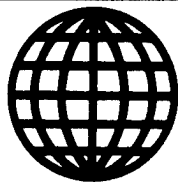


JPRS-TEP-87-021

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EPIDEMIOLOGY

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KENYA, UGANDA JOIN TO COMBAT SLEEPING SICKNESS

54000229 Nairobi KENYA TIMES in English 11 Jul 87 p 4

[Text]

KENYA and Uganda health, veterinary and administration officials from Busia and Tororo district have agreed to launch joint efforts to control an outbreak of sleeping sickness along the common border.

Meeting under the chairmanship of Busia District Commissioner, Mr Simon Chacha, the officials resolved to co-operate and left details of treatment of affected people and animals in eradicating the tsetse flies which transmitted parasites causing the disease to individual governments to plan.

The areas infested with tsetse flies are the Malaba stream forming part of the Kenya-Uganda border, Malakisi river and their tributaries.

The head of the Uganda delegation to the meeting, Mr Francis Wanyina, who is the

Tororo district administrator confirmed that health officials in his district had been alerted and were dealing with the disease problem on the Undan side.

Officials of the Kenya Trypanosomiasis Research Institute reported that eight patients of sleeping sickness had been admitted to Alupo Hospital since May.

The officials of the border

district including the district administrator for Mbale, Mr Victoria Bwana, discussed at length security matters along the common border, curbing of smuggling, promotion of inter-state trade through a barter system and mobility of travellers along the border.

They agreed that regular consultative meetings on issues of mutual interest be held regularly.

TRINIDAD PAPER CHARGES AIDS 'COVERUP' IN BARBADOS, GUYANA

Curepe THE BOMB in English 7 Aug 87 p 26

[Text]

GUYANA like Barbados is not telling the truth when it comes to AIDS. Barbados, a tourist economy supported by probably thousands of homosexual beach-combers, is a threat to the North American and European visitors.

AIDS experts in the region believe that Barbados is suppressing the number of cases on the island to protect its fragile industry, while in Guyana it is to avoid panic at a time when the country is broke.

Guyana has more pressing problems, such as an epidemic of malaria stretching from the interior to the coast.

Amerindians can literally be wiped out if life-saving drugs are not available soon.

Guyana is struggling in negotiations with the IMF, while hundreds of Guyanese are stranded all over North America and the socialist republic is unable to wet lease an aircraft for more than a week.

The Government, however, has asked CAREC in Trinidad to take blood samples from the reservoir of prostitutes and homosexuals in Georgetown bars.

It is believed that AIDS is widespread in Guyana, but there is no way of knowing that, because the Ministry of Health lacks the basic equipment to do tests.

At Mazaruni prison there is a big popu-

lation of AIDS victims, but blood samples from the homosexual inmates have not yet been taken.

Dr James Hospedales from CAREC is helping the Guyana doctors set up a blood screening unit to identify AIDS contaminated samples.

It will cost the Guyana Government US\$20,000 for the screen unit, and the Ministry of Health has said it has no money.

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CSO: 54400001

GOVERNMENT ACTS TO FIGHT AIDS; NEW STATISTICS CITED

Formation of Standing Committee

Nassau THE TRIBUNE in English 30 Jul 87 p 1

[Article by Anthony Forbes]

[Text]

THE Ministry of Health announced today that a 10-member Standing Committee for the Prevention and Control of AIDS, funded by Government, has been appointed.

Health Minister Dr Norman Gay made the announcement at a press conference after revealing that up to June this year, 126 cases of AIDS have been confirmed - 73 Haitians and 53 Bahamians, 56 of whom have already died.

The Minister said that several subcommittees have been formed to be the working part of the Standing Committee and to ensure that the specific terms of reference are carried out.

Dr Gay said that as a part of subcommittees, other members of the private and public sectors will be asked to participate.

The Standing Committee is headed by Dr Vernell Allen, Chief Medical Officer, Ministry of Health, Chairman, with Dr Perry Gomez, Head of the Infectious Disease Department of the Princess Margaret Hospital, as Deputy Chairman.

Other members are: Dr Ofuso Barko, Community Health Services; Dr Henry Podlewski, Consultant; Mrs Ironica Morris, Director of Nursing; Mrs Norma Allen, Blood Bank; Dr Timothy McCartney, Psychologist; Mrs Barbara Curtis, Health Educa-

tion Division; Dr Carlos Mulrairie, Deputy Chief Medical Officer with responsibility for the Family Islands and Mrs Dorothy Phillips, Ministry of Health.

"A major coordinated strategy is now in place," Dr Gay told reporters. "This Ministry has appointed a Standing Committee for the Prevention and Control of AIDS."

Dr Allen said the terms of reference of the committee are:

- (1) To further develop and ensure implementation of a programme for the Health Education of the community as a whole;
- (2) To continue monitoring blood banking procedures to ensure its safety;
- (3) To further develop and monitor treatment protocols for patients with AIDS;
- (4) To promote and disseminate protocols for health care and allied health care workers;
- (5) To develop policy on national screening programmes and to recommend regulatory and/or legislative measures;
- (6) To monitor research on AIDS epidemiology, clinical course and treatment in the Bahamas.

"It's a Ministry of Health Committee therefore it is funded by the Government," Dr Gay said. "But it does not rule out the fact that subcommittees who will be comprised of certain members from the public sector as well as the private sec-

tor have the option of coming up with additional resources."

Dr Gay said that at the Third International Meeting on AIDS in Washington during the first week of June, 1987, the World Health Organisation (WHO) authorities declares AIDS the number one public health problem of the century.

He said that AIDS is recognized as a global problem requiring organized systematic and collaborative efforts to ensure its control.

According to Dr Gay, AIDS has been diagnosed in 114 countries and in all five continents.

"AIDS is truly pandemic (world epidemic)," he said. "Through June, 1987, some 50,000 cases have been reported to WHO and it is estimated millions more are affected with the AIDS virus throughout the world."

Up to June 30, 1987, the Minister said, 126 cases of AIDS have been confirmed in the Bahamas.

"Of these, 73 or 58 per cent are Haitians, and 53 or 42 per cent are Bahamians. Fifty-six or 45 percent of the patients have died," Dr Gay said.

"Although the majority of cases to date have been Haitians, AIDS is a public health problem for indigenous Bahamians as well," the Minister said.

The Minister said that the age group of the young adults is the one that AIDS has affected most internationally.

"But we have had, as of other people, AIDS in the newborn, AIDS in the not so young population," he said.

Dr Gomez said that the majority of the AIDS cases fall within the age group of 20 to 40 years, which is the sexually active age group.

"About a quarter of our patients are new born babies, therefore confirming mothers are infant transmissions," he said. "We have had a few cases of people in their 50's and these were all practising homosexuals, I think there were two persons there over 60."

Dr Gay said that the Infectious Disease Control Committee of the Ministry of Health formally addressed AIDS as a disease in 1985 and this committee was utilized as the Ministry's Task Force.

He said that formal recommendations were made by this committee in February, 1986, and were implemented.

Firstly, it was recommended that AIDS become a notifiable disease by regulation, which became law in early 1986.

Secondly, he said, it was recommended that the safety of blood and blood products at the Blood Bank should be ensured.

"The first element of this had already been achieved by the introduction of the AIDS Screening Test in August, 1985, only three months after it was licensed by the Food Drug Administration (USA)," the Minister said.

Thirdly, the committee recommended that hospital accommodation for AIDS patients should be provided.

To this end, he said, a 50-bed ward was renovated and has been in full operation for over a year.

Fourthly, it was recommended that an Out-Patients Follow-up AIDS Clinic should be established. He said this has been in place for two years.

Fifthly, the Minister said, the committee recommended that education programmes, workshops, seminars and conferences for Health Care Workers be convened.

"Activities to this end have been ongoing for the past two years," Dr Gay said.

Lastly, he said, it was recommended that the Ministry obtain the services of an international resource person to review its programme.

"To this end, an expert from the Centre for Disease Control, Atlanta, has visited the Bahamas to evaluate the programme and make recommendations," the Minister said.

Report on Incidence

Nassau THE TRIBUNE in English 31 Jul 87 p 1

[Article by Anthony Forbes]

[Text]

THE Bahamas has the third largest number of reported AIDS cases per capita in the English-speaking Caribbean and not the world, Dr Vernell Allen, Chief Medical Officer at the Ministry of Health, said this Thursday.

And Dr Perry Gomez, AIDS specialist and Head of Infectious Disease Department of the Princess Margaret Hospital, said that 60 per cent of the number of reported AIDS cases in the Bahamas are imported and the per capita rate should be taken from the indigenous figures.

Dr Allen and Dr Gomez were commenting on a British Broadcasting Corporation special report in "Caribbean Magazine," which stated that the Bahamas has the third highest number per capita of AIDS cases reported in the world.

The BBC report said that according to an analysis of the latest World Health Organisation statistics, seven out of 10 countries which have the highest reported proportion of AIDS per capita are Caribbean.

"The latest WHO figures published in June, 1987, show that the highest number of AIDS cases are still to be found in the United States and Africa, but when the figures are analysed in terms of which countries around the world have the highest incidence of AIDS as a proportion of their populations, seven out of the top ten, and in fact the top three countries, turn out to be Caribbean," said Jerry Timmins, producer of Caribbean Magazine.

Bermuda headed the list with nine out of every 10,000 with the disease, followed by French Guiana with eight out of every 10,000 and the Bahamas with four out of every 10,000, said the BBC special report.

The report also published a list of AIDS cases which placed the Bahamas fifth in the Caribbean with the highest number of reported cases behind Haiti, Puerto Rico, Trinidad and Tobago and the Dominican Republic.

"That requires correction," said Dr Allen, the Chief Medical Officer today. "The figures do show that in the Caribbean we have the third largest number per capita of population of AIDS notified cases."

"Notified are cases which are reported to international agencies. We in the Bahamas have a very well established Public Health Department, we have a Medical Officer of Health with us, and we have been very meticulous in reporting and meeting the conditions of international agencies," she said.

"So the figures we show, we said we have 126 cases in a population of 220,000 persons. Well you can judge that for yourself, 126 in 220,000 persons, so it does mean that the figures quoted were correct, and it did mean that in the Caribbean, you have number one, Bermuda, and a second country, I believe it was French Guiana, and thirdly was the Bahamas," Dr Allen said.

"So in the English-speaking Caribbean region, we were number three in per capita of reported cases. We have been very good at reporting our cases," she said.

Health Minister Dr Norman Gay also commented on the BBC report at a press conference at the Ministry of Health this afternoon to announce the appointment of a Standing Committee for the Prevention and Control of AIDS.

"That says where we are as far as reported cases are concerned," he said. "There are several things that come to mind immediately and that is we are an open society and it would be expected that something of this nature you will find that the Bahamas would reflect it in as much as we have people coming here from all over the world on a regular basis."

"You know the number one country in the Caribbean, the number one country in the world is Bermuda, and I am giving Bermuda the status of a country. They are some 52,000 population, and their incidence is some nine per 10,000 population; the United States incidence is about 1.5 per 10,000 population; French Guiana is about six per 10,000 population, and the Bahamas is about 4 per 10,000 population, which is less than half of the incidence of Bermuda which has about one quarter of the population of the Bahamas," he said.

"The only comment I would make about the incident saying that the Bahamas is the third leading," said Dr Gomez, "is that when you look at our figures, you will see that almost 60 per cent of our cases are imported and that is not reflected in WHO statistics."

"So that if you're going to talk about indigenous Bahamians, you can't use the figure of 126 and figure out the per capita rate from that, you have to use 53 cases and figure out the per capita rate from the Bahamian rate," Dr Gomez said.

"That is an important thing and it goes not only for AIDS. Other diseases get reported, you have to always indicate what is truly indigenous and what is imported, and that has not been done in that publication," he said.

"Like I said, although we do have a problem, it's not as widespread as the BBC might have indicated," Dr Gomez said.

However, both Dr Gay and Dr Gomez agreed that the Bahamas is facing an epidemic in terms of AIDS cases reported to health authorities.

"The word epidemic, most people are not entirely sure about its specific definition. It means where you have an unusual increase in a phenomenon, something that's out of the ordinary," he said.

"The whole point of your press release is that AIDS is epidemic throughout the world and it's not peculiar here as evidenced that it has affected 114 countries," Dr Gomez said.

"It's happening everywhere and hence the need for the kinds of measures that have been in place and that are going to be in place. It is not peculiar to the Bahamas or anywhere else in the Caribbean. It is a sexually transmitted disease which in four years has spread to 114 countries. That's an epidemic," he added.

Dr Gay noted that there are presently 126 cases in the Bahamas, but there are hundreds of cases of lots of other things.

"One hundred and twenty-six cases, why is it an epidemic?" he asked.

"What makes it an epidemic is the rate of increase out of the ordinary proportions of increase in a particular illness," Dr Gomez said.

"In certain diseases, one case may be an epidemic. Two cases might be an epidemic. But, for instance if you have one case of polio, it is an epidemic because you haven't seen polio in 25 years," he said.

"At what point do you call the number of cases of AIDS, which is a new disease, epidemic is not settled. But in terms of world literature, the cases are increasing rapidly in all countries, so it's epidemic," he said.

Deaths, Countermeasures

Nassau THE TRIBUNE in English 31 Jul 87 p 1

[Text]

NINE persons have died in Grand Bahama from AIDS since testing started in December 1985, according to a release from Grand Bahama's Rand Memorial Hospital.

Twenty-two persons in Grand Bahama have tested positively for the AIDS antibody since testing began.

News of the first AIDS patient to be officially reported in the Bahamas was printed in The Tribune on August 26, 1985. The patient was a Haitian male who had been admitted to the Rand that August. Until then Government officials had denied any knowledge of the existence of AIDS in the Bahamas. The day after The Tribune's report the Ministry of Health announced that four AIDS cases had been confirmed at the Princess Margaret Hospital. Three of them had died.

In a release issued this week over the signature of Rand Memorial administrator Michaela Virgill-Storr, it was stated that in Grand Bahama since December 1985, 13 persons have contracted AIDS and nine have died.

The increase in AIDS has become a concern all over the world "and this is no less the case here in the Bahamas," said the release.

Mrs Storr said that in Grand Bahama, 22 persons have tested positively for the AIDS antibody since testing started at the Rand in December 1985. During this period, 13 persons have contracted the disease and nine have died.

"It is to be noted that persons testing positively may or may not develop the full blown disease within a three month to five year period," said the release.

"Those persons testing positively for the antibodies and those with the diagnosed disease AIDS span a cross-section of society: professional, non-professional, male and female."

AIDS (Acquired Immune Deficiency Syndrome) is a medical condition which develops when the body's immune system is no longer able to function normally to combat infectious diseases.

The breakdown of the immune system is caused by a human immunodeficiency virus which is principally transmitted through body fluids. Mrs Storr said that the way the disease is spread is through sexual intercourse or by use of contaminated needles "as is often the case with drug abusers."

"The public can be reassured that AIDS cannot be passed on through casual contact such as shaking hands or casual conversation. The only known methods of transmission are through the exchange of body fluids or used needles, blood transfusions from an infected person or from an infected mother to child during birth," the release said.

The release said there has been good public response to the information provided through the health education division of the Ministry of Health.

In addition to the news releases, radio announcements and leaflets, the material included radio programmes, magazine articles and exhibits.

The magazine articles have appeared in several issues of "Joining hands for Health," a quarterly Health Ministry publication which is widely circulated to all Family Island community health clinics, Government ministries, commercial banks, insurance firms, the Red Cross, the Chamber of Commerce and hospitals, said the release.

The release further stated that AIDS leaflets have been distributed to all Family Island and New Providence community health clinics, the Rand Memorial and Princess Margaret hospitals, the Ministry of Education schools, and major food stores.

It was also pointed out that a work manual based on workshops and lectures will soon be issued. It will instruct staff at hospitals in procedures for attending to AIDS patients. "The health management team of Grand Bahama is maintaining close contact with the Ministry of Health AIDS prevention and control committee," said the release.

Cases Among Newborn

Nassau THE TRIBUNE in English 17 Aug 87 p 1

[Article by Gladstone Thurston]

[Excerpts]

ABOUT 25 percent of AIDS cases in the Bahamas are new born babies, consultant psychologist Dr David Smith disclosed during an address to the Rotary Club of Freeport.

Dr Smith, a human resources specialist at the Human Resources Development Institute, Freeport, said that the spread of AIDS could become an even bigger problem than drug abuse.

Speaking on 'The Psychological Effects of AIDS', Dr Smith said word that AIDS is hitting harder among poor or economically disadvantaged groups is just now beginning to get out.

"The word of it being a problem becomes manifestly clear when we talk about the 'border babies' - the number of babies that are being born with problems because of the AIDS virus, and the numbers of families that are being affected in local communities," said Dr Smith.

"The word is now going out saying 'this is at my door-step and it cannot be ignored,'" said Dr Smith.

He pointed out that right now, on a per capita basis, the Bahamas stands third in the world as the country with the highest incidence of AIDS cases.

Dr Smith noted that it has been reported that up to July this year, there were 85 known cases of AIDS in the Bahamas. In proportion with the population of the Bahamas, this is considered high, he said.

"If we took this as a base figure and estimated the rate of infection to be on par with the United States," he said, "then by 1991 we could expect in excess of approximately 1,360 cases to be reported in the Bahamas.

"By doubling the previous figures each year, this means that in July 1988 we may have as many as 170 cases, by 1989 - 340 cases, and by 1990 - 680 cases, keeping in mind that these are very conservative estimates.

"It means that we need to start working now. It means that we have the chance to lower these estimates if we work together and not hide and assume it will all go away."

/8309

CSO: 54400002

MINISTER OF HEALTH REPORTS INCREASE IN AIDS CASES

54400183 Bridgetown BARBADOS ADVOCATE in English 14 Aug 87 p 1

[Text]

The number of AIDS (Acquired Immune Deficiency Syndrome) cases in Barbados has risen to 44.

A statement from Health Minister Mr. Branford Taitt yesterday, announcing the establishment of a National Advisory Committee on AIDS, revealed that 27 of these people have died.

He also said that it was estimated that there could be 300 AIDS cases in Barbados by 1996.

The statement said: "In view of the projected spread of the disease (AIDS) and the implications for the psychological, social and economic circumstances of persons affected by this disease, the minister considered, and the Cabinet agreed, that a new impetus should be given to approaches for the treatment of and other matters related to the disease."

The chairman

Chairman of the 10-member Committee is Professor E. R. "Mickey" Walrond, Dean of the Faculty of Medical Sciences, University of the West Indies.

The other members are Dr. Beverley Miller, Senior Medical Officer of Health; general practitioner Dr. Wilfred dos Santos; consultant physician Dr. Timothy

Roach; general practitioner Dr. Henrick Ellis; representatives of the Ministry of Education; the Barbados Registered Nurses Association and the Barbados Youth Council; a Social Services officer; and a Press-publication-advertising agent.

The Committee, which will function under the aegis of the Ministry of Health, will advise the Minister of Health on a wide range of matters relating to AIDS.

These will include measures to prevent transmission of the human immunodeficiency virus (HIV) and to reduce morbidity and mortality associated with the disease.

It will also advise on the preparation and implementation of a National Plan for AIDS prevention and control which will include an epidemiological assessment to determine the extent of the HIV problem, epidemiological surveillance, strengthening laboratory capability for diagnosis and support of epidemiological surveillance and studies, strengthening the health services' capacity to recognise, diagnose and manage HIV infections and associated clinical manifestations, and the development of educational programmes and services for the general population

including health care workers at all levels.

The Committee will also advise the minister on matters pertaining to accommodation for people with AIDS, schooling of children and other related social and economic problems.

Prevention

It will develop prevention programmes directed towards prevention of sexual, blood and perinatal transmission; reduction of impact of established HIV, infection on individuals, families and society; counselling programmes; an integrated public health communication programme; and effective linkages with all relevant agencies.

The Committee will also seek to ensure Barbados' full participation in any regional and international AIDS prevention control network.

The Committee will examine all aspects of the disease and the attendant problems which the community will face now and in the future. It will be permitted to co-opt other people from time to time as well as to create sub-committees for dealing with specific aspects of AIDS.

Its recommendations will form the basis of formulating health policy for the treatment of the disease.

AIDS TASK FORCE BEGINS WORK; TAITT HITS 'BLAME' STORIES

Task Force Aims

Bridgetown DAILY NATION in English 26 Aug 87 p 1

[Article by Hartley Henry]

[Text]

THE AIDS TASK FORCE has started work with a clear mandate from Government to come up with recommendations for feeding, clothing and sheltering victims, particularly children.

Minister of Health Branford Taitt addressed the committee yesterday and advised members they would have to consider issues such as what would happen to the victims' familiar relationships, schooling, and accommodation.

Taitt said it was no secret that a four-year-old child was at the Queen Elizabeth Hospital "undergoing tremendous psychological battering as a result of the inability on the part of the community to deal with this difficulty".

He suggested the committee should address this problem as a matter of urgency and look at it in a broader light, in terms of how to deal generally with those people who had the disease but preferred not to have it treated in a public institution.

Taitt said the ministries of housing, employment and others were all concerned and had pledged their interest and commitment to playing their part in the national exercise.

Chairman of the Task Force Professor Mickey Walrond said promiscuity was still their major concern. He pointed out, however, that from talking to people in small groups he perceived there was a change in the behaviour of a number of people, but there was a long way to go.

Challenge

Professor Walrond said the fight against AIDS (Acquired Immune Deficiency Syndrome) was a challenge not only for the medical profession but for the entire society.

He hoped that the group would in a few weeks be able to make recommendations to Government, but warned that the presence of AIDS was not a problem that could be rectified in a few short weeks but would necessitate continuous work over a period of time.

Taitt said the ministry was concerned about public education about the virus and had already published one booklet, and was in the process of doing a reprint. He said they would soon be publishing four other booklets targeted to specific groups, including one for the very young.

Taitt on AIDS Origin Rumors

Bridgetown DAILY NATION in English 26 Aug 87 p 1

[Text]

THERE ARE agents at work trying to shift the origin and perpetration of the AIDS (Acquired Immune Deficiency Syndrome) virus to the Caribbean.

Minister of Health Branford Taitt gave this warning yesterday, urging the local media to beware.

He said Government had noticed a pervasive inclination by some people to shift the blame for the disease on the Caribbean, adding this could have disastrous consequences if allowed to continue unabated.

"We are aware that we are no worse off than anywhere else and better than many. So we are not going to accept, where tourism is so vital to Barbados, and where the region as a whole relies on its profitability both in terms of its social arrangements and its financial arrangements, being inundated by mischievous public information from elsewhere."

/8309

CSO: 5440003

AIDS DRUG, INCIDENCE, HEALTH WORKERS, PRISON STAFF EXAMINED

Drug Treatment Claim

54200041 Toronto THE GLOBE AND MAIL in English 6 Aug 87 p B28

[Article by Oliver Bertin]

[Text]

A long-established Toronto company has applied for patent protection on a version of a drug that president Thomas Usher says will prolong the life of AIDS patients by months or years.

The company is called Polydex Pharmaceuticals Ltd. and the compound is dextran sulphate.

The claims were, however, greeted with skepticism by several medical experts.

"There are lots of drugs (to fight acquired immune deficiency syndrome) that people are making claims about," said a senior official with the federal Department of Health and Welfare. "Some are snake oil and some warrant further investigation."

"We'll be taking a close look at this drug in the near future."

Dextran has been sold for more than 20 years in Japan, where it has proved effective in treating patients with high cholesterol levels. But the same properties that break down cholesterol will also stop the spread of viruses, Mr. Usher said.

"The drug does not prevent AIDS, but it will prevent the replication of the virus once you already have it," he said. "Once you take the drug, you can prolong life by several years."

In certain circumstances, he said, the drug could also be a prophylactic to prevent an AIDS infection.

"Conceivably, you could pick up the AIDS virus one minute, take a

pill and prevent any further infection."

Mr. Usher backed up his claims with a research letter that appeared last month in the prestigious British medical journal, *Lancet*. It was written by two researchers at Ueno Fine Chemicals Industry Ltd. in Japan.

In the letter, Ryuji Ueno and Sachiko Kuno conducted extensive laboratory and clinical tests and found that the drug had "potent in-vitro anti-viral activity" against the AIDS virus.

They concluded that "dextran sulphate merits study in the treatment of AIDS and AIDS-related diseases."

A Swiss drug company has applied for a patent on a drug that is closely related to dextran sulphate. This variant appears to limit the spread of herpes.

Using this evidence, Mr. Usher decided to patent dextran sulphate for his own use, and has applied to the federal health department and to the U.S. Food and Drug Administration for permission to market the drug in North America.

So far, only one similar AIDS drug has been approved for use in Canada. It is zidovudine (formerly known as azidothymidine or AZT), manufactured by Burroughs Wellcome Inc. of Kirkland, Que.

AZT has proved effective in the treatment of AIDS, but it has serious side effects and is expensive.

Malcolm Fletcher, medical director for Burroughs, said he is skeptical about the claims for dextran.

"I'd be very surprised if these claims were true. There are scads of in-vitro data (for potential AIDS treatments). I'd wait for the clinical tests," where the drug is tested on human patients.

Polydex has been in business since 1938, and has annual sales of about \$10-million.

It formulated dextran in 1946, and found that it had a number of interesting properties: it would prevent the clotting of blood, and would break down fatty substances in the human body.

Over the next 30 years, dextran was sold in various forms which, the company claims, can break down cholesterol in the arteries, remove the plaque on teeth, treat anemia in young pigs, and limit the spread of viruses.

Incidence Report

Ottawa THE OTTAWA CITIZEN in English 6 Aug 87 p B14

[Text]

KITCHENER (CP) — AIDS-related deaths will cost Canadian life insurers only a sliver of the hefty \$50-billion bill predicted for U.S. companies by the turn of the century, industry officials say.

A U.S. study released Wednesday said American life insurance companies could face \$50 billion U.S. in AIDS-related claims by the year 2000.

But Canada's 170 life insurers will be insulated by fewer AIDS cases and different lifestyles in Canada, industry officials say.

Their costs are estimated at about \$2.3 billion Cdn — less than three per cent of costs forecast in the United States.

AIDS-related claims in Canada will be five or six per cent of total Canadian claims, compared to up to 20 per cent for some U.S. companies by the year 2000, authors of the U.S. study said.

"The incidence of AIDS here is about one-third of what we'd find in the U.S.," said Charles Black, vice-president of insurance operations for the Toronto-based Canadian Life and Health Insurance Association.

There is no known cure for acquired immunodeficiency syndrome, a fatal disease that attacks the immune system.

"And with our lower population, we'll be getting a relative break

from the higher costs."

A recent report from Health and Welfare Canada shows 44 of every million Canadians have reported cases of AIDS. In the United States, about 150 of every million people have been diagnosed as having the disease.

As of Tuesday, there were 1,205 cases, including 617 deaths.

AIDS-related life insurance claims could reach \$30 billion for individuals holding their own policies now, while claims under group policies could hit \$20 billion, the study predicted.

But most projections of potential AIDS cases are only blind guesses, he said.

Health Workers' Exposure

Toronto THE GLOBE AND MAIL in English 15 Aug 87 p A8

[Article by Joan Breckenridge]

[Text]

During the past two years, 120 health-care workers have been exposed to the AIDS virus but none have gone on to develop the fatal disease, according to a federal study monitoring hospital employees.

The continuing surveillance program has been testing and tracking health-care workers who have been exposed since September, 1985 to the blood or bodily fluids of people with acquired immune deficiency syndrome to determine the risk of infection.

"The results show there is a low risk of HIV (human immunodeficiency virus) transmission in the health-care setting," said Kimberly Elmslie, co-ordinator of the national surveillance program at the Federal Centre for AIDS in Ottawa.

"In most of the cases, there was superficial exposure to only small

amounts of infected blood," which explains why none of the subsequent tests for the AIDS antibody proved positive, she said. Larger amounts of the virus are transmitted through unprotected sex or the sharing of dirty needles.

However, because the study is purely voluntary, "we are not capturing all the exposures that have occurred in these hospitals," Mrs. Elmslie said. In all, 210 hospitals are participating in the program which monitors workers for 12 months.

And there is probably a significant number of health-care workers who are going to their own doctors to be tested because they fear the results will not be kept confidential, she said. Workers' names are not given to the Government when the AIDS anti-body test is performed.

The fact that accidental injuries

from needles were the major avenue of potential contamination, especially for nurses, points to a need for both greater caution and stricter adherence to guidelines for health care workers issued by the FCA, Mrs. Elmslie said.

Nurses, therapists, technicians, residents and physicians have reported exposure through splashing blood in their eyes, open wounds, scalpel cuts in addition to needle injuries. The majority (102) were women between the ages of 20 and 60. The rest (18) were men between 23 and 55.

In the majority of cases, they were wearing gloves or a combination of gloves, gowns, masks, and eye protection.

Prison Staff Protective Gear

Ottawa THE OTTAWA CITIZEN in English 15 Aug 87 p D21

[Text]

KINGSTON (CP) — Federal prison staff will be given disposable gloves, resuscitation equipment and gowns to use when handling prisoners with AIDS, a Correctional Service of Canada directive says.

But the policy says the service will not screen new prisoners for AIDS or issue condoms to prevent the spread of AIDS.

AIDS, or acquired immunodeficiency syndrome, is a fatal disease spread through the exchange of bodily fluids that knocks out the body's immune system, leaving it vulnerable to other infections.

The three-page policy, which correctional service spokesman Dennis Curtis said was "only distributed in the field very recently," instructs staff how to care for inmates who have AIDS, AIDS-related complex — a less severe form of the disease — or HIV, the AIDS virus.

Dr. Donald Craigen, director general of medical services in Ottawa, said the correctional service decided not to supply condoms to prisoners because they are a common method of smuggling contraband, and because there are so few infected prisoners.

But he said the policy will be under "continuous review."

There are five inmates in the federal prison system showing the earliest signs of AIDS and two with the AIDS-related complex out of a total population of about 12,500.

The only offender with AIDS is now on parole.

Two infected inmates are in the general population at two different prisons and the rest are in prison health care centres, Craigen said.

Prison doctors will decide whether to administer AIDS tests to prisoners who request them, the policy says. Counselling will be provided before and after a test.

An inmate with AIDS will go to a prison's health care centre, the guidelines say. However, the guidelines continue: "Inmates with suspected HIV infections or diagnosed with HIV infection shall not be managed differently from other inmates unless medically indicated."

The policy says, if necessary, prisoners who carry the AIDS antibody or are in the initial stages of infection will be placed in protective custody.

But John Hill, the former director of the Queen's University correctional law project, said he fears for the safety of inmates diagnosed with AIDS.

"Protective custody already carries with it such a stigma that the end effect of the policy will be to further demoralize the inmates" and staff of institutions, he said in a written statement.

Hill says the correctional service "should be encouraged to develop forensic wings on medical facilities" where prisoners can be competently treated.

"Inmates with the disease deserve compassion and the very best medical treatment that we as a caring society can provide.

Craigen said the guidelines are interim and will be submitted for final approval next month to the correctional service's senior management team.

TREATMENT-RESISTANT GONORRHEA STRAIN DISCUSSED

54200042 Toronto THE GLOBE AND MAIL in English 14 Aug 87 p A10

[Article by Craig McInnes]

[Text]

The incidence of penicillin-resistant gonorrhea is increasing in Canada and public health officials are concerned that if the trend continues, more expensive drugs may have to be used for routine treatment of the sexually transmitted disease.

"We now have significant resistance to the two most commonly used, and I might add least expensive, antibiotics to the gonococcus," said Jo-Anne Dillon, chief of the antimicrobial and molecular biology division of the Laboratory Centre for Disease Control in Ottawa.

Gonorrhea is an infection of the urethra and genital tract. Aside from the risk of infecting other people, gonorrhea can have serious effects if left untreated, including permanent damage to the urinary and genital systems. In women there is a risk of permanent sterility.

Gonorrhea is the most prevalent reportable infectious disease in Canada, Dr. Dillon said, and a switch to other drugs would have a disastrous effect on health department budgets. There were 40,741 cases reported in 1985, the last year for which national statistics are available.

"In some cities, the level of resistance is approaching 5 per cent or higher for all the strains," Dr. Dillon said.

"When that happens people have to start looking at changing therapy, and usually that means

a more expensive therapy. It means a massive education of the physicians and the clinicians that in fact these changes of therapy are about to take place, why they are going to take place and what the importance of it is."

Doctors treating gonorrhea cases have no way of knowing whether they are dealing with a resistant strain until laboratory tests have been conducted. Meanwhile, they treat the patient with penicillin. If the strain is resistant, the patient has to be treated again with another drug.

Penicillin costs less than \$1 a dose. Spectinomycin, the primary alternative for penicillin resistant cases, costs more than \$10 a dose.

Although the number of resistant cases has been rising, the total number of gonorrhea cases has been declining in recent years. Many public health officials attribute the drop to the publicity surrounding AIDS, which is also a sexually transmitted disease.

The main penicillin-resistant strain of gonorrhea is penicillinase-producing neisseria gonorrhea (PPNG). The first case of PPNG was reported in Canada.

But in Ontario, which has had a high incidence of the resistant strain, there have been fewer cases so far this year than in 1986, said Dr. Evelyn Wallace, a senior medical consultant with the provincial Ministry of Health.

BRITISH COLUMBIA CANCER DEATH 'AREAS' BAFFLE RESEARCHERS

54200043 Vancouver THE SUN in English 28 Jul 87 p A3

[Article by Miro Cernetig]

[Text]

Medical experts are baffled by spots around B.C. where abnormally high rates of lung and stomach cancers have killed hundreds of people over the last three decades.

A recently completed study by the Cancer Control Agency of B.C. reveals areas of the province where women are falling victim to lung cancer at rates as much as 96 per cent higher than normal, says John Spinelli, a researcher with the Cancer Control Agency.

Stomach cancers are also claiming the lives of both men and women at rates as much as 137 per cent higher than expected in other areas of the province, added Spinelli.

Spinelli said there is no way of telling what the roots of the anomaly are.

While areas where lung cancer rates are higher than normal contain pulp mills, others, also with mills, show no increases, Spinelli said.

"There seems to be evidence that for females, lung cancer rates are higher in some areas where there are pulp mills," he said. "But that doesn't explain why that isn't the case for males."

Spinelli also said research did not find higher than normal cancer rates for people who worked in pulp mills.

"We're just not sure what the reasons for these findings are," said Spinelli. "But I guess alarm bells should go off. It certainly warrants more research."

University of Victoria researchers are collecting data from water samples around the province to determine if variations in water quality

are linked to stomach cancer, Spinelli said.

John Blatherwick, Vancouver's medical health officer, said cancer hot-spots have been widely reported in many countries over the years, but added he was not aware of such areas in B.C.

The study, which attempts to determine the rates of cancer deaths in B.C.'s 74 school districts over the last 28 years using death certificates, found female lung cancer deaths exceed normally expected rates in the school districts of:

- Howe Sound, by 96 per cent.
- Campbell River, by 75 per cent.
- The Sunshine Coast, by 53 per cent.
- Prince George, by 46 per cent.
- Nanaimo, by 24 per cent.

However, most of those school districts do not show a correspondingly high rate of male lung cancer fatalities.

The normal number of lung cancer deaths in B.C. per 100,000 people is 64.4 for males and 28.8 for females.

Stomach cancer for men exceeded normal rates by 13 per cent in Vancouver, 69 per cent in Prince Rupert, and 54 per cent in Castlegar.

For females, stomach cancer deaths exceeded normal rates by 10 per cent in Vancouver, 101 per cent in Prince Rupert, 137 per cent in Terrace and 83 per cent in Grand Forks and Castlegar.

The normal number of stomach cancer deaths in B.C. per 100,000 people is 9.6 for men and 6.9 for females.

HEALTH MINISTRY CONFIRMS FIVE CASES OF AIDS

St Georges THE GRENADIAN VOICE in English 8 Aug 87 p 3

[Excerpt]

THE Ministry of Health here has confirmed a report coming out of London that Grenada has five reported cases of the Acquired Immune Deficiency Syndrome (AIDS).

A Ministry of Health official told the *Grenadian Voice* Wednesday that three of the victims have already died.

The official said most of the cases had lived abroad, but added that this does not mean that the disease does not exist in Grenada. The official said only the "tip of the ice-berg" has been seen, and that there are certain to be other actual cases as well as many carriers.

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CSO: 5440004

MALARIA SITUATION BRINGS CALL FOR STATE OF EMERGENCY

Government Debate

54400181 Kingston THE DAILY GLEANER in English 7 Aug 87 p 4

[Text]

Georgetown, Aug. 6, AP:

PARLIAMENTARIANS and human rights activists are asking the government to declare Guyana in a state of emergency due to an outbreak of malaria that is especially affecting Amerindians and gold miners in the remote interior.

The Guyana Human Rights Association has called on the government to accept a recommendation from the Pan American Health Organization and the World Health Organization to "declare a state of national emergency with respect to malaria."

In a recent debate in parliament, opposition legislators also called on the government to declare the Rupununi region in the Essequibo area in the west an "emergency zone."

However, U.S.-trained health minister Noel Blackman says there is "no cause for alarm" and that everything possible is being done to fight the disease, which is transmitted by mosquitos and causes severe chills and fever.

Minister of medical education Richard Van West Charles has admitted that there has been a rise in malaria, but denies it has increased three-fold since 1981, as claimed by the opposition.

A medical official here described the malaria as "the dangerous falciparum strain."

In a statement last week, the Guyana Human Rights Association called attention to the plight of the Amerindian people in the country's rugged interior and "the threat to the survival of some Amerindian communities ravaged by malaria and to the effects of malaria on child mortality."

The spread of malaria has also

affected the mining industry, forcing dozens of miners to close camps in the gold and diamond-rich Essequibo and head for Georgetown to seek medical attention.

Miners say five of their companions have died in the past three weeks and been buried in the forests without their relatives and friends in the coastal belt being able to attend their funeral.

There are also indications that the malaria may be spreading to the coast, where most of Guyana's 800,000 people live.

Malaria cases have been reported on Guyana's Corentyne coast, on the border with Suriname, and health officials are checking further reports on the coastal belt.

Hospitals in Georgetown have reported several cases being admitted while others have been treated and asked to return at regular intervals for treatment.

The government last week flew a medical team of two dozen people to help treat the Amerindian communities and the miners, but reports reaching Georgetown say more personnel are needed.

Other reports say Amerindians have crossed into Brazil to get medical attention while some miners are said to have sought help in Venezuela.

Earlier this year medical officials from Venezuela, Guyana and Brazil met to discuss a joint-malaria eradication programme.

Brazilian Aid

Port-of-Spain DAILY EXPRESS in English 22 Aug 87 p 15

[Text]

GEORGETOWN, Friday (CANA) — The Guyana Government has secured the services of a Brazilian specialist to assist it in its stepped-up anti-malaria programme.

According to Health Minister Dr Noel Blackman, Dr Marcos Barros, a professor of tropical medicine at the Tropical Disease Institute of Manaus in the University of Amazonas, will make an assessment of the malaria situation in Guyana. Barros will also try to determine the extent of involvement and co-operation necessary for jointly controlling the disease in the Guyana-Brazil border area.

9274

FURTHER DETAILS ON MALARIA SITUATION, COUNTERMEASURES

Regional Programs

54400184 Georgetown GUYANA CHRONICLE in English 9 Jul 87 p 1

[Text]

A soon-to-be-launched campaign against malaria highlights Government's concern for the health of the entire populace.

It does not imply a comparative countrywide increase in the disease.

The malaria problem 'has not reached epidemic proportions,' Senior Minister in the Ministry of Health Dr. Noel Blackman told journalists on last weekend's 'Face the Nation' radio programme.

Dr. Blackman accompanied by Dr. Keith Carter, Director of the Health Ministry's malaria programme, also disagreed with assertions that many miners were dying from malaria and that the country's health services were 'run down.'

He conceded that a marked increase in activity in mining areas had brought about a rise in the incidence of malaria and had ap-

parently worn the organism's resistance to certain medication.

As a consequence, the Government has made a comprehensive assessment of the situation and is collaborating with the Guyana Gold and Diamond Miners' Association, the Pan American Health Organisation, the Guyana Defence Force, the Guyana National Service and other agencies to launch a more intense anti-malaria programme across the country.

Anti-malaria sub-programmes have already been established in some areas and the Ministry of Health is looking at Regions 7 and 8 and part of Region 10 'simply because,' Dr. Blackman said, 'we have come to the conclusion that we have to do something immediately.'

Questioned about the

mobility of health personnel in some regions, Minister Blackman said personnel have been replaced with colleagues 'who are appropriate and can get the job done.'

The Health Ministry is in the process of implementing a programme in conjunction with the Ministry of Medical Education, Food Policy and Environment and the Georgetown City Council, on a general clean-up of the urban environment.

And the Ministry is also collaborating with other Government agencies and the Miners' Association in disseminating information on malaria control to the mining population in the hinterland.

"At the same time, we are in the process of increasing our drug supply, updating our equipment and increasing our equipment supply," he pointed out.

Incidence in Essequibo

Georgetown MIRROR in English 12 Jul 87 p 3

[Text] Reports from the Essequibo coast say that some 20 cases of malaria have been identified in the Aurora area alone. Regional Councillor Showkat Ally said that several persons including his own brother were hospitalised. There are also cases of malaria reported in the Pomeroon.

One of the hardest hit areas is the Manwarin, a tributary of the Moruka River in the North West District where several deaths have occurred. However according to Mr Vilbert John, a pastor in the area, the situation can now be said to be under control as medical officers from Pomeroon have been visiting the area.

Mining operations have been affected because employees stricken by the disease have had to seek urgent medical attention in Georgetown.

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REPORTAGE ON AIDS DEATHS, GOVERNMENT POLICY

Fifth and Sixth Victims

54500005a Hong Kong SOUTH CHINA MORNING POST in English 15 Aug 87 pp 1, 2

[Article by Mary Ann Benitez]

[Text]

THE Government has announced a sixth death from AIDS and has confirmed the death of Hongkong's first female victim, believed to be a Filipina maid.

Of the six AIDS deaths here since 1985, two have occurred in the past two weeks.

But yesterday the Medical and Health Department refused to disclose the personal particulars of the latest victims and would not confirm reports that the woman was a bargirl in Wan Chai or that she was a domestic helper.

The chairman of the Government's scientific working group on AIDS, Dr E.K. Yeoh, would only say they had already traced "a number" of people who had been in contact with the woman.

They had also traced contacts of the other victim, believed to be a 17-year-old youth. Several had already been tested.

He said the Government would not provide information about the victims so as "not to stigmatise any one nationality or profession".

Government officials said both had contracted AIDS (acquired immune deficiency syndrome) through sexual transmission.

Interest this week has centred on the woman, confirmed by Government officials on Thursday to the *South China Morning Post* to be a Filipina.

However, sources said that if the woman was working as a prostitute, she could have been holding a work permit other than as a bargirl.

She had lived in Hongkong for four years, was aged 35 and was thought to have lived in Shau Kei Wan.

But the Medical and Health Department refused to clarify or deny details about her.

The male victim tested positive to the HIV antibody earlier this year, while the woman was only tested this month.

MHD officials also moved to calm fears of any escalation of AIDS incidence in the community or among high-risk groups.

The Deputy Director of Medical and Health Services (health services and planning), Dr S.H. Lee, would only say: "Two more cases of AIDS are confirmed. They have also died, one being a male and the other a female."

"The total number of cases of AIDS in Hongkong up to the present moment is six."

Of the six who have succumbed to the disease, three were Chinese, five were male and one female.

Dr Lee said the "the mode of transmission" was "the sexual route".

Three of them were homosexual or bisexual, two heterosexual. Details of the sixth victim's sexual practice was unknown.

Three of the AIDS deaths happened in 1985, with the fourth death occurring in March this year.

Dr Lee said the AIDS cases proved there was "presence of infection in the community", but allayed fears of the disease spreading rapidly.

"There is no evidence to show that the incidence of the disease has suddenly escalated because of the confirmation of two more cases," he said.

"This observation is also supported by our medical surveillance program, which found a low incidence of people found positive to the HIV antibody."

Figures up to June show a total of 90 people have been tested positive to the HIV antibody, seven of whom were diagnosed during the April-June period this year. The figures do not include the dead woman.

So far, five donors to the Hongkong Red Cross blood transfusion service have been found to be infected.

Apart from the dead woman, the Medical and Health Department so far has not found any other woman with the disease since two were reported earlier to have received contaminated blood from the same donor.

The department refused to disclose any details on the latest victims' nationality or occupation when pressed.

Dr Yeoh said: "It is not necessary to reveal their nationality because AIDS affects everyone."

"It is not just Filipinos, it is Chinese, it is the Malays, Germans, Australians - anyone could be infected, so I do not see why Filipinos should be stigmatised."

"AIDS affects all nationalities. It is happening in 120 countries worldwide."

He also said the identity of the victims was being kept confidential so that people could be encouraged to come forward for the AIDS testing.

"This makes a lot of the patients who are carriers very concerned. Even if the patients have died, you still see the trauma of the relatives who see the names of their loved ones splattered all over the newspapers," Dr Yeoh said.

"In order to get the contacts, you must get the confidence of people. Once (information is) released, they will not come to you."

He also said a mandatory testing for high risk groups, like prostitutes, would be "counter-productive".

A total of 56,709 people have been tested for the HIV antibody since the surveillance program was set up in April, 1985.

Attendances at social hygiene clinics - where people with sexually-transmitted diseases usually go - comprised the majority of these people, at 51,333.

Of these only nine were found to be infected.

Spokesman on Policy

54500005b Hong Kong SOUTH CHINA MORNING POST in English 17 Aug 87 p 3

[Text]

DEATHS from AIDS will be made public only at the discretion of the Medical and Health Department, said a Government spokesman yesterday.

The department is under no obligation to inform the public of known AIDS cases, and may or may not do so depending on the wishes of infected patients.

"We will not alert the public of all AIDS cases as we do for cholera and other contagious diseases unless there is a serious outbreak. Everyone can get cholera but we know AIDS is sexually transmitted," said the spokesman.

He added that the department would as a rule not disclose any "suspected" cases until they had been confirmed to be related to the incurable acquired immune deficiency syndrome.

"Sometimes the press finds out about an AIDS patient's identity and particulars. If we admit that we have an AIDS case on hand, we would be confirming the identity of the patient as well."

For that reason we may withhold confirmation of known cases, especially if there is such a request from the patient.

"We cannot disclose suspected cases because they cannot be said to be related to AIDS until irrefutable evidence emerges. We have had experience where a suspected AIDS case turned out to be something else," said Mr Norman Li, spokesman for the Medical and Health Department.

Two deaths from AIDS have been confirmed in the past fortnight, raising the toll to six for AIDS victims in the territory since 1985.

The death of the sixth victim, believed to be a Filipino maid and bargirl, was announced on Friday following press speculation.

It is not known how long the victim — the first female one in Hongkong — had been hospitalised, or when the case had been identified as AIDS-related.

Mr Li said as there was no special treatment for the killer disease, it was difficult to say when a case becomes an "AIDS case".

"The patient may be confined to an isolation ward, but then that may happen to patients of other contagious diseases. There is no specific treatment for AIDS, only supportive remedies directed to specific symptoms such as fever or whatever.

"There is also no hard and fast rule as to whether or not we will disclose known cases, and we don't go around confirming suspected cases.

"The situation is being monitored, and although we do expect more AIDS cases to surface in the future, we are not too concerned about a drastic outbreak of the disease among non-AIDS carriers. Our concern is to be able to find out as much as possible about each victim's history and contacts.

"We believe surveillance is more important than using publicity about deaths for warning effects," said Mr Li.

Philippines Consulate Complains

54500005c Hong Kong HONGKONG STANDARD in English 22 Aug 87 p 3

[Article by Shirley Hui]

[Text]

THE Philippines Consulate General yesterday hit out at the local press for "speculating" that a Filipina barmaid who died in Hongkong recently, had been suffering from the AIDS (acquired immune deficiency syndrome) disease.

"It's unfair. The reports project a bad image of Filipinos," said Mr Vicente Reyes.

He was "certain" no Filipino in Hongkong had died of AIDS recently.

"If there had, indeed, been an AIDS case we would have been informed. And friends and relatives (of the patients) would have known, too.

"If a Filipino committed suicide we would know within an hour. If anyone gets into trouble with the police we would also know. We are always informed," he said.

Mr Reyes also said he was "misquoted" on Friday by

another English-language daily.

The report quoted him as saying the Medical and Health Department should have informed the consulate if it was an AIDS case.

"I only said I had not been informed. I did not say I had demanded the information," Mr Reyes said.

As for the 40-year-old victim (known only as *Marjorie* and identified by the newspaper as the AIDS victim) Mr Reyes said her case was "an ordinary death" and that the newspaper report was "all wrong".

Meanwhile, the Medical and Health Department remained tightlipped as to whether the Filipina was one of two AIDS sufferers who died here recently.

All the department would say was that the victim was an "expatriate woman".

The newspaper report said

"the body of the Filipina maid who died of AIDS in Hongkong may have been handled by people who were unaware of the infection risk because the Medical and Health Department refused to release information about the case to the Philippines Consulate."

Dr Patrick Li, who is in charge of the AIDS counselling service, said that while he was unable to discuss individual cases the MHD had guidelines regarding the handling of the body of an AIDS victim.

He said the department always informed people who came into contact with bodies that the person died of a "highly infectious disease" and that there should be "minimal handling".

The body should also be transported in a plastic bag which should not leak or tear. Handlers were also advised to wear gloves, he said.

Risk from Secrecy

54500005d Hong Kong SOUTH CHINA MORNING POST in English 21 Aug 87 p 1

[Article by Mary Ann Benitez and Jamie Walker]

[Text]

THE body of the Filipino maid who died of AIDS in Hongkong may have been handled by people who were unaware of the infection risk because the Medical and Health Department refused to release information about the case to the Philippines Consulate.

The *South China Morning Post* has obtained the death certificate of the woman, a 40-year-old maid named Marjorie S. who worked part-time in a Wan Chai bar, and independent confirmation that the medical authorities are now tracing those who had been in close contact with her.

Marjorie S. died on July 31 in Hongkong Central Hospital from "pneumonia septicaemia", complications which frequently kill AIDS

sufferers. Her work visa in Hongkong had only 12 days to run.

But Philippine Consulate officials, who arranged for the body to be flown home, were never informed the death was caused by an infectious disease or of any need to take handling precautions.

A consular official present when the coffin was sealed on August 4 at the Hongkong Funeral Home in North Point, said yesterday attendants wore no protective clothing and did not appear to have been warned about a potential infection risk.

She could not say if precautions had been taken when the body was embalmed earlier.

The official said she had appealed to the Medical and Health Department on August 12 to confirm newspaper reports that a Filipino woman had died of AIDS.

However, the department's deputy director, Dr S.

H. Lee, refused to provide details about the case, citing ethical considerations, she said.

The secrecy surrounding the death of Marjorie S. — the fifth AIDS death in Hongkong — meant no arrangements were made in Manila to handle the body.

The casket was loaded on Philippine Airlines flight PR 301 on August 5 and consigned to a woman named Miss Milagros Aragon, who is believed to have known Marjorie S. from her days on a farm in Nueva Vizcaya Province, central Luzon.

Relatives of the dead maid contacted in Hongkong and the Philippines this week by the *Post* also said they had not been informed of the cause of death, although they suspected it might have been AIDS.

Philippine Consul-General Vicente Reyes, said: "They (the Hongkong Medical and Health Department) should have informed us so

we could have taken the necessary steps to inform Manila."

A senior official with the Government's Information Services Department said he could not confirm the identity of any AIDS patient, even though the *Post* supplied the dead woman's full name, passport number and time and place of death.

The official said the Medical and Health Department was unable to release the in-

formation requested by the Philippine Consulate because the mission had not obtained consent for the disclosure from the victim's relatives.

"It is true that the Philippines Consulate were in touch with the Medical and Health Department but their enquiries were treated the same as (those from) any other quarter," he said.

CERTIFIED COPY OF AN ENTRY IN A REGISTER OF DEATHS KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
根據出生註冊條例規定所設置之死亡登記簿內一項註冊記錄之證明書

(1) No.	(2) When and where died 死亡日期及地點	(3) Name and surname 姓名	(4) Sex 性別	(5) Age 年齡	(6) Rank, profession or occupation and rational to social position 社會地位或職業及職銜	(7) Cause of death 死亡原因	(8) Signature, description and residence of informant 申報人姓名、描述及住址	(9) When registered 登記日期	(10) Signature 申報人簽名
2114 GR0 CPI	31 st July 1987 Hong Kong Central Hospital	MARJORIE S.	Female	40 years	Domestic Worker Filipina	Pneumonia Septicaemia	Employer in attendance Lockhart Rd.	31 st July 1987	M. S.

CERTIFIED to be a true copy of an entry in a register of deaths in Hong Kong this 31st day of July 1987
茲證明此為本港死亡登記簿內一項註冊記錄之證明書

Certificate shows Marjorie S. died on July 31, two weeks after returning to Hongkong

"They were informed that no information could be given

about the identity of the body without the consent of the next of kin."

The official defended the Medical and Health Department's stand and said: "All those responsible for handling the body had been informed the person concerned had died of an infectious disease."

But he declined to specify who had been given the warning.

The Philippines Consulate also denied being given notice that Marjorie S. had died of an infectious disease.

Immunologist Dr Brian Jones, an expert on AIDS, said yesterday it was important to take precautions when handling the bodies of AIDS victims. Morticians should take particular care to avoid contact with the body fluids of a victim. The fluids

were potentially dangerous as the disease was transmitted through them.

Photocopied extracts from the passport held by Marjorie S. show she had lived in Hongkong for about five years.

An expatriate man said to live at an address in Lockhart Road, Wan Chai, was listed as her employer on the death certificate, although he could not be located last night.

Immigration stamps on the passport record that Marjorie S. left Hongkong for the Philippines on July 5 and returned on July 18, only 13 days before her death, and

that her work visa was due to expire on August 12.

The Government said on August 14 that Hongkong's AIDS death toll had increased to six from four, and confirmed one of the new cases had involved an "expatriate" woman.

Friends said she had had a relationship with a British businessman she met last year, but this had ended some time before her death, by which time she also had lost touch with both her local friends and relatives in the Philippines.

When she came to Hongkong, Marjorie S. left behind her estranged husband and their two daughters, now 16 and 17.

Marjorie S. had relatives, mainly cousins, working in Hongkong but rarely saw them as she divided her time between her job as a maid and moonlighting in the bars on Wan Chai's Lockhart Road strip. She said she needed the money.

Secrecy Deemed Irresponsible

54500005e Hong Kong SOUTH CHINA MORNING POST in English 17 Aug 87 p 16

[Editorial: "Disclosure Needed Over the AIDS Issue"]

[Text]

SINCE AIDS is incurable, the only option left is its containment. To do that in Hongkong, an international city exposed to all sorts of so-called "social diseases", the Medical and Health Department must be thoroughly informed about the impact of the disease so that it can candidly impart that knowledge to the public. Keeping a tight lip in this case can sink the ship of public confidence.

Events surrounding the AIDS issue over the past few days, and especially over the death of a Filipino maid and the lurid speculation it has raised, have strained the credibility of the department. At a time when it is involved in a publicity campaign to check the spread of the most feared

disease of the 1980s, it is, by its own admission, withholding pertinent facts from a public which has the right to know. We were faced last week with the ludicrous situation of the death of a woman from AIDS being revealed first by the media and met with a naive wall of silence from the department; a day later the same department held a press conference to declare that there had been an increase in the number of AIDS deaths — not just by that of the Filipina, but adding the undisclosed death of a 17-year-old boy to the list as well. Other details were sparse. Such a "chicken and egg" attitude will do more to scare an already suspicious public than any number of speculative media reports.

For better or worse, what the public must ultimately go by is the word of the Government which has so far acknowledged six AIDS deaths and approximately 90 potential carriers, with the majority assumed to have contracted the virus outside Hongkong. If the Government cannot be trusted to be forthright, the public will tune to rumours and gossip which can defeat the very purpose of the mass sex education as a defence against the pernicious disease.

The department cannot be expected to keep checks on everybody, but it is not too demanding to ask that the purveyors of health care be candid about what it knows about AIDS and those afflicted by the contagion. Ignorance of AIDS can kill. And authorities which are not candid or keen about telling the public the full story can rightly be described as grossly negligent – or worse.

Last week's episode damaged further the wounded credibility of the department, worsened public suspicion and can fairly be called a cover-up. Perhaps the Medical and Health Department preferred discretion to disclosure because it genuinely did not want to start a panic, provoke a backlash against Filipinas or to inadvertently divulge the identity of a "suspected AIDS patient". Noble intentions aside, the policy of not alerting the public ostensibly because AIDS, unlike cholera, "is a fully sexually

transmitted disease" (sic) seems bafflingly mediaeval, moralistic, if not asinine as well.

The public, of course, can do without morbid daily bulletins on AIDS affliction since television and newspaper reports locally and from around the world already amount to an international vigil on the disease. Everyone must be told, and immediately, of confirmed cases of death from AIDS so they can build up information which is the only defence against a disease which preys not only on the promiscuous, as the Medical Department paragons seem to think, but also on the haemophiliacs and the intravenous drug users. What strikes the thinking public is that the

Government charged with the responsibility of spreading the "Pyramid of Death" message should be so saddled with conventional – or sanctimonious – prejudices about AIDS that it cannot distinguish prudence from propriety, information from titillation.

The Government should change its backward attitude towards an advancing menace, a backwardness reflected in its reluctance to decriminalise homosexuality. So long as the fallacy of AIDS being a homosexual blight and the persecution of sexual deviance persist, mass ignorance or blind phobia will continue despite the expensive television advertisements and posters. AIDS, as the Government commercials dwell on, *is* a mass contagion to which the majority – and not only the promiscuous – are susceptible.

Ever since the death of the latest known victim, there have been talks of compulsory AIDS tests for certain high risk groups and guest workers. But such a scheme is hardly workable or justifiable under any pretext as it has been proved in the United States where the affliction is far worse than Hongkong and where the US Surgeon General, Dr Everett Koop, has gone against mandatory testing which smacks of discrimination and intimidation. To tackle AIDS effectively requires a radical examination of conventional mores in Hongkong where sodomy and homosexuality are considered crimes of perversion. Laws do not stop people from doing what their inclinations and instinct tell them. Understanding and persuasion, however, might.

Though AIDS has not spread like the plague through crowded Hongkong, a society whose values remain in many ways quaintly Victorian and prudishly Chinese, the danger is that it has the potential to do so as medical reports have suggested.

If AIDS is to be curtailed in Hongkong, nothing more than a candid approach from the Government will be sufficient. Anything less would be a gross irresponsibility.

Silence Brings Problems

54500005f Hong Kong HONGKONG STANDARD in English 18 Aug 87 p 6

[Editorial: "Official Silence Won't Help the AIDS Dilemma"]

[Text]

The Medical and Health Department has embarked on a most dangerous path. Keeping silent about AIDS cases is going to create more problems than it will solve.

From here on, if the department keeps its word, we will have to rely entirely on hearsay. And there is nothing more dangerous than that.

People are naturally inclined to accept the worst in a situation like this. Gossips and rumour-mongers will have a field day. So will that section of the media which thrives on the scurrilous and the sensational. Will the department accept responsibility for that?

For the department to excuse itself by merely saying anyone can get cholera while AIDS — acquired immune deficiency syndrome — is sexually transmitted, is the height of irresponsibility.

As a statement of fact that, in itself, is untrue. And misleading. One of the six fatal cases so far recorded here contracted the dis-

ease from a blood transfusion. At least 45 of the 79 people now known to be infected are haemophiliacs, victims of blood transfusions when the dangers were unknown.

Although there are no known instances here, AIDS can also be transmitted by the needles and syringes used by tattooists and drug abusers.

It is unclear what the department hopes to achieve by making such misleading statements. To compare AIDS with something containable like cholera is irresponsible in the extreme.

AIDS is a killer disease for which there is no cure at the moment. Education is the only thing we can put in its path for now. For this to

succeed, there must be the necessary information. Whether the department likes it or not, the number of instances is a part of this educational effort. The body count helps to drive home the message.

Not a pleasant prospect, certainly, but still an effective way of doing it.

By now most people are aware of this horrendous disease sweeping across the globe. Most also know how the virus is passed on. But, like other educational efforts, there need to be periodic jerks to arrest attention, to make people sit up and think, to get them to consider changing their ways. A body count does that.

Hongkong is a promiscuous, fairly hedonistic society. It is an open port; people from many parts of the world come and go. A significant portion of these people help to promote this society's promiscuity.

To insulate ourselves we may have to insist on very strict entry rules. But that is neither foolproof nor constructive. It may even undermine the foundations of our economy.

At the same time, AIDS is a real and terrifying threat. Figures from the World Health Organisation — WHO — give some idea of the scope of the problem. As of last month, there are 54,000 cases worldwide. Of these, 16,000 are in the United States which also has an estimated 1.5 million carriers. In the Zairean capital of Kinshasa alone, there are 175,000 carriers.

Within the next four years, WHO estimates there will be

500,000 to three million sufferers worldwide. WHO fears a major catastrophe in Asia.

Anywhere else, such mind-boggling figures would wake up the deadest of bureaucratic deadwood. Not here, it seems. The Medical and Health Department bureaucracy remains suspended in time, frozen in its Victorian cocoon of upright, uptight mores and strait-laced attitudes towards anything and everything connected with sex.

In this instance, the problem is compounded by a laughable sense of priority. The important thing, says department spokesman Mr Norman Li, is to find out as much as possible about a victim's history and contacts. And, he adds, surveillance is more important than using deaths for warning effect.

Mr Li, in effect, is saying that putting the cart before the horse is the answer. What rubbish!

Do we need several hundred cases and far greater risks to the population at large before such thinking is abandoned?

There is also the issue of the public's right to know. The department may argue that the victims are entitled to their privacy. This is not under challenge. Identity, nationality and other personal particulars should be withheld from the public. It is not anybody's business.

But the spread of AIDS is everybody's business. The very nature of AIDS makes it a matter of grave and vital interest to the general public. And that means the public has a right to know the score.

AIDS is not your ordinary, run-of-the-mill disease. AIDS strikes at man at his weakest point. To combat AIDS successfully bureaucrats need to get away from stereotype thinking, to clear their woolly heads and to adopt radical approaches.

More Details Promised

54500005g Hong Kong SOUTH CHINA MORNING POST in English 29 Aug 87 p 3

[Article by Jamie Walker]

[Text]

THE Medical and Health Department yesterday responded to criticism of its AIDS information policy by pledging to release details of future cases regularly and "more frequently".

But Dr S.H. Lee, the deputy director of the department and the chairman of the Government's expert committee on AIDS, warned that the community's right to know would be carefully balanced against the need to protect the rights and privacy of patients.

He said the question of confidentiality outweighed the public interest of providing information which might identify AIDS victims or cause them to feel they were being subjected to discrimination.

"While the Medical and Health Department is acutely aware of the public interest in AIDS, it considers that the public's right to know should be carefully balanced against the important need to protect the confidentiality of AIDS patients, carriers and contacts and the rights of individuals to privacy in a free and democratic society," he said.

"It is felt that the spread of AIDS can only be curtailed and the interest of the community best served if the trust and co-operation of those greatest at risk can be obtained and maintained.

"The basic rationale for confidentiality is to ensure that patients will have the utmost confidence in revealing to their doctors all medical

information, however intimate, embarrassing or incriminating."

The department has reacted sharply to criticism that it was being unnecessarily secretive in handling AIDS cases.

The *South China Morning Post* documented last week how the body of Hongkong's first female AIDS victim, a Filipino named Marjorie S., was flown home without proper safeguards.

A Government spokesman confirmed that medical authorities had declined to tell the Philippines Consulate she had AIDS.

Some sections of the news media, including the *South China Morning Post*, have argued that fuller disclosure was essential to maintain the impact and credibility of the Government's AIDS education campaign.

It has been generally accepted, however, that AIDS victims should not be named.

Dr Lee told a meeting of newspaper news editors and senior reporters, called to discuss AIDS information policy, that the department had not withheld personal details about AIDS sufferers — or those who carry the virus — without reason.

Public disclosure of information that might identify an AIDS sufferer or compromise a doctor-patient relationship had to be avoided. Otherwise, he warned, people who feared they had contracted the disease or were engaging in high risk behaviour associated with it, might

be deterred from coming forward.

"The medical profession will have a better chance of winning the trust of high risk groups who can come forward for counselling and treatment, assured in the knowledge that their privacy will be respected," he said.

Dr Lee said he was aware the media had a responsibility to report fully matters of public concern — such as the AIDS threat — and the medical authorities would move to improve the information flow.

It was prepared to release details on AIDS cases on a "regular and more frequent basis" without disclosing information which might identify individuals.

He said the department would release a patient's ethnic background, rough age group, sex and how the disease had been contracted.

But the job of an AIDS sufferer should not be made public, even if it involved such potentially high risk activities as prostitution.

Dr Lee said he would be loath, for example, to announce that a prostitute working in an identified area of Hongkong had been infected. This could drive other prostitutes to other districts they considered "safe" or give people elsewhere the impression they were not at risk.

The key, he said, was to identify forms of high risk behaviour rather than individuals.

CANCER DRUGS POSE DANGER TO PATIENTS, HOSPITAL STAFF

54500006 Hong Kong SOUTH CHINA MORNING POST in English 8 Aug 87 p 3

[Article by Mary Ann Benitez]

[Text]

HOSPITAL patients and staff were being endangered by inadequate safeguards concerning the use of toxic cancer drugs, a nursing group has warned.

The Association of Government Nursing Staff said cytotoxic drugs — which could themselves cause cancer, as well as miscarriages and mutation when improperly administered — were being freely distributed in Government hospitals.

And in a letter this week to the Medical and Health Department, the nurses demanded that the authorities act to minimise the risk within a week.

A spokesman for the association said nursing staff were not trained to handle the drugs and no Govern-

ment hospital was equipped to protect staff and patients from being exposed to the harmful effects of these drugs.

Overseas studies had found that prolonged exposure to these drugs could cause permanent cell damage. Abortions and gene mutation might be induced.

At one London hospital, 80 per cent of the nurses who fell pregnant while involved in cytotoxic programs suffered miscarriages, researchers found.

Association chairman Mr Michael Ho said that medical authorities in most countries had now taken precautions, installing special equipment and facilities in hospitals for the dispensing of these drugs.

Mr Ho said the association had held a meeting with the Director of Nursing, Miss L. Cheung, who promised to pass on their views.

But Miss Cheung declined, however, to give an assurance that these demands would be met, he said.

A spokesman for the Medical and Health Department said yesterday it would take "the necessary action" on the group's proposals.

Mr Ho said that association members were outraged when they were told, during a visit to a new cancer hospital at the Chinese Academy of Medical Sciences in Beijing, that special equipment and rooms for cytotoxic drug administering had been installed.

He said all major hospitals in Hongkong either had

separate radiotherapy units or treated cancer patients in special wards.

Except for radiotherapy units, which had a "ventilation cabinet", the other wards reserved for cancer patients did not have appropriate protection, he said.

Mr Joseph Lee, a nurse who works in an oncology (cancer) unit, said the ventilation cabinet was not up to standard.

He said it was internationally recognised that a "biological safety cabinet type 2" should be installed. This unit ensured that the air current was drawn inwards, so that all aerosols which escaped when drugs were opened could pass through a special filter.

/7358

REPORTER WRITES ON CAMPAIGN AGAINST INFECTIOUS DISEASES

54500007 Hong Kong SOUTH CHINA MORNING POST in English 24 Aug 87 p 17

[Text] **T**HE posters show a hand poised over rat-infested meat on a hawker's food stall.

Their message is blatantly clear: if you eat unhealthy food-stuffs you risk serious illness, such as happened in last year's serious outbreak of cholera.

But while cholera may be the most widely publicised infectious disease, the posters are aimed equally at warning of a whole range of infectious illnesses that remain a serious danger in Hongkong — many relatively unknown to the general public.

There are many other infectious diseases that are contracted through dirty food and water, and the results can be just as deadly.

In 1986, typhoid struck 186 people in the territory, claiming one life; bacillary dysentery occurred in 344 cases, resulting in one death; and food poisoning affected 223 people.

Ironically, in the same year only 30 people fell ill from cholera (with one dying), yet the result was widespread panic. Alarmed by its fearful reputation, people queued up for a vaccine which could only offer, at best, short-term immunity.

All of these infectious diseases, which affect both children and adults, have remained a health menace despite their being largely preventable.

The key, said the head of the Medical and Health Department's Central Health Education Unit, Dr Ngan, is for people to observe personal hygiene.

And they should take special care with what they eat and drink, especially during the long hot summer.

"That's why we cannot say that infectious diseases have been controlled at this stage but we do our best in educating people every year to change their lifestyles," said the senior medical officer.

With all of these diseases, Dr Ngan added, there was no effective vaccine, which made public health education even more of a necessity.

However, the problem was not as bad as in many other countries.

"These diseases are not as serious in Hongkong because the general immunity of the population is quite good. Outbreaks are not that frequent, unlike in other countries," he said.

People are regularly warned not to patronise hawkers who might sell improperly prepared food and to observe personal hygiene at all times.

The public does appear to learn from disease, if last year's cholera outbreak is any indication. With autumn almost upon us and summer beginning earlier than usual, a similar problem with cholera this year appears unlikely.

Recorded cases of infectious diseases, 1981-85					
	1981	1982	1983	1984	1985
Polio	3	0	1	0	1
Deaths	1	0	0	0	0
Diphtheria	0	1	0	0	0
Deaths	0	1	0	0	0
Typhoid	482	369	346	317	267
Deaths	2	0	3	1	1
Paratyphoid	18	23	23	14	20
Deaths	2	0	0	0	0
Dysentery	563	580	479	386	519
Deaths	3	1	1	0	0
Leprosy	55	57	38	32	32
Deaths	2	1	0	0	0
Malaria	62	80	125	113	168
Deaths	0	0	0	0	0

Medical authorities are slowly winning the battle against infectious diseases — thanks largely to a public education campaign.

MARY ANN BENITEZ reports on the summer battle against outbreaks of serious illness.

"People are very much better informed this year than last year because we campaigned for them not to patronise the hawkers," said Dr Ngan. "We hold seminars for teachers, schools, issue press releases and posters and have TV campaigns."

"We would expect less viral diseases this year than last year. The summer months came quite early this year so we would expect food poisoning to come on quite early; but up to now, we haven't had any cholera outbreak."

Dr Ngan said that despite their "scary" reputation, infectious diseases were easily preventable.

"With these diseases, you need a pool of germs in society and a transmission route in order to complete the cycle of infection. If you break the cycle — by observing hygiene, eating lots of food, having a healthy lifestyle and adequate rest, then you have good resistance," he said.

Cleanliness is also important in the prevention of malaria, a mosquito-borne disease. In 1986, a total of 168 malaria cases were notified, most contracted overseas.

Indigenous malaria is fortunately confined to the north-west New Territories and along the border areas.

A public campaign is regularly conducted to remind people to eliminate mosquito breeding

sites and picnickers and overseas visitors are urged to protect themselves against mosquito bites. A special pamphlet for travellers lists the malaria endemic areas and what precautions should be taken.

Another infectious disease, virus hepatitis A and B, remains prevalent, with 1,601 notified cases and 13 deaths reported in 1986. Hepatitis B usually leads to long-term liver complications

such as cirrhosis and liver cancers.

It is contracted via contact with contaminated blood or an infected syringe. Close personal contact, especially from pregnant mothers to their babies, is one mode of transmission.

Unlike with other communicable diseases, a hepatitis B vaccination program is already under way.

Children born to HBV-positive mothers are immunised, including health care workers who are in frequent contact with blood and blood products or tissue fluids.

Hongkong has managed to obliterate most of the childhood communicable diseases which less than three decades ago claimed young lives and maimed countless others.

It took more than pure luck to be spared these unnecessary deaths.

A mass immunisation program of children aged up to five is conducted against tuberculosis, diphtheria, measles, tetanus, whooping cough and poliomyelitis, largely contributing to the significant about-turn.

Dr Ngan said the direct relationship between vaccinations — giving children immunity against potentially fatal diseases — and mortality in later years has been shown without doubt.

Since BCG vaccination began in 1952 to prevent tuberculosis, TB infant deaths have sharply declined from 3.5 per thousand live births in 1952 to almost zero since 1970. Adult TB deaths have similarly decreased from about 4.2 deaths per 100,000 to 0.2 in 1984.

The improvement in health has been such that the focus of public health campaigns these days is on health promotion, urging a return to the traditional Chinese lifestyle.

This is because an entirely different set of diseases — "Western diseases," so-called because they have been linked to the fast-paced, stressful lifestyles more commonly found in Western countries — threatens the territory's population.

Cancers now claim 8,000 lives, and heart disease 4,000.

BRIEFS

AIDS CASE DENIED--The Medical and Health Department has denied a newspaper report that there is a seventh AIDS case in Hongkong. The Chinese newspaper TIN TIN DAILY reported yesterday that a 25-year-old man had been admitted to Princess Margaret Hospital on August 12 seeking treatment for AIDS. The paper claimed he was the first patient to be treated with AZT, a newly-developed drug used in the U.S. and Britain for treating some AIDS patients. The report said the man had since been transferred to a Kowloon hospital. The chief spokesman for the department, Mrs Juliana Ma, repeated earlier statements that there were six confirmed cases of AIDS in Hongkong, all of them having died. "We have no new AIDS case," she said. "We have had only six cases so far." [Text] [54500008 Hong Kong SOUTH CHINA MORNING POST in English 2 Sep 87 p 3] /7358

PLAN TO CHECK EPIDEMICS SENT TO DROUGHT AREAS

54500010 Calcutta THE TELEGRAPH in English 1 Sep 87 p 4

[Text]

New Delhi, Aug. 31: An elaborate contingency plan to check the outbreak of epidemics and disease during the current drought in large party of the country has already been worked out by the Centre and sent to the state governments.

In a letter to the chief secretaries of states and Union territories, the Union health secretary has asked them to gear up their local machinery to check any possible health hazards as a result of the unprecedented drought.

The immediate objective under the plan is to check and control the outbreak of any epidemic. To this end, the Centre has advised the states to identify all drinking water sources and make every effort to disinfect the water with chlorine or bleaching powder. They have also been advised that water stored in big reservoirs be treated with anti-evaporent agents and that water sources be disinfected on an increased scale.

The states have been urged to set up a monitoring cell under their directorates of health services (DHS) exclusively to monitor and review the health requirements of the drought-affected areas.

The states have also been directed to alert the epidemiological cell of the DHS to meet any eventuality in case of an epidemic breaking out. The states have also been advised to take preventive measures and procure and keep ready emergency drugs and vaccines.

The Centre has stressed the need to make adequate provision for antibiotics, vitamins and other essential drugs needed in

case diseases like gastro-enteritis, dehydration, pneumonia, cholera, typhoid, dysentery, measles or nutritional disorders broke out on a large scale.

Children, expectant mothers need special care

The plan also identifies children and expectant and nursing mothers as the population group most in need of special care. Severe malnutrition and high incidence of water-borne diseases lead to long-term debilitating effects on children. The plan stresses that every effort should be made to reach these population groups on a priority basis in all drought-affected areas. In addition, the aged, infirm, and the disabled should be looked

after and efforts should be made to provide relief for them.

The states have been advised to take immediate steps to protect children and pregnant women with the protective vaccines used for the immunisation programme through a special drive. It has been stressed that all primary health centres should be provided with an adequate stock of vaccines and should be instructed to carry out special immunisation programmes in respect of these identified categories of people on a priority basis.

The states have been asked to take up a massive programme to provide nutritional supplements like proteins, vitamin A and minerals (iron and folic acid). If necessary the nutritional supplement programme should be channelised through the deployment of additional manpower and through panchayats, the Centre has said.

In addition to the existing network of medical care institutions, the states have been advised to establish medical and health camps.

BRIEFS

POLIO CASES INCREASE--Madras, Aug. 30. A sudden and significant spurt in the number of poliomyelitis cases in Madras has set the health authorities thinking. An investigation has begun into the possible causes for the increased manifestation of this crippling viral infection in children. The Institute of Child Health, the premier and apex institute for paediatrics in the city has recorded nearly three times the number of cases a day during the past one month. Enquiries show that there could be a variety of reasons and factors. Paediatricians say water contamination, excess breeding of flies, breakdown in the 'cold chain' resulting in lack of potency of the polio vaccine, and seasonal changes could account for the sudden spurt. The Health Minister, Mr R. Shanmugam, addressing a meeting here this evening, said the Government was concerned about the problem as 10 to 15 cases were being reported every day to the Institute of Child Health, against a normal three to five cases. The Government would come out with a programme to combat polio but in this task, the involvement and support of voluntary and service organisations were essential. "We have to inculcate the basic lessons of hygiene in the poor," he said. [Text] [54500011a Madras THE HINDU in English 31 Aug 87 p 3] /7358

CHOLERA IN BIHAR--Patna, August 29. Cholera has broken out in several parts of Bihar claiming 32 lives, even as a population of 16.5 million continued to reel under the agony of floods which has inundated fresh areas in this district. According to Bihar government sources, the death toll in Katihar, Khagaria and Patna districts, stood at 25, five and two respectively. All other flood-affected districts have reported cases of diarrhoea and vomiting, the sources said. Special medical teams were rushed to contain the disease which affected many relief centres there due to unhygienic conditions. Reports said that water disinfectants were not available. Similarly, the officials contended that water logging coupled with garbage problems, which arose owing to the strike by the Patna municipal corporation employees, was responsible for two deaths in the state capital. They however claimed that the medical teams had the situation under control and had also inoculated the inmates of the relief camps in Katihar and Khagaria districts. [Excerpt] [54500011b Bombay THE TIMES OF INDIA in English 30 Aug 87 p 7] /7358

RISE IN JAUNDICE--Seven states have reported a rise in the incidence of infective hepatitis during 1986 over 1985, report agencies. Jaundice and viral hepatitis are endemic throughout the country and the Government is receiving reports from state health authorities regarding the incidence of infective hepatitis, Minister of State for Health and Family Welfare Saroj Khaparde told Mr S D N Wadiyar in a written reply in the Lok Sabha on Thursday. She said the states most affected by infective hepatitis are Assam, Arunachal Pradesh, Gujarat, Himachal Pradesh, Kerala, Madhya Pradesh and Rajasthan. A six-point plan is in operation to keep effective check on jaundice and viral hepatitis, she added. [Text] [54500011c New Delhi PATRIOT in English 21 Aug 87 p 5]
/7358

CONTROVERSY HITS AIDS PROGRAM FOR MIGRANT FARM WORKERS

Kingston THE DAILY GLEANER in English 18 Aug 87 p 3

[Text]

A CONTROVERSY between the Ministry of Labour and the Ministry of Health over the AIDS control programme as it affects farm workers sent to the U.S. loomed larger yesterday.

The Ministry of Health's Principal Medical Officer (Epidemiology) Dr. J. Peter Figueroa has been having difficulty understanding how Labour Minister J.A.G. Smith assesses how his Ministry assists in controlling the spread of AIDS in Jamaica.

In a press release yesterday, Dr. Figueroa referred to Mr. Smith's attack on him in Parliament on August 11 while he was making his contribution to the Sectoral Debate.

In that contribution, Mr. Smith had said that his Ministry tested farm workers and made the results available to the Ministry of Health. The only information requested and not given concerned the earnings of farm workers which he did not re-

gard as the prerogative of Dr. Figueroa, he said then.

In his release, Dr. Figueroa said the information he was seeking was "essential for an effective AIDS Control Programme. He recalled that on June 8, 1987, he wrote to the Ministry of Labour to: "request the schedule for processing the farm workers for 1987 so that we can jointly ensure that they are fully aware of the risks and necessary preventable measures in relation to AIDS."

He had also asked for the names of farm workers that corresponded to the code numbers of the blood samples sent abroad by the Ministry of Health for the confirmatory AIDS test "so that we could counsel farm workers and their contacts. But, Dr. Figueroa no response had been made.

On July 10, 1987, he said, he and two of his colleagues met with four officials of the Ministry of Labour, including the Permanent Secretary to explain the approach of the Ministry of Health to preventing the spread of AIDS and to ask for help. But there had been no firm commitment from the Ministry of Labour.

He said that a health education officer had attempted to conduct

some health education with farm workers in the past, but the sessions had to be discontinued because of the "totally unsuitable conditions under which she was expected to work."

The Ministry had also failed, Dr. Figueroa said, to respond to requests to provide the names of farm workers who had travelled to North America prior to 1985 so that arrangements could be made to have them tested. And, there had been no response about the possibility of making arrangements to test farm workers three months after their return from North America, as they were only tested before they went abroad.

After recounting other lapses, Dr. Figueroa said the request for the earnings of farm workers was to assess the cost benefit of the programme against the cost to the country of treating a large number of AIDS patients. That was public information which the Minister gave in Parliament in his contribution to the debate, Dr. Figueroa said.

He said he or his colleagues were willing to explain to the Minister "the full implications of the AIDS epidemic and the strategies needed to control it".

/8309

CSO: 5440005

AIDS PREVENTION, SURVEILLANCE MEASURES DETAILED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8m No 2, Apr 87 pp 126-128

[Article by Zheng Xiwen [6774 6932 2429] and Zheng Qingsi [6774 1987 2448]:
"Surveillance and Prevention of AIDS in China"]

[Excerpt] Testing for AIDS in China started in 1985. In June 1985, a U.S. tourist with AIDS died in Beijing. On 5 August 1985, the Chinese Academy of Preventive Medicine established a working group which put forward testing and preventive measures for AIDS in China, and started to investigate the infection of AIDS in China. In early 1986, the Ministry of Health issued a report indicating that all of China's relevant departments should strengthen AIDS testing, and legally listed AIDS as a contagious disease. The report emphasized that we must strictly enforce the 1984 notice of the Ministry of Health and the Customs Office that prohibits the import of blood products from abroad. In October 1986, the Ministry of Health's AIDS Prevention Working Group was officially established and began work under the leadership of the Ministry of Health.

With a population of 1 billion and with increasingly frequent international contacts, China must determine the scope of its risk group and collect and test the blood serum of a certain number of people in order to ascertain its AIDS situation. Based on its national conditions, China's AIDS risk group includes six types of people, and based on the circumstances, they must be given blood tests.

1. We must put together a name list and check the blood of patients who have used foreign blood products in the past few years, especially hemophiliacs who have used imported Factor VIII blood between 1981 and 1984.
2. We should test the blood of those with V.D., or of those people who have had unusually [frequent] contact with foreign tourists or foreign students.
3. We should test the blood of foreign guests and foreign students who have resided in China for a long time, and we should also administer tests to foreign tourists with suspected AIDS symptoms (especially tourists from countries with a high incidence of AIDS).

4. We should give spot tests to foreign personnel, workers, seamen, students and diplomatic personnel who have resided in China for a long time, to service personnel who work in hotels and guest houses, and to personnel who work in health clinics for foreign personnel, and we should test those who are suspected of having contact with AIDS or those with suspected AIDS symptoms.

5. We should administer spot check tests to the residents of border regions and to national minorities, and give blood tests to those with suspected AIDS symptoms.

6. We should give regularly scheduled blood tests to those who have had contact with people who have tested positive for HIV [Human Immunodeficiency Virus] antibodies.

In 1985, Wang Bichang [3769 1801 1281] used immune fluorescent technology to test the serum of 210 health individuals from 8 provinces, and they all tested negative for HIV antibodies. Zeng Yi [9088 3015] injected an American concentrated Factor VIII preparation into 18 hemophiliacs in Zhejiang Province between 1982 and 1984, and used ELISA [enzyme linked immune absorption] to test for HIV antibodies in the serum. Four individuals tested positive, and this was verified through the immune fluorescence test and the western ink drop method. We are keeping a close watch on and adopting the necessary measures for developments in their situations, such as assigned hospital treatment, assigned physicians, and providing the dependents of the patients with a better education about AIDS.

Starting in 1986, under the leadership of the Ministry of Health, the Chinese Academy of Preventive Medicine took the lead and organized the relevant provinces, autonomous regions and municipalities, especially open cities, and developed AIDS testing work for the aforementioned risk groups. By the end of December 1986, each region had received unified numbering from the Chinese Academy of Preventive Medicine's Institute of Epidemiology and Microbiology, and more than 3,478 blood serum samples were tested by Chinese Academy of Preventive Medicine's Institute of Virology. In addition, a number of province's and cities performed their own blood serum testing. In the future, we must increase the number of samples and concentrate our resources on collecting blood serum from the risk groups. We must not abandon the testing work until AIDS has been wiped out worldwide.

III. AIDS Prevention

Since the discovery of AIDS, scientists from many countries have worked hard to seek a cure, but have so far been unsuccessful. A few drugs can treat the infection but have no effect on the deterioration of the body's immune system. The patient's immune system becomes so weak that he dies from the infection. Thus, AIDS prevention is clearly quite important.

Because AIDS is mainly transmitted through sex, by sharing contaminated syringes, transfusions of contaminated blood, and is also transmitted from the mother to the embryo, the main principle for preventing infection is to prevent contact with the semen, blood and other body fluids of those who are infected with AIDS. Below are some specific personal preventive measures:

1. We should not casually use imported blood products.
2. We should prevent sexual relations between AIDS patients or those infected with the AIDS virus, and should advocate the use of condoms.
3. We should not share needles and syringes.
4. We should not share tooth brushes, razors or other objects which can be contaminated with blood.
5. We should perform HIV antibody tests on blood donors. Those who test positive must discontinue donating blood, plasma, organs, tissues or semen.
6. Female AIDS patients should avoid pregnancy.
7. We should use effective sterilizing medicines, such as 500 to 5,000 ppm (diluted to 1:10 to 1:100) of the new compound of sodium hydrosulfide (at home, you can use a 1:10 dilution of bleaching powder) to clean the surface of objects that have been contaminated by blood or body fluids.
8. We must sterilize discarded materials, or put the [contaminated] materials into double-layer, non-leak, non-breakable plastic containers, and then handle them appropriately.
9. Medical personnel and laboratory workers should avoid infections resulting from their work. They should wear protective clothing and gloves, avoid direct contact with the blood or other body fluids of patients, be careful of being pricked by contaminated needles or syringes, and when contamination is possible, they should promptly sterilize and thoroughly wash.

Currently, Western nations have increased their education concerning sexual behavior. According to reports, the behavior of male homosexuals in the U.S. has been restrained, but still remains a serious social problem. They have already started using the heat treatment method for factor VIII blood products and have tested the HIV antibodies of blood donors. In the near future we will also be studying how to test suspected cases using known antigens (viruses) in order to identify those who have been infected by HIV and whose antibodies clearly have tested positive (approximately 5 percent of those infected).

Since a sexually-transmitted disease was discovered in China in 1985, the nation has been more vigilant. In order to reduce the spread of disease from abroad and prevent transmission, China has adopted the following necessary actions and measures:

1. We are developing AIDS propaganda work. We are introducing information about AIDS to all people by way of newspapers, magazines, books, television and radio broadcasts. The book "AIDS" edited by the Chinese Academy of Preventive Medicine was recently published by the People's Publishing House. In 1986, the Chinese Academy of Preventive Medicine held three nationwide AIDS classes, and gave comprehensive training in AIDS epidemiology, aetiology

and laboratory diagnosis for those people responsible for AIDS testing who are from all provinces, autonomous regions and municipalities.

2. We should strengthen testing of the risk group. We should switch to active rather than passive testing of the aforementioned risk groups in China. When responsible departments discover those with the disease or those who are suspected of having the disease, they should immediately make a contagious disease report using the "B method." We must step up surveillance and administer scheduled blood tests to those who have tested positive for AIDS antibodies or those who have had close contact with AIDS patients. We must keep a close watch on the incidence of the disease in other countries, especially neighboring countries and countries with a high incidence of AIDS. We should strengthen quarantines at our national borders.

3. We should adopt corresponding preventive measures. We should prohibit and restrict the import of blood products. We should educate and eradicate unlicensed prostitutes, and reduce the number of people with V.D. When we discover AIDS sufferers, we ought to adopt the same isolation and sterilization measures that we use for hepatitis patients. Those who have had close contact with AIDS patients should pay close attention to prevention and should avoid contamination.

4. We should establish a responsible organization for AIDS prevention. Under the leadership of the Ministry of Health, a Ministry of Health AIDS Prevention Working Group composed of leaders and experts was established in October 1986. A number of provinces and cities, especially open cities, have also established working groups, and have assumed responsibility for organization, coordination and consulting work.

5. We should develop scientific research work in AIDS, including epidemiology, aetiology and laboratory diagnostic methods, and clinical research. We should set up laboratories to separate a culture of the virus, produce antigens, and use this for blood testing throughout the nation.

12437/12951

CSO: 5400/4136

SEROEPIDEMIOLOGICAL SURVEY OF NATURAL INFECTION OF PSEUDOTUBERCULOSIS IN HUMANS AND ANIMALS

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 1, Feb 87 pp 40-42

[English abstract of article by Li Xianfeng [2621 6343 7685], et al., of
Fujian Research Institute of Endemic Disease, Fuzhou]

[Text] Pseudotuberculosis is widely spread in rats in Jianou County, with the natural infection of this disease having first been noted in China in humans, pigs and Sucus murinus. These results show that pigs and S. murinus are animal reservoir hosts in addition to rats. The positive hemagglutination antibody rate for the disease in S. murinus is higher than that in other animals. There are four serotypes of the disease in the county, i.e., I, II, IV and V. The natural foci of the disease in the county are still in existence and their distribution is very wide. This antibody can be detected in animals in many parts of the county.

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CSO: 5400/4137

RETROSPECTIVE SURVEY OF MORBIDITY OF NEONATAL TETANUS IN SOME AREAS

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 3, Jun 87 pp 129-132

[English abstract of article by Su Wannian [5685 8001 1628], et al., of the
National Vaccine and Serum Institute, Beijing]

[Text] Neonatal tetanus is one of the serious health problems in developing countries. Up to the present time, there has been no tetanus notification system in China, so it has been very difficult to estimate the incidence of neonatal tetanus. In order to determine the actual morbidity of neonatal tetanus, a retrospective survey of the morbidity of neonatal tetanus was conducted in some selected areas in Liaoning, Jilin, Shanxi and some counties in Hebei Province. The results show that the morbidity of neonatal tetanus is quite high in some areas, e.g., in Shanxi it is more than 2/1,000 live births, and in Dingxing County, as high as 5.7/1,000 live births. The control strategy of neonatal tetanus should be considered as soon as possible.

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CSO: 5400/4140

SEROLOGICAL SURVEY OF TETANUS ANTIBODY OF NORMAL POPULATION IN CHINA

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 3, Jun 87 pp 133-135

[English abstract of article by Zhang Guohua [1728 0948 5478], et al., of the
National Vaccine and Serum Institute, Beijing]

[Text] It is well known that a serum of 0.01 IU/ml antibody level can protect people against tetanus infection, and the same serum when given to pregnant women can protect the newborn from neonatal tetanus. In order to determine the immune status in women of childbearing age, a serological survey of the tetanus antibody involving the normal population was performed. A total of 13,355 serum specimens was collected randomly from persons of all ages (5-10, 11-15, 16-20, >21) in both urban and rural areas in 19 provinces. The Standard Indirect Hemagglutination test was performed in the same laboratory. Specimens with ≥ 0.01 IU/ml accounted for 47.11 percent and, of the 1,690 childbearing women, only 38.22 percent had an antibody level of ≥ 0.01 IU/ml. The lowest rate was found in Gansu, where only 4.35 percent had a protective level of the tetanus antibody. In this area, pregnant and childbearing-age women should be immunized immediately.

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CSO: 5400/4140

EPIDEMIOLOGICAL INVESTIGATION OF OUTBREAK OF DIPHTHERIA IN SHAODONG COUNTY

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 3, Jun 87 pp 136-138

[English abstract of article by Jiang Manli [3068 2581 0536], et al., of the
Anti-epidemic Station, Hunan Province]

[Text] This paper reports an exceptional outbreak of diphtheria in Shuangfeng Commune, Shaodong County, Hunan Province, during September to November, 1983. The decreased immunity of the local population resulting from neglected preventive measures might have caused this accident. During the epidemic, 616 cases were infected, the incidence was 34.94 percent, and 10 cases died. However, after the implementation of comprehensive measures, in which the inoculation of the refined diphtheria toxoid was the main emergency measure, the epidemic was controlled promptly. The epidemiological characteristics of the outbreak were: 1. The incidence tended toward a relatively high age group, with the highest incidence among the 7-15 year-old-group, an incidence that was twice as high as that among the 0-6 year-old-group; 2. The clinical manifestation was mainly mild faucial diphtheria; 3. Certain nontoxic strains also caused pathogenic outcomes. In order to control the diphtheria epidemic in rural areas, the authors suggest that while reforming the rural economic system, basic health organizations must be consolidated, immunization programs should be implemented and more attention should be paid to the immunity of school-age children and adults. It is also necessary to revise and perfect the diagnosis criteria of diphtheria since mild faucial diphtheria has become more prominent recently.

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CSO: 5400/4140

OBSERVATION OF SEROLOGICAL EFFECT AND IMMUNE RESISTANCE OF TWO-DOSE IMMUNIZATION WITH ADSORBED DTP

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 3, Jun 87 pp 139-143

[English abstract of article by Xie Guangzhong [6200 1639 0022], et al., of
Shanghai Institute of Biological Products; et al.]

[Text] The effective control of diphtheria, tetanus and pertussis is through active immunization with three doses of the combined DTP and two doses of adsorbed DTP at one month intervals. During 1978-1984, an investigation of the effect of two-dose immunization with adsorbed DTP was conducted in Donghai County of Jiangsu Province. Serological results showed that the protection level against diphtheria, tetanus and pertussis was obtained. Although the level of the pertussis antibody fell below the protection level one year later, it could be raised through a booster dose. The results of 3-5 year observations on primary immunization show that two-dose immunization can give satisfactory serological results for diphtheria and tetanus and an increased antibody level for pertussis.

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CSO: 5400/4140

INTRAUTERINE AND PERINATAL TRANSMISSION OF HEPATITIS B VIRUS FROM CARRIER MOTHERS TO INFANTS

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 3, Jun 87 pp 154-157

[English abstract of article by Li Shoufu [2621 1108 1788], et al., of the Department of Virology, Beijing Municipal Center for Hygiene and Epidemic Control]

[Text] A total of 95 infants born to HBsAg carrier mothers were tested for the presence of HBsAg and anti-HBs by RIA, anti-Hbc IgM by ELISA, and HBV-DNA by Southern blot hybridization in the venous blood samples taken during the first 24 hours following delivery. In addition, 15 infants born to HBsAg positive mothers were followed up to observe the frequency of perinatal transmission.

The results of detection for HBsAg and HBV-DNA in all 95 venous blood samples from newborns at birth combined with follow-up observation indicated that two infants could have had intrauterine infection of HBV (2.1 percent). However, all 95 newborn infants had no detectable anti-HBc IgM (tested by Abbott reagents).

Eight of the fifteen infants born to chronic HBsAg carrier mothers were infected with HBV (53.33 percent) within seven months following birth. Five infants born to HBeAg positive mothers became chronic HBsAg carriers. One of two infants born to mothers negative for HBeAg and anti-HBe became HBsAg positive at seven months and, among eight infants born to anti-HBe positive mothers, two infants born to mothers positive for both anti-HBe and sera HBV-DNA acquired the HBV infection.

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CSO: 5400/4140

PURIFICATION AND CHARACTERIZATION OF CHOLERAGENOID FROM VIBRIO CHOLERAE 569B

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 3, Jun 87 pp 144-146

[English abstract of article by Chen Zhengdao [7115 2973 6670], et al., of Shanghai Institute of Biological Products, Ministry of Public Health]

[Text] Choleragenoid, a nontoxic aggregate of the B subunit of the cholera toxin, has been purified from a concentrated culture fluid of *V. cholerae* 569B by continuous-flow centrifugation, ultrafiltration and ion exchange chromatography on phosphocellulose P11, etc. The product was checked for its purity through immunoelectrophoresis, disc-polyacrylamide gel electrophoresis, SDS-PAGE, rabbit skin permeability factor assay, enzyme-linked immunosorbent assay, CHO assay and the Limulus test. It was found that the preparation was essentially free from lipopoly-saccharides and other proteins present in the crude culture filtrates, yet retained the specific receptor-binding capacity of the cholera toxin. However, no enterotoxic activity was revealed by either CHO assay or the skin permeability test. The results show that the choleragenoid prepared by the authors is comparable to that offered by SIGMA Chemical Company in its level of purity.

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CSO: 5400/4139

STUDIES OF PREPARATION OF RIA KIT WITH MONOCLONAL ANTIBODIES FOR DETECTING HBsAg

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 3, Jun 87 pp 165-169

[English abstract of article by Wu Shaoyuan [0702 4801 3104], et al., of the National Institute for the Control of Pharmaceutical and Biological Products, Beijing]

[Text] By epitope-matched screening of 14 strains, suitable monoclonal anti-HBs have been chosen for ^{125}I labeling for solid phase coating. Using this screened pair of anti-HBs combined with a certain amount of polyclonal anti-HBs, a domestically-made highly-sensitive RIA kit for detecting HBsAg has been developed. The sensitivity (ranging from 0.1-0.7 ng/ml), specificity, coefficient variation, correlation coefficient and slope are all similar to those of Ausria II. A comparison with other international commercial kits with monoclonal anti-HBs, including Centoco (United States), AUK-3 (Italy, Sorin) and Monolisa (France, Pasteur), has been done. The discussion stresses the importance of epitope-matched screening in the application of monoclonal antibodies, and some different results from detecting HBsAg by monoclonal or polyclonal antibodies are presented.

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CSO: 5400/4139

EPIDEMIC OF DENGUE FEVER CAUSED BY DENGUE VIRUS TYPE 2

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-BIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 204-206

[English abstract of article by Chen Wenzhou [7115 2429 3166], et al., of Hainan District Sanitation and Antiepidemic Station, Haikou; Chen Jinyi [7115 2516 5030], et al., of Zhan County Sanitation and Antiepidemic Station; Zhang Guangzhong [1728 0342 0022], et al., of Guangdong Provincial Sanitation and Antiepidemic Station, Guangzhou]

[Text] During the autumn of 1985, an epidemic of dengue fever occurred on Hainan Island of Guangdong Province. Five (5/5) strains of dengue virus type 2 were isolated from patients' blood collected in the acute phase. Six strains of the same type of virus were isolated from Aedes aegypti (5/5) and Culex fatigans (1/3) captured from the epidemic region. The antibodies of dengue virus type 2 were detected from paired sera of two patients by the complement fixation test and neutralization test. Therefore, it is thought that the epidemic of dengue fever on Hainan Island in 1985 was caused by dengue virus type 2.

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CSO: 5400/4131

PRELIMINARY STUDY OF DETECTION OF POLIO TYPE I SPECIFIC IgM ANTIBODY

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 215-217

[English abstract of article by Ji Guofang [1323 0948 5364], et al., of Jiangsu Provincial Sanitary and Antiepidemic Station, Nanjing; Lu Zhimeng [7120 1807 2916] of Shanghai Ruijin Hospital, Shanghai]

[Text] The polio type I specific IgM antibody was detected through a new method of anti-human μ monoclonal antibody-ELISA and the IgM was identified with a 2-ME damage assay. Serum crossing tests with sera of three different types and heterogeneous diseases showed that the specificity and sensitivity of this method are very high. For the clinical application, the results of anti-human μ McAb-ELISA are compared with those of the microneutralization test (NT). Of the 54 patients suspected as having paralytic polio, 19 were found with positive results, ranging from 10^{-1} to 10^{-3} , and the P/N OD ratio for the most part varied from 3 to 6.5, with the negative P/N OD ratio varying from 0.8 to 1.6. The concordance rate between the anti-human μ McAb-ELISA and NT was 98.14 percent.

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CSO: 5400/4131

ADVANTAGES OF ELISA FOR MEASLES ANTIBODY DETECTION

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 218-221

[English abstract of article by Liu Yuqing [0491 3768 3237], et al., of the Institute of Virology, China National Center for Preventive Medicine, Beijing]

[Text] ELISA has several evident advantages for measles antibody detection over the conventional hemagglutination inhibiting test (HAI): (1) Only a drop of blood (20 μ l) is sufficient for antibody detection. (2) There is no need for monkey erythrocytes. (3) Several inconvenient steps involved in the HAI test can be avoided, i.e., separation, inactivation of sera and adsorption of sera with monkey red blood cells. (4) ELISA is much more sensitive than the HAI test. The antibody GMT of ELISA is 150 times higher than that of HAI, and the specificity of ELISA is satisfactory as well. Using ELISA, the measles antibody has been found in 9 of 12 HAI negative cerebral spinal fluid samples, with titers ranging from 1:5 to 1:160.

It has been determined that ELISA can be widely used as a conventional method for measles antibody detection both in epidemiology and clinical diagnosis.

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CSO: 5400/4131

STUDY OF DETECTION AND SEROTYPING OF ANTIBODIES AGAINST DENGUE VIRUSES BY ELISA

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-BIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 225-228

[English abstract of article by Ding Jianhua [0002 1696 5478], et al., of the Institute of Microbiology and Epidemiology, Academy of Military Medical Science]

[Text] The detection and serotyping of antibodies against Dengue viruses (DEN) in human sera by ELISA are described in this paper. The sera obtained from 72 patients suffering from DEN fever were tested. Of these, 21 cases were obtained from Haikou City, all of which resulted in positive reactions (21/21, 100 percent), and 44 out of 55 cases (86.3 percent) from Ai County were shown to be infected with DEN. The serotyping of 21 antibodies was carried out with blocking ELISA, and the results indicated that type 3 was dominant (17/21, 80.9 percent). The results mentioned above indicate that ELISA is rapid, sensitive and specific, and it is especially useful for DEN serotyping.

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CSO: 5400/4131

BRIEFS

HEALTH IN TIBET--A health official has denied that two towns in northern Tibet had been closed off and that an infectious epidemic was rife in the region. Tibet's deputy health director, Ah Deng, said that reports of an outbreak of an unidentified disease were based on rumour spread from the Amdo region 400 kilometres to the north. But the Lhasa-Golmud road passing through Amdo was closed to travellers for 36 hours and it was not until 6 pm last Wednesday that the Lhasa bus company began running services on that route again. Mr Ah said that information given out by a doctor at the Lhasa Hospital, an officer of the Public Security Bureau and the bus company were based on rumour. A medical team arrived back from Amdo on Wednesday and reported that there was neither an epidemic nor had humans or animals died in the area. "The news given out was based on rumour and correct news should only come from the health office," Mr Ah said. "No matter how senior other news sources are, they are not responsible for health matters," he said. Mr Ah said that he thought the rumours spread because of preventative inspections made annually by the health bureau at horse races and festivals around Nagqu. The health authorities have now finished their inquiries into the matter. [By Nigel Rosser]. [Text]
[54500009 Hong Kong SOUTH CHINA MORNING POST in English 17 Aug 87 p 3] /7358

AFRICAN AIDS REPORTEDLY REACHES NATION

54000236 Johannesburg THE SUNDAY STAR (Review) in English 26 Jul 87 p 6

[Article by Jaap Boekkooi]

[Text] **T**HE long-awaited invasion of African Aids — the virulent disease that kills whole families — has reached South Africa amid signs that the Government is trying to hush it up.

The Sunday Star learns from an impeccable source that local black women have been positively identified as Aids carriers for the first time.

Blood tests on the women confirmed that the feared heterosexual disease has formed a bridgehead in this country.

At least one prominent haematologist believes that the Government is reluctant to publicise the full extent of the threat.

The women probably contracted the infection from among some 800 foreign black miners who have been identified as virus carriers, according to sources.

The Government has indicated it wants to repatriate the miners.

ANNOUNCEMENT

An important announcement on the spread of African Aids within the boundaries of South Africa will be made at a Johannesburg conference next month.

The Government will be called upon at the conference to launch drastic measures to combat the invasion from the north of the killer malady known as "slim death".

So far only infections of "white Aids", the homosexual variety spread mostly from North America and Europe, have been found in South Africa.

Although a killer disease which has claimed 55 victims — 38 of whom have died so far — its incidence has been low in South Africa and its estimated 5 000 carriers are spread mainly

among the gay and bisexual communities.

But virologists, among them Professor Deon Knobel of the University of Cape Town, and Dr Ruben Sher, head of the Aids Clinic at Johannesburg Hospital, have been urging the health authorities to drop lethargic attitudes towards the looming African Aids threat.

African Aids has been moving ominously close to South Africa from central African countries in recent years.

Medical authorities claim 6 000 Zambian babies have been infected by the disease and there has been a high incidence of African Aids in Zimbabwe. In Botswana a woman died of the disease recently.

African Aids is expected to become South Africa's greatest health threat of the coming decade.

DISPUTED

Until recently health authority investigations showed that no locally infected women had been identified. But this has been disputed by at least one medical expert.

Tests among black prostitutes who frequent black miners on the goldfields were said to be negative.

This situation has now changed, and infections are expected to spread heterosexually among black families. □

HAMAH WATER CUTOFF SPARKS DEBATE, CONTROVERSY

Damascus AL-THAWRAH in Arabic 12 Jul 87 p 7

[Article by Bishar al-Hijli: "The Full Story Behind the Contamination of Drinking Water in Hamah"]

[Text] On Tuesday morning, 16 June 1987, the residents of Hamah awakened to find the drinking water in their faucets muddy and red in color, thus causing panic among the city's population and giving rise to rumors that the Hamah water was contaminated. To make things worse, the city was without water for 3 days and the people were surprised by water trucks roaming the streets and neighborhoods distributing water to replace the tap water.

Rumors abounded about the incident, and citizens' complaints grew so that the entire province set out to mobilize all its administrative, governmental, and technical agencies to remedy the situation.

So, what is the story behind the contaminated drinking water in Hamah? What caused it, and what were its implications?

To answer these questions, AL-THAWRAH went into the field to investigate the problem and learned the whole story. The details are as follows:

The Beginning of the Problem

The director general of the water authority in Hamah received a registered message from the chief of al-Qusayr water plant at 5 am on 16 June 1987 informing him that the water was so muddy that it had to be diverted to the purification plant, thus confirming that the Hamah water was unfit to drink because of the high degree of turbidity and the inability of the main reservoirs at al-Qusayr purification plant to purify and clean the water that was flowing into them in amounts that far exceeded their handling capacity.

The reason, as confirmed by provincial sources, was due to heavy floods in the al-Hirmil area where the purification plant is located. These floods were heavier than expected and exceeded all safety considerations at the plant, carrying huge amounts of silt and mud to the purification reservoirs, thus putting the plant out of operation and causing a fresh water cut-off in the

city of Hamah to prevent muddy water of questionable safety for human consumption from getting to the residents and causing possible complications.

Hence, the flood water in the plant's filters was subjected to the necessary laboratory tests to determine its safety and water was completely cut off from the city for 3 consecutive days. When the water was restored, it was very muddy and began to clear gradually as a result of great efforts made by official parties in the province of Hamah until it was totally safe to drink, both bacterially and chemically.

The Hamah water is expected very soon to regain the degree of purity to which the residents have been accustomed for many years. At the popular level in the city of Hamah, the sudden and long cutoff created a real crisis in the province, reflected in the many rumors about the reason for the cutoff and that it would be many months before the water supply could be restored. This was coupled with a state of chaos created by people's attempts to look for other sources of drinking water, thus causing panic among others who were afraid that they would be out of water for a long time or that their water was contaminated. Some residents in looking for alternate sources of water used the al-'Asi River water which is not free of pollution and harmful health hazards at a time when citizens should have been warned against using such water, this was not to be!

Between al-Qusayr Plant and the City

Talk about the water crisis in Hamah leads us to talk about the network that supplies this city with drinking water in an attempt to shed light on the water pipelines, the length of the network and the source of the problem. So what about the water network?

Hamah used to get its water supply from the Hamah refineries, the "al-'Asi Depression Plant," which used to pump water to the entire city up until 1977, when the project to supply Hamah with water from the al-'Asi source in the al-Hirmil area located along the Syrian-Lebanese borders was set up, and a water purification station in al-Qusayr region and 3 reservoirs (with a capacity of 120,000 cubic meters per day) were constructed. A fourth reservoir was supposed to be built as well.

It is commonly known that the Hamah water is pure, palatable, and naturally clean. The purification plant in al-Qusayr was set up to increase the reserve and attain a high degree of safety. Hence, 96 km of water pipes were laid in al-Rahah region to supply from 40 to 46 communities, in addition to al-Wa'r area in Hims and al-Salamiyah in Hamah. Water reaches Hamah at a natural temperature of 15 degrees Celcius in most cases and is pure and drinkable, but nevertheless it is subjected to daily laboratory tests to ensure its safety.

When al-Qusayr plant was put into operation, the Hamah plant was shut down and forgotten until the incident occurred.

How Was the Problem Handled?

The first step was taken by the appropriate authorities was to cut off the muddy water from the city and to try to find an alternate source to meet the residents' needs and remedy the existing problem.

Therefore, at the directions of his excellency the governor of Hamah, everyone was mobilized to carry water to the city's areas and neighborhoods, with the help of water trucks belonging to a number of official agencies in the province that transported drinking water from surrounding wells and reservoirs.

Moreover, the city's old stand-by purification plants, which used to be utilized for drinking water before the al-Qusayr plant was constructed, were washed and disinfected, and water was stored in the reservoirs for 10 hours, during which time it was treated with chlorine. The water was then tested and judged safe to drink, whereupon it was mixed with the water originating from the central muddy canal and, on Thursday evening, 19 June 1987, it was fed into the city's network for about 10 hours. Meanwhile, the al-Qusayr purification plants were put into operation at a capacity of 2,000 cubic meters per hour, whereupon water coming from the irrigation canal was cut off at the request of the water laboratory staff. All the water trucks of the technical and agricultural services department, the city council, the fire department, civil defense, and the public sector were put into operation to supply drinking water from water sources around the city.

The governor gave instructions to offer all necessary capabilities to clean up the silt in the sedimentation and filtration reservoirs and the distribution canal deposited by the floods in the al-'Asi River course before the location of the source in Lebanese territory. Laboratory tests were conducted daily by the water organization staff; these tests showed that the water was chemically and bacterially safe to drink, with a sedimentation rate within the permissible level. Laboratory tests conducted and certified by the Hamah Water Authorities laboratories indicate that the sedimentation rate rose from 0.75 mg to 3.75 mg per liter during the incident, noting that the maximum permissible level in the absence of a better alternative is 25 units, based on drinking water standards Number 45 set by the Arab Syrian Bureau of Standards, keeping in mind that the permissible level under ordinary circumstances is only 5 units, well within the natural limits and not posing any problems whatsoever. A study of the said test results indicated a slight rise in the nitrate content from 1 mg to 3 mg per liter, still within normal limits. Ammonia and nitrite solutions that indicate pollution were absent from the city's water and a slight rise in their level, if it existed, is permissible provided that the water is bacterially safe. This was substantiated by the bacterial tests that accompanied the chemical tests. A review of tests conducted on samples taken from various areas of the city on 20 June 1987 clearly show that the drinking water is bacterially safe, as was the case before and after the incident.

Miscellaneous Accounts

Eng Majid 'Abd-al-Razzaq, technical director at the Hamah City Council, talked about an comprehensive meeting that included city officials to deal with the water pollution problem. This meeting resulted in a number of immediate executive measures to counteract the problem of red muddy water coming out of the city's faucets. When the water was cut off, water trucks belonging to various agencies were used to transport water from fresh water wells in the city and suburbs to most of the city's districts and neighborhoods. He pointed out that the Hamah Water Authority was derelict in failing to notice the problem before it happened and in failing to take the necessary precautions. He added, however, that a heavy flood swept the filtration reservoir and caused the disaster that lasted for a period of time.

Mr Munir Khuri, a city council employee, said: "So far, we have not been drinking the real water to which we have grown accustomed. The people are wondering whether the water is fresh and fit to drink or whether it is contaminated. I believe this is their right." He added: "The water pressure is still low but we do not know why, since we do not know if the water is being pumped at full capacity or if the water level has dropped. All these are legitimate questions in the face of the hardships the residents are experiencing because of the fresh water cutoff."

Director General of Water Supply

Mr 'Adnan al-Bushi, director general of fresh water and sewage in Hamah, categorically denied the existence of pollution in fresh water, saying: "There is no contaminated water in Hamah, and we would never send contaminated water to the city. Water being pumped is within general world standards and sedimentation is within the permissible level and does not go beyond 3 degrees. Right now the sedimentation rate ranges from 1.5 to 2 degrees.

"As an extra precaution, water is being continually purified and subjected to daily testing. As for the water cutoff, it lasted from 16 to 24 hours."

[Question] If we assume that what happened was not contamination, how do you explain matters?

[Answer] I insist that there is no contamination. It was a matter of a sudden horrendous flood gushing for 24 hours and sweeping away anything that was in its way. The guilty party in this case was nature, pure and simple.

As for the measures taken, the filtration plant was shut down for a while during which the stand-by reservoirs were used to feed the city, but the supply was used up whereupon we turned to water trucks as an alternate source.

I say that the flood surpassed the plant's designed capacity, thus affecting the filtration reservoirs. The province has experienced many floods in the past which we were able to handle, but they were not as heavy or as lasting as this one. Nevertheless, we did not distribute a single drop of untested water. As for the amount and level of water, the filtration plant has a 5,000

cubic meter/hour capacity in normal conditions, but the turbidity caused it to operate way below this level. As for allegations of sickness due to contaminated water, they are not credible because we all have been drinking the water without getting sick. Sickness may have been caused by the al-'Asi River water that was used when the water was cut off, not by water pumped to the homes because the latter was subjected to laboratory tests before distribution.

With regard to the water's physical state, the color was a little murky and the taste was affected by the increased level of chlorine. Regarding the fresh water supply and reserve, Mr al-Bushi said:

"We have stand-by reservoirs with a 55,000 cubic meter capacity which are enough to satisfy consumption for 20 hours or over while the city's needs amount to 70,000 a day. I do not think that the reserve is low under normal conditions, for it is an ideal rate compared to other provinces."

A Warning Call

In pursuit of this matter, we met with Mr Kan'an Najjar, director of water safety at the al-'Asi Basin Irrigation Administration, who had something to say about it: "We were not asked to do anything about the problem of contamination, even though we are the party most closely in touch with this matter. We found it strange that we were excluded from the investigation and inspection process. However, when we found that the residents were turning to the contaminated water of the al-'Asi River, we sent a registered message to the governor of Hamah in order to warn the citizens through the media not to use the al-'Asi water because it is highly contaminated and unsafe for drinking or household use. The warning that was sent directly to the governor cautioned against using public water in the Hims-Hamah irrigation network for drinking, even after treatment. We received promises from the governor to issue instructions to this effect."

About the measures taken, he said: "Measures taken by the appropriate authorities in the province were up to the task. The crisis came to light on Wednesday morning, 17 June 1987, and the water was cut off for 3 days, during which the task force made commendable efforts to put the plant, whose water supply had to be treated, back into operation. I would like to point out here that the preliminary measures were adopted following a meeting with the governor which called for a temporary cutoff of the water supply to Hims and from Hims to Hamah. This matter is still under study because Hims gets 15 percent of the pumping capacity."

Asked whether the water consumed by the Hamah province during and following the crisis was contaminated, the director of water safety at the al-'Asi basin said: "We were not asked to handle this problem. Had we been asked to do so, we would have supervised the effort as a whole and would have expressed an opinion. However, we were not tasked, and this leaves a number of questions unanswered. This is the content of the registered message sent to the governor of Hamah under No 547/1, dated 18 June 1987, the day the crisis came to a head:

"His Excellency the Governor of Hamah: Please alert the residents of Hamah via the media or any other means you deem appropriate not to use the al-'Asi water for drinking or household use because this water is contaminated and chemically and bacterially unsafe.' The question going through our minds is whether this warning was heeded!"

With the Mayor of Hamah

Mr Radwan Razqani, Mayor of Hamah, said:

"I do not think that the water is contaminated in the exact sense of the word because the water supply is subjected to bacterial testing as well as chemical testing on a continual basis. There are normal levels, and tests have shown that the water consumed in Hamah was safe, that the sedimentation rate was not harmful, and that the water is safe to drink and can be used for human consumption.

"This was the first time that water has been cut off from the entire town. As soon as the crisis occurred, we mobilized the various agencies and dispatched water trucks to residential areas, where fire trucks were distributed to all state offices and institutions, the bakeries and trucks belonging to the Agricultural and Agrarian Reform Administration were sent to 5 districts, and those belonging to the Services Administration were assigned to al-Hadir region as a whole. We got water from wells belonging to SADCOP, the textile factory, and the the Agricultural Research Center. The water used was safe to drink and was subjected to periodic testing. Our job as a municipality was to organize the distribution of water to the city, and the executive office held a meeting during which it studied the situation. It came out with recommendations to form a committee comprised of the various responsible parties to study the problem and look for another dependable source of water in order to avert a crisis similar to the one which the city experienced in the middle of last month."

[Question] At whom should the accusing finger be pointed: at fate or at the relevant authorities?

[Answer] It seems that this was an unexpected situation, and the facility is not designed to handle incidents arising from compelling circumstances. Even though we have a reserve, it was not enough in the face of the last flood which was unusual in its intensity and duration. The flood water flooded the ground and covered it with silt. It cannot be said that a certain side was derelict in the general sense of the word. It would have been better if measures and precautions had been taken.

"We are in the process of studying this phenomenon, and the incident has alerted us to the need to make contingency plans. Technical and specialized expertise will be called upon soon to assist in this matter. The study process will also include monitoring the network and any shortcoming or contamination."

He pointed out that "As a municipality, we have no jurisdiction over the water authority and our role is secondary. What we want is water fit to drink and nothing more."

With The Relevant Executive Office Member

Eng Muhammad Shuhud, member of the executive office for services, said:

"We were surprised by this great fuss made over this matter because we have been, up to now, drinking this water and have not noticed the alleged contamination. People in Hamah are using this water and we have not heard of any incidents or sicknesses, so where is the contamination? And where are its effects? Does it make sense that we would drink contaminated water or would accept contaminated water in our city?

"I have been officially charged with monitoring the situation from the beginning, and we have worked around the clock to get to where we are now. The task force was working non-stop, and we submitted daily reports to the governor who was monitoring the situation around the clock. We were finally able to overcome the crisis, and the amount of water flowing to the distribution canal was increased to 5,000 cubic meters per hour, which is equal to the plant's designed capacity.

An Expert Health Opinion

As we have already pointed out, the water incident in the city of Hamah was accompanied by various rumors and allegations, some related to health hazards created by the consumption of contaminated water, among children in particular. Consequently, and in an attempt to examine the facts, we sought the help of expert medical opinions to determine the number of illnesses caused by contaminated water, if indeed the water was contaminated.

In this regard, Dr Muhammad al-Shami, a scholastic health specialist in the province, pointed to the absence of medical cases among children, gastric and skin diseases in particular. He said:

"The medical cases we faced during and following this incident were within the normal range, and we did not record any increase over the general rate during the summer, thus confirming the absence of contamination."

Dr 'Abd-al-Hamid al-Sa'ud, executive office member in charge of health, said: "There is nothing to indicate the presence of contamination in the drinking water. The health board at the province has determined this, and we monitored the situation through the firefighters union, the laboratories, and the department of health in the province. All parties have been asked to submit reports on this matter on an ongoing basis, and we have not received anything pointing to alleged contamination."

A review of the Hamah National Hospital records showed 50 medical cases during and following the incident, compared to 41 cases during the same period last year, from 1-5 July 1986. An increase of 9 cases does not indicate a state of water contamination and an 18 percent ratio is normal compared to past years

in view of the increased number of patients checking into the hospital and the population growth. Typhoid fever cases have maintained their normal level even though some cases may have been referred to private clinics. Skin diseases have remained within limits and any increase may have been due to the use of the al-'Asi water for bathing. This of course contradicts medical reports that have denied the existence of contaminated drinking water by providing evidence of the absence of widespread cases of illness. And this sounds the warning bell. What will happen next?

With His Excellency the Governor

At the end of our tour in the province of Hamah, during which we learned about the medical efforts made by the relevant authorities in the province to purify the water in record time compared to the amount of silt deposited by the flood, we met with Mr As'ad Mustafa, governor of Hamah, who was intent on following the matter to the end. He said:

"What happened is that unusually heavy floods came from the al-Hirmil region in the middle of last month, bringing with them over 6 million cubic meters of water. These torrents flooded the al-Qusayr filtration plant, carrying with them to the al-'Asi River large amounts of silt which left a very high level of sedimentation and put the plant out of commission, thus leaving Hamah without water for several days. Things began returning to normal as the sedimentation rate dropped and the plant regained its filtration capacity. During this stoppage, water was supplied from the stand-by reservoirs using water trucks. We made a field visit to the plant and the task force in charge of the province's water supply, comprised of an executive office member and the director of the water authority. We worked full time, and we sought the help of all the al-'Asi Reservoir officials and the al-'Asi Water Safety Department and technical services to:

1-- Drain the three reservoirs and clean up the large amounts of silt deposited in the filtration reservoirs.

2-- Repair the purification reservoirs and study the level of sand, adding the necessary amounts.

3-- Perform maintenance on drainage outlets and secure the necessary spare parts for some machinery from the local market. Parts not available on the local market have been ordered through the Ministry of Economy, and the minister has agreed to open credits in the amount of 14,000 Syrian pounds to import some necessary spare parts that were reserved for the filtration plant over a year and a half ago, awaiting the opening of credits.

Moreover, coordination is under way with the governor of Hims and the Electric Power Administration to organize major electric outages at the plant caused by dust build-up from the fertilizer plants along the tension line that feeds the filtration plant in Hims Province.

4-- The water network in the city of Hamah has been fully purged, and water in the old Hamah filtration plant was tested and determined unsafe, so we have to limit ourselves to water coming from the new plant.

"Now, water in Hamah is safe to drink and the sedimentation rate is down to 2. The city is not receiving the full amount of water it needs for several reasons, including the fact that Hims Province has been leasing 15,000 cubic meters from the Hamah line since 1983 under a one-year agreement that was supposed to end upon completing the 'Ayn al-Tannur project in Hims. Full water service has not been restored to Hamah yet, and Hims is still leasing the same amount.

"It took 3 days to restore the water pressure to normal strength, due to the fact that water was being pumped to Hims, al-Rustun, al-Salamiyah, and Hamah simultaneously and all these localities drink from the Hamah line.

"Hims Province has been asked to organize the water cutoff process between Hims and Hamah for 12 hours a day for only 3 days, alternating between the two locations, so that we will not be forced to overload the reservoirs by filling them with 5,100 cubic meters an hour, which is above their 5,000 capacity. Such overloading impedes the filtration process. Following contacts with the relevant authorities, it was agreed to hold a meeting at the office of the minister of housing in Damascus to be attended by the governors of Hims and Hamah, water officials, and province technicians to adopt the necessary measures and coordinate a solution to the problem."

[Question] How do you explain the big fuss made over the contamination of water in Hamah?

[Answer] Rumors about contaminated water in Hamah are completely false because the water has not changed, but has been muddied by the flood. It is returning to normal in a satisfactory fashion and will take only 2 to 3 days to restore it to its normal state now that the stand-by reservoirs have been filled. Province, environmental protection, Hamah Water Authority, and all other officials are aware of this, and anyone making claims to the contrary can test samples in any laboratory they choose.

[Question] How can this situation be overcome in the future, and what precautionary and precedural measures can be adopted in this regard?

[Answer] The filtration plant was supposed to have 4 reservoirs with a 160,000 cubic meter/day capacity. Three reservoirs with a 120,000 cubic meter/day capacity were completed in 1977, and a week ago the Ministry of Housing issued direct orders to Military Housing, Hims Branch, to complete the fourth one. On the other hand, the Hamah water project consists of two lines from al-Hirmil to Hamah, of which one has been completed and the ground has been prepared for the other one. As for the first one, it does not cover the needs of Hamah, al-Salamiyah and al-Rastan, and it is used by Hims and a number of villages among the two provinces. Due to the population growth, a radical solution to this problem requires the following:

- 1-- Prompt completion of the fourth reservoir of al-Qusayr filtration plant.
- 2-- Completion of the second Hamah water distribution line and its inclusion in the next 5-year plan.

3-- For future planning, the Hamah Water Authority, in coordination with the Technical Services Administration and the Hamah city council, has been charged with conducting a study for drilling a number of artesian wells and securing the stand-by reservoirs around the city for any future contingency. Work on this project will begin immediately.

Who Is Responsible?

Finally, following this review of the full details of the fresh water story in Hamah and the rumors about it being contaminated because of its turbidity and a several-day cutoff, during which the entire city was drinking water from wells and stand-by reservoirs, we have to assign responsibility for what happened. So, who is responsible?

At the outset, the flood represents a warning bell that a potential problem may arise in the future if necessary measures are not taken. Indeed, efforts made by officials and administrators, led by his excellency the governor, are praiseworthy. However, we have a number of reservations in this regard:

1-- The primary and most important cause was the water from the unexpected flood that hit al-Qusayr filtration plant. The question here is, if the culprit in this case is Mother Nature, why were we not aware of this matter before it happened? And why were we not prepared to deal with it to spare the city of Hamah such an incident?

2-- Was the control system at al-Qusayr plant unable to detect the beginning of the flood gushing from Lebanon to alert officials to the need to guard against damage and losses, or to divert the flood's course away from the reservoirs by closing the plant's gates to the canals and diverting the flood to the al-'Asi River? Investigations revealed that the gushing water needed half an hour to get to the gates, enough time for notification, if not action. If the plant watchman's account that "the flood was huge and torrential and we were on the opposite side and unable to cross to the other side and had no means of communication to contact Hamah...", is to be believed, does it make sense that the plant should be left without any means of communication during all that time? And does the plant have enough personnel to set up any future contingency measures?

3-- It is certain that the major part of the responsibility falls on the Hamah Water Authority, which would do well to guard against such happenings, particularly since the plant's administration had more than once requested necessary machinery and equipment from the water authority, but such requests were not fulfilled and shortcomings were not remedied.

4-- We confirm the proposals made by the governor of Hamah to solve the Hamah water problem, the most important of which were speedy completion of the fourth reservoir at al-Qusayr plant and the inclusion of the second line for Hamah water in the next 5-year plan, due to the importance of this project in supplying fresh water to the province and safeguarding it from possible natural incidents in the future. The flood that hit Hamah is a case in point.

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STATISTICS ON AIDS INCIDENCE, DEATHS REPORTED

Government Action-Plan

54400182 Port-of-Spain SUNDAY GUARDIAN in English 19 Jul 87 pp 1, 23

[Article by Horace Monsegue]

[Text]

AT LEAST 16,600 persons in Trinidad and Tobago are infected with the Acquired Immune Deficiency Syndrome (AIDS) virus, based on a World Health Organisation (WHO) estimate of 100 infected persons for every one case.

Potentially, the *Sunday Guardian* learned, the country may have 4,930 AIDS patients in the next five years.

This is the latest grim information on the killer disease, contained in a national AIDS policy document presented to Cabinet recently by the Trinidad and Tobago Ministry of Health through Minister, Dr. Emanuel Hosein.

The document contains a plan of action for dealing with the serious threat to life presented by the spread of the AIDS virus in this country.

Through Sexual Contact

The policy and action plan, which has been approved by Cabinet, also reveals that of December 1986, 19 women had AIDS, six of them contracting it through sexual contact with bisexual men.

The spread of AIDS in the prison population was also described as "rampant," with 13 inmates out of 61 tested showing positive signs of the dreaded disease.

It was noted in the report, that the AIDS virus may attack the nervous system and cause dementia — weakness of the mind or madness — which may develop to epidemic proportions.

There is no doubt, the report stated, sexual contact is by far the main risk factor, and with females in the population now infected, rapid spread through heterosexual contact is expected.

The policy document highlights the fact that because of the high incidence rate of 4.6 per 100,000 in Trinidad and Tobago (being one of the highest in the world) it is imperative that a national programme for AIDS prevention and control be implemented immediately.

The programme calls for new strategies to educate and motivate the whole population to bring about sustained changes in human sexual behaviour.

In this action, the document went on, lies the only

hope at present of effectively limiting transmissions of HIV in Trinidad and Tobago.

The National Plan of Action, includes appointment of a National AIDS Committee under the chairmanship of the Chief Medical Officer.

Government also plans to purchase \$50,000 worth of condoms this year in its battle to control the spread of the deadly disease, for which there is no cure.

Laboratory Supplies

The approved Plan also requires the creation of a number of new posts in the Health Ministry, which will cost the Government \$96,148 to the end of 1987.

These posts are: (a) a co-ordinator for AIDS programme, (b) a medical laboratory technician, (c) a district health visitor (temporary) and (d) a nurse/health educator (temporary).

Provisions are also being made to purchase laboratory supplies, training material for health care personnel, the production of written and audio-visual material for the general public, disposable protective clothing and warning labels.

Government expects to spend \$537,648 to get the AIDS programme off the ground, but no new staff will be employed, and the new posts will be filled by deploying suitably qualified persons from other areas of the public service.

Government has also been in touch with the European Economic Commission (E.E.C) expressing interest in obtaining funding for some aspects of its programme.

Minister of Health, Welfare and Status of Women Dr Emanuel Hosein is slated to launch the public education programme with a television broadcast which will include a film and a round table discussion.

To date there have been 166 reported cases of AIDS in this country. Of this number, 117 have died. One hundred and two were male, between the ages of 20 and 34. All the female cases (19) have been recorded since 1985. Nine of the cases were children (under 15), six cases with four deaths occurring in the age group under one year.

The strategies and activities approved by Cabinet include:

prevention of sexual transmission, through education and information leading to long-term changes in sexual behaviour and includes the provision of information on the application of condom use in the prevention of transmission of the HIV infection.

The plan of action also proposes the screening of all blood for transfusion; monitoring the safety of blood products; educating health care workers on the critical need to adhere to sterile procedures for all injections or use of skin-piercing instruments in medical practice; strengthening of infection control programmes in health institutions; education on safe procedures relat-

ing to injections and other skin-piercing activities performed outside medical practice, for example, ear piercing; screening of organ/semen donations.

Efforts are also to be made to prevent prenatal transmission through counselling of HIV positive females with a view to discouraging pregnancy.

It also calls for continuing research to further elucidate the epidemiology of the disease in Trinidad and Tobago and to develop appropriate health education material and other approaches to prevention and control.

Health Minister's Statement

Port-of-Spain DAILY EXPRESS in English 24 Jul 87 p 9

[Statement by Minister of Health Dr Emanuel Hosein on Trinidad and Tobago Television 23 July 1987]

[Text]

TODAY we face a worldwide epidemic of a disease for which there is no known cure—one that takes an unprecedented social and economic toll on individuals, families, communities, even whole countries.

Acquired Immune Deficiency Syndrome (AIDS) is caused by a virus—Human Immunodeficiency Virus (HIV). This virus can affect the body's defence system and its ability therefore to fight infection.

HIV is transmitted—

1. primarily sexually, from any infected person to his or her sexual partner;
2. through infected blood entering the blood stream;
3. from infected mothers to babies during pregnancy and delivery.

Infection with the virus appears to be life-long. A person infected with HIV may have no symptoms for years, yet can still spread the virus to others.

AIDS is the name given to the last stage of infection with this virus, when the breakdown in the immune system leaves the body vulnerable to life-threatening infections and cancers. There is no specific treatment; no vaccine to prevent infection. *There is no cure.*

AIDS has no geographic, social, racial or cultural bounda-

ries. The disease was first identified in 1981. Since then the number of countries reporting cases of AIDS has risen dramatically from eight in 1981 to 101 in 1987.

AIDS is now an international health problem. So far 45,597 cases have been reported. It is estimated by the World Health Organisation that there are 100,000 cases worldwide and that five to 10 million persons are infected with the AIDS virus but have no symptoms.

In Trinidad and Tobago the situation is serious. We have recorded a very high incidence of the disease. The first confirmed cases were in 1983—all eight cases then were male and homosexual/bisexual.

An analysis of the figures (up to June 30, 1987) reveals the following:

There have been 165 cases of AIDS with 122 deaths.

The number of cases by year is given: 1983—8; 1984—13; 1985—44; 1986—56; January to June 1987—44.

The following points should be noted—

1. Of the 129 adult males, 96 have been homosexual or bisexual.
2. In 1985 we recorded the first cases among women and to date 22 females have been diagnosed.
3. There have also been 14 children under age five. These have all been born to HIV-infected mothers.
4. The majority of cases occur in the 20-44 years age group.

There is no doubt that in Trinidad and Tobago sexual

contact is by far the main risk factor and with females in the population now infected rapid spread through heterosexual contact is inevitable unless promiscuity is reduced and safe sexual practices are adopted.

The Ministry of Health, Welfare and Status of Women has been implementing programmes against AIDS.

An AIDS Surveillance Committee was established in 1983 and epidemiological surveillance commenced. Education of health workers was undertaken. Education of the public was initiated. Procedures to prevent cross-infection within health institutions were introduced.

Screening of selected high risk groups was undertaken and screening of all blood for transfusion in Government institutions began in 1985.

However, because of the worldwide emergency created by the AIDS pandemic and the high incidence of AIDS in this country, a National Programme for AIDS Prevention and Control has been considered and approved by Cabinet.

The programme stresses the need to educate and motivate the *whole* population to bring about sustained changes in human sexual behaviour. One cannot over-emphasise the importance of education. "Information and education are the only weapons against AIDS." The purpose of the education programme is to inform the population about the disease and to bring about changes in lifestyle vital to a successful preventive programme.

Other components of the programme include:—

- a) establishing a national focus for the AIDS prevention and control programme;
- b) strengthening and maintaining surveillance of the AIDS problem;
- c) educating and training health care personnel;
- d) prevention of transmission;
- e) treatment including counselling of patients and families;
- f) research.

A National AIDS Committee

has been formed under the Chairmanship of the Chief Medical Officer and a post of coordinator has been created.

Legislation will be introduced to designate AIDS a notifiable disease and to ensure safe practices in the handling of blood and blood products in all health facilities, including private hospitals and laboratories.

Compulsory screening—whether of nationals or visitors—is not a part of the programme at this time.

One important aspect of the programme is the production of

audio-visual material and widespread dissemination of such material.

The use of the mass media is vital in the spreading of information on AIDS.

Ladies and Gentlemen, I have sought to bring to your attention the seriousness of the AIDS epidemic. The key to containing the spread of infection ultimately rests with the individual's own behaviour.

AIDS is a fatal disease. Prevention is the only cure.

Spread Among Heterosexuals

Port-of-Spain DAILY EXPRESS in English 17 Aug 87 p 1

[Text]

A SIGNIFICANT number of heterosexuals in Trinidad and Tobago are contracting the killer disease, AIDS (Acquired Immune Deficiency Syndrome), according to this country's foremost medical expert on the subject.

Of the 175 reported cases of AIDS in Trinidad and Tobago, 15.5 per cent or 27 of the affected people are heterosexual, compared with four per cent of the 30,300 cases in the United States, Professor Courtenay Bartholomew said yesterday.

He was at the time speaking at a seminar on "AIDS and its implications for the Health Care Worker, with specific reference to the Dentist", at the Trinidad Hilton, Port of Spain.

Bartholomew said, however, that most of the people who got AIDS were men between the ages of 29 and 40. He said that a report in the *Trinidad Guardian* recently that there were 16,600 persons carrying the virus was "grossly wrong" and that the figure was closer to 3,000.

Bartholomew told the gathering that based on a study done by a medical centre in the US between 1984 and 1985, there was no evidence that AIDS was transmitted in households where the AIDS patient had close personal contact with family members.

He said once there was no sexual contact, activities such as sharing toothbrushes, towels, dishes and clothes were harmless.

Health care workers, according to Bartholomew, were at a very low risk in contracting the disease, and studies showed that 40 per cent of accidents which exposed them to the virus could be prevented.

"Although contamination is rare, we cannot be complacent and we have to change our lifestyles in the work place with respect to handling blood," he said.

He referred to carelessness in recapping needles, which he advised nurses not to do as this increased the chance of them sticking themselves with the infected needles. He said improper disposal of needles was also risky and that there were special containers available in Trinidad and Tobago for the purpose of safe disposal.

"Consider needles and syringes as the enemy," he said.

Bartholomew said it was imperative that dentists followed certain guidelines not only to protect themselves, but to protect patients from being accidentally infected by one another, or possibly from the dentists themselves.

"You have to consider every patient as being infectious," he said.

He said in a study done on 1,009 dentists in the United States, only one "seroconverted" or developed the AIDS antibodies, although 91 per cent had punctured themselves accidentally, indicating that dental professionals were also in a very low risk group.

Bartholomew presented several

guidelines for reducing the risk of spreading AIDS in the dental office.

He said dentists had to sterilize all surgical instruments, especially those coming into contact with oral tissue, after every use. He said immersing instruments in boiling water for 10 minutes, or in a solution of sodium hypochlorite (household bleach), was very effective.

Wearing gloves, gowns and eye protection was also recommended, especially the gloves, which had to be changed after every patient.

"I foresee a shortage of gloves and condoms soon," he said.

Wiping counter tops and surfaces where blood and saliva might have splattered was an essential daily practice, he said, as the AIDS virus could potentially stay alive for two to three days.

Bartholomew said dentists should examine the lips, mouth and tongue of patients carefully, as a new virus called "hairy leukoplakia" was now showing up in the mouth, in the form of irremovable white patches, as an indication of possible early AIDS infection.

He said using disposable needles and syringes was another precaution that every practising dentist should follow.

"The public needs not have any fear of going to a dentist who carries out these kinds of infection-control practices," he said.

Bartholomew also said although it was theoretically possible for AIDS to be transmitted through saliva, not one such case had been identified.

"The only expert on AIDS is the AIDS virus itself," he said.

'SUPER STAPH' EPIDEMIC SWEEPS UK HOSPITALS

54500002 London THE DAILY TELEGRAPH in English 2 Sep 87 pp 1, 30

[Article by David Fletcher, Health Services Correspondent]

[Text]

AT least 100 hospital patients have died and thousands more have been infected in an epidemic of drug resistant microbes called "Super Staph" which is sweeping through hospitals, doctors have disclosed.

Outbreaks have been reported to the Public Health Laboratory by 99 hospitals and in the health authority area covering Essex, where the epidemic is at its most acute, every hospital except two has had some cases.

Infection control experts estimate that nearly 10 per cent of patients catch some form of infection while in hospital.

The facts were disclosed at the first international conference of the Hospital Infection Society in London.

Thrives in wounds

The bug, known as Methicillin-resistant Staphylococcus Aureus, (MRSA), is characterised by the ease with which it spreads from person to person, through air and by touch.

It thrives in open wounds, causing infection as operation scars heal, can enter the bloodstream through surgical catheters or implants and commonly infects the urinary tract.

Dr Jean Bradley, consultant micro-biologist at the Royal Free Hospital, Hampstead, carried out a survey in the North East Thames region which showed that the number of hospitals reporting cases had doubled from 11 to 23 during a three-year period.

She said: "The epidemic is indistinguishable from the strain which has affected many hospitals in Australia since 1977."

Some experts think the most widespread form of the bug arrived in Britain from Australia but others have found links with Saudi Arabia and think it may have spread from the Middle East.

All agree that it is being spread within this country via the big London specialist hospitals to which patients travel from all over England.

Dr Richard Marples, deputy director of the Hospital Infections Division of the Public Health Laboratory Service, said he knew of 12 current epidemics in hospitals in England, each involving a different strain of MRSA.

Infection control specialists are recommending isolation of infected patients, tests to identify carriers, treatment of hospital staff, a notification system to warn hospitals of infected patients being admitted and a reduction in the use of broad-spectrum antibiotics.

Super Staph is responsive to two antibiotics, but neither is suitable for widespread use. One, Rifampicin, is used for treating TB and doctors do not want to use it against Super Staph in case patients develop resistance. The other, Vancomycin, is ruled out because it is too expensive for widespread use, can only be given intravenously and can lead to complications.

ANTIBIOTICS BLAMED
Breeding resistance

Our Technology Correspondent writes: The only way to stop bacterial resistance is to stop using antibiotics, a move which would kill more patients in the long term, said Dr Ralph Batchelor of Beecham Pharmaceuticals, which makes a range of antibiotics.

When an antibiotic is used to treat a bacterial infection it kills all susceptible bacteria, leaving the patient open to colonisation by resistant strains, he said.

The use of antibiotics selects resistant strains, particularly in hospitals where there are seriously ill people and antibiotics are widely used.

In the case of penicillin, the antibiotic that has been used longest, in hospitals some 90 per cent of staphylococcus is resistant and 50 per cent of the bacteria are found to be resistant in general practice.

Dr Batchelor said the biggest source of Super Staph is the nose of nursing staff.

BRIEFS

AIDS CENTERS SET UP--Four AIDS-testing centres have been set up in Luapula Province to screen blood from donors and ensure that only suitable blood may be transfused into patients. Luapula Province acting medical superintendent for Mansa General Hospital Dr Joseph Malikinya said during a recent two-day seminar on "The role of the Laboratory in Primary Health Care" held in Mansa that medical practitioners should view their functions with the seriousness they deserved. Meanwhile, seminar participants noted that there was a critical shortage of qualified medical personnel in the province to supplement primary health care programmes while training of more clinical officers to manage rural clinics was needed. They noted that only two technicians and 17 laboratory assistants were manning the laboratories in the province and emphasised that for a successful implementation of laboratory services in the primary health care it was necessary to have an organised pattern of functions and operations. [Excerpts] [54000219b Lusaka ZAMBIA DAILY MAIL in English 6 Jul 87 p 3] 9274

BRIEFS

SUGARCANE PESTS--Jamalpur, 17 Aug--Prospect of transplanted sugarcane production has become bleak this year in Dewanganj, Melandah and Islampur upazilas due to massive attack of pests known as Alisha Poka. These insects grow up under the soil and eat up the green leaves of plants. They apprehended that if measures are not taken immediately to curb the pests attack, production may suffer to a great extent. Due to exorbitant price of insecticides, the farmers cannot spray the same in the affected fields. On the other hand, some unscrupulous traders are selling adulterated pesticides in different markets. When contacted, a concerned officer confirmed the pest invasion but maintained that only 2,000 acres of land have been affected. [Text]
[54500215 Dhaka THE NEW NATION in English 19 Aug 87 p 2] /9274

ONTARIO GYPSY MOTH TREE DAMAGE DECREASE REPORTED

54200044 Ottawa THE OTTAWA CITIZEN in English 12 Aug 87 p B3

[Article by Janet McFarland]

[Text]

The amount of Ontario forest injured by leaf-eating gypsy moths is down 92 per cent from last year.

Ministry of Natural Resources spokesmen say many of the caterpillars caught a naturally-occurring virus and died.

Only 32,123 acres of Ontario forest had serious defoliation this year, compared to 412,657 last year, said Ron Lessard, the province's pest co-ordinator.

The gypsy moth problem is still worst in Eastern Ontario, but Lessard said it is confined to a few small pockets in Northumberland and Hastings counties, around Kashiabog Lake near Peterborough and around Charleston Provincial Park near Brockville.

When the moths were at their worst in 1985, they ate 592,466 acres of Ontario leaves.

The problem has abated so much, Lessard said the ministry does not know yet if it will even have to spray the caterpillars next spring. This year's aerial assault on the moth and the jackpine budworm cost \$18.3 million.

However, Lessard said the decrease this year does not mean the problem is solved forever. Gypsy moths, like most insects, are cyclical and can return with little notice.

The moths first came to the province in 1969, with a small outbreak around Kingston, but did not become established until the early 1980s. A few years later, the outbreak was at its worst.

Ministry officials will begin a count of egg masses in late September to make a prediction of how serious the outbreak may be next year.

"That will really be an indicator of where we're at," Lessard said.

Ministry staff and municipal representatives will be meeting during the next few months to decide whether the ministry should spray the caterpillars next year.

This year, the ministry sprayed about 100,000 acres of high-density, high-value forest using a biological insecticide called *Bacillus thuringiensis*, or Bt.

The insecticide is harmless to animals, people and beneficial insects, but makes caterpillars stop eating within 30 minutes to two hours. Death follows in three to five days.

The purpose of the insecticide is to protect leaves in certain areas, not to control the province's gypsy moth population, Lessard said.

"It would be humanly impossible to eradicate the gypsy moth population by spraying. What we spray for is to protect foliage."

The spraying program only had a minimal effect on the over-all provincial decrease in the number of moths, he said.

But the ministry says parasitic wasps and flies feeding on gypsy moth eggs helped reduce the population. Predators like birds, beetles, mice and moles also helped keep their numbers down.

Another factor was a wet spring and a late frost, which prevented eggs from hatching and killed larvae.

STUDY OF SEROLOGICAL TYPING DISTRIBUTION ON VIBRIO PARAHAEMOLYTICUS OFFSHORE

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 1, Feb 87 pp 31-33

[English abstract of article by Tang Shouting [0781 1343 0080], et al., of
Liaoning Commodity Inspection Bureau, Dalian]

[Text] Serological typing of 135 strains of Vibrio parahaemolyticus isolated from offshore fish, shellfish, seawater, sea mud and food poisoning patients has been studied. The results show that 106 strains (78.5 percent) are of the OK antigen type, with 29 serotypes ranging from the O₁ to O₁₂ groups. Another 10 strains (7.4 percent) are of new serotypes formed by the known K antigen and the O group (Kanagawa negative). As for the groups, most of the strains are of the O₄ group (38/30.4), with the second being the O₁ group (26/20.8). The majority of the serotypes are O₁K₃₂ (18/14.4) and O₅K₁₇ (10/8.0). There are 108 strains of O₁-O₅ groups (80 percent). Nineteen strains are classified as O groups, but with no K antigen detected (14.1 percent). No special dissimilarity has been found in the serotypes of the various samples.

9717

CSO: 5400/4137

SYSTEM OF NUMERICAL IDENTIFICATION OF ANAEROBIC BACTERIA STUDIES ON PREPARATION
AND USE OF CULTURE MEDIA

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 1, Feb 87 pp 54-57

[English abstract of article by Xu Dicheng [1776 6611 6134], et al., of the
Health and Antiepidemic Station, Harbin Municipality; et al.]

[Text] This paper presents the initial establishment in China of a system
for the numerical identification of anaerobic bacteria (NISA). The system
consists of preparing serial culture media with national biochemicals for use
in the identification tests, utilizing a China-made gas chromatography
system for analyzing the end metabolites, and publishing a manual for the
theory and practice of numerical systems for identifying anaerobes comparable
to that of the API-20A.

In order to evaluate the proposed system, 64 strains of known anaerobes (type
strains from CDC, VPI included) and 277 strains of anaerobic bacteria clinically
isolated in China were identified with the system and compared with controls
using the routine standard techniques for identifying anaerobes. A correlation
of 96 percent was obtained at the level of Genera and 76 percent at the
species level. These results compare favorably with those obtained from API-
20A.

The results of the evaluation prove that the proposed NISA in China provide
the advantages of simplicity in application, rapidity in yielding laboratory
report results, inexpensive in cost, and suitability for clinical and
laboratory use in assisting medical and veterinary diagnosis and for teaching
purposes in microbiology.

9717

CSO: 5400/4137

EFFECT OF DIFFERENT SPECIES OF BRUCELLA ON PFC IN BALB/c

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 3, Jun 87 pp 191-192

[English abstract of article by Zhang Jianlin [1728 6015 7792], et al., of the Institute of Epidemiology and Microbiology, Academy of Preventive Medical Sciences, Beijing]

[Text] An experimental comparative study of viable cells, metabolites and endotoxins of virulent strains *B. melitensis* 16 and *B. abortus* 544 on the PFC responses in BALB/c is reported. The results indicate that there was a significant suppressive effect of the viable cells, metabolites and endotoxin of *B. melitensis* 16 on the PFC response, whereas there was no such effect on *B. abortus* 544. On the other hand, the 544 A endotoxin has a stimulation effect on PFC. The significance of this study is discussed.

9717

CSO: 5400/4139

ANALYSIS OF FIVE OUTBREAKS OF SALMONELLA TYPHIMURIUM BY PLASMID FINGERPRINTING

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 193-197

[English abstract of article by Yu Jun [0060 6511], et al., of the Department of Microbiology, Henan Medical University, Zhengzhou]

[Text] Analysis of five outbreaks of Salmonella typhimurium has been done by plasmid fingerprinting. Each group of strains can be recognized by its similar plasmid profile and distinguished from other groups by its different profiles. Restriction endonuclease analysis indicates that the shared 64.5 Md plasmid harbored by strains of groups I and II (both isolated from food poisoning patients, Kaifeng City) may be homologous. The familiar plasmid profile and its plasmid DNA fragments digested by EcoRI indicate that probably the two nosocomial outbreaks were caused by one clone of the strain, although the data and geography of the outbreaks were dissimilar, and that mice seized in the ward may have been the original carriers of the strain. The authors' data again presents the concept that plasmid fingerprinting may be used as an epidemiologic tool for both nosocomial infection and Salmonellosis outside the hospital. This is more specific than the antibiogram and phage lysing test used in this paper, is simple and rapid, and can be popularized more extensively.

9717

CSO: 5400/4131

STUDY OF PROTECTIVE EFFECT OF OUTER MEMBRANE PROTEINS OF VIBRIO CHOLERAE
WITH MONOCLONAL ANTIBODIES

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-
BIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 244-247

[English abstract of article by Zhang Shubo [1728 2885 3134] of the Institute
of Epidemiology and Microbiology, Academy of Preventive Medical Sciences,
Beijing]

[Text] Thirteen clones of monoclonal antibodies (McAbs) against outer membrane
proteins (OMP) of *V. cholerae* 569B were obtained. The ELISA titer of McAb
was between 1/200 and 1/6553600 against OMP, and between 1/400 and 1/102400
against living cells of 569B. During agglutination with whole organisms, only
one McAb produced a titer of 1/128, while the remaining 12 were all less than
1/2. In vibriocidal assay, all McAbs produced a titer of less than 1/10. The
titer of suckling mice-protection assay of each McAb was less than 10 units
PD₅₀ per ml.

Since the strain 569B/165 is a hybrid vibrio, it contains all OMP of strain
569B, but its O-group antigens have been replaced by the O-antigens of a non-
cholera vibrio called NCV-165. It has been found that the ELISA titer of the
mouse anti-569B/165 OMP-serum is 1/262144 against 569B OMP, nevertheless, the
titer of suckling mice-protection assay is less than 10 units PD₅₀ per ml.

From the results obtained, it seems obvious that the immunogenic effect of OMP
in *V. cholerae* 569B cannot protect the suckling mice from an experimental
challenge with oral live vibrios of 569B.

9717

CSO: 5400/4131

HARMFUL INSECTS, DISEASES POSE PROBLEMS FOR RICE CROP

Hanoi NONG NGHIEP in Vietnamese 5 Jul 87 p 2

[Article by Truong Giang: "Situation of Harmful Insects and Diseases and Some Problems To Be Faced in the Tenth-Month Rice Season"]

[Text] In the fifth month-spring rice season this year, our people in the northern provinces are worrying about crop failure because overgrown rice seedlings have been transplanted in hundreds of thousands of hectares of ricefields and insects that harm rice plants have spread widely and become hard to control. At the beginning of the season, rice mealy bugs appeared and became an epidemic in 2 provinces, Thanh Hoa and Nghe Tinh; 105,446 hectares out of 139,171 hectares throughout the North have sustained damages caused by these bugs. Excluding the bugs that were killed by sprayed chemicals, more than 23 tons of the bugs were caught by manual means in these provinces.

In this fifth month-spring rice season, brown leafhoppers also appeared and caused large-scale damages, with scorch occurring in local areas in almost all provinces. According to a notice of the Plant Protection Department, as of 27 April, the total areas in the North infested by leafhoppers and showing scorch damages amounted to 406,695 hectares and 1,673 hectares, respectively. Compared to the 1986 spring rice season, the area infested by leafhoppers this year has increased by 69,695 hectares, but the area that showed signs of scorch has been only 15 percent as much. The infestation and scorch this year were increasing because of the dangerous action of the third batch of leafhoppers (which appeared late in April and continued to cause damage until about mid-May). Serious damages were caused in these provinces: 100,000 hectares in Nghe Tinh; 82,000 in Ha Nam Ninh; 46,000 in Thanh Hoa; 44,000 in Thai Binh, and so on. Light damages were in Hanoi, 2,000 hectares, and in Ha Son Binh and Vinh Phu, more than 5,000 hectares.

Rice blast, which causes damage to the fifth-month and spring rice, has shown quite a big outbreak this year. As of 27 April, in the North as a whole 128,569 hectares were affected by the disease, including 36,157 hectares by the variety of the disease that affects the necks of rice ears. The provinces where ricefields were seriously affected by rice blast included Nghe Tinh, 30,000 hectares; Ha Nam Ninh, 21,000; and Thai Binh, 18,652. In addition, there were many other kinds of harmful insects, such as "kho van," stem borers, small rice leaf folders, and so on, that caused damages in hundreds of thousands of hectares.

To prevent and stop the harmful effects of insects and diseases and to protect the fifth month-spring rice the provinces have all launched preventive and control campaigns and taken many active measures. The plant protection sector sent many groups of specialized cadres to work with the pest control cadres of the provinces in the field, where the state of progress of both insects and diseases was closely followed and for which timely and effective preventive and control measures were recommended. At the same time, it reduced the cumbersome formalities and quickly sent to the localities more than 1,134 tons of insecticide of various kinds, 1,000 tons of oil, nearly 7,000 manual pumps, nearly 300 motorized pumps, and so on. The special-brand insecticides like "bat-xa" were made available in greater quantities, 20-30 percent more than in the previous crop seasons. To secure such quantities, which exceeded the normal quantities supplied to the provinces according to the plan, the sector had to get the insecticides from the South and the highlands, and also obtained emergency aid from international organizations.

There were many reasons behind the serious and complicated situation of harmful insects and diseases in the fifth month-spring rice season this year. The weather this year was very favorable for harmful insects and diseases to grow and to spread, but some localities did not attach proper importance to weather projection and forecasting, made wrong estimates of the progress of insects and diseases, such as wrongly identifying the target that would bear the damaging effects, and thus recommended inappropriate measures. When brown leafhoppers appeared and quickly spread, many provinces that were included in the preventive and control measures and policies acted too slowly and failed to respond in time to the need. Some localities and production installations did not give positive instructions about preventive and control measures to cooperative members, who consequently did not do things the right way: spraying chemicals to destroy leafhoppers only over the tops of rice plants and even spraying oil on dry ricefields. Because there were many "contact people" taking part in bringing insecticide to the localities, the quality of insecticide was no longer guaranteed; and as insecticides failed to destroy harmful insects, laborers felt they were cheated--they "pay for the treatment but the disease remains." Many localities still used the varieties that were susceptible to major insects and diseases (brown leafhoppers and rice blast) in a large proportion in their planned allocation of rice varieties, and therefore found that harmful insects and diseases were spreading very quickly and threatening to become a large-scale epidemic. As we have seen in this crop season, the provinces that had little problem with harmful insects and diseases, such as Vinh Phu, Hanoi, and Ha Son Binh, had used the disease-resistant varieties (CR203, C37, and so on) in as much as 50-60 percent of the fifth month-spring rice-growing areas.

As we prepare for the tenth-month rice crop this year, we will face a great deal of difficulty in the prevention and control of harmful insects and diseases. First, the abundant insects in the fifth month-spring rice season can last and cause damage to the tenth-month rice seedlings and plants. Second, the weather in the tenth-month season usually is favorable for the growth of harmful insects. Third, there still is a serious shortage of plant-protection materials. In order to overcome any difficulties in time and to ensure the tenth-month crop production, all localities must once again

consolidate the plant protection network so as to do their work in an effective manner, absolutely apply general preventive and control measures, and consider using the disease-resistant rice varieties the most important measure. For early planting they can use such varieties as CR203, KV10, IR64, and so on. For main-crop planting, CR203, 841, OM80, and so on, with part of Moc Tuyen variety being replaced. They have to make sure that the disease-resistant varieties account for 50 percent of the planned allocation of rice varieties. Be fully ready in terms of having the draft power to prepare the soil well, maintain good sanitation in the fields, and bring fertilizers over in time, mostly nitrate fertilizer, for a balanced application to be done on the localities' own initiative. Closely watch the seedlings and newly-transplanted seedlings to follow the progress of harmful insects and diseases in order to take such manual measures as destroying egg clusters, getting rid of wilted rice plants. The use of chemicals must be carefully considered, with utmost efforts to avoid spraying them at the "margin" of prevention and control requirements. By making careful preparations and doing the plant-protecting work right at the beginning of the season we will surely be able to limit the damages caused by insects and diseases in the coming tenth-month rice crop.

5598

CS0: 5400/4387

BRIEFS

CATTLE DISEASE DEATHS--Gopalganj, 11 Aug--Cattle disease has broken out in Sadar, Kotwalipara and Tungipara upazilas in an epidemic form. The cows attacked with the disease suffer from throat swelling and cannot take any food. The worst affected villages are Kandi, Khorail, Bandhabari, Khusia, Herow, Kathigao, Kajulia, Bedgram, Dongnashpur, Kotorbari, Ranghunathpur, Dhigarkul, Pachkunia, Gemadanga and Taraol. The disease is spreading last in the adjoining villages causing standstill to seasonal cultivation. [Text] [54500214 Dhaka THE NEW NATION in English 13 Aug 87 p 2] /9274

MORE CATTLE DISEASE--Narail, 2 Aug--At least 300 cattle-head died of cattle disease which broke out in an epidemic form in different areas of Kalia upazila of Narail district during the last few days. The worst affected villages are Hasla, Suktagram, Babra and adjoining villages of Hasla union. People of the affected villages complained that no measures had been taken to curb the disease following non-availability of medicines in the local veterinary hospital. [Text] [54500214 Dhaka THE NEW NATION in English 5 Aug 87 p 2] /9274

CSO: 5450/214

STUDY OF SPREAD OF HFRS AMONG ANIMAL HOSTS

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]
in Chinese Vol 8 No 1, Feb 87 pp 34-36

[English abstract of article by Zhang Suocheng [1728 6956 2052], et al., of
the Local Disease Research Institute, Yuncheng Prefecture, Shanxi]

[Text] In this investigation, four species of rats (total of 817) were captured, and 546 rat lungs were examined. It was shown that 64 lungs of 444 Rattus norvegicus were positive for the virus (14.4 percent), whereas the other species did not carry the virus. The virus-carrying rates of the adult and young rats were significantly different, but there was no significant difference between the virus-carrying rates of the female and male rats. The hemorrhagic fever virus with renal syndrome may spread among the rats through eating the carcasses of dead ones. This fact might be important for future study of HFRS virus transmission.

9717

CSO: 5400/4137

PRESENCE OF ANTIBODY TO H2N2 SUBTYPE OF INFLUENZA A VIRUS IN PIGS OF GUIZHOU, CHINA*

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 3, Jun 87 pp 137-140

[English abstract of article by Guo Yanji [6753 0337 0679], et al., of the Institute of Virology, Chinese Academy of Preventive Medicine, Beijing; Guiyang Health and Anti-epidemic Station; Anshun Health and Anti-epidemic Station; Zhenning Health and Anti-epidemic Station]

[Text] This paper reports that the H2N2 strains which no longer infect the human population are still present in pigs. This finding further demonstrates the possibility that the human H2N2 subtype of the influenza A virus might have originated in animals and may cause a pandemic again when it returns to the human population. It is noteworthy that the antibody to the H2N2 strain has been detected in pig sera during all seasons except summer (June-August). The reasons for this as well as the origins of the pig H2N2 virus need to be determined through further investigation.

* Project supported by the Science Fund of the Chinese Academy of Sciences.

9717

CSO: 5400/4139

PREPARATION OF VARIOUS CHOLERA VACCINES AND COMPARISON OF THEIR IMMUNO-EFFECTS

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICRO-BIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Jul 86 pp 248-252

[English abstract of article by Zhou Guoan [0719 0948 1344], Zhu Xueping [2612 1331 1627], Liang Baohua [2733 1405 5478], et al., of the National Institute for the Control of Pharmaceutical and Biological Products, Beijing]

[Text] Procholeragenoid or flagellum was combined with a killed vibrio to immunize rabbits through the parental route. Each immunized rabbit was challenged with live-vibrio cells by the RITARD method. The results indicate that a synergistic response against live-cell challenge was produced by the pro-choleragenoid in combination with whole-cell vaccine. It was also demonstrated that two injections of this kind of combined vaccine into the human body induced two kinds of antibodies. The antitoxin level and time of effectiveness were similar to those observed in clinical cholera, but the antismatic antibody was higher and lasted longer. In this paper the authors also use concentrated, treated (60°C for 30 minutes) culture filtrates of 569B strain combined with whole-cell vaccine to immunize rabbits three times by the oral route. The results indicate that this can protect the immunized rabbits from live-cell challenge by the RITARD method without complications of severe diarrhea.

9717

CSO: 5400/4131

BRIEFS

SWINE FEVER ALERT--Two thousand pigs are to be slaughtered on a farm at South Warnborough, Hants, after an outbreak of swine fever, the first in Britain since June last year. A nation-wide operation began yesterday to trace pigs from the farm sent to other parts of the country. [Text] [54500004 London THE DAILY TELEGRAPH in English 1 Sep 87 p 1] /7358

FOOT-AND-MOUTH OUTBREAK IN SOUTHERN PROVINCE

54000219a Lusaka ZAMBIA DAILY MAIL in English 5 Aug 87 p 3

[Text]

GOVERNMENT has imported 300,000 foot and mouth vaccines worth more than K1 million from Botswana to fight the disease which has broken out in Southern Province.

The Veterinary and Tsetse Control Department has already used more than 100,000 vaccines in some of the affected areas.

Briefing the Press yesterday in his office, director of the department Dr George Chizyuka said since the drugs arrived his officers have vaccinated animals in three different regions around the Kafue Flats.

He said government ordered the vaccines from Botswana Vaccine Institution immediately the disease broke out and the institute sent about 175,000 doses.

Dr Chizyuka said the

department was expecting the remaining vaccines next week.

Areas affected are from Chief Muweza, Nalubanda, Muchabi, Shibuyunji up to Kafue township. Other areas are Mwanamainda, Kafue Flats, Chivuna Mission, Namwala, Kabulamwanda and Mala.

Dr Chizyuka appealed to the public to observe the ban on the movement of livestock from these areas.

He disclosed that some people were smuggling meat from Southern Province using canoes and rail tracks.

"Public should cooperate with us because if the disease is spread to other parts of the country, there

would be many implications and it would affect our economy seriously," he said.

He explained that Zambia would stop exporting meat to other countries if the disease was not wiped out. "If the 2.4 million cattle which we have in the country is affected then that would mean buying more vaccines which will cost K6.40 per doze."

Dr Chizyuka admitted that beef shortage would continue until the ban on the movement of livestock was lifted.

He, however, blamed marketing agencies whom he said could have found other markets from certain parts of the country like

the Northern, Central and Western Provinces.

"While it is true that marketing agencies get more animals from Southern Province, they should organise themselves and start bringing animals from other parts of the country," he said.

Dr Chizyuka said his department has now allowed marketing agencies to bring meat from Livingstone which was slaughtered there under the supervision of veterinary officers.

"Only meat from Sesheke and Livingstone would be transported to the Copperbelt and Lusaka in closed refrigerated trucks under our escort," he said.