevent the transmission of the AIDS virus during intercourse. Condoms are more likely to burst, leak or slip off during anal intercourse.

THE QUESTION IS: what do we do with all these facts? The NACAIDS answer was to spread fear and apprehension through the whole society. The gay community (at least, the organised gay community) feels itself embattled and under threat, not just from the virus but from those who are calling for a moral renaissance, a return to the old puritanism. Its hidden agenda is to ensure the battles it fought and won several years ago do not have to be fought again.

It all depends where you're coming from.

Dr Ian Gust is one of Australia's foremost virologists and the head of the virus unit at Fairfield Hospital. Since the first cases of AIDS were identified in the early '80s, Dr Gust has been involved both in AIDS research and in the public health issues involved in the AIDS epidemic.

Asked how dealing with the disease has affected him, Dr Gust said:

"For those of us who have been deeply involved, it has been tremendously confronting and an enormous learning experience. We have had to confront issues we had never previously considered, and deal with aspects of human behavior we had not known about. It has confronted us with our own prejudices and forced us to examine our own sexuality.

"Sometimes, in our desire to show we lack prejudice, some of us have been excessively tolerant. Sometimes we have made recommendations which were more moderate than they should have been in order not to offend groups which were under enormous pressure anyway, groups threatened with annihilation."

In the early '80s, when it first became apparent that AIDS was a disease spread by blood and confined almost exclusively in Australia to homosexual men (though it had not yet been shown to be a viral infection and, therefore, before a blood test to detect the virus had been developed), some public health officials wanted to ban all gay men from donating blood.

The gay community found this unacceptable. There was no proof that all gay men were infected or in danger. It would amount to a form of discrimination. Only very promiscuous men had become ill.

In the end, a watered-down recommendation was formulated: promiscuous gay men would be asked not to donate blood.

"It was a mistake," Dr Gust said. "We, as public health workers, should have acted according to the worst-case scenario rather than the best. What was a promiscuous gay man, anyway? A man who had 50 sex partners a year? A man who had 100? As a consequence, we had infected blood donated."

Today, much more is known about the AIDS virus and how it is spread, but what should be done to minimise the epidemic, to slow the rate of its growth, is still very much in dispute.

The line between public health and public morality is blurred. There is no

consensus about how AIDS should be tackled, because there is no consensus about sexuality in our community, no common ground. So, rather than offend any particular group, the NACAIDS committee opts for sweeping — and some would say misleading — generalisations and calls this an education program.

An education program; this is a motherhood notion with which we can all agree. The question is: what sort of education program? What do we teach our children? What do we tell heterosexuals? Gays? Intravenous drug users? There is no consensus.

And there is no consensus over the public health measures that should be adopted. NACAIDS, for instance, is not, in its education programs, going to urge gay and bisexual men and intravenous drug users to have the AIDS blood test in order to determine their antibody status.

The gay community's leaders have urged, and continue to urge, gay men to avoid the test. They argue that, since there is no cure and no vaccine for AIDS and since there is no proof that most, let alone all, the people who are antibody positive will develop symptoms, there is no point in having the test. Safe sex should be practised whether one is antibody positive or negative. A positive result can have devastating psychological consequences. And it can lead to discrimination — in housing, in employment, in insurance.

The AIDS Taskforce, on the other hand, is in favor of widespread voluntary testing of people in high-risk groups. What this means is the strong encouragement of widespread testing of gay and bisexual men and intravenous drug users. Dr Gust sums up the case like this:

"I understand the gay community's concerns, and they need to be addressed. But I think the anti-testing argument is based on a fallacy, and that fallacy is that there is such a thing as safe sex. I don't believe there is any such thing. I believe the regular use of condoms will greatly reduce the risk of any sexually transmitted disease being spread. It will greatly reduce the risk of a girl becoming pregnant. But it won't eliminate risk altogether.

"For an infected person to have sex with another person (even if condoms are used) without revealing their antibody status is incredibly irresponsible. I think the key to controlling this infection in the community is for those people at increased risk to have the test and, if they are antibody positive, to abstain from sex. If measures are needed to ensure that this happens — well, this too must be considered."

This dispute between the major players in the AIDS debate is likely to intensify. The Victorian Government's recent discussion paper on proposed changes

to the state's infectious diseases legislation proposes that testing become a legal obligation for people in high-risk groups.

Though the paper does not identify these groups, Professor Penington is convinced that any legislation will have to be blunt — people who engage in anal intercourse (with or without a condom) and IV drug users will be obliged to take the test.

But there is no consensus, even between politicians of the same party; while the state Labor Government looks at requiring people at risk to have a blood test, Dr Blewett, according to Professor Penington, wants to cut the funds for testing on the basis of advice from some of the people on the NACAIDS body.

"We have an absurd situation. As a result of the Grim Reaper, thousands of people who are at virtually no risk are being tested. Testing services are working at the absolute limit. There are delays which increase the level of anxiety. At the same time, people at risk are urged not to have the test. There is no consensus.

AIDS IS APPALLINGLY fascinating; for all the talk of a sexual revolution during the past two decades, it has been AIDS which has allowed us — forced us — to publicly discuss aspects of sexuality in a way which was impossible just a short time ago. And what that discussion has revealed is that there is much of which we are ignorant.

How many homosexual men are there in Australia? No one knows. Gay leaders say there are at least 500,000 in Sydney. Professor Penington says the figure is closer to 250,000.

How many bisexual men are there in Australia? How many of them are married and keep their bisexuality a secret? No one knows.

How many gay men also have heterosexual relationships? No one knows.

Who does what to whom, and how often?

The debate, the talk, can verge on voyeurism, can become almost pornographic. But AIDS is a deadly viral dis-

ease, transmitted sexually or through the sharing of contaminated needles and syringes by IV drug users. There is much once best left in the private domain which we are now forced to confront publicly, so AIDS will inevitably change our society.

The changes will be dictated both by the way the AIDS epidemic progresses (will a vaccine be found? A cure? Will it, in the West, threaten heterosexuals with the same ferocity that it threatens homosexuals, and in some areas of the United States and South Europe, IV drug users?) and by our reactions to and our perceptions of the disease.

We in the West had thought the great epidemics were behind us. AIDS has changed all that. The first great syphilis epidemic of the 16th Century trapped England, according to D. H. Lawrence, in life-denying puritanism for the next three centuries. What will AIDS do to us?

/9317

CSO: 5400/4374

AIDS VICTIMS INCREASE BY 12 PERCENT IN FIRST QUARTER

Hamilton THE ROYAL GAZETTE in English 24 Apr 87 p 3

[Text]

There was a 12 percent jump in the number of AIDS victims on the Island in the first three months of this year, according to the latest Government statistics.

Seven new cases of the disease which has killed 39 people in Bermuda were reported to the Health Department between January and March, bringing the total number of known AIDS victims up to 58.

"The pattern and distribution of cases in the community has not altered significantly," said a Government spokesman. "Some 95 percent of all patients reported belonged to recognised risk groups.

"Persons with an increased risk of infection with AIDS continue to include present and past intravenous drug users; homosexuals and bisexual men; male and female prostitutes and their sex partners; the sex partners of infected individuals or individuals at increased risk and the newborn infants of high-risk or infected mothers."

The spokesman said the number of homosexuals contracting the disease was on the increase, with nine cases now reported from the gay community.

"The numbers of reported AIDS cases continue to increase," he said. "This is likely to continue for the foreseeable future.

"While the full natural history of the

infection is not known, it is estimated that 30 percent of infected persons will develop AIDS over a three to five year period after becoming infected. The known risk-groups will continue to form the large majority of AIDS cases."

The spokesman urged members of high risk groups to be screened for the virus to prevent further spread of the disease and also recommended a number of guidelines to help reduce the number of cases, including:

- Sterilising needles and syringes in a solution of Clorox and water to prevent the risk of transmission among intravenous drug users who share equipment.

- Using condoms during sex because they are known to significantly reduce the chances of acquiring sexually transmitted diseases.

- Maintaining monogamous sexual relationships.

- Determining the sexual background of a potential partner.

"At present, and for the foreseeable future, prevention is the only weapon we have to curb the spread of AIDS," he said. "Efforts to combat AIDS must focus on the prevention of drug abuse and the promotion of responsible sexual behaviour."

/13046

CSO: 5440/104

BRAZIL

HUMAN

BRIEFS

AIDS CASES TRIPLE--According to a report from the Health Ministry, cases of AIDS are increasing at a frightening speed in Brazil. The first case of AIDS was reported in 1982, and as of 31 March of this year the total is 1,542, of which 5.2 percent are heterosexuals, women, and children. [Summary] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 21 Apr 87 p 9 PY] /9274

AIDS CASES CONFIRMED--By the end of April, 1,696 AIDS cases had been confirmed in Brazil. Of these, 46.8 percent resulted in death. The largest incidence, 1,098 cases, was confirmed in Sao Paulo, where 36.2 percent have ended in death; next comes Rio de Janeiro State, with 282 cases; and then comes Rio de Sul with 64 cases. [Text] [Brasilia Radio Nacional de Amazonia Network in Portuguese 1000 GMT 14 May 87 PY] /8309

CSO: 5400/2049

CANADA

HUMAN

SALMONELLA POISONING INCREASE BLAMED ON POULTRY

Ottawa THE OTTAWA CITIZEN in English 23 Apr 87 p A10

[Text]

CALGARY (CP) — Salmonella poisoning in Canada is on the rise and poultry is the major culprit, federal scientists say.

And they admit they haven't gained much ground in trying to correct the problem.

"I would say 65 to 70 per cent of the chicken you and I buy at the supermarket is contaminated," said Hermy Lior of the Laboratory Centre for Disease Control in Ottawa.

The federal Agriculture Department, which began monitoring salmonella levels in 1979, put the contamination rate in poultry at 55 to 60 per cent.

"There's no way at the present time we can reduce the contamination of chicken at the retail level," Lior said Tuesday.

The salmonella bacteria can, however, be destroyed through proper cooking and controlled by refrigerating food.

The microbiologist said the number of reported cases of salmonella poisoning jumped to 9,861 in 1986 from 7,128 the year before.

Salmonella is the general name for a group of almost 2,000 bacteria that can develop in the intestinal tracts of people and animals and grow on food left out at room temperature. Symptoms of salmonella poisoning include stomach cramps, vomiting, fever and diarrhea.

/13046

CSO: 5420/31

AIDS WORKER ARBITRATION, PRISON INCIDENCE REPORTED

Worker Suspension Arbitration

Toronto THE GLOBE AND MAIL in English 17 Apr 87 pp A1, A2

[Article by Lorne Slotnick]

[Text]

Pacific Western Airlines acted wrongly last year when it suspended a flight attendant who had AIDS, a labor arbitrator ruled yesterday in a ground-breaking judgment.

But Hans Prins, the 17-year veteran of the airline who lost his job 10 months ago, is not around to savor his victory. He died at 41 of AIDS-related causes last December, a week after the hearing on his grievance ended.

Vancouver arbitrator Allan Hope said the company was reacting to theories that there is a risk of transmission of acquired immune deficiency syndrome through casual contact.

Those arguments, he said in his 36-page ruling, "are subjective and embrace the most conservative of medical theories as one end of the spectrum and the hysterical obsession of uninformed persons as the other end."

The ruling says the evidence shows AIDS "cannot be controlled or eliminated by isolating those that contract it."

"Like other diseases of sinister import, such as cancer and leprosy, education is the surest

response to concerns about its level of contagion."

Mr. Prins, who lived in Toronto, was suspended with pay by the Calgary-based airline even though two company doctors had declared him fit to work.

"Our argument was that if they declare you fit to work, you should be there," said Richard Nolan, who heads the airline division of the Canadian Union of Public Employees.

Mr. Nolan said it is the first arbitration decision on whether employers can isolate workers with AIDS from co-workers or customers. "For us, that idea was frightening," Mr. Nolan said. "This decision is a victory for all flight attendants and for all workers."

Jack Lawless, a spokesman for PWA (now part of Canadian Airlines International), said the company would have no comment on the decision until it had studied it.

He said Mr. Prins was suspended for safety reasons. "The pilots' association came to the

company and said they had concerns about this individual; they said there was the potential that they couldn't concentrate on their duties while having this individual on board."

Mr. Lawless said that before Mr. Prins was suspended, he was offered other work but refused.

The case was being closely watched by lobby groups for people with AIDS and by employers, particularly in the service industries.

CUPE's airline division, which represents 7,000 flight attendants, says several of its members have AIDS. But Mr. Nolan said Mr. Prins was the only one who has been suspended for that reason.

During the arbitration hearing, the union presented evidence from doctors that the AIDS virus cannot be transmitted by casual contact. "It is my opinion that Mr. Prins would pose no health risk to passengers or to fellow flight crew," said a written statement by Martin Schechter, a University of British Columbia medical professor.

Prison Incidence

Toronto THE GLOBE AND MAIL in English 23 Apr 87 p A8

[Article by Joan Breckenridge]

[Excerpt]

In Canada, only one case of AIDS has been reported among prisoners. The man has now been paroled from a Saskatchewan prison.

Seven other prisoners in British Columbia, Alberta, Ontario and Quebec and Saskatchewan have either tested positive for AIDS antibodies or have AIDS-related complex.

"I don't think at this stage it can be statistically called a problem," said Dennis Finlay, a spokesman for the Correctional Service Canada.

However, he stressed that the federal department has emphasized AIDS education for both prison staff and inmates across the country.

/13046

CSO: 5420/30

OTTAWA AREA SCHOOLS REPORT RED MEASLES OUTBREAK

Ottawa THE OTTAWA CITIZEN in English 1 May 87 p B7

[Article by Daniel Drolet]

[Text]

Medical officers in the Outaouais are hoping vaccinations and the exclusion of non-immunized children from class will keep the rash of measles cases in area schools from blowing up into a larger epidemic.

But they say the preventive measures may have come too late in some cases, particularly at Philemon Wright Regional High School in Hull. Because of the disease's 10-day incubation period, it could be a week or two before it is known how far it has spread.

Thirty-four cases had been reported as of Thursday.

Thirty of those cases have occurred in the Aylmer Elementary School, said Gabriel Gay, head of the Outaouais Community Health Department, and Donald Déry, head of the infectious diseases program in the Outaouais, told a news conference Thursday.

There has been one confirmed case at Philemon Wright and another case at Eardley Elementary School. In addition, two pre-schoolers, one in Gatineau and one in Aylmer, have come down with the disease.

Parents of children at all the schools involved have been informed of the situation and asked to keep their children at home for at least two weeks unless they have proof of vaccination or have been immunized by already having had the disease.

These measures also apply to South Hull Elementary School because pupils there share a school bus with those from Aylmer Elementary.

As for the preschoolers, neither was in daycare so the risk of spread appears to be minimal.

The greatest risk for spread of the disease appears to be at Philemon Wright, where 373 of the 1,150 students had not been vaccinated. A special vaccination clinic was held for them on Wednesday.

"It would be normal to expect a larger epidemic in a larger school," said Déry. "So it all depends on the rate of immunization."

Déry said a large number of the non-immunized students at Philemon Wright have been vaccinated, "but these measures will probably not prevent the second generation of cases because the first cases were contagious before the onset of symptoms.

"But we should be able to prevent the third generation."

There will be other cases, said Déry, but people shouldn't be alarmed because about 90 per cent of the population is immunized.

Anyone who has had measles develops antibodies against the virus that last for the rest of their life.

Vaccines against measles first became available in the late 1960s.

/13046

CSO: 5420/31

CANADA

HUMAN

CHICKEN POX OUTBREAK CAUSES CLOSURE OF OTTAWA SCHOOL

Ottawa THE OTTAWA CITIZEN in English 30 Apr 87 p C3

[Text]

ALEXANDRIA — An outbreak of chicken pox has forced the closure of St. Joseph's School until Monday.

Dr. Robert Bourdeau, medical officer for the Eastern Ontario Health Unit, made the decision to close the school Wednesday after 30 cases of chicken pox were reported out of a school population of 120.

Gilles Metivier, director of education for the Stormont, Dundas and Glengarry Separate School Board, says only one other case of chicken pox has been reported in their schools.

Bourdeau says chicken pox are not dangerous for school-age children, but "can create problems in newborns or late pregnancy."

Chicken pox begins with flu-like symptoms usually with a cold and runny nose. A rash develops usually within two or three days. Children are most infectious two or three days before the rash breaks out and remain so until the lesions dry out.

There are no vaccines against the disease.

/13046

CSO: 5420/31

HEALTH OFFICER INTERVIEWED ON AIDS IN SLOVAKIA

AU210951 Bratislava NEDELNA PRAVDA No 19 in Slovak 15 May 87 p 10

[Interview with Stefan Calpas, chief health officer of the Slovak SR, by Fridrich Hlava: "The Best Protection: Abstention and Restraint;" date and place of interview not given]

[Excerpts] [Passage omitted] [Hlava] According to data of the WHO [UN World Health Organization] and the Panos Institute in the United States of November 1986, which are based on the situation in 127 out of 159 countries, the spread of AIDS worldwide is relatively very fast. Is there a need to sound the alarm in our country as well?

[Calpas] We at the Ministry of Health of the Slovak SR have been sounding the alarm since 1983. We have taken a number of comprehensive and very specific steps to diagnose AIDS within the framework of the Slovak population and among foreigners living or arriving in the Slovak SR. In 1984 we set up a laboratory charged with the study of AIDS and with preparing a scheme for combatting the disease and protection against it.

[Hlava] Before calling on you I noticed a poster providing information on carriers of AIDS and the possibilities of its transmission in our conditions. What other means do you intend to use to inform the broad public about the problems relating to the disease?

[Calpas] We intend to use all information media to spread medical information about AIDS -- television, press, and the radio. After all, even this interview serves this purpose. Our experts have already informed the public via Czechoslovak Television, and the Health Education Institute has prepared a number of information materials, including a folder for physicians' consulting rooms. We are also working on a short film to be shown in movie houses before full-length feature films for approximately 6 months. I stress that what we want is not a one-off campaign but a constant flow of information, in view of the long incubation period of AIDS (4 to 6 years).

[Hlava] To what extent has AIDS become spread in the Slovak SR? How many carriers of the disease are registered?

[Calpas] Let me proceed chronologically. In 1983-84 we had two suspected cases of AIDS. The patients showed all the known clinical symptoms. Both patients were from Bratislava; one was a citizen of Zaire and the second a Bratislava citizen. The disease ended lethally in both instances. In 1985 we had one confirmed case of the disease, a citizen of the Slovak SR who, as we found out, had contracted the disease abroad and who died the same year. In 1986 we had a fully developed case of the disease by a citizen of Zambia, who later returned home. In 1987 we have so far

registered AIDS among three foreign nationals and one female citizen of the Slovak SR and have detected the virus among three homosexual men. However, although they carry the virus, they still show no symptoms of the disease. I would like to add that all these data represent just the tip of what we hope is a small iceberg, because not all carriers of the virus are known to us.

[Hlava] The question arises in this context of whether we shall have AIDS detection labs attached to blood transfusion stations?

[Calpas] I can assure you that we are prepared for this. Effective 1 January 1987, we have labs at all regional blood transfusion stations which carry out mandatory screenings of all blood donors. Among the 50,000 donors screened thus far we have not detected a single occurrence of the AIDS virus. I would also like to add that among hemophiliacs we have so far had neither an occurrence of AIDS nor of the AIDS virus. [passage omitted]

We will gradually expand this network of laboratories to include district blood transfusion stations and health centers. This depends on the supply of special-purpose diagnostic equipment.

[Hlava] What is the situation with respect to the means for combatting and preventing AIDS?

[Calpas] The funds for the forthcoming planning period for the purchase of diagnostic preparations and the necessary equipment to screen blood donors and people from the risk groups, as well as other people on the basis of medical indications, have been ensured. We guarantee the examination of every patient where there is need for such an examination.

/9274

CSO: 5400/3017

NUMBER OF AIDS PATIENTS DOUBLES IN YEAR

Voluntary Testing Plan Suggested

Helsinki HELSINGIN SANOMAT in Finnish 10 Mar 87 p 11

[Article: "Experts Encourage Municipalities to Organize Voluntary AIDS Tests"]

[Text] Medical Board Director Matti Ruokola has denied published reports that all Finns would be called up to take AIDS tests.

"Nowhere has it been proposed that the entire nation be tested for AIDS and under no circumstances will all 15-to-65-year-olds be tested. However, testing is being planned whereby some groups will be prompted to submit to voluntary testing. We do not yet know which age groups would be examined, nor in which cities the tests would be conducted, nor how often they should be repeated."

The Medical Board's AIDS observation team is at present engaged in determining for which groups it would be advisable for them to recommend screening tests. Young people residing in the capital district constitute one possibility since it has been demonstrated that 80 percent of those infected with HIV live in that district. The municipalities will decide independently on arranging for tests and send a personal invitation letter, for example, to one age group at a time.

"Naturally, taking the test would be a voluntary affair. Through a personal invitation we would merely like to activate participation in our investigation," Ruokola said.

According to Ruokola, experts do not underestimate the number of people who have already taken the tests. "On the contrary, these past few months the number of people who have participated in them has multiplied and this is a favorable trend," Ruokola said.

Increased AIDS Testing

Helsinki UUSI SUOMI in Finnish 18 Mar 87 p 9

[Article by Sinikka Mustonen]

[Text] Voluntary AIDS tests have become popular. Their number has nearly sextupled within a few months time. Now they are having difficulties at the National Health Institute where the tests are analyzed.

"We have been operating at the absolutely extreme limits of our capability," said director Jussi Huttunen.

Only last summer they obtained three additional positions for the institute just for administering AIDS tests. Now, however, aside from the staff paid to perform that task, their so-called crisis personnel are also putting in constant overtime.

"We cannot increase the number of screening tests at all. We now have all of our reserves on the firing line," Huttunen said.

As recently as January through September, from 400 to 700 people a month took tests at the Health Center. In February 3,597 took tests at the Health Center.

Additional Data Next Year

In the pinch it is in with AIDS, aside from more personnel, the National Health Institute also needs more space. Two additional buildings for the institute will be completed by early next year. One of the buildings is for an HIV laboratory.

At Health Minister Eeva Kuuskoski-Vikatmaa's conference on AIDS, possible testing of the population between the ages of 16 and 65 in some localities was planned. But according to Huttunen, this is impossible. There are neither personnel nor space.

"The sexually active segment of the nation will be tested extensively," chief physician Olli Haikala of the Medical Board promised.

But these extensions will still have to wait until the National Health Institute's problems are resolved.

Tests Recommended for Travelers

The Medical Board will be launching a new information campaign as early as this spring. AIDS tests will be recommended for all tourists leaving the country or returning to it if they have "behaved in a risky manner" while traveling.

According to current information, HIV can be contracted in heterosexual as well as homosexual relations. HIV can also be contracted via needles among, for example, users of drugs injected into their veins.

Tests in the Workplace?

The Medical Board is at present engaged in negotiations with labor market partners for the possible extension of AIDS testing to workplace health services. Then workers, or at least those who have been on job-related trips abroad, could be tested by the workplace nurse.

Eleven Deaths Reported

Helsinki UUSI SUOMI in Finnish 21 Mar 87 p 10

[Article: "Nineteen AIDS Patients in Finland"]

[Text] There have now been 19 AIDS patients in Finland, 11 of whom have died. There are 150 people who have been infected with HIV. But the actual number of those who have caught the disease is estimated to be about 1,500. There are probably 1.5 million carriers of the virus in the United States and about 200,000 in Europe.

In a new report by the Helsinki AIDS observation team, they report that up to now it has cost about 350,000 markkas per patient to hospitalize one HIV patient.

In the Nordic countries patients with problems are only treated in acute situations. Otherwise, they have to return to their home towns.

In Helsinki people can be tested for AIDS, if they so desire, at a health-care station or at a venereal disease clinic without going to see a doctor. A visit to a doctor is no longer required for admission to a laboratory. The doctor or a health-care attendant, as the patient wishes, answers any questions.

Last year 7,676 AIDS specimens were taken in Helsinki. Forty-four of them indicated that the subject had caught the disease.

Concern Over Blood Supply

Helsinki HELSINGIN SANOMAT in Finnish 21 Mar 87 p 11

[Article: "Blood Donations Cannot Be Used to Test for AIDS; Finnish Red Cross Fears That Virus Will Spread Despite Controls"]

[Text] The Finnish Red Cross blood bank is concerned that some people who suspect they may be infected with HIV may use blood donation as an AIDS test.

Rare as they are, these cases would be dangerous since the incubation period for HIV is from one and a half months to a year and the presence of the virus cannot be verified in all cases with the current test.

These still unidentified carriers of the virus nevertheless pass the disease on to others.

University lecturer Jukka Koistinen of the Finnish Red Cross said that about a year and a half ago several people who wanted to be tested for HIV were turned

away from local health centers or their workplace health-care stations and were advised to have their HIV antibody counts tested in connection with blood donations. Only a few months ago some workplace health-care nurses recommended blood donations as a handy AIDS test.

Koistinen stressed the fact that no one who suspects that he is infected with HIV should donate blood. Obtaining a test at a health center, for example, is an easy matter. In donating blood there is the danger that the person who fears he has AIDS will participate before the presence of virus antibodies can be confirmed.

"The blood bank hopes that it will be able to have a test in use that directly indicates the presence of the virus as soon as possible. It would be faster and more accurate than the present tests, which identify the virus antibodies," Koistinen said.

Since the fall of 1985 the Finnish Red Cross blood bank has tested 400,000 batches of blood from an estimated 250,000 donors. Five of them were proven to be carriers of the virus; the latest case was less than a year ago.

In Finland eight people, one of whom has died, were infected with HIV via the blood.

Two of them are hemophilia victims who were infected through a blood preparation needed in treating them. With one exception, all were infected with HIV before 1986, since the beginning of which all donated blood has been routinely tested here in Finland.

Hospital Starts New Test

Helsinki HELSINGIN SANOMAT in Finnish 21 Mar 87 p 11

[Article: "Aurora's New Tests of Patients Bring to Light One Case of AIDS Infection"]

[Text] So far only one positive antibody specimen has turned up in routine AIDS tests at Aurora Hospital in Helsinki. At the start of the year Aurora began testing all of its 16-to-65-year-old patients. The case in question involves a man over 60 years of age, who normally would not have been tested.

In addition to Aurora, at several hospitals they have already in part begun testing patients admitted for surgery. Chief physician Juhani Lahdevirta of Aurora Hospital feels that there is good reason for initiating screening for AIDS at hospitals for acute diseases in Helsinki and the immediate vicinity by 1989 and elsewhere in Uusimaa by 1991.

AIDS Hospital Budget Needs

Helsinki UUSI SUOMI in Finnish 4 Mar 87 pp 8-9

[Article by Sinikka Mustonen: "UUSI SUOMI Visits Dreaded AIDS Care Unit; Aurora AIDS Hospital's Financial Needs Growing at an Explosive Rate"]

[Text] The idyll of the turn of the century lies there, a white object nestled in glowing white snow. Trees surround the smallish building that seems to be sleeping in hibernation.

Inside the old building, all is quiet. We get a glimpse of a nurse's white skirt behind a door; otherwise the corridor is deserted.

Is this the melancholic care ward for patients suffering from dreaded AIDS? A rather old, ordinary Finnish hospital where staff members do not walk the dismal corridors in space suits?

At least 80 percent of Finland's HIV patients are cared for in this former scarlet fever and diphtheria ward in Helsinki's Aurora Hospital. Other patients afflicted with hard-to-cure infections are also cared for in the same ward.

Prejudices Keep Them at a Distance

Immune deficiency patients otherwise in good condition could just as well be confined in the same room with patients suffering from other diseases. But people's prejudices and fear of infection keep the other patients at a distance—even though this is unnecessary.

The oft-mentioned and dreaded "AIDS hospital" is at present only a couple of rooms in the infectious diseases ward, which is very quiet. Because of the danger of contagion, there are no common rooms for visiting patients or staying overnight nor is there any traffic in the corridors.

The nurses generally dash into the rooms dressed in their ordinary work uniforms. Only in special treatment situations does a nurse don protective garb in the entranceway to the patient's room.

Financial Needs Growing Rapidly

But immune deficiency patients nevertheless produce heart throbs in those who distribute the funds. Financial needs are growing at the rate of 100 percent a year.

Furthermore, more caps, gowns, gloves and face masks than usual are used in this ward.

"The decision-makers do not really want to understand the peculiar nature of HIV and AIDS. They do not realize that our needs may double in a year's time," said chief physician Juhani Lahdevirta, who is responsible for the care of immune deficiency patients at Aurora.

"Somehow we have to get the decision-makers to believe that these are real needs. These patients must be cared for. If we do not get more money and necessary supplies and equipment, something will have to be eliminated. But what is the order of importance?"

Many Infections Simultaneously

On the average requiring three hospital beds, HIV is Aurora Hospital's young cuckoo [the cuckoo's egg is deposited in another bird's nest, thus the young cuckoo steals food from the other young in the nest]. Only 5 years ago nobody was worried about the disease at all.

Over 100 HIV patients are being cared for at Aurora and in 10 years time from 230 to 2,300 hospital beds will be needed "if the disease progresses at the present rate."

"HIV is a fatal disease for which there is no effective treatment. Now we have to combat the subsequent ailments caused by the basic disease. An AIDS patient has very many hard-to-cure infections.

"The patient may simultaneously suffer from pneumonia, a yeast inflammation of the esophagus, yeast-caused blood poisoning with abscesses in various organs, two different kinds of inflammation of the brain, tuberculosis, salmonella, cytomegalovirus, et al.

"When there are five hard-to-cure infections at the same time, it's hard to know how to treat the patient and which of them it is most important to treat," Lahdevirta said.

No More Space Suits

A year ago chief physician Lahdevirta went the rounds of AIDS care centers in the United States for 2 months familiarizing himself with the different methods of treatment.

As a result of his trip, protective measures for nurses, among other things, have been reduced.

"Before my trip, staff members wore heavy protective gear when they went to care for AIDS patients. But now we have cut down on the use of special clothing and patients no longer contend with nurses in space suits.

"But if a nurse has to come into contact with body secretions, she wears a protective gown, protective gloves and a face mask.

"You must bear in mind that the patient must also be protected against, say, bacteria and viruses carried by the nurse," Lahdevirta noted.

Other Patients Fear Them

According to current knowledge, an HIV patient in otherwise good condition could be kept in even a six-bed room with patients suffering from other diseases. In practice it does not work out this way, at least not yet.

"The other patients fear being infected by them, even though that fear is unwarranted. HIV does not spread as an airborne infection," Lahdevirta pointed out.

Most immune deficiency patients are treated in clinics. But in the final stage the AIDS patient is still admitted to a hospital. In California 75 percent of those afflicted with AIDS die at home.

Human immunodeficiency viruses cause inflammation of the brain in immune deficiency patients, which results in dementia that lasts from several weeks to a year, even in young patients.

"It is said to see a young, vibrant person turn into a more and more retarded one."

Dental Care at Aurora

They are setting up their own dental care unit at Aurora Hospital for patients suffering from immune deficiency or contagious hepatitis.

"These two rooms will not be enough for very long. One doctor cannot care for many patients in a day," Heidi Liesmaa, the chief physician of the west wing, said.

There is a need for a special dental clinic for these patients, since the protective measures are extensive. The windows and walls of the treatment rooms are washed every morning, everything not tied down is removed from the rooms and everything left in them is covered.

The dentist and dental assistant change their protective smocks, which are used only once (at a cost of 59 markkas), after every patient. They also cover their hair, use two thicknesses of protective gloves, especially large protective glasses and cover their shoes.

"A particular problem with dental care is the aerosol water spray, which contains blood and spreads in all directions. It can take over an hour to treat a single patient," Liesmaa said.

High Number of Female Patients

Helsinki UUSI SUOMI in Finnish 4 Mar 87 p 8

[Text] A record number of Nordic women have contracted immune deficiency in Finland. Both AIDS researchers and Medical Board experts are amazed at this. Eleven percent of those who have been infected with HIV here in Finland are women.

"Much of the disease has come to us from Africa. Several people who have worked in development aid programs or otherwise lived there for a long time are infected with immune deficiency," chief physician Juhani Lahdevirta said.

At least one woman got the disease quite surprisingly from her husband in a "faithful" relationship. The woman could not even guess that her husband was indeed bisexual.

Coming Home from Abroad

At least two women caught the disease from men who had come home from abroad.

"Having sexual relations with an African prostitute is essentially Russian roulette. At least one out of two Central African prostitutes is an HIV carrier," Lahdevirta said.

Throughout the entire world what is feared most is that the virus will spread to the general population. It has already begun in Finland too.

"If the virus breaks out among heterosexuals, nothing will stop it," Lahdevirta assessed the situation.

Future Spread Projected

Helsinki UUSI SUOMI in Finnish 4 Mar 87 p 9

[Article: "Number of AIDS Patients Doubling Annually"]

[Text] HIV infections are still spreading at a fast pace. The number of victims is still doubling annually.

At this rate in 10 years there would be 75,000 people infected with HIV in Greater Helsinki. The Medical Board does not believe in such high figures.

"If it continues at the present rate, about 40,000 of these 75,000 patients will clearly have symptoms and from 3,500 to 7,500 will be infected with AIDS," chief physician Juhani Lahdevirta of Aurora Hospital said.

"That's not what will happen here. Since the first AIDS cases can be traced back to the early 1950's, the human race should already have come to an end. But it is nevertheless a serious problem," said Olli Haikala, the chief physician of the Medical Board.

Medical Board Relies on Information

Haikala reminded us that we have even more serious diseases here. This very year over 2,000 Finns will die of lung cancer.

At the Medical Board they rely on the transmission of information and believe that people will change their behavior.

"But that will not produce improved figures in 5 years time since those who are ill today have already caught the disease," Haikala reminded us.

According to the AIDS chart, this would mean 2,400 people infected with HIV and 544 AIDS patients.

FOREIGN STUDENTS PROTEST MANDATORY AIDS TESTING

Helsinki HELSINGIN SANOMAT in Finnish 12 Apr 87 p 10

[Article: "AIDS Testing of Foreigners Branded Racism"]

[Text] On Saturday a demonstration was held alongside Old University House against the planned mandatory AIDS test for foreign students.

The test was regarded as racism: It will brand them, is discriminatory and will give rise to prejudices and false security—as if AIDS were a problem only for foreigners.

Near the recycling fair held during Frugality Week, at best perhaps less than 100 people gathered round to listen to the message. On placards they declared that "being a foreigner is not a disease" and demanded "common sense instead of hysteria."

No one had a word to say against AIDS tests, but they did not like the idea of compulsion. The Helsinki University Student Union, Sexual Equality, Ltd. (SETA), the AIDS Support Center, the Committee of One hundred, the Socialist Student Union, Ltd., the Peace League and the Company of One Thousand, among others, organized the demonstration.

At the Interior Ministry they are drafting a proposal that would require foreign students to produce a certificate of good health in connection with applications for visas and residence permits. During the demonstration they claimed that the Foreign Ministry and the Education Ministry are also cheering for the idea. The Foreign Ministry has indeed already demanded particulars on AIDS of recipients of development scholarships.

They were particularly concerned that HIV might be sufficient grounds to put an end to their stay in Finland. According to the plan, residence permits for carriers of the virus would no longer be extended.

The Tampere University Student Union has proposed mandatory AIDS tests for businessmen, bank directors, government ministers, foreign correspondents and Foreign Ministry officials who travel abroad a lot. According to the proposal, the tests would be organized on a monthly basis.

According to the Student Union argument, prostitutes constitute the biggest source of AIDS infection for heterosexuals. According to the Student Union statement, the largest AIDS risk groups in Finland are businessmen, bank directors, government ministers, foreign correspondents and Foreign Ministry officials who travel abroad a lot and who, according to the statement, are frequent customers of prostitutes when traveling abroad.

Nor is this enough for the Student Union, which is concerned for the health of the nation; it has also proposed that all businessmen, bank directors, foreign correspondents, officials and government ministers arriving in Finland from outside the country also be tested for AIDS.

11,466

CSO: 5400/2455

FINLAND

HUMAN

LIFE INSURANCE COMPANIES TO DENY COVERAGE TO AIDS, HIV APPLICANTS

Helsinki HELSINGIN SANOMAT in Finnish 11 Apr 87 p 18

[Text] AIDS victims or people who have contracted HIV will not be granted life insurance. Finnish life insurance companies are adopting new principles in terms of which it will be determined whether applicants for insurance are infected with the virus or afflicted with the disease.

The companies will assume the same attitude toward AIDS as they do toward other serious illnesses which are important from the standpoint of life and health insurance. Any illness whatsoever is an obstacle to obtaining insurance if it is a serious illness. Typical cases are, among others, cancer in the acute state, serious heart defects or severe diabetes.

Life insurance now in effect covers virus infections or cases of illness and death caused by AIDS itself.

A question pertaining to the AIDS test will be added to new life insurance applications, to which the insured's own statement of the state of his health will be appended. If a large insurance coverage is involved or the company feels that a test is otherwise necessary, the applicant may be sent to take the test.

Even now, a doctor's examination is required when large policies are taken out. This includes X-rays and blood tests, among other tests. To these will be added an examination for HIV antibodies.

If the insurance company orders examinations, it will also pay for them.

11,466

CSO: 5400/2455

SECOND TYPE OF AIDS VIRUS DISCOVERED

Kaduna NEW NIGERIAN in English 20 Apr 87 p 10

[Text] The discovery of the AIDS virus, Prof. Luc Montagnier, has named Gambia as one of the West African countries having second type of AIDS virus, HIV, 2, which spreads through blood and sexual contact in the same way as HIV 1.

Prof. Montagnier told a conference at the Imperial Cancer Research Fund in London that other countries where HIV 2 had been found included the Cape Verde Islands, Senegal, Guinea Bisau (where most of the cases were said to have been identified), Mali, Guinea and Ivory Coast.

The Western Europe correspondent of the News agency of Nigeria (NAN) reports that the complete genetic code of the virus, published on Thursday by Prof. Montagnier, and his team in the science magazine "Nature" raises hopes that by comparing the genes of HIV 1 and HIV 2 they may find new clues in the search for a vaccine.

Prof. Montagnier advised Britain and other countries threatened by the second AIDS virus to begin blood tests.

He claimed that although the virus was first identified in West Africa, "it has now been found in France, Sweden, and West Germany. Patients have come from West Africa or had sexual contacts there."

/8309

CSO: 5400/174

HEALTH MINISTRY OFFICIAL DESCRIBES IMMUNIZATION PROGRAM

Georgetown GUYANA CHRONICLE in English 7 Apr 87 p 8

[Message from Dr Noel Blackman, senior minister in the Ministry of Health, for World Health Day, 7 April 1987]

[Excerpt] In my address in Parliament in January of this year, I had stated the Ministry of Health's commitment to the goal of "Health for all by the Year 2000" a level of health that will permit all people to lead socially and economically productive lives.

The Expanded Programme of Immunisation (EPI) has been adopted as a national priority in Guyana. The goal of this programme is to achieve an immunisation coverage of at least 80% among children up to twelve (12) months of age. All possible delivery and communication resources will be mobilised to achieve this aim. A national immunisation campaign action plan has been introduced.

All children three (3) months to three (3) years will receive polio vaccine even if they were fully immunised with three (3) doses of this vaccine before. All children three (3) months to three (3) years will receive DPT vaccine except those with a clinic immunisation card which shows they were fully immunised before. All children nine (9) months to three (3) years of age will be immunised with measles vaccine even if they were immunised with this vaccine before. This campaign will be conducted in three (3) phases and proceed on a region to region basis.

Immunisation coverage will be provided throughout the 83 000 square miles of Guyana.

/13046

CSO: 5440/102

BRIEFS

VENEZUELAN MALARIA TEAM--A three-member team from the Venezuelan Malaria Programme is in the country to conduct a training course in malaria entomology for staff of the local Vector Control Unit. The team, headed by Mr Pio Pintos, Chief Malaria Entomologist of the Venezuelan Malaria Programme, arrived in the country last Saturday and is expected to spend four weeks here. The other members of the team are Mr Omar Hidalgo and Mr Rufino Ortega. Head of the local Vector Control Unit of the Ministry of Health, Dr Keith Carter, told the Chronicle that the training of the local technicians will take place on location in the Pomeroon area. Dr Carter said that the visit of the Venezuelan team is part of the continuing cooperation between the two neighbouring countries to combat the malaria problem. [Text] [Georgetown GUYANA CHRONICLE in English 4 Apr 87 p 5] /13046

CSO: 5440/102

EXTRA CARE URGED TO AVOID SEASONAL DISEASES

Hong Kong SOUTH CHINA MORNING POST in English 4 May 87 p 6

[Text]

THE Medical and Health Department is urging the public to take extra precautions against cholera and other gastrointestinal diseases with the arrival of summer.

A department spokesman said that in 1986 there were 30 cholera cases and 223 food poisoning cases which affected more than 1,000 people.

During the first three months of 1987, 34 food poisoning cases affecting 121 people were reported.

The spokesman cautioned that although no cholera case has been reported so far this year, the public should not be complacent.

"The most reliable and effective method to prevent cholera and other communicable diseases such as typhoid and dysentery is to observe personal, environmental and food hygiene," he stressed.

During the summer months, people tend to be less careful in the choice of food and drinks. Since most gastrointestinal diseases are transmitted through contam-

inated food and drink, people should be specially careful in their eating habits.

The spokesman advised that all food should be thoroughly cooked and should not be left uncovered if not taken immediately.

"The cholera being encountered today is cholera el tor which is endemic in this part of the world and isolated cases are expected to occur now and then, but epidemics are unlikely.

"Cholera vaccination is of no practical value as a public health preventive measure.

"The strict adherence to the simple rules of personal hygiene such as washing of hands after toilet and before food preparation and the hygienic handling of food and drinks are the effective ways against cholera and other diarrhoea diseases," he said.

People travelling to countries where cholera is endemic are also advised to take special care in the selection of food and drink.

/9317

CSO: 5450/0139

UNIVERSAL SUSCEPTIBILITY TO AIDS NOTED

Hong Kong SOUTH CHINA MORNING POST in English 22 Apr 87 p 20

[Editorial]

[Text]

HOW many people will die of acquired immune deficiency syndrome in Hongkong before the entire community realises that everyone is at potential risk?

AIDS is not a disease just affecting the degenerate homosexual communities burgeoning in the West, as many of the older, and old-fashioned, Chinese in Hongkong might like to believe. This killer ailment is not something which can conveniently be compartmentalised into the category: "other persons".

It afflicts innocent infants, drug addicts and haemophiliacs as well as well-to-do, educated heterosexuals who had too much variety in their bedtime partners, just by one.

A Law Commission Report more than two years ago recommending decriminalisation of homosexuality estimated that up to 10 per cent of Hongkong's male population was homosexual. This represents a figure of anywhere from 250,000 to 400,000.

Hongkong is a city of transients; indeed one of the world's great crossroads for travellers of every taste and every mission. As a predominantly Chinese city, Hongkong encourages a wide gap between private behaviour and

public morality. Unfortunately, certain aspects of Hongkong's atmosphere also encourages unflattering racial stereotyping.

As to a great extent, Hongkong is at least two cities and two populations occupying the same space, it would be too easy to relegate AIDS, and the deadly threat it represents, to the world of the expatriate and foreign visitors.

The first publicly recorded death in Hongkong from AIDS was a Chinese merchant seaman. Homosexuality is not unknown in Chinese culture and civilisation. No culture or civilisation has been free of it. It is just that the degree of acceptance, or condemnation, has varied at different times and places.

AIDS quite correctly has been likened in its potential impact to the "Black Death" plague which killed more than half the population of Europe in the 13th century. It may be hard to imagine in this modern era of medical miracles, including genetic engineering, that a disease will remain incurable for long. This may well be true of AIDS.

Cancer has not been cured. In fact, by some forms of statistical analysis, certain varieties are worse. Medically, AIDS is more complex than cancer.

Hongkong is very sophisticated about making money. It is remarkably naive and unsophisticated about a number of other things.

The people of Hongkong should not view the Government's AIDS information campaign launched today as being directed to someone else. It is directed at you. Of course, homosexuals and drug users who share needles are statistically at the greatest risk not only at catching AIDS and dying from it, but in transmitting this so far incurable disease to others without getting it themselves.

Those sexually active are at risk. How sexually active? Husbands and wives who sleep only with each other are at no risk, practically speaking. Long-time monogamous lovers are in the same no-risk category, unless an earlier bout of sexual promiscuity exposed one or the other partner to the AIDS virus. This does not necessarily mean you will catch the disease, but statistically, the risks are higher.

Since AIDS is transmitted by blood, semen and possibly by saliva under certain circumstances, then non-drug using heterosexuals should use condoms. Considering the excessive amount of exploitative sex and violence permitted on the world's television screens, including kung fu movies, then it is absurd and dangerous to deny ads for condoms which could save lives. Whether the older

generation likes it or not, Hongkong Chinese young people today are about as sexually active as their fellow youth in other countries of the world. China's population has not reached one billion through practise of sexual abstinence.

The people of Hongkong must not indulge in the comfortable fantasy that AIDS will strike only two despicable and/or pitiable sub-groups of the population — drug addicts and homosexuals.

Hongkong unfortunately cannot do much to protect itself against the scourge of AIDS. Launching of the GIS information program will help, even though inevitably given the widely disparate elements in the community, some people will think the campaign too weak; others, too explicit.

A renewed look at decriminalising homosexual acts among consenting adult males is essential, not only for proper reporting of AIDS, but to end the hypocrisy leading to tortured, furtive private lives.

Other simple measures will help, like more careful handling of blood samples at hospitals. If one life is saved from condom advertising on television, than lifting the present restrictions would be worth it. Finally, AIDS is a near-universal killer, except for those precisely protecting themselves. So, it is morally and practically wrong to point the finger at other groups.

/9317

CSO: 5450/0134

PAPERS REPORT GOVERNMENT CAMPAIGN AGAINST AIDS

'Shock Tactics' Avoided

Hong Kong SOUTH CHINA MORNING POST in English 22 Apr 87 p 3

[Article by Jamie Walker]

[Text]

WITH the grim warning "AIDS is a pyramid of death", the Government yesterday launched its long awaited publicity drive against a disease that has so far killed four people and infected 68 others in Hongkong.

But the advertisements, pamphlets and posters produced for the \$350,000 campaign avoid the shock tactics adopted by authorities in the United States and Australia.

Television advertisements, screened for the first time last night, contain nothing more visually explicit than scenes of spinning computer graphics and a black pyramid — the so-called "pyramid of death" designed to illustrate the levels of risk associated with AIDS.

By contrast, a similar advertising campaign launched in Australia earlier this month featured images of the Grim Reaper, a mediaeval messenger of death, as part of a series of calculated scare tactics aimed at increasing public awareness of the disease.

Information Services Department assistant publicity director Mr Peter Moss told a press conference yesterday Hongkong was not ready for

these "gratuitous, explicit techniques".

"We are beginning with the basic information (about AIDS)," he said.

"I think that is what people really need to know. I don't think they need to see Grim Reapers (and) they don't need to see some of the other techniques that have been used in America and Australia."

Reaction to the campaign, however, was lukewarm. Advertising executives contacted by the *South China Morning Post* last night said the AIDS ad lacked punch.

Mr Hans Ebert, an executive creative director with the Tse Needham and Standard agency who produced a package of AIDS advertisements for Commercial Radio, said he was disappointed with the Government effort.

"I would love to be proved wrong, but at the moment I can't see it as being a great leap forward for mankind," he said.

The Government has gradually stepped up its anti-AIDS campaign since the first local victim of the disease, a 46-year-old Chinese sailor, died in February 1985.

A telephone counselling service manned from 8 am to

8 pm Monday to Friday, a 24-hour AIDS information line offering recorded messages in English and Cantonese and a blood screening program were established before the administration launched its publicity blitz. The promotion will include

TV, cinema, radio and newspaper advertisements, posters and pamphlets.

The head of the Government Advisory Committee on AIDS, Medical and Health Department consultant Dr E.K. Yeoh, said yesterday the campaign targeted promiscuously sexually active people, the only group at risk at the moment in Hongkong.

Although 44 haemophiliacs are known to have been exposed to the AIDS virus locally, blood screening and the introduction of a treated form of plasma known as Factor 8 had eliminated further risk, he said. No cases involving the remaining risk groups — intravenous drug users or babies born to an infected mother — had yet been reported in Hongkong.

The television advertisement warns that people carrying the Human Immunodeficiency Virus, HIV, can unwittingly spread the infec-

tion. Symptoms of the disease may not appear for years after the initial exposure.

"When a person has sex, they are not having sex with one partner but with everybody that partner has had sex with for the past seven years, any one of whom could be an AIDS carrier," the advertisement says.

Dr Yeoh said only those couples who were mutually monogamous and had not been infected by the HIV virus could practise "safe sex in the context of AIDS". So-called "safer sex" practices involving the use of condoms, decreasing the numbers of sexual contacts and avoidance of casual sex and anal sex could also sharply reduce the risk, he said.

A sombre, black-scored pamphlet headed with the message: "The more sexual partners you have, the more

chance of being infected" etched above a black pyramid, also warns against sharing razors and toothbrushes because there was a risk of the AIDS virus being transmitted through blood.

Medical and Health Department deputy director Dr S.H. Lee said yesterday the department would press the Television and Entertainment Licensing Authority to relax its ban on condom advertising because of the AIDS menace.

The numbers for the AIDS Counselling Service, which offers free and confidential counselling for people who feel they are at risk of contracting the infection, is: 3-7802211.

The numbers for the recorded AIDS Information Line are: 5-8330180 (English service); 5-724533 (Cantonese service).

No Limit on Funds

Hong Kong SOUTH CHINA MORNING POST in English 30 Apr 87 p 3

[Article by Terry Lee]

[Text]

THE Government will spend as much money as it takes to stop the killer disease AIDS spreading through Hongkong, the Chief Secretary, Mr David Ford, said yesterday.

"Whatever is needed will be provided," he said after a topping-out ceremony for the Queen Mary Hospital extension project.

Admitting AIDS was a serious problem worldwide, Mr Ford said Hongkong had so far been fortunate but the Government was not complacent. Four people are known to have died from the disease in Hongkong.

"There will be no lack of resources in dealing with the problem," he said.

Mr Ford added that the Government did not have an exact figure in mind for the anti-AIDS campaign but resources would be channelled to the problem as and when necessary.

"I think this will depend

on how the campaign develops - there will be no shortage of funds," he said.

Mr Ford said the Government was studying Phase II of the recently launched anti-AIDS campaign, which would deal with prevention.

Various Government departments involved in the anti-AIDS program had agreed the use of condoms might be included in that phase, he said.

The Chief Secretary reiterated the need to educate the public of the dangers of the disease.

He also defended the Government Information Services when criticism was voiced that Phase I of the campaign had been too weak in spelling out the evils of AIDS.

"I think GIS has adopted a sensible approach in that they have taken very great care in trying to decide on the themes of the program," he said.

The present line of pre-

sentation was a careful and wise one, he added.

Mr Ford said everywhere in the world, governments which undertook anti-AIDS programs were heavily criticised by people "who say they (their governments) have gone too far or they haven't gone far enough".

Turning to the independent Hospital Authority proposed in a report by Australian consultants, Mr Ford said the Government was still examining the full implications of the proposal, especially on the set-up of the Medical and Health Department.

"It is a very complex report. It raises very big questions for the organisation of the Medical and Health Department," he said.

The Secretary for Health and Welfare, Mr John Chambers, was working on the matter and it was anticipated that the Executive Council would reach a decision in a few months, he said.

Meanwhile, Mr Ford yes-

terday set an excellent example for his colleagues on how officials should observe a new "rule" that only questions relevant to the function under way would be answered when bombarded by the press.

Mr Ford declined to comment on the subject of political reforms.

He drew a clear line on the scope of questions he would answer when he greeted reporters: "I am here to talk about the hospital, and I

am happy to talk about the hospital extension program today, about medical services and about the AIDS program".

The impromptu interview ended when a reporter tried to ask him: "What about a word on the Green Paper (on political reforms)?"

Mr Ford walked away after saying: "I don't quite see the connection between the Green Paper and medical services."

Favorable Response

Hong Kong HONGKONG STANDARD in English 30 Apr 87 p 2

[Text]

THE Government's AIDS prevention campaign has been receiving so much favourable response that printing of additional publicity pamphlets about the killer disease may be required to cope with public demand.

Launched last week, the HK\$350,000 campaign was produced and developed by the Government Information Services.

The campaign, which includes print, television, radio and MTR poster advertising, has increased public awareness about the syndrome which destroys the body's immunity system.

If the number of people who have been turning up at various distribution points to collect the pamphlets since last Tuesday's launching is any indication of its effectiveness, then the Government's efforts have not been wasted.

Although initial reaction to the campaign was a bit lukewarm, recent reports from the public indicate that

the campaign has succeeded in getting its message across.

Despite the Government's decision to use a more reserved approach for the campaign in contrast to the more blatant tactics of similar advertising campaigns launched in other countries, interest about the dangers of contracting the disease has increased as thousands of pamphlets in Chinese and English were taken by the public.

In answer to public clamour for more information about the killer disease, additional distribution points for the pamphlets have been set up in social hygiene clinics, district offices and out-patient departments of hospitals.

In a recent statement, the Government announced that the AIDS-prevention message would be broadcast by two Information Service mobile units that would visit different areas of Hongkong Island, Kowloon and the New Territories.

/9317

CSO: 5450/0131

ADMINISTRATION OF AIDS TESTS QUESTIONED

Reporter's Experience

Hong Kong SOUTH CHINA MORNING POST in English 25 Apr 87 pp 11, 13

[Article by Wendy Kay]

[Text]

ANNOUNCING your intention to have an AIDS test provokes some quite startling reactions. Many take it as an admission that you actually have the disease; some label you paranoid, others are simply horrified at the thought.

After all, as a 26-year-old woman who doesn't abuse drugs, has never had a blood transfusion and who is not outrageously promiscuous, I am usually considered a very low-risk contender for the disease.

Unlike the so-called high-risk groups – the very promiscuous, homosexuals, bisexuals, drug addicts and haemophiliacs – I was quite safe. Or was I?

I suddenly discovered to my horror that my membership of this smug little club had become defunct. Everyone was at risk, no one was immune and, worst of all, there was no guarantee that any of us had not unknowingly been harbouring the disease for years.

In Hongkong, an AIDS hotline was set up in March 1985 and testing facilities were made available soon afterwards. But few people appeared ready to take advantage of the free service.

Men, apparently wary of being labelled homosexual, have been the most reluctant of all – and consistently display the most ignorance of the disease.

They weren't gay, so why should they have a test? Yes, they still had casual one-night stands and no, they didn't use condoms. AIDS, they claimed, was not their disease.

Fear proved to be the overriding factor. Most were simply too scared of what the test might reveal.

I decided to be tested because I was interested in seeing how the Government was handling the situation. The checkup was free and confidentiality was promised.

(If it had been conducted in my doctor's laboratory, the test would have cost me \$310; surprisingly, he had told me not to bother.)

No matter how you approach the test, there is always a nagging reminder in the back of your mind about the long incubation period for the disease: even for the most conservative young single person, seven or eight years is a long, long time.

When I first rang the AIDS hotline at the end of March, I was immediately asked why I wanted the test.

"Have you been practising unsafe sex?" the advisor demanded.

"Are you a drug abuser or have you had a blood transfusion?"

This appeared to me a curious approach, coming as it did

only a couple of weeks before the Government's advertising campaign warned that all of us were equally at risk. Now I was being told that unless I was in one of the high-risk groups, there was no need for to be tested for AIDS.

I reminded her of the eight-year incubation period, hinting that there may have been one or two indiscretions along the way.

"When?" she demanded.

Did she want the date, the time... his name? All I wanted was an appointment for a blood test.

Directions

This wasn't quite as easy as it had seemed. For some reason, the blood test could not be arranged until she had extracted my profession, my age and my nationality. Finally she told me the next available appointment was in 10 days' time.

"Is that because you have a lot of people being tested?" I asked.

"No, the only time available is 8.15 in the morning," she said.

"That means that everyone goes along at the same time?"

The response to that was a stifled giggle.

I was given a number and told to quote it when I went for my appointment.

When I arrived at Queen

Elizabeth Hospital for the test, I asked at the information counter for directions to the specialist clinic.

By the time I had descended a couple of flights of stairs and laboriously followed a series of handwritten signs pasted on pillars in the hospital carpark, the young man at the counter and the two men in the outpatients area all knew exactly why I was going there. So much for confidentiality.

I took the lift to the first floor, where a nurse, who also seemed to know actually why I was there, told me to wait.

A young European in a three-piece suit looked up briefly when I walked in, quickly burying his nose back in his paper. But not before I had caught the look of horror on his face: I suppose he wasn't expecting to see a European woman there.

Perhaps he had swallowed that confidentiality line, too.

Several Chinese were also waiting and we were soon joined by another European man, looking just as uncomfortable with the experience as the first.

There were no pamphlets on the disease to read while we waited, not even a poster on the wall. In the uncomfortable silence, we merely had each other to look at.

It wasn't long, however, before I was ushered into a small room. A nurse thrust a pamphlet into my hands:

"It's not up to date but it is all we have," she said.

"We shall be getting new ones by the end of the month." She told me I was to have a blood test, followed by a skin test.

When I asked her to explain, she said the blood test was intended to check for anti-bodies, while the skin test was to look for resistance to the immune system.

"If you want the skin test you have to come back here in two days' time; if that's not possible, don't bother to have the test."

I asked if I could have the test, but ring back when I returned to my office after checking whether I could come back to get the results.

"Just don't bother to have the test," she answered.

I would still have to ring for the blood test results in 10 days' time: I was given another num-

ber to quote when I made this call.

The new number was the first initial of my name and my date of birth, tacked on to my old number.

They already had my nationality, my profession and my age — everything but one small detail, my name.

Another short wait and I was called to see the doctor. He wound on the blood pressure cuff and 10 milligrams of my blood raced up a plastic spiral into a syringe.

This was squirted into a test tube which was tagged, presumably with my new number, and sent to either Queen Mary or the British Military Hospital for testing.

Ten days later, just before I was due to ring for my test results, I decided to call the new AIDS information service to see how it differed from the old hotline.

While I waited to speak with an advisor, I was subjected to a rather lengthy tape recording, informing me that AIDS was not a socially-transmitted disease, that it could be contracted through sexual contact — homosexual, bisexual or heterosexual.

I could also catch the disease through drug abuse (syringes) and could pass it on through pregnancy.

My advisor then came on to the line, and just as on the previous occasion, asked me why I wanted an AIDS test.

What was I afraid of? Why was I having the test?

The questions this time were better prepared: she obviously had a form in front of her ready to be filled in.

Once again my nationality, age, marital status and occupation came up.

"When was the last time you had sex? With a Chinese partner?"

Did I have tattoos?

Had I suffered any discomfort recently?

Did I suffer from various diseases and had I had recent operations?

How long had I been in Hongkong?

The conversation constantly switched back to my sex life.

"So the last time you were with your boyfriend you had genital and vaginal intercourse. Did you have oral and rectal sex?"

The effect was a little off-putting. While I accepted that intimate details of a patient's sex life were necessary to compile some sort of data for the medical records, it seemed that this could better be accomplished in a personal meeting with a doctor or might even be confined to those actually confirmed as AIDS carriers.

Fifteen minutes after this clumsily-executed interrogation, I was offered a time for an appointment.

I then rang the hospital to get my results, quoting my number.

"Oh yes, you are 26 and Australian."

The nurse repeated my number and I confirmed it. She had the results right in front of her, but did not say anything. Instead, there was a deadly silence.

Perhaps she had lost her place on the list, or maybe someone else had distracted her; she could even have been checking the number again.

I will never know what that nurse did during the 30 seconds that she chose to keep me hanging expectantly on the telephone.

But I do know it was the longest half-minute of my life.

In those 30 seconds, my smug self-assured attitude rapidly vanished and for the first time, little doubts began creeping into my mind.

I remembered all that I had heard about AIDS — the horror stories, the warnings from the medical experts. AIDS wasn't like other diseases; it was indiscriminate, there was no longer such a thing as a low-risk group.

Most of all, I remembered that this disease was a killer. It was incurable, the worst threat since the Black Death.

"Ah yes, you are negative," the nurse finally said, adding that if I hadn't had sex in the past three months, the test was valid.

Information on AIDS has filtered slowly through to Hongkong in spasmodic bursts, often relying more on word of mouth than any official advice.

The tragic, unavoidable truth, is that very little of this has been taken seriously. In a city that probably has a "hidden" gay community of half a million, that offers virtually unlimited opportunity for casual sexual encounters with tourists, visiting servicemen and prostitutes,

AIDS is still considered no more a threat than any other sexually-transmitted disease.

When I look back on my own experience with Hongkong's AIDS testing program, I recall being blasé about the exercise, secure in the knowledge that I was not at risk.

Now I am glad I was blasé. If I were homosexual, a high-profile businessman, or even just someone who was a little timid, I would have hung up after the first question.

Discretion, Professionalism Advised

Hong Kong SOUTH CHINA MORNING POST in English 27 Apr 87 p 18

[Editorial]

[Text]

REPORTERS have a thicker skin than most. But the experience of Wendy Kay of this newspaper in going for an AIDS test would be daunting to anyone less persevering, and on assignment. The Government's several hundred thousand dollar campaign to warn the public about AIDS will certainly be sabotaged by the indifference, insensitivity, and unnecessary prying of the low-level officials assigned to deal with the public.

Ms Kay's detailed account in Saturday's paper of the excruciating humiliations, and intimidating questions and atmosphere she experienced while trying to get an AIDS test should spark immediate rectification. No one is going for testing, and no one will trust government pledges of confidentiality if present hectoring attitudes of officials meeting the public are not immediately changed. Taking the

decision to get an AIDS test is not only intelligent and prudent, it is a serious and sensitive business, and should be treated so.

It may be no coincidence that the Government once again is trying to develop legislation to decriminalise homosexual behaviour between consenting adult males. This certainly should no longer be a criminal question; indeed whether it is a moral question is increasingly irrelevant in the face of the community-wide threat presented by AIDS to many different categories of people. Identifying carriers of the AIDS virus, treating them in a scientific, non-punitive, non-judgemental manner is of life and death importance to the public.

The Government had better tell its functionaries to show a little discretion and professionalism without nosiness to those coming in for testing.

Specialist Defends Counsellors

Hong Kong HONGKONG STANDARD in English 13 May 87 p 1

[Article by Seth Faison]

[Text]

A MEDICAL specialist yesterday defended the AIDS counselling clinic against claims that insensitive and rude questioning had frightened away callers.

Dr E K Yeoh, consultant to the Medical and Health Department, while admitting that the clinic's services were not perfect, said the nurses there were highly trained and skilled counsellors.

"We accept that our nurses may have problems handling some cases but it is unfair to say that the clinic isn't serving any purpose," Dr Yeoh said.

A radio programme on RTHK earlier this week echoed previous newspaper reports that nurses who interviewed "hot-line" callers had asked very personal questions in an insensitive manner.

But Dr Yeoh said telephone counselling required some basic questioning in order to be thorough and accurate.

"Counselling must be a two-way thing. We know the questions we ask involve matters that are private and sensitive, but we hope that anyone who calls us for help will be open and willing to give us the necessary information about themselves," he said.

The AIDS clinic was set up in late 1985 to give free counselling and blood tests to

people who fear they might have contracted the killer disease.

He said the hotline received about 100 calls a day while 10 people came for blood tests daily. About 20 percent of callers said they were homosexuals — who have a higher rate of infection than heterosexuals.

"Homosexual callers present a problem in that many of them may prefer to talk to someone who better understands their problems," he said.

Dr Yeoh said the clinic recognised the problem and was still experimenting with different methods of counselling.

He also admitted that language and cultural differences could sometimes prevent nurses — who are all Chinese — from being sensitive to callers' inhibitions.

About five percent of callers and 15 percent of blood test patients are expatriates.

Dr Yeoh also defended the clinic against charges that those wanting only a blood test without counselling, were subjected to unnecessary questioning.

"Our purpose is to run a counselling clinic and to give information, not to provide a free service for people who only want to know if they are infected. There are private services for that," he said.

/9317

CSO: 5450/0132

NO PLANS TO DENY ENTRY TO AIDS-INFECTED TOURISTS

Hong Kong SUNDAY STANDARD in English 19 Apr 87 p 2

[Article by Neil Perera]

[Text]

LOCAL medical authorities, obviously concerned by the rapid worldwide spread of AIDS (Acquired Immunity Deficiency Syndrome), do not plan to ban entry to the territory of people carrying the deadly virus.

"We have about four million visitors entering the territory every year, and to bar them would be discriminatory," said the Deputy Director of Health, Dr S.H. Lee.

Dr Lee's statement comes despite a ban imposed by a few countries on suspected carriers of the killer disease.

Some of these nations now insist on signed health declarations.

"But how's one to determine whether the traveller is carrying the virus when there are so many visitors entering the territory every year," said Dr Lee.

"And what about the locals travelling abroad. Should we have to scrutinise them as well?"

"It might take a few weeks or several months to determine if the person is infected with the virus."

Dr Lee cited the World Health Organisation (WHO), which has come out against requiring blood tests for travellers.

WHO's contention is that the cost of screening could hamper educational programmes, deemed more effective in containing the disease, and entail logistical, legal, political and ethical problems.

Meanwhile, the Medical and Health authorities will launch a full-scale educational publicity campaign on how to combat the disease that many are now comparing with

the Black Death, the deadly plague which struck Europe in the Middle Ages.

The details of the exercise will be announced at a press conference on Tuesday.

The focus of attention will be to educate the public, and those most susceptible to the killer disease. Which, in a nutshell, means the promiscuous who engage in sexual intercourse with more than one partner.

Screening all donated blood is another topic that will be discussed, as will be counselling services.

At the briefing, the public will be told what precautions to take to avoid getting the disease, which according to Dr Lee is largely spread through sexual intercourse.

Originally those first in line in contracting the deadly disease were homosexuals, bisexuals, drug addicts and haemophiliacs.

Since 1981, AIDS has claimed the lives of hundreds of thousands of people, practically in all parts of the world, especially in Africa and the United States.

The move by the Hongkong authorities to educate the public comes at a time when several countries are treating the disease as incurable and widespread.

Already, Britain and Australia have announced that travellers suspected to be carrying the virus or suffering full-blown AIDS will be denied entry.

The latest entry into the "black list" is Japan.

Tokyo's move comes in the wake of a panic following the death of a prostitute who contracted AIDS in Kobe.

And it's likely that several more nations will jump on the bandwagon as the disease spreads unabated.

AIDS has already claimed the lives of four people in Hongkong.

They were three local Chinese and a Beijing-based diplomat from Zaire who was sent to the territory after he was found to be suffering from the disease.

A self-confessed carrier from the United States was confined to an isolation ward at the Queen Elizabeth Hospital after he was involved in a road accident in Salisbury Road, Kowloon, several weeks ago.

Dr Lee refused to discuss the case of the American victim, claiming that it was not the department's policy to talk about individual cases.

/9317

CSO: 5450/0137

AIDS-RESEARCH DRUG AVAILABLE PRESCRIPTION FREE

Hong Kong HONGKONG STANDARD in English 6 May 87 p 1

[Article by Shirley Hui]

[Text]

A DRUG available in Hongkong without a prescription is said to be able to "delay" the development of AIDS among patients infected with the virus.

Virazole — an anti-viral agent on sale here since 1978 — is being studied in the United States as a therapeutic agent for AIDS carriers.

AIDS carriers are people who have been exposed to the virus but have not yet developed the full-blown effects of the disease.

Doctors yesterday warned the public against taking *Virazole* in the hope of preventing AIDS because its anti-AIDS efficacy is yet to be confirmed.

A spokesman for the Pharmaceutical Service under the Medical and Health Department said there was no need to reclassify *Virazole* as a prescribed drug before such efficacy is confirmed.

Virazole's manufacturer in the United States reported recently that none of the AIDS carriers who received 800 milligrams of the drug every day had developed AIDS over a 28-week research period.

By comparison, 18 percent of the patients who did not take the drug and

11 percent of patients who took 600 milligrams of *Virazole* developed AIDS.

A total of 168 patients took part in the research.

The researchers concluded that the drug "deserves additional study as a therapeutic agent in (AIDS) infected patients".

Jebsen & Co imports *Virazole* into Hongkong.

The manager of its Pharmaceutical Department, Mr Kenneth Hui, said they had avoided mentioning the drug's anti-AIDS uses which are still being studied.

He said he believes there is little possibility of the drug being misused by AIDS carriers.

"I think these people will trust the medical professionals rather than try the drug indiscriminately," he said.

Mr Hui said they have passed onto Government doctors the latest information about the use of *Virazole* against AIDS.

He said he believes the drug has not been tried on any AIDS patients in Hongkong although such a possibility cannot be eliminated in future.

Hongkong has had four confirmed cases of AIDS patients. All of them have died.

Another 68 people have been discovered to be AIDS carriers.

Mr Hui said *Virazole* is a "safe

drug" with little side effects but an overdose will lead to anaemia — which can be reversed by stopping the medication.

The drug is also sold without prescription in the United States, he noted.

Virazole is not very popular in Hongkong because it is quite expensive, he said. A daily 800 milligram dosage costs at least \$72.

Mr Hui said the drug has been promoted as an anti-viral agent against hepatitis A, herpes infections, viral respiratory infections and viral childhood diseases like measles.

Dr Raymond Wu, a member of the Drug Registration Committee, said it was not surprising that the existing anti-viral agents like *Virazole* had been put to test in anti-AIDS research.

AIDS is also a kind of viral infection, he said, and researchers would obviously like to try the existing anti-viral drugs before developing new ones.

"We must get sufficient information before we believe the claims," he said.

"It is not worth trying the drug unless you want to be a guinea pig. Besides, not all carriers will develop AIDS," said Dr Wu, who is also the President of the Hongkong Medical Association.

AIDS-CARRYING CHILDREN ATTEND REGULAR SCHOOLS

Hong Kong HONGKONG STANDARD in English 12 May 87 p 1

[Article by Aruna Kulatunga]

[Text]

ABOUT 22 AIDS-carrying children in Hongkong — all of them haemophiliacs — are attending classes as normal.

Health and school authorities said yesterday there was no need for the children to be stigmatised or discriminated against.

And two school principals, who did not want to be quoted by name, told *The Standard* they would not segregate AIDS carriers from other schoolchildren and would not make them feel "they don't belong".

They were commenting after a *Sunday Standard* report that surveys had shown that at least 0.01 per cent of schoolchildren were carriers of the potentially lethal virus.

Dr Yeoh Eng-kiong, the Medical and Health Department's AIDS expert, who revealed this figure last Saturday, said yesterday it was gleaned from a survey of haemophiliacs.

Up to the final quarter of 1986, 44 AIDS virus carriers — 22 of them schoolchildren — were found among the haemophiliacs who sought treatment in the territory's medical facilities, he said.

Carriers of the virus do not necessarily develop the full disease, although they can infect others.

But Mr Yeoh said that the risk of infection from day to day contact would be "zero".

And one of the principals said: "Medical evidence is that it would be virtually impossible to be infected by the AIDS virus unless through direct sexual contact and through blood transfusion. Day-to-day physical contact would not result in any one else being infected. If that is the case, we should not isolate these unfortunate children."

No survey has been done specifically to check for AIDS among schoolchildren, and Mr Yeoh said it was impossible to rule out the possibility of a non-haemophilic carrier.

"It is extremely difficult to be one hundred per cent certain in cases like this."

Overseas studies indicated, however, that school-age children were not a risk group, except through blood transfusions and mother-to-baby infection at childbirth or during pregnancy.

"We believe that except for the haemophiliacs, there would not be any other AIDS virus carriers among the school children," he said.

Overseas, school-going AIDS carriers have been shunned, ostracised and even banned from attending school.

In Philadelphia, USA, a grieving mother recently told a closed workshop on AIDS in children that she would not tell her three-year-old son that he had AIDS, "because if he accidentally told that to a schoolmate, it could ruin his life."

Her son got the disease through a blood transfusion.

She told reporters "People don't seem to believe scientists' claims that the disease cannot be transmitted through casual contact. People are terrified, in science, things are never conclusive or final, so people aren't sure."

And in Australia, a little girl and her family eventually had to emigrate to New Zealand to gain acceptance after being ostracised by their community.

Dr Yeoh said that even medical workers handling AIDS cases being infected through

accidents like "pricking one's finger with a contaminated needle" is as low as one percent.

"It's very, very hard to get infected. But once you are, there is no cure," he said.

He said that all of the haemophiliacs, including the children had been infected before August 1985, when researchers discovered that AIDS is transmitted through blood and that heat-treating transfusion plasma kills the AIDS virus.

"We are now screening all blood samples. In the case of haemophiliacs, what they received is a particular part of the blood called the Factor 8. To make up one transfusion of Factor 8, we have to take normal donations from at least 1,000 donors and this is a complex procedure. But we still have been able to tightly regulate transfusions and to sterilise the samples," Dr Yeoh said.

/9317

CSO: 5450/0136

DANGER VILLAGE RABIES-FREE, SUSPECTED CASE IN STANLEY

Hong Kong SOUTH CHINA MORNING POST in English 2 May 87 p 4

[Text]

SO Kwun Po Village in Sheung Shui will be declared rabies-free next Wednesday after six months of intensive operations, a senior Government veterinarian said yesterday.

Dr Norman Cheng, of the Agriculture and Fisheries Department said the decision followed an anti-rabies drive which had successfully brought the situation under control.

The tiny village had been thoroughly checked and all dogs within the area had been either inoculated or eliminated, he said.

The village was declared rabies-infected following the death of a 75-year-old woman who had been bitten by a mongrel last November.

Dr Cheng said the decision to declare the area rabies-free did not mean the Government was relaxing its efforts to control the disease.

"The designation of the frontier closed area as a ra-

bies-infected area will remain in force to prevent the re-introduction of the disease into the territory," he said.

More than 43,530 dogs were inoculated and more than 15,200 stray dogs were eliminated last year, Dr Cheng said.

Another 14,000 were inoculated and 5,200 strays have been put down since January, he added.

Dr Cheng said he did not rule out the possibility of a massive dog hunt and the designation of Hongkong Island as an infected area if the suspected rabid case at Ma Hang village in Stanley was confirmed.

The victim, Mr Lo Tsabin, 54, who was bitten by a stray last month, is awaiting test results next week.

A Medical and Health Department spokesman said Mr Lo was in satisfactory condition at the Princess Margaret Hospital yesterday.

/9317

CSO: 5450/0138

BIHAR FORMS PANEL TO CONTROL KALAAZAR

Bombay THE TIMES OF INDIA in English 13 Apr 87 p 21

[Text]

PATNA, April 12: The director-in-chief of health services, Dr Mahabir Das, yesterday announced here that an experts committee would be set up in the state to control the spread of kalazar which took a toll of 45 lives during 1886-87.

Concluding a discussion on the treatment of resistant cases of Kalazar, Dr Das said that the committee would be based on the pattern set up for the detection, check and control of tuberculosis and AIDS.

He said that the experts committee was being set up as the fear of a Kalazar epidemic breaking out in a year or two could not be ruled out. However, he said the situation could not be tackled until all the people concerned came together.

Dr Das said that to check this dreaded disease, the health department would conduct a house-to-house search as was conducted in 1977-78, when the state was hit by the first kalazar epidemic.

Disclosing that about 13,500 kalazar cases were reported during 1986-87, Dr Das said that it did not reflect the grave magnitude of the situation as not all cases were reported.

In the 1977-78 epidemic, about 280 persons lost their lives, while 18,000 cases were reported. In the epidemic of 1983-84 about 130 persons lost their lives in the state out of the 11,000 cases reported.

While conceding that due to the inability of the health department to propagate the steps taken in this direction the people and the doctors have remained unaware of it, Dr Das enumerated the steps he had taken of late.

Dr Das was hopeful that the disease could be brought under control within three to four years if the recommendations of the experts committee were implemented. He said that the state government was holding negotiations with the Central government for an aid of Rs. 9 crores.

/9317

CSO: 5450/0127

GASTROENTERITIS EPIDEMIC COMPOUNDED BY SHORTAGES

Calcutta THE TELEGRAPH in English 17 Apr 87 p 5

[Text]

Agartala, April 16: Twenty-four persons, including 13 children, have died and many more have been hospitalised following the outbreak of gastro-enteric diseases in five of the state's 18 blocks.

Even as the killer disease continues to grow daily in intensity, a severe food crisis has gripped the blocks resulting in large-scale migration of tribals to neighbouring Mizoram and the Cachar district of Assam.

Announcing this at a press conference, the TUJS MLA, Mr Rabindra Debbarma, said the twin threat was being compounded by an acute shortage of food and medicine and the failure of the state government to provide relief in the affected areas.

Describing the seriousness of the crisis, Mr Debbarma, said 30

kg of paddy seeds stored in the residence of a CPI(M) panchayat member in Tuichakma gaon sabha in South district had been looted by a starving mob early this month.

Mr Debbarma alleged that despite repeated warnings the state government had failed to take adequate measures to counter the crisis.

The TUJS leader said his party had launched a phased agitational programme since April 7 with deputations to the block development officers demanding free double ration for tribals living below the poverty line.

If the demands were not fulfilled by the current month the TUJS party units all over the state would start a relay hunger-strike to press for their demands the TUJS leader added.

/9317

CSO: 5450/0128

EYE DISEASES COMMON AMONG CHILDREN IN DESERT REGION

New Delhi PATRIOT in English 21 Apr 87 p 2

[Text]

Jodhpur, April 20 — 16.31 per cent of children in the south western desert region of Rajasthan suffer from varying degrees of eye problem due to vitamin A deficiency and the most important singular factor was shorter duration of breast feeding, said Dr M R Jain, professor and head of upgraded department of ophthalmology of Dr S N Medical College Jodhpur who alongwith his research team conducted an extensive survey of 13,865 children in the 1-10 age group in this region of Rajasthan under the auspices of the Indian Council of Medical Research.

He said that the percentage was significantly high as compared to most of the states in the country. Incidence of night blindness noted was 1.1 per cent, conjunctival xerosis 9.81 per cent, Bitot's spots 5.53 per cent and 0.39 per cent of children suffered from varying degree of defective vision due to corneal blindness.

In the survey Dr Jain found that apart from environmental, socio-economic and nutritional factors, most important singular factor was shorter duration of breast feeding. In children up to 3

years of age, it was noted that 79.1 per cent of affected children were those who were breast-fed for only six months whereas in children fed on breast milk for 12 months, the percentage was 13.1 and percentage reduced to 6.6 per cent in those children fed on breast milk for 18 months or so.

Dr Jain noted that disease was far more common in children belonging to parents in the income group of Rs 30 to 69 p.m (20.5 per cent) and next in income group of Rs 70 to 149 (15.1 per cent).

Dr Jain said that as vitamin A deficiency can cause permanent and irreparable blindness, it is important to take prophylactic measures. Green leafy vegetables and carrot are the cheapest but rich source of vitamin A. He said other rich sources are fish, liver, milk, butter, eggs, fruits specially papita etc.

Those children who cannot take even occasional green leafy vegetables, must be given at least one capsule of only vitamin A of 200,000 units once in six months. Dr Jain suggested distribution of such a capsule to all children in schools located in dry region of Rajasthan every six months.

/9317

CSO: 5450/0129

INDIA

HUMAN

BRIEFS

MENINGITIS EPIDEMIC--Nasik, April 22--Thirty people are being treated for suspected meningitis at the Wadia Municipal Hospital at Malegaon in this district. The epidemic is feared to have spread in the town during the last three weeks. According to the civil surgeon of Nasik Civil Hospital, Dr B. Chavan, who led the medical squad to Malegaon, only pathological tests can confirm whether the disease was meningitis or not. The president of the Malegaon municipal council, Mr Shabgir Ahmed, has said that medicines worth Rs 2.5 lakhs has been brought from Bombay and that all efforts are on to control the suspected epidemic. [Text] [Bombay THE TIMES OF INDIA in English 23 Apr 87 p 6] /9317

ORISSA DYSENTERY DEATHS--Baripada (Orissa), April 20 (PTI)--Post-measles bacillary dysentery has claimed 27 lives, including 25 children, in 14 villages of Mayurbhanj district during the last two months, according to the chief medical officer, Dr Kishore Chandra Pradhan. Most of the victims were children in the age group of one month to 10 years, he said adding that most of the tribals were reluctant to use medicines. However, the disease was under control, he said. [Text] [Calcutta THE TELEGRAPH in English 21 Apr 87 p 5] /9317

BARODA GASTROENTERITIS DEATHS--Baroda, April 13 (PTI)--Gastroenteritis has taken a toll of 12 lives in Kothamba village of Panchmahal district. Two of them died yesterday, according to an official report received here today. The Gujarat health minister, Mr Vallabhbhai Patel, has instructed the authorities concerned to take prompt measures to check the spread of the disease. Several children suffering from the disease are being treated at the rural health centres at Rabadia, Amagia and Kothamba. These health centres have been temporarily converted into hospitals, the report added. [Text] [Calcutta THE TELEGRAPH in English 14 Apr 87 p 5] /9317

SPREADING MEASLES EPIDEMIC--Rajkot, April 8 (PTI)--Over a dozen cases of measles were being admitted daily to the government-run hospital here and about 65 children have died out of the 665 cases admitted, during the last three months, according to the hospital superintendent, Dr Manorama Metha. Dr Metha said the disease had taken an epidemic form in Bhavnagar, Amreli and Jamnagar districts. The death rate was "high" because parents were not administering the anti-measles vaccine to children. [Text] [Calcutta THE TELEGRAPH in English 9 Apr 87 p 5] /9317

STUDY ON AIDS--The Indian Council of Medical Research (ICMR) has examined the claim that AIDS (acquired immuno-deficiency syndrome) is the result of experiments to develop biological warfare weapons, the Lok Sabha was informed on Tuesday, reports PTI. Available evidence suggests that the virus might have developed as a consequence of mutation of pre-existing virus occurring naturally, Minister of State for Health and Family Welfare Ms Saroj Khaparde told Dr B.L. Shailesh in a written reply. Ms Khaparde, who was replying to the question on the claim of an American scientist of spread of virus in the US and whether he has cautioned India of the danger, said steps are being taken to contain the spread of AIDS in the country. Ms Khaparde told Mrs Dil Kumari Bhandari that the inter-country consultation on prevention and control of AIDS held by the WHO southeast Asia regional organisation in July 1986 has recommended measures to contain AIDS infection. The WHO has recommended that blood for transfusion should be tested for AIDS when the risk of transferring the virus is significant and when the benefit of such testing outweighs other important factors in providing blood. Instructions have been issued asking the blood banks to screen professional blood donors for AIDS anti-body, she said. [Text]
[New Delhi PATRIOT in English 17 Apr 87 p 5] /9317

CSO: 5450/0130

INDONESIA

HUMAN

BRIEFS

GASTROENTERITIS IN ACEH--Banda Aceh, May 4 (ANTARA)--Four people died of Gastroenteritis, which has hit Trangon district, Southeast Aceh regency, about 547 kms of here since the last two weeks. Dr. Buharnuddin Yusuf, of the local health office's contagious diseases eradication service, told ANTARA here Monday that 16 people had been affected since the outbreak of Gastroenteritis in the area. The disease outbreak was first noticed on April 17, 1987 and it was found only in Southeast Aceh regency. [Text] [Jakarta ANTARA NEWS BULLETIN in English 4 May 87 p A5] /6091

CSO: 5400/4366

AUTHORITIES INCREASINGLY CONCERNED OVER AIDS SPREAD

Helsinki HELSINGIN SANOMAT in Finnish 30 Mar 87 p 16

[Article by Tuula Laurila-Coladonato: "Active Discussion of Immune Deficiency in Italy, 300 Have Already Died of AIDS, Medical Board Gets Concerned Over Disease 4 Years Too Late"]

[Text] In Italy discussions of AIDS are excitedly appearing in the columns of the newspapers. The government has only been able to provide statistics on those who have contracted the disease, of whom there are already over 500.

Over 300 Italians have died of immune deficiency. The disease and an inordinate fear of it have now spread throughout the entire country. Officials have provided the populace with meager basic information on and knowledge about AIDS. The mass media, those belonging to the risk groups and a self-appointed AIDS organization have tackled the problem in more serious fashion.

Last December Minister of Health Donat Cattin presented a national program according to which the government was only then beginning to investigate Italy's immune deficiency problem. They plan to spend 50 billion liras, or 143 million markkas, this year to get things organized and to make up for 4 years of neglect.

In the second half of January 510 people were recorded as being afflicted with AIDS in Italy. Over 300 have died of the disease.

According to estimates, 50,000 drug addicts and 50,000 other people who belong to risk groups have been infected with it. Furthermore, it is estimated that there are about 100,000 carriers of the virus among the so-called basic population.

On the basis of the January data, it is estimated that by next December there will be over 1,500 immune deficiency patients in Italy and nearly 5,500 by the end of 1988. The figures will probably rise even higher since the virus is spreading at an inestimably rapid rate among drug addicts.

AIDS Also Infecting Children and High School Students

A hundred little Italian children have come down with AIDS. In addition, 22 13-to-16-year-olds have caught the disease, in 12 of whom immune deficiency was

diagnosed within less than 3 months. Those most pessimistic fear that a real epidemic is coming to light in the younger age group.

The Italian Government and the Medical Board have up until now only been able to publish statistics on the number of people who are ill with the disease. Every figure jars the Italians as though it represented a personal misfortune.

Informing the public about the disease has been left to the press. The daily newspapers have reported the individual fates of AIDS victims to their readers ever since the country's first case in 1982, which was the only one that year. The disease has approached Italians spontaneously, unhesitatingly and bluntly, which is why readers have also violently reacted.

In accordance with the way the Italians report news, the fates of the patients are thoroughly discussed right down to names and addresses.

There is still plenty of room for improvement in Italians' knowledge about the disease and their attitudes toward it. The medical profession has, however, occasionally felt that an outburst of hysteria is more beneficial than maintaining passive silence. People's anxiety and confusion have forced them to talk about the problem in a way that is easy to understand, to explain how to keep from getting the disease and to eliminate needless fear of it.

Untested Blood Transfusions in Sardinia

The AIDS situation in Sardinia, for example, which bears witness to the dangers of untested blood transfusions, has given rise to violent commotion. The death of Italy's first AIDS-infected child in April 1985 served as the impetus for bickering about the situation. The mother of a 2-year-old infant was a former Sardinian drug addict. The boy's shocking fate was like a challenge to the press to determine how immune deficiency spread on an island that strives to remain isolated.

To the surprise of the Sardinians themselves, it was revealed that, considering the number of inhabitants, there were more AIDS victims and HIV carriers on the island than on the Italian mainland.

The news was frightening for the 2,000 families whose children it has been confirmed suffer from Mediterranean anemia. The children's lives are entirely dependent on monthly administered blood transfusions.

An organization founded by the parents of the children immediately demanded an investigation of the testing of the blood the children receive in transfusions. It was ascertained that the Cagliari Blood Bank, which supplies the children with 35,000 flasks of blood a year, had not tested the blood.

This sparked anger in the minds of the Italians. Sardinian mothers refused to allow their children to be given transfusions unless they received guarantees as to the nature of the blood.

Before blood testing was initiated, 737 child patients were examined. Forty of them had already contracted HIV [human immunodeficiency virus]. At the same time a second new-born infant died of AIDS in Sardinia.

Pregnant Woman Discriminated Against by Doctors

The debate over the way those who have been infected are treated and the guidelines for protecting medical personnel began with Cagliari where a 20-year-old former drug addict went to give birth to her first-born. The test administered before the delivery revealed that she had contracted the virus. The doctor branded the woman a menace to society, asserting that her kind of people should not be treated, that they should be locked up within four walls.

In connection with the delivery, the doctors refused to stitch the woman up because "we are not reimbursed for getting infected with AIDS." The young mother did not get out of the delivery room with her baby boy until after an unbiased midwife took care of her.

The Cagliari patient organization raised a ruckus over the way she had been treated and sued the doctors. The news reports that dealt with the case in turn emboldened people in different parts of Italy to provide information on similar cases that had occurred.

The debate was later extended to include the guidelines for protecting nursing personnel and also resignations due to the fear of being infected.

Prostitutes Distribute Their Own Information Packets

The problems involving homosexuals and prostitutes have also been discussed. In Italy a prostitute who works all day averages about five clients a day. The fear of AIDS, of course, threatens to hurt the profitableness of the trade. Those who work in the business assure us that they can be trusted to be safer than their clients.

The female prostitutes have published an information packet which they give to each client. The organization that keeps watch over prostitutes' rights published the first edition of the information packet a year ago. National distribution of the rules of etiquette began last December.

The prostitutes union has been pressuring its members under the threat that they will lose job opportunities to demand of their clients that they use condoms. They assure us that the professionals are complying with the order, but that advice and warnings are not getting through to their clients. To get around the guidelines, clients offer many times the going rate or produce test certificates as proof of their good health.

Hysteria in Schools and Day Nurseries

In the little town of Campli 4-year-old Roberto, whose father suffers from AIDS, was treated like those who had the plague in days long past. The doctors certified that the boy was healthy, but he was not accepted at the local day nursery. The boy was accepted at the day nursery run by the nuns, after which the other children stayed home for several weeks.

The isolation of Robertino was discussed on radio and television, but Campli residents asked their critics: "Would you send your own child to Roberto's

class? Should we display foolhardiness at the expense of our children's health?"

The nuns stubbornly defended Roberto's rights. At a press conference held in Campi experts gradually relieved the tension. But the children, certified healthy, of former drug addicts suspected of having AIDS still cause work stoppages and displays of emotion in day nurseries as well as schools.

Will Fear Save the Young?

The greatest danger—even though it is quite human—is that medical personnel will yet be driven to panic. In Rescara doctors refused to perform an autopsy on a someone who had died of AIDS. In Palermo the staff of a hospital left a patient completely uncared for because they suspected that he had immune deficiency.

Some people in Italy have recently committed suicide because of AIDS, both individuals and whole families. These homemade diagnoses that ended in tragedy were later shown to be mistaken at the autopsies.

Since the suicides, only a few Italians have accused the news media of spreading panic. One of Italy's leading AIDS research scientists, Prof Fernando Aiutkin, asserts that, its errors notwithstanding, the press has irreplaceably and almost single-handedly supported the doctors.

Maria Chiara, only 15 years old and suffering from AIDS, emphasized in the columns of the Rome daily IL MESSAGGERO that uninformed young people could be reached and possibly saved by providing them with information that would specifically arouse in them fear of the fate of those stricken with AIDS.

11,466

CSO: 5400/2446

MINISTER OF HEALTH DISCUSSES TUBERCULOSIS SITUATION

Kingston THE DAILY GLEANER in English 29 Apr 87 p 1

[Text] The Ministry of Health has denied that there is an increase in the number of tuberculosis (TB) cases in Jamaica. Minister of Health, Dr. Kenneth Baugh, said yesterday that following checks requested by the Gleaner the statistics available to him showed, if anything, that there was a decrease in the number of cases reported to the Government service.

Dr. Morais Guy, president of the St. Mary Jaycees, had said that with the increase in malnutrition across the island, there is also an increase in the number of cases of the "dreaded" tuberculosis disease.

The Gleaner's Highgate correspondent quoted Dr. Guy speaking recently as saying tuberculosis which was considered a thing of the past, "is very much with us, and on the increase."

Dr. Guy, told an appreciation function at the Bethlehem New Testament Church in Windsor Castle, that it was the only conclusion he could arrive at after recently examining health statistics for the island, particularly St. Mary.

He said the health system was "in crisis" and that despite all the problems he was concerned about the fact that there were many cases of tuberculosis being treated at the National Chest Hospital.

"It is interesting to note," he said, "that with an increase in the malnutrition level of the country, has come an increase in TB ... and the National Chest Hospital which is being called upon to deal with these problems, had been scaled down, while TB is on the rise."

Dr. Guy said that a few months ago he had the experience of sending a patient to the National Chest Hospital, and despite extreme persistence the patient received no assistance. He said that at one time the patient was told that there was no room for him at the hospital, because the wards were filled; even though several wards had empty beds, but because of the scaling down they were not in use.

"We see more and more ribs every day, and it is a lot of young people that are involved (affected)... The reality is that the Medical Officer of Health for

St. Mary has reported an increase in the malnutrition level in 1986, and with the increase we appear more bent on hearing of more TB," he said.

The medical doctor encouraged workers in the health field being honoured, as well as others in the parish, to give of their best in service to their country. He said that it was only the dedication of workers that was keeping the country from a health collapse.

Contacted yesterday about the report, Dr. Baugh said, after making checks, that there was in fact a decrease in the number of cases being reported. He said he had checked both with the Epidemiology Unit in the Ministry and with the National Chest Hospital which does in-patient treatment and with the Chest Clinic which does initial treatment and diagnosis. The consensus of his investigations was that there was no increase in the incidence of the disease.

In the case of primary tuberculosis, that is, first infection generally among children, he said there was in fact a marked decrease which he attributed to immunization among children. He said a lower nutrition status could mean reduced resistance among those people who had an earlier infection, and a redevelopment of such an infection.

Dr. Baugh said there had been some concern among a number of doctors about TB and the Ministry had been compiling the figures and looking at them to see whether the concern was justified. He said doctors were often treating the disease themselves or would refer cases to the National Chest Hospital.

But it was not correct to say that the disease was recurring because it had not gone away or had been totally eliminated, he said.

Dr. Baugh gave the following statistics of the incidence of TB to show that after a high incidence in 1974 and an increase up to 1978, low figures were being reported up to last year except for an increase around 1984. Figures given for years 1974 to 1986 by Dr. Baugh were: 1974 -- 375; '75 -- 305; '76 -- 358; '77 -- 298; '78 -- 368; '79 -- 255; '80 -- 172; '81 -- 175; '82 -- 126; '83 -- 176; '84 -- 222; '85 -- 130 and 1986 -- 96 cases.

/13046

CSO: 5440/103

GOVERNMENT TO LAUNCH AIDS PREVENTION PUBLICITY CAMPAIGN

Tokyo MAINICHI DAILY NEWS in English 28 Mar 87 p 12

[Text]

The government decided Friday to launch a nationwide publicity campaign to prevent the spread of AIDS, officials said.

The decision made by a cabinet-level group overseeing the government's policy on AIDS, calls for printing 340,000 posters for display at public facilities throughout the country.

As part of the government's AIDS policy regarding high risk groups, the cabinet-level group also decided to launch a nationwide campaign in May to crack down on prostitution, officials of the Ministry of Health and Welfare said.

The publicity campaign also calls for handing out information to travelers on the risks of being infected with the AIDS virus while traveling overseas.

The government will install free telephone counseling services in 21 localities across the country on how to prevent infection, health officials said.

To help doctors familiarize themselves with the disease, the government will prepare 90,000 copies of a guidebook for distribution to hospitals and clinics, officials said.

The guidebook will spell out ways to check for the AIDS virus as well as prove AIDS prevention advice to the general public, according to the Ministry of Health and Welfare.

To avoid the spread of AIDS among the high-risk groups, the government will urge prostitutes and employees working at public bath establishments to have regular blood checks, officials said.

COPYRIGHT: Mainichi Daily News, 1987

/9317

CSO: 5460/013

BRIEFS

AIDS DIRECTIVE TO LOCAL GOVERNMENTS--The Health and Welfare Ministry has issued a directive calling on local governments to set up councils to promote the ministry's efforts at preventing the spread of AIDS (acquired immune deficiency syndrome), it was reported Tuesday. The councils are to be made up of local government officials and medical experts. The directive also called on the local governments to: --Ensure that the public is correctly informed about AIDS; --Set up consultation centers in headquarters of prefectural governments and large municipal governments, Tokyo's ward offices and about 870 public health centers throughout Japan; --Establish more than one special consultation center in each prefecture to help people infected with the AIDS virus. [Text] [Tokyo THE JAPAN TIMES in English 19 Mar 87 p 2] [COPYRIGHT: The Japan Times, Ltd., 1987] /9317

CSO: 5460/012

BRIEFS

CHOLERA IN KELANTAN--In Kelantan, the number of cholera cases increased to 101 when five more new cases were reported in Kota Baharu today. The acting state medical and health services director, Dr Farouk Haji Mastan, said that four new cases reported were from Padang District near Kota Baharu and another from Tanah Merah. He said the first case in the Tanah Merah region was detected in Batu Melintang village, involving a 27-year old. During the same period, the number of carriers increased to 150 when four new cases were reported and detected -- two each from Tumpat and the Kota Baharu region. [Summary] [Kuala Lumpur Domestic Service in Malay 1230 GMT 18 May 87 BK] /12624

KEDAH CHOLERA CASES--The Kedah state medical and health services director, Dr Peter Low, said that five more new cholera cases were reported today in the state, bringing the number to 57 with one death since early last month. He said that the new cases involved two males and three females. The males are an 8-year old boy and a 55-year old man from Lebai Man village in Sungai Petani and Kampung Baharu, Kubang Pasu District respectively. The females are a 16-year old girl from Batu 15 near Jitra, an 11-year old girl from Kampung Bukit Lada in Kota Setar, and a 24-year old woman from Taman Seri Kemuning Satu in Jitra. [Summary] [Kuala Lumpur Domestic Service in Malay 1230 GMT 18 May 87 BK] /12624

CSO: 5400/4371

MAURITIUS

HUMAN

MINISTRY OF HEALTH REPORTS ON MALARIA IN NORTH

Malaria Statistics

Port Louis LE MAURICIEN in French 21 Mar 87 p 8

[Letter by Dr H. Bissoonauth: "Malaria: Correction Requested By the Ministry of Health--'There Is a Sharp Decline In the Disease'"]

[Text] To the Editor in Chief:

As a sequel to the article in your newspaper yesterday, 17 March, I should like to request that you please publish in the same spot in your newspaper a "correction" regarding the "renewed outbreak of malaria in the north."

As shown in your comparative table of malaria cases that were recorded from 1982 to 1987, last year there was a sharp decline in malaria in Maurice, from 920 indigenous cases to 9 indigenous cases, and there were only 2 cases in 2 villages: 1 case in Plaine-des-Papayes and 1 case in Petit-Raffray, from January to March 1987. Since the beginning of the campaign in 1982, no case of infant or adult mortality has been recorded up to now.

I should like to emphasize that indigenous cases are recorded above all from January to March each year, during the hot season and the season of heavy rains.

With respect to the radical treatment of malaria (vivax malaria), we prescribe only chloroquine (1,500 mgs of chloroquine for 3 days and 15 mgs of primaquine for 14 days). No case requires isolation of the sick person, even less quarantine, which is never prescribed for malaria. The only necessary precaution is that there be no stagnation or standing water in courtyards or on the roofs of houses, etc.

The Ministry of Health and its entire team have always assumed their responsibilities in the antimalaria campaign and each Mauritian also continues to participate in it by respecting the advice given.

Yours very truly,

Dr H. Bissoonauth

Malaria Outbreak in North

Port Louis LE MAURICIEN in French 17 Mar 87 p 1, 3

[Article by Dr Bissoonauth]

[Excerpts] Malaria, which had been thought to be eradicated, is returning full force. Even though the disease has not yet reached an epidemic stage, at least 10 cases have nevertheless been reported in several villages in the north. Competent departments are engaged in stemming the spreading of the disease.

According to the Ministry of Health, some inhabitants in Plaine-des-Papayes, Pereybere, and Petit-Raffray were contaminated at the end of February by some tourists who are carriers of the disease. The laboratories that are associated with the anti-malaria departments found plasmodium, the virus responsible for malaria, in the blood of these villagers.

Measures have been taken to stem the proliferation of malaria and field workers are hard at work. One of them told us last Saturday that the disease spreads slowly and that it has not yet reached its culmination point.

With the exception of the many mild cases that go unobserved, malaria spreads in swampy areas, where mosquitoes multiply. Seven indigenous cases of malaria and five other cases in Pereybere, Plaine-des-Papayes, and Petit-Raffray have been reported.

According to field workers, malaria could appear in epidemic form in Cap Malheureux, next to the cemetery, because of some stagnant water. "Malaria is always with us and will cause very significant epidemic eruptions if swamps are not drained. Dusting with DDT by 'sprayer-men' is the best way to fight mosquitoes," said a field worker.

Some cases capable of causing death have been reported, chiefly among very young children and very old people. In the past, the mortality rate was exceptionally high among pregnant women afflicted with this disease.

Number of Malaria Cases Reported

<u>Year</u>	<u>Number</u>	<u>Indigenous Cases</u>	<u>Imported Cases</u>
1982	668	620	48
1983	296	264	32
1984	143	102	41
1985	54	16	36
1986	33	9	24
March 1987	10	2	8

8255

CSO: 5400/106

BRIEFS

AIDS SCREENING, DEVICES--The chief medical director of the University of Maiduguri Teaching Hospital, Prof Idri Mohammed, has confirmed that all necessary equipment for detecting Acquired Immune Deficiency Syndrome (AIDS) has been installed in the hospital. Prof Mohammed, who was conducting a correspondent of the News Agency of Nigeria round the AIDS laboratory during an interview on Saturday, said that the equipment used was similar to that used all over the world and that the personnel involved in the exercise had received adequate training. He said that the hospital was currently engaged in screening thousands of blood samples brought from various parts of the country. Dr E. Williams from the department of biological sciences of the University of Calabar, had told NAN that she had brought over 1,000 samples from Cross River State for screening, adding that the equipment had made the job simple. [Text] [Enugu DAILY STAR in English 16 Apr 87 p 1] /8309

CSO: 5400/174

INFLUENZA EPIDEMIC IN TROBRIAND ISLANDS

Port Moresby PAPUA NEW GUINEA POST COURIER in English 15 May 87 p 3

[Text]

MORE than 120 people have died in a four-month flu epidemic in the Trobriand Islands.

Prime Minister Mr Wingti reacted immediately on hearing the news last night.

He ordered Mr Brown Bai, head of the National Disaster Co-ordinating Committee, to send in the Defence Force Medical Prevention Unit today.

Mr Wingti attacked the Milne Bay Provincial Government for failing to provide basic services to the people. It was dreadful nothing had been heard about the epidemic earlier, he added.

But Milne Bay MP Dennis Young said he had telexed both the Health Minister and his department over the last fortnight asking for help — and nothing had been done.

Information received by the Post-Courier yesterday outlined the tragic facts.

Sixty people died in February, 30 in March and 30 in April. And the number of deaths in May is fast overtaking the previous figures.

The Losuia Health Centre has long ago run out of drugs. None has been received despite numerous wireless requests, letters and telex messages to health authorities in Alotau and Port Moresby.

Fifteen aid posts throughout the area have been closed down because there are no drugs. Sick people are not coming to

the Losuia Health Centre for the same reason.

The 98-bed ceiling at the health centre has been beaten with more than 100 sick people there.

This information came by high-frequency radio yesterday from the sister in charge, Lucy Rheemy. Standing beside her and later confirming the information was Dennis Young, the regional member of Parliament.

Mr Young said: "The situation is extremely bad. The influenza epidemic has led to other complications like malaria and respiratory diseases.

"There are no antibiotics and no anti-malarial drugs. A mother in labor died yesterday (Wednesday). The child died and the mother died later. . . there was no antibiotic."

Mr Young said he had telexed Health secretary Quentin Reilly and Health Minister Mr Kipalan with "nil results"

Sr Rheemy said: "Alotau health office is full of our requests. We made radio calls day after day and we did not get any drugs".

Now Mr Young has asked the Ombudsman Commission to help.

There are three nursing sisters, two nurse aids and nine medical orderlies working at the Losuia centre. The Health Extension Officer has been at a conference in Alotau for a week.

A plane is flying to Losuia with supplies tomorrow and Mr Young and Sr Rheemy hope it is loaded with nothing but drugs.

/13104

CSO: 5400/4370

PERU

BRIEFS

MALARIA OUTBREAK IN AYACUCHO--Ayacucho, 26 Mar--In addition to the fatal yellow fever epidemic which has killed more than 50 people in the jungle town of San Francisco, the health authorities are now trying to control the malaria outbreak in the region. More than 250 peasants have been affected by the disease. Dr Rodrigo Quispe Perez, head of the Departmental Health Unit, has stated that more than 2,500 malaria cases were reported in 1986. He added that this year the number will increase because some 250 cases are being registered each month. [Summary] [Lima EXPRESO in Spanish 28 Mar 87 p 25 PY] /9274

AIDS CASES REPORTED--Lima, 2 Apr (AFP)--Deputy Health Minister Meliton Arce Rodriguez today confirmed that 46 people have been detected carrying AIDS in Lima, and that 13 of them have already died. Two of the victims are prostitutes, 25 are homosexuals and bisexuals, and 1 person is hemophiliac. [Summary] [Paris AFP in Spanish 0724 GMT 3 Apr 87 PY] Lima, 5 Apr (AFP)--The Peruvian Government announced today the creation of a national program to educate the population on aids. The government also released the present figures on the disease: 63 people are carrying the virus, 33 people have contracted the disease and 23 of those who contracted the disease have already died. [Summary] [Paris AFP in Spanish 2240 GMT 5 Apr 87 PY] Health Minister David Tejada on 9 May reported that there are 43 AIDS cases in Peru. [Summary] [Lima Panamericana Television Network in Spanish 0400 GMT 10 May 87 PY] /9274

YELLOW FEVER KILLS 40--Ayacucho, 30 Mar (AFP)--Ayacucho hospital Director Cesar Cabezas today confirmed that, in less than 1 month, 40 peasants died of yellow fever in the valley of the Apurimac River. La Mar Province, 600 km to the southeast of Ayacucho. [Summary] [Paris AFP in Spanish 1621 GMT 30 Mar 87 PY] /9274

MEDICAL PRODUCT REPORTEDLY TRANSMITS AIDS--Lima, 1 May (EFE)--Jose Barsallo, president of the Peruvian Social Security Institute, has alleged that a medicine imported from the United States has infected 13 people with AIDS in Peru. Barsallo said the imported U.S. product, used in blood transfusions for hemophiliacs, was the agent that transmitted the AIDS virus to patients of the Lima "Guillermo Almenara" Social Security Hospital. The product, called Factor 8, was withdrawn from the Peruvian market once it was proven that it

carried the AIDS virus. A similar product manufactured in Peru had previously been used without any consequences. The newspaper, EL COMERCIO, today said the product has infected at least 3,000 hemophiliacs in the FRG and that FRG insurance companies have announced they will sue Bayer, which is the firm that sold the product. Factor 8 is a coagulant used to prevent hemorrhages in hemophiliacs. [Text] [Madrid EFE in Spanish 0319 GMT 2 May 87 PY] /9274

CSO: 5400/2046

STUDY CONDUCTED ON TOTAL AIDS CASES

Lisbon SEMANARIO in Portuguese 24 Apr 87 p 13

[Article by Paula Brito]

[Text] The cumulative total of AIDS cases in Portugal at the end of March was 54, according to a report by the AIDS task force (appointed by the Health Ministry), to which SEMANARIO had access. Of the individuals infected, 34 are homosexual; 15 percent had been in Africa.

In the first 3 months of 1987, eight cases of AIDS were reported to the Center for Epidemiological Vigilance of Transmissible Diseases. On 31 March, the cumulative total of AIDS cases in Portugal was 54. In 1986, twice as many cases were reported as in 1985. The death rate is 54 percent.

Acquired Immune Deficiency Syndrome--AIDS, or SIDA [in Portuguese]--was identified for the first time in the United States in 1981. In Europe, between 1985 and 1986, the number of AIDS cases increased from 2,006 to 4,549, according to a recent report of the WHO Cooperative Center for AIDS, Institute of African and Tropic Medicine and Epidemiology. In Portugal, up to December 1984, there were only four known cases of AIDS, in residents of the territory. In 1986 the number of cases increased and, in June, the Health Ministry decided to appoint a task force to "gather data on these cases, to attempt to confirm or refute the diagnoses, to establish strategies to combat the disease at the national level and to collaborate with the Paris [WHO] Center and other international agencies engaged in the battle against AIDS." SEMANARIO has had access to several documents authored by this task force.

Of the Portuguese infected with the disease, 82 percent are between 20 and 49 years of age and 96 percent of the cases are male. In Portugal, there are only two females with AIDS and only one child (male). Of the eight cases reported in the first quarter of 1987, all male, five are homosexual. The others are heterosexual and all three spent periods of time in Africa. Seven are interned in Lisbon hospitals and one is in the Hospital of Sao Joao, in Porto.

In the opinion of the authors of the documents, the AIDS situation in Portugal is not alarming, for several reasons: the incidence per million inhabitants is relatively low; some of the risk factors have already been eliminated or are subject to rigorous control (it is unlikely that new cases will occur among

Table 1. Distribution of Cases by Date of Diagnosis and Date Reported

<u>Year</u>	<u>Number of Cases Diagnosed</u>	<u>Number of Cases Reported</u>
1983	1	-
1984	1	-
1985	27	18
1986	19	28
1987		
First quarter	3	8
Uncertain	3	

Table 2. Distribution by Pathology/ Risk Groups

<u>Risk Groups</u>			<u>Pathology</u>		
	<u>IO</u>	<u>SK</u>	<u>IO / SK</u>	<u>Others</u>	<u>Total</u>
Homo- or bisexual	18	8	8	-	34
Drug addicts	3	-	-	-	3
Hemophiliacs	3	-	-	-	3
Homosexual/drug dep.	-	-	-	-	-
Heterosexual/Desc.[sic]	11	-	-	1	12
Total	35	8	8	3	54

IO - Opportunistic infections

SK - Kaposi Sarcoma

hemophiliacs, through blood transfusions, etc.); The homosexual community is insignificant, and so on. They add, however, that there are several reasons for concern: AIDS is a new disease, infectious-contagious, with no effective treatment; because of Portugal's relations with Africa, there is the fear that other Portuguese citizens could contract the disease there and transmit it here (this risk group comprises 15 percent of the reported cases); it is thought that there are about 13,500 addicts who inject drugs intravenously; there are few educational and information agencies in the country and many social, moral and religious pre-conceptions which hamper the dissemination of information; etc.

To avert a serious epidemic, the AIDS task force feels efforts are necessary in three basic areas: education, publicity and training; epidemiological vigilance; planning and organization of hospital services and development of laboratory diagnostic methods.

6362

CS0: 5400/2467

MALARIA ON INCREASE IN KWAZULU, NATAL DUE TO MOZAMBICAN REFUGEES

Johannesburg FINANCIAL MAIL in English 24 Apr 87 p 56

[Text]

Director of the National Institute for Tropical Diseases Dr Frank Hansford points out that although Mozambicans have been coming into the Transvaal for many years, they have only been travelling into Natal in the last two years.

The incidence of malaria in SA peaked in 1985 when about 10 000 people were treated. This was the year the "flood gates opened to fleeing Mozambicans," says Hansford. Since then Mozambicans making their way into the Transvaal homeland of Gazankulu have been given official status, and blood smears to detect malaria are taken from everyone on arrival.

Hansford says malaria control teams spraying huts and taking blood smears also operate in the Transvaal, Natal, KwaZulu, Gazankulu, KaNgwane, Venda and Lebowa. In the Eastern Transvaal, where large numbers of illegal Mozambicans are working, the local malaria control teams enjoy good relations with farmers and are able to screen people.

In KwaZulu and Natal, however, contact with the Mozambicans has broken down. Short explains: "Previously we managed to maintain good relations with incoming Mozambicans through the teams working in the different areas, and we could take blood smears by persuading them we were only interested in their health. However, over the past year intensification of government attempts to find illegal immigrants has made people more reluctant to show themselves to

the teams."

The incidence of malaria remains low in SA compared with the rest of Africa where a resistant strain of malaria has been making a comeback.

In the Transvaal, says Hansford, "traditional malaria areas have been dry and the final total for the area this year is expected to be down."

What has been worrying medics is that the Mozambicans have been bringing with them the malaria strain resistant to the traditional chloroquine treatment.

"Only a small percentage of cases are of this resistant strain," says Hansford. "And it seems there are more in KwaZulu. But it is not an insurmountable problem. Alternative treatment is available although it's more expensive and involves a longer stay in hospital."

Another aspect causing concern is that the disease is occurring in areas that have not had an outbreak for years. "One of the reasons why controls have become less adequate in KwaZulu," explains Short, "is that the population in malaria areas has increased by 50% over the last nine years."

This is not the result of natural population increase only, but also because of jobless people moving into the area from white farms and cities. The problem is the malaria teams in operation have not been increased proportionately.

"We need more funds for more manpower on the ground and have made a request for these to central government," says Short.

/9317

CSO: 5400/178

SOUTH AFRICA

HUMAN

BRIEFS

MINER CONTRACTS AIDS; FIVE DEATHS--Five South African miners have died of AIDS in the past 10 weeks, and a spokesman for the Chamber of Mines says another four have contracted the killer disease. One of the sufferers is in the hospital, another on leave, and the other two back at work. The mining industry is embarking on an educational campaign and is taking a number of precautionary measures. All new recruits will be screened and no carriers of AIDS will be employed. The chamber has assured workers that carriers who are clinically assessed fit to work will not be discharged. [Text] [Umtata Capital Radio in English 0500 GMT 15 May 87 MB] /6662

CSO: 5400/179

SOVIET UNION

HUMAN

OUTBREAK OF LEGIONNAIRE'S DISEASE

LD101509 Moscow TASS in English 1410 GMT 10 May 87

[Text] Moscow, 10 May (TASS)--Over 200 workers of the Armavir rubber articles factory were hospitalized as a result of a flareup of a very rare disease which occurred in that major industrial center located in the spurs of the northern Caucasus. The newspaper IZVESTIYA reports that specialists of the USSR Public Health Ministry who arrived there to find out causes of the disease, believe that it was caused by Legionella or as it is also called, Legionnaires' Disease. It is caused by microbes habitating in soil and stagnant water, which get into air and, together with it, into the human body.

The patients were in the same workshop, at the same production section and breathed the same air. Antibodies to Legionella microbes were detected in the patients' blood. But microbes themselves have not been isolated as yet. They grow slowly. And it will take several weeks to isolate them. Now water is checked in tanks where rubber articles are treated, air samples are taken from air-conditioners and water is examined in the industrial water supply system.

Valentin Pokrovskiy, director of the Central Epidemiology Institute of the USSR Public Health Ministry, told the newspaper that now nearly all the patients returned to work. All of them are under medical supervision.

"There were cases of the Legionnaires' Disease in the past too, but they were isolated. This is the first flareup of the kind," said Valentin Pokrovskiy.

"The Armavir flareup of the Legionnaires' Disease resembles Pontiac fever which is accompanied by chilblains, a short incubation period, then by violent chills, retrosternal pain and sometimes inflammation of the lungs," said Pokrovskiy. "At present a set of sanitary measures is being carried out at the Armavir factory. In 3 weeks' time at most we can give a precise reply what it was: somebody's negligence or ill luck."

/9604

CSO: 5400/1007

BRIEFS

HOSPITAL PLANS FOR AIDS PATIENTS--"AIDS: Some Contentious and Uncontentious Opinions." This is the title of an article in STROITELNAYA GAZETA. Approximately 2 years have passed since reports were reprinted about this new terrible disease from foreign publications on the pages of our mass circulation press. Nonetheless specialists believe that the general public has a false or incomplete idea of it. Therefore, evidently one cannot say there is no longer any need to repeat some of the knowledge about AIDS. The total number of those that have fallen ill in our country is 32, but, however, as academician Pokrovskiy believes, the real state of affairs will only become clear when mass check-ups are carried out. Although there is much that is still not clear about the origin and nature of the illness, medics are drawing up measures to fight it. Thus it is planned in the very near future to set up a special hospital where AIDS patients--wherever they live--will be hospitalized, as well as special departments in hospitals for contagious diseases. Those people who are not ill but are infected with the AIDS virus will undergo compulsory out-patient check-ups. Certain administrative and quarantine measures are also necessary. [Text] [Moscow Domestic Service in Russian 0500 GMT 6 May 87] /9604

CSO: 5400/1008

HIGH TUBERCULOSIS RATE IN EASTERN REGION DISCUSSED

Khartoum AL-SIYASAH in Arabic 25 Mar 87 p 3

[Article: "Tuberculosis Rate is 39 Percent in Eastern Region, Plan to Eradicate it"]

[Text] The conference on tuberculosis and chest diseases announced at its final session in Kassala that at the present time efforts are being made to control tuberculosis in the eastern region, this would be followed by efforts to eradicate this disease completely.

Dr 'Umar Mahmud Khalid, chest specialist and spokesman for the conference, said that the conference was a success by all measures, and that it came up with a number of important recommendations after learning about the magnitude of the problem in the region from working papers submitted during the sessions.

He said that the conference concluded that the tuberculosis rate in the Red Sea Hills was about 39 percent, of which 11.9 percent are serious cases.

Besides Mr Muhammad 'Uthman Karrar, governor of the eastern region, the conference was attended by a number of the region's deputies and a large number of foreign volunteer organizations working in the eastern region. The governor adopted the program put forth as part of the national one to combat tuberculosis under the umbrella of primary health care and regional planning.

12502

CSO: 5400/4609

FIRST MANDATORY AIDS TESTING BY PRIVATE COMPANY STARTS

Helsinki HELSINGIN SANOMAT in Finnish 11 Apr 87 p 36

[Text] Stockholm (STT)--The big firm, ASEA [General Electric Company, Inc.], will be the first company in Sweden to begin testing its employees for immune deficiency, or AIDS. All ASEA employees who have assignments abroad will have to take the AIDS test when they return to SWEDEN. This is what manager Percy Barnevik said in an article appearing in the industrial journal DAGENS INDUSTRI on Friday.

Those who work in industrial plants need not take the AIDS test. According to Barnevik, he had proposed to the Swedish Government that taking the test be mandatory, but he said that he had received a negative reply.

The Swedish Employers Confederation (SAF) has appointed a committee to discuss the possibilities of communicating information on AIDS to business firms. A fourth of the managers of companies that are members of the Swedish Stock Exchange say that their companies will require mandatory AIDS tests for job applicants during the next 2 years.

11,466

CSO: 5400/2455

UGANDA

HUMAN

BRIEFS

SLEEPING SICKNESS IN KAMURI--Kampala--About 250 people have been stricken by sleeping sickness in the Kamuri district of eastern Uganda and nine have died, the government-run newspaper NEW VISION said. The outbreak is due to an infestation of tsetse fly in the area over the last six months and the number of victims is expected to grow, the biweekly paper said. NEW VISION quoted health officials as saying about 250 patients suffering from sleeping sickness had been admitted to Kamuri health centre, where most of them were sleeping on the floor. Lancien traps had proved ineffective in controlling the spread of tsetse flies in the area, 80 km northeast of Kampala, the officials said. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 28 Mar 87 p 6] /8309

CSO: 5400/175

BRIEFS

DAC LAC MALARIA CONTROL--Since early March, Dac Lac Province has launched the first phase of malaria control campaign for 1986. The public health sector from the provincial to grass-roots levels has directly guided the people in destroying mosquitoes with DDT. This year, all establishments, villages, city wards, state farms, forestry sites, and enterprises in the province have organized teams specialized in spraying DDT and treating malaria victims. With these effective measures, Dac Lac strives to drop the number of people carrying malaria parasites to 4 percent by the end of 1987. [Summary] [Hanoi Domestic Service in Vietnamese 1430 GMT 21 Apr 87 BK] /6662

CSO: 5400/4368

MODEL PREDICTS NUMBER OF AIDS CASES BY 1991

Harare THE FINANCIAL GAZETTE in English 30 Apr 87 pp 1, 2

[Text]

WITH THE Aids disease becoming an "extremely serious problem" for the life assurance industry in Zimbabwe and elsewhere, a statistical model on the disease shows that 56,32% of the Zimbabwean population will be Aids carriers by 1991, with this percentage rising to 70% in 1992 and 1993.

The model, prepared by Mr David Storey of the Prudential Assurance Company, assumes that the number of carriers doubles every 12 months, and that the number of urban Aids deaths will increase from 254 in 1987, to 1 077 in 1989, 4 570 in 1991, and 14 452 in 1993, based on an annual population increase of 3%.

"I must emphasise that this statistical model is a set of assumptions based on a pattern that we have seen elsewhere, and we have tried to get as much information about Aids from places like America, Europe, other parts of Africa, and from the World Health Organisation. It is a relatively well-documented phenomenon in some of those areas," he told the *Gazette* this week.

"We are looking at Aids very seriously from the life assurance point of view, as it is a major risk if some of our predictions are true," he said. While the Ministry of Health has claimed that the number of Aids deaths in Zimbabwe are not more than 60, the Aids forecast shows that while in 1986

1,8% of the urban population in Zimbabwe were carriers of the Aids virus, this will increase to 3,5% in 1987, 7% in 1988, 28,16% in 1990, and 70% in 1992/3.

The number of Aids deaths is accordingly estimated at 123 in 1986, 254 in 1987, 523 in 1988, 2 219 in 1990, and 14 452 in 1993. It is assumed that deaths will run at an average of 18 months after onset of "full" Aids.

"In Africa we have a slightly different problem than overseas, as the death is not diagnosed as Aids, but as other diseases. From the statistics we have from foreign magazines and the World Health Organisation, statistics for Africa are incomplete, and it appears that there is a fair amount of non-reporting.

"Also, in America we are looking at a relatively isolated sector of drug addicts and homosexuals, but here it is transmitted heterosexually. The possibility is that the high risk is more among the urban sector because these are people more likely to come into contact with different people," he said.

"One of the things very evident overseas is that antiselection has taken place; people with Aids have got out and taken big insurance policies. Here, this has generally not happened, and we are still getting a normal mix of policy applications," said Mr Storey.

/9317

CSO: 5400/178

ANIMAL HEALTH PROGRAMS FOR CARIBBEAN UNDER REVIEW

Georgetown GUYANA CHRONICLE in English 7 Apr 87 p 8

[Text] Two meetings, to review the Animal Health Programme for the Caribbean area, sponsored by the Inter-American Institute for Cooperation on Agriculture (IICA) will open at the Guysuco Management Training Centre, Ogle, tomorrow.

They are the Fourth Meeting of Directors of Animal Health and the Second Meeting of Veterinary Laboratory Diagnosticians.

Senior Minister in the Ministry of Agriculture, DR. Patrick McKenzie, will officially declare the meetings open.

The objectives of the meetings, in addition to reviewing the programme, are to evaluate responses to previous recommendations, provide country responses to the goals of the Animal Health Plans by the year 2000, discuss IICA's joint Animal Health and Plant Protection Programme under the Institute's new Medium Term Plan (1987-1991) and to recommend action dealing with the Animal Health problems of the highest priority in the area.

Resource personnel include Professor Paul Gibbs, virologist, University of Florida, Drs. Wayne Corbett and John Fetrow from the North Carolina State University, Drs. Lonnie King and David Anderson from USDA Veterinary Services and Drs. Pedro Acha, Hector Campos, Michael Bedoya and Franz C. Alexander from IICA.

The countries involved are Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago.

/13046

CSO: 5440/100

INDONESIA

ANIMAL

BRIEFS

VD ATTACKING COWS--Ujungpandang, May 6 (ANTARA)--As many as 20,000 cows at Wadjo, South Sulawesi were reported to have been suffering from venereal disease resulting in abortion. Head of Regional Animal Husbandry Office H. Muhammad Rapi said here Tuesday that the blood test of the 20,000 cows showed that they have suffered from venereal disease. The malignant disease infected cows which are in six months of pregnancy and they generally experienced abortion. The disease has attacked cattle as from 1970 in coincidence with the spreading of "Anthrax" and "SE" diseases which also attacked buffaloes. The local animal husbandry office has made efforts to cope with it by immunization and slaughtering those contracted by the disease. [Text] [Jakarta ANTARA NEWS BULLETIN in English 6 May 87 pp A5, A6] /6091

CSO: 5400/4367

KENYA

ANIMAL

BRIEFS

HIGH PERCH DEATH-RATE—The Nile perch, commonly known as mbuta in Kenya and shangalla in Tanzania, is mysteriously dying at an alarming rate in Lake Victoria. A senior fisheries officer in South Nyanza, Mr Abuga Moira, told the NATION on Wednesday that investigations to the cause of the mass deaths were in progress. They are being conducted by the Kenya Academy of Science, in collaboration with the Department of Fisheries, Ministry of Tourism and Wildlife. Mr Moire said the deaths may be due to lack of sufficient oxygen. It may also be due to industrial pollution. He discounted a third theory, which linked the deaths to the construction of the Mbita cause way which connects Rusinga Island to the mainland, saying: "We have a strong belief now that the causeway is not causing the deaths, because the fish is dying in all over Lake Victoria, even in Uganda and Tanzania." [Text] [Nairobi DAILY NATION in English 24 Apr 87 p 14] /8309

CSO: 5400/175

ZIMBABWE

BRIEFS

FOOT, MOUTH DISEASE OUTBREAK--Zimbabwe has confirmed an outbreak of the animal-borne foot and mouth disease, which prompted Botswana on Thursday to stop imports of almost all Zimbabwean meat products. Agriculture Ministry Permanent Secretary Robbie Mupawose said Friday night the disease had been found at a ranch in southwestern Matabeleland province and that all measures were being taken to contain it from spreading to surrounding areas. "The effect of this outbreak on Zimbabwe's beef exports if being examined," he added in a statement. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 29 Mar 87 p 6] /13104

CSO: 5400/177

MEDFLY CONTROL PROGRAM TO BE LAUNCHED IN CITRUS GROVES

Belize City AMANDALA in English 10 Apr 87 p 5

[Text]

BELMOPAN, Wed. April 8

The Ministry of Agriculture will very shortly implement a Medfly Control Program in conjunction with the Citrus Growers Association, the citrus processors and the U.S. Department of Agriculture Medfly Program.

The Medfly Control Program will entail aerial spraying of insecticide (Malathion) and Trimedlure on the orchard where five (5) specimens of the Mediterranean fruit fly or Medfly were detected. A buffer zone in the surrounding areas containing fruit trees, which could serve as possible hosts for the Medfly, will also be sprayed. A series of six to seven sprayings will be done with a one-week interval between each. Additionally, the Medfly Trapping Program will be intensified with the setting and monitoring of more Medfly traps to detect any possible spread

of the Medfly.

The Medfly (*Ceratitias capitata*) is distinct from the Mexican or American fruit fly (*Anastrepha ludens*). The Medfly is a destructive pest which attacks several fleshy fruit species, including mangoes, citrus (grapefruits, oranges, tangerines, etc.), papayas and others.

Public co-operation is requested to help protect Belize's agro-industries. Members of the public are asked not to interfere with the Medfly traps being set out. The public is also asked not to transport fruits out of the Stann Creek District since this could lead to Medfly infestation in other areas of Belize.

The Ministry of Agriculture has prepared a plan of action. Implementation of this action plan could include a quarantine and deployment of quarantine inspectors at ports of entry in the Stann Creek District.

(GIS)

/13046

CSO: 5440/101

BRIEFS

HA BAC PEST DAMAGE --To date, 42,000 hectares of 5th-month spring rice in Ha Bac Province have been affected by harmful insects and diseases, or more than 50 percent of the total cultivated area, including nearly 24,000 hectares ravaged by brown planthoppers, more than 10,600 hectares by rice blast, and 7,000 hectares by *nigrospora oryzae*. To minimize the damage, the province has launched a pest eradication and crop protection campaign. The local vegetation protection office is guiding the districts and cooperatives concerned in applying technical measures to control the harmful insects and diseases and to prevent their spreading to other areas. [Summary] [Hanoi Domestic Service in Vietnamese 1100 GMT 11 Apr 87 BK] /9738

HA BAC PEST CONTROL--As many as 19,000 hectares of rice in Ha Bac Province are affected by rice blast and brown planthoppers. Various localities in the province are urging peasants to adopt combined technical measures, together with insecticide, to prevent and combat these insects and blight. The provincial branch of the Vegetation Protection Department has sent hundreds of technical cadres and workers to various cooperatives to help inspect rice-fields, detect insects and blight, and introduce effective countermeasures. [Summary] [Hanoi Domestic Service in Vietnamese 1430 GMT 20 Apr 87 BK] /9738

HANOI SUBURBAN DROUGHT COMBAT--Cooperatives in Hanoi suburban districts are intensively combating drought by using as many water pumps and other means as possible to water some 15,000 hectares of drought-stricken rice. Meanwhile, vegetation protection groups have been set up to check on and promptly discover the existence of harmful insects and to combat them with insecticide. As a result, the insect-infested area has been reduced by 3,000 hectares over the previous week. [Summary] [Hanoi Domestic Service in Vietnamese 1430 GMT 23 Apr 87 BK] /9738

HANOI WARNING AGAINST PESTS--The Vegetation Protection Subdepartment of Hanoi has reported that the weather over the past few days was favoring the development of brown planthoppers. In the fields of ripening rice, planthoppers have intensively developed up to 8,000 each per square meter at some spots. Larva are also dense up to 1,000 per square meter, and might cause damage from now to mid-May. Crop protection companies in districts should urge cooperatives to launch a drive to kill brown planthopper every day from

now until the end of the crop season. Oil will be used in already irrigated ricefields where the density of planthoppers is 1,500 per square meter and chemicals will be used in dry ricefields where the density is some thousands of insects per square meter. [Summary] [Hanoi Domestic Service in Vietnamese 1100 GMT 5 May 87] /9738

HA SON BINH RICE INSECTS--As of late April, Ha Son Binh Province has had some 27,000 hectares of 5th-month spring rice affected by insects, including nearly 14,000 hectares by brown planthoppers and nearly 11,700 hectares by rice mealy bugs. The hardest hit districts are Chuong My, My Duc, Ung Hoa, and Que Son, where several areas have density of 4,000-5,000 insects per square meter. In the first five days of May, some 8,500 hectares of ricefields have been saved from brown planthoppers and more than 5,000 hectares from mealy bugs. [Summary] [Hanoi Domestic Service in Vietnamese 2300 GMT 6 May 87] /9738

THAI BINH PEST CONTROL--In the 10 days of late April and early May, Thai Binh Province successfully saved 48,000 hectares of 5th-month spring rice affected by leafhoppers, 19,000 hectares seriously. In Kien Xuong District where the 5th-month spring rice grew ears belatedly, 9,500 hectares were infested. The province decided to rush pesticides, oil, electricity, and water pumps to help the district effectively control leafhoppers. The province and various districts supplied several agricultural cooperatives with more than 600 metric tons of oil and 45 metric tons of leafhopper insecticide, thereby providing each sao of rice with an average of 1 liter of oil and 0.1 kg of pesticide. The vegetation protection units of the cooperatives and the vegetation protection stations of the districts have mobilized the largest quantity of pesticides and sprayers to eradicate leafhoppers. The province's water conservancy and electricity sectors have worked in close coordination to supply peasants with electricity and water on a priority basis to help them control leafhoppers and save the rice crop. [Text] [Hanoi Domestic Service in Vietnamese 1100 GMT 12 May 87 BK] /9738

CSO: 5400/4373

- END -