

JPRS-TEP-90-005
8 MAY 1990



JPRS Report

Epidemiology

AIDS

DISTRIBUTION STATEMENT A
Approved for public release;
Distribution Unlimited

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

DTIC QUALITY INSPECTED 8

19981211 090

Epidemiology

JPRS-TEP-90-005

CONTENTS

8 May 1990

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics will be covered in a later issue.]

SUB-SAHARAN AFRICA

CAMEROON

- AIDS Education To Be Included in Curriculum
[Bernard Fualefac; Yaounde CAMEROON TRIBUNE, 5 Jan 90] 1

CHAD

- Awareness, Prevention Workshop Launched
[B. Mahamat N'Gartomia; Ndjamena AL-WATAN, 24-30 Mar 1990] 1

GABON

- 50 Deaths, HIV-Positive Cases Up [Libreville L'UNION, 5 Jan 90] 2

KENYA

- Official Urges Increased Education Program [Dar-es-Salaam DAILY NEWS, 12 Feb 90] 2
African Nations Said to be Testing AIDS Drug [Dar es Salaam DAILY NEWS, 30 Mar 90] 2
Newly Discovered Drug Said To Control AIDS [Dar-es-Salaam DAILY NEWS, 8 Feb 90] 2
WHO Said To Endorse Kemron Drug [Dar-es-Salaam DAILY NEWS, 2 Mar 90] 3

MALI

- 1 to 2 Percent of Urban Population HIV-Positive [M. Diakite; Bamako L'ESSOR, 8 Jan 90] 4

MAURITIUS

- Figures Up According to Health Minister
[Dharmanand Dhooharika; Port Louis LE MAURICIEN, 14 Mar 90] 5

SENEGAL

- Information Inadequate on Prevention [Ousseynou Gueye, Dakar WAL FADJRI, 1 Dec 89] 5

SOUTH AFRICA

- Children With AIDS To Increase in Western Cape [Durban THE DAILY NEWS, 22 Feb 90] 6
Three More HIV Positive Cases in Port Elizabeth [Port Elizabeth EVENING POST, 19 Jan 90] .. 7
Increasing Cases in Soweto [Mokgadi Pela; Johannesburg SOWETAN, 30 Mar 90] 7
Johannesburg First Source of AIDS Deaths [Cape Town THE ARGUS, 7 Mar 90] 8
Survey Discloses KwaZulu Figures [Durban THE DAILY NEWS, 8 Mar 90] 8
Heterosexual AIDS Increasing in Country [Johannesburg THE CITIZEN, 6 Mar 90] 9
Doctor: 40,000 Blacks Have AIDS [Johannesburg THE CITIZEN, 2 Mar 90] 9
Threat of AIDS to Black Work Force Noted
[Johannesburg ENGINEERING WEEK, 28 Feb 90] 9
DP Says Government Playing Down Threat [Johannesburg BUSINESS DAY, 27 Mar 1990] 10
Experts Condemn 'Racist' Pamphlet [Cape Town THE ARGUS, 15 Jan 90] 10
Groups Lobbying ANC, Government on AIDS [London AFRICA ANALYSIS, 30 Mar 90] 11

TANZANIA

- Epidemic in Kagera Area Leaves 7000 Orphans
[Charles Mmbaga; *Enugu DAILY STAR*, 5 Apr 90] 11
- Finnish Doctor: 1 Million Infected With HIV
[Johan Kjellberg; *Helsinki HUFVUDSTADSBLADET*, 30 Jan 90] 12

TOGO

- National Commission Proposes 7-Point Program [LA NOUVELLE MARCHE, 31 Jan 90] 13

UGANDA

- Epidemic Figures Cited; Affected Sectors Detailed
[Nils Myklebost; *Oslo ARBEIDERBLADET*, 5 Feb 90] 14

ZAMBIA

- AIDS-Linked TB Tripled in Six Years [Lusaka ZAMBIA DAILY MAIL, 4 Dec 89] 15

ZIMBABWE

- Insurance Companies Insist on Tests [London AFRICA ANALYSIS, 30 Mar 90] 15
- AIDS Said 'Sweeping Through Army' [London AFRICA ANALYSIS, 2 Feb 90] 16

CHINA

- PRC Drafts Three-Year Plan [Beijing XINHUA, 1 Mar 90] 17
- AIDS-Related Cases On The Rise [Beijing CHINA DAILY, 26 Mar 90] 17
- Commentary on Controlling Spread [Kunming YUNNAN RIBAO, 8 Feb 90] 17
- 146 Cases Found in Yunnan [Beijing RENMIN RIBAO, 8 Feb 90] 18
- VD Incidents on the Rise [Kathy Griffin; *SOUTH CHINA MORNING POST* 10 Dec 89] 18

EAST ASIA

HONG KONG

- Explanations Sought on Demand for Tests [Hong Kong HONG KONG STANDARD, 6 Jan 90] ... 20
- AIDS Claims Another Life
[Helen Signy; *Hong Kong SOUTH CHINA MORNING POST*, 31 Jan 90] 20
- Warning of a Potential AIDS Increase in Women
[SOUTH CHINA MORNING POST, 28 Feb 90] 21
- Advisory Council Launched [Mary Ann Benitez; *SOUTH CHINA MORNING POST*, 3 Mar 90] .. 21
- Most Addicts Share Needles, Says Survey
[Jimmy Leung; *Hong Kong SOUTH CHINA MORNING POST*, 13 Mar 90] 22
- Increase Among Local Chinese
[Helen Signy; *Hong Kong SOUTH CHINA MORNING POST*, 28 Mar 90] 22

THAILAND

- Statistical Summary of Sources of Infection
[Bangkok SIAM RAT SAPDA WICHAN, 11 Feb 90] 23
- Health Official: Incidence Slows [Bangkok SIAM RAT, 13 Mar 90] 23
- Study Finds Count Higher Than Official Numbers
[Wasant Techawongtham; *Bangkok BANGKOK POST*, 30 Mar 90] 24

VIETNAM

- Anti-AIDS Seminar Held in Ho Chi Minh City [Hanoi VNA, 15 Apr 90] 24

EAST EUROPE

HUNGARY

Education Key Issue in Program	25
31 Registered Cases [Szekszard DATUM, 1 Dec 89]	25
Association Joins World Movement [Szekszard DATUM, 1 Dec 89]	25

POLAND

General Medical Shortages, Fear Complicate Care of Patients [Anna Jarosz; Warsaw SLUZBA ZDROWIA, 21 Jan 90]	25
--	----

LATIN AMERICA

BRAZIL

Cases Increase Among Children [Sao Paulo O ESTADO DE SAO PAULO, 15 Mar 90]	28
Steady Rise in Sao Paulo Incidence [Sao Paulo O ESTADO DE SAO PAULO, 10 Mar 90]	28

EL SALVADOR

Virus Detected in 0.5 Percent of Blood Samples [San Salvador EL MUNDO, 30 Jan 90]	28
---	----

HONDURAS

Rapid AIDS Spread [San Pedro Sula TIEMPO, 30 Nov 89]	29
AIDS Virus HIV-2 Detected [San Pedro Sula LA PRENSA, 27 Feb 90]	29

NEAR EAST & SOUTH ASIA

BAHRAIN

Government Limits Screening of Hospital Patients [Soman Baby; Manama GULF DAILY NEWS, 21 Jan 90]	31
---	----

INDIA

Bombay Epidemic Among World's Deadliest [Marc Kaufman; Toronto THE TORONTO STAR, 9 Jan 90]	31
Experts Discuss Control [Bombay THE TIMES OF INDIA, 8 Feb 90]	32
Papers Continue To Report, Comment on Problems	33
HIV-Tested Patient Dies [Calcutta THE STATESMAN, 28 Feb 90]	33
Government Apathy Protested [New Delhi PATRIOT, 1 Mar 90]	33
Prevention Bill Review Welcomed [Bombay THE TIMES OF INDIA, 23 Feb 90]	34

TUNISIA

Status of Tunisian Cases [Jamila Gorrab; Tunis LE TEMPS, 2 Jan 90]	34
--	----

WEST EUROPE

EUROPEAN AFFAIRS

EC Resolution on Fight Against AIDS [Luxembourg OFFICIAL JOURNAL OF THE EUROPEAN COMMUNITIES, 16 Jan 90]	36
---	----

CANADA

Stress Cited in Doctors, Nurses Treating Patients [Dave Rogers; Ottawa THE CITIZEN, 10 Mar 1990]	38
---	----

Vancouver Needle Exchange Program Declared Success [Deborah Wilson; Toronto THE GLOBE AND MAIL, 6 Mar 90]	38
DENMARK	
Minister Revives Plan For Monitoring System [Copenhagen BERLINGSKE AFTEN, 5 Jan 90] ...	39
Four Found Infected With HIV-2 [Henning Ziebe; Copenhagen BERLINGSKE TIDENDE, 31 Jan 90]	39
AIDS Courses at Workplace [Copenhagen; BERLINGSKE TIDENDE, 28 Jan 90]	40
Study Shows Increased Condom Use [Nuuk GRONLANDSPOSTEN, 26 Jan 90]	40
First AIDS Death in Greenland [Nuuk GRONLANDSPOSTEN, 2 Feb 90]	40
FINLAND	
Successful Strategy To Continue [Helsinki HELSINGIN SANOMAT, 29 Jan 90]	40
Training for Hospital Personnel Called Lacking [Helsinki HELSINGIN SANOMAT, 29 Jan 90] ..	41
FRANCE	
Mortality Statistics Analyzed [Franck Nouchi; Paris LE MONDE, 7 Mar 90]	41
AIDS Down Slightly With Legal Needle Sales [Francois Devinat; Paris LIBERATION, 24-25 Feb 90]	42
GREECE	
Sexually-Transmitted Disease Rate Up [Athens RIZOSPASTIS, 18 Jan 90]	43
IRELAND	
AIDS Said To Develop More Slowly in Irish Babies [Noirin Hegarty; Dublin IRISH INDEPENDENT, 5 Feb 90]	43
ITALY	
AIDS Patient Infects 18 With Tuberculosis [Milan L'UNITA, 14 Feb 90]	43
NORWAY	
HIV Epidemic Seen Under Control [Aslaug Bisseberg, Hanna Hanes; Oslo AFTENPOSTEN, 10 Jan 90]	44
SPAIN	
Cures, Remission of Symptoms [Carmen Aumente; Madrid EL INDEPENDIENTE, 16 Feb 90] ...	45
Cases Double in 1989 [Arturo Cenzano; Madrid DIARIO 16, 18 Feb 90]	45
Data on HIV-Positive Prisoners [Madrid YA, 21 Feb 90]	46
Infected Prisoners Paroled in 1989 [Madrid DIARIO 16, 12 Jan 90]	47
First Cases of AIDS Virus-2 [Arturo Cenzano; Madrid DIARIO 16, 29 Jan 90]	47
AIDS Designation as 'Occupational Illness' Sought [Maria Jose Barrero; Madrid YA, 13 Jan 90] ..	48
UNITED KINGDOM	
Health Department Predicts Fall in Epidemic [David Fletcher; London THE DAILY TELEGRAPH, 3 Feb 90]	48

CAMEROON

AIDS Education To Be Included in Curriculum

54000028A Yaounde CAMEROON TRIBUNE
in English 5 Jan 90 p 8

[Article by Bernard Fualefac]

[Text] In order to stop any rise in the 14 AIDS cases in the province authorities have decided to leave no stone unturned in their fight against the disease.

Some 38 hotel managers and principals of post primary institutions in Bamenda rounded off a two-day seminar on the Acquired Immune Deficiency Syndrome (AIDS) last December.

The seminar was organised by the Provincial Service for Preventive Medicine in collaboration with the German Agency for Technical Assistance (G.T.Z.) aimed at informing and educating the population on preventive measures against the spread of AIDS.

At the close of the two-day workshop, participants resolved that the health authorities should give out condoms to all hotels and night clubs in Bamenda to check the rampant spread of the disease. It was also agreed that all bed linens in hotels must be washed and disinfected before and after use.

In view of the dangers of AIDS to humanity, all hotel managers recommended that the Provincial Service for Public Health should dish out brochure and posters carrying information on the symptoms, spread and possible prevention of the killer disease illustrated with photographs and diagrams to hotels and schools.

Considering the sudden upsurge in sexual promiscuity among teenagers and the rampant spread of sexually-transmitted diseases within the town, the principals resolved that health education especially on AIDS be included in the school curriculum. A similar course was also organised for condom vendors within Bamenda town.

In a keynote address to the participants, the second Assistant to the Senior Divisional Officer for Mezam Mr Gawum Daniel Samba reminded them of the eminent dangers of AIDS especially to teenagers who are target group. While appreciating the media and the authorities for informing and educating the population on the deadly disease, Mr Gawum appealed to principals of colleges to sacrifice time and educate the children entrusted in their care on the ailment.

The second Assistant S.D.O., however, expressed the hope that if everybody is committed in the fight against AIDS, the cases of the disease in the province will not rise. He assured the health and educational authorities the total cooperation of the administration in achieving their objectives.

The Provincial Chief of Preventive Medicine and Rural Health services, Dr Andy Tembong Chi and Mr Michael Chuba of the Preventive Medicines Service coordinated the seminar.

CHAD

Awareness, Prevention Workshop Launched

90WE0167A Ndjamena AL-WATAN in French
24-30 Mar 90 p 8

[Article by B. Mahamat N'Gartomia: "Training Seminar for Instructors in AIDS Prevention"; first paragraph is AL-WATAN introduction]

[Text] AIDS is a world-scale pandemic and if an effective cure is not soon found, it will continue to cause much ink to flow. Furthermore, this illness is by no means a purely medical question, but now has become a social problem. It calls for a change in sexual conduct and a more increased level of awareness. On 19 March 1990, a seminar for training instructors to train key persons, was opened by Mr. Kinde N'Gassadi, director of health services, representing the Minister of Public Health, who was unable to attend. The seminar's work will last one week.

To train key persons so that the latter may, in turn popularize the necessary information on AIDS, above all the precautions to be taken to avoid contact with the virus of that terrible disease, AIDS; that is the aim of the training seminar organized by the national program for the struggle against AIDS in Chad, in agreement with the Public Health Ministry.

In rooms on the premises of the Al-Mouna cultural center, the first seminar for training key personnel brings together thirty executives sent from different ministerial departments, and trade union leaders. In fact, while our world today is more than threatened by the acquired immune deficiency syndrome, AIDS presents an unprecedented challenge in the field of public health to all humanity. But a general mobilization is needed to combat this terrible "disease of the century" and the World Health Organization, in collaboration with all member states, took care to mention AIDS in their plans for a joint struggle.

According to Mr. Kinde N'Gassadi, director of health services, and a representative of the Minister of Public Health, the first training seminar, which opened on 19 March 1990, falls within the scope of formulating training strategies for struggle, and for describing the information, education, and communication strategies thus far carried out by Chad for AIDS prevention [text missing] ...that, concerning the facts of the investigation into the knowledge, attitudes, and conduct, carried out in October 1988 and February 1989. Our colleague, Faradj Moulaye, as president of the technical, information, education, and communication subcommission (IEC), stated in his declaration that AIDS is becoming a real social problem, not a purely medical matter. He said the national program of struggle against AIDS decided for that reason to organize this training series, which is open to [government] officials but that will later be also extended to students, as well as pupils, private-sector

personnel, and medical personnel, along with housewives and other sectors of society. Because, he stressed, those seeking change should all be members of society. Madame Pamela Clifton Reitemeier of UNICEF, speaking in the name of the following international organizations: USAID, [US Agency for International Development, World Health Organization, UNDP [UN Development Program], FAC, [French Aid and Cooperation Fund] and UNICEF, congratulated the national technical committee for the struggle against AIDS (CNTLS) for its excellent effort in organizing this seminar. She stressed that after the training, members of the seminar should play a leading role in such a vital effort.

GABON

50 Deaths, HIV-Positive Cases Up

54000025B Libreville L'UNION in French
5 Jan 90 pp 1, 4

[Excerpts of an article entitled: "AIDS: Africa Mobilizes"; first paragraph is lead]

[Excerpts] Our continent is hard hit by the dread disease that still has no cure. Prevention is, therefore, essential.

The phenomenon of AIDS, the terrible disease that has spared no country, is taking on especially alarming proportions in Africa: 20 percent of the six to eight million virus-carriers (seropositive) have been counted on our continent, where WHO (World Health Organization) estimates there will be a million AIDS patients within two years. In Rwanda and Uganda, 30 percent of the population is seropositive; in Bangui (CAR), eight percent of the inhabitants are infected. In Gabon there have already been 50 deaths and the seropositivity rate is climbing continually.

As you see, the situation is very serious, especially as no cure for the epidemic has yet been found. Prevention, particularly through education of the people, must, therefore, be encouraged at all costs. This, in fact, is what is happening everywhere today: we are seeing a veritable mobilization of all forces to curb the disease. [passages omitted]

KENYA

Official Urges Increased Education Program

54000037B Dar-es-Salaam DAILY NEWS in English
12 Feb 90 p 2

[Article: "Kenya Calls for AIDS Programme Intensification"]

[Text]The National AIDS Control Program has called for intensifying health education against the Acquired Immune Deficiency Syndrome (AIDS) in Kenya.

In a statement issued on Friday Dr. Sobbie Mulindi, who chairs the Health, Education and Information Subcommittee, urged Kenyans to remember that since there

is no proven cure or vaccine for the killer disease, health education aimed at stopping the spread of the AIDS virus is the only weapon the country has.

Even if Kemron, a newly developed AIDS drug in this East African country, eventually proves effective in curing the disease, people must remember that most diseases like malaria, diarrhoea and syphilis are treatable but have never been eliminated and still kill people, the doctor cautioned.

Kenyans are happy about the progress made by our researchers but there is still an urgent need to take all the necessary precautions to curb infection by the killer virus, said Dr. Mulindi.

Meanwhile, the medical authorities in the country have decided to expand the clinical trials and experiment with the new AIDS drug.

Patients inside or outside Kenya can seek permission to come for trials with the new drug which has attained dramatic results in some AIDS cases, the authorities said.

African Nations Said to be Testing AIDS Drug

54000061a Dar es Salaam DAILY NEWS in English
30 Mar 90 p 1

[Words in italics as published]

[Text] Nairobi— Kemron, the drug discovered in Kenya which is capable of reversing symptoms of AIDS has been received in many African countries for clinical trials.

According to Kenya's Daily Paper THE STANDARD, the Director of the Kenya Medical research Institute (Kemri), Dr Davy Koech, had said this in a paper on Kemron therapy of HIV seropositive patients which he presented at the Hayashibara symposium, Okayama, Japan.

He said the drug, which had been tested on more than 100 people, had not recorded any side-effects so far.

Newly Discovered Drug Said To Control AIDS

54000037A Dar-es-Salaam DAILY NEWS in English
8 Feb 90 p 1

[Article: "Kenya Confirms AIDS Drug and Says '20 Patients Cured'"]

[Text] The drug recently discovered by Kenyan medical scientists for treatment of the Acquired Immune Deficiency Syndrome (AIDS) has been named Kemron.

Kenya's Minister for Research, Science and Technology, Mr. George Muhoho, announced the name yesterday after the Kenya Medical Research Institute (KEMRI) confirmed that 20 patients administered with the drug had been freed from the Human Immuno-Deficiency Virus (HIV).

The cured were part of a study group of 101 patients, KEMRI Director Dr. Davy Koech told a crowded hall at the on-going Kenya's annual medical research conference here.

Mr. Muholo said the drug had been locally patented. His ministry, under which KEMRI falls, is doing a world-wide investigation to ensure no one else had come up with similar findings before registering the drug.

The World Health Organisation (WHO) is also helping in assessing the drug at various centres around the world.

KEMRI came into prominence last December, when Dr. Koech announced that the institute had found a cure for AIDS.

However, scientists, led by Kenya's former Director of Medical Services, Mr. Eric Mugola, criticised the manner in which the discovery was made.

Mr. Mugola felt the announcement was premature and that it would have been made at an appropriate scientific forum.

While Kenyan herbalists claimed credit for the discovery, there was also concern that the announcement would interfere with the national campaign against the disease.

Dr. Koech said the drug was a natural product and this led to assumptions that it had been extracted from plants.

Hudson Lubanga, a herbalist based in Kakamega, about 300 km west of Nairobi, then said: "I discovered this drug and the institution wants to trick me out of the formula."

But, according to Dr. Koech, the herbalists "are in total disarray because Kemron is based on Interferons".

These had been tested elsewhere in the world as a possible treatment for AIDS, but the dosages used were too high, he said.

Dr. Koech with fellow researcher, Professor Arthur Obel, used the Kemrons interferon protein to treat Leishmaniasis, a chronic parasitic disorder, but the drug was ineffective.

The team then stumbled on a study by Dr. Joseph Cummins of the Amarillo Cell Culture Company in Texas, USA on the use of the interferon in the treatment of leukemia in cats.

AIDS progression in man is very much like that of leukemia in cats, according to Dr. Cummins' study, lower doses of Interferon eliminated its major drawbacks and harmful side effects.

Dr. Cummins was invited to join the KEMRI Team and they began to use lower concentrations of the Interferon on the AIDS virus.

KEMRI then formulated the human Interferon in a form that could be administered by mouth.

Tests started on 101 patients—63 men and 38 women—five months ago. The patients were those with full blown AIDS symptoms, but within a week, "most of them were up and able to feed", said Dr. Koech.

After two weeks, four patients tested negative and nine others followed a month later. The sixth week brought the number to 20 who are now free of the virus.

"Though the results are a pleasant surprise," warned Dr. Koech, they raised many more questions than they answered."

The AIDS anti-bodies apparently disappear quickly from the bloodstream, leaving no 'memory' of the virus if reinfected.

This has serious complications for a vaccine, Dr. Koech says, since it may call for repeated vaccinations at short intervals, if a vaccine can be found.

Furthermore, the majority of the patients still carry the virus and the problem is whether to continue the treatment hoping that it "will also sero-convert".

Long term side effects are also yet to be determined. The immediate effects seen by KEMRI are loss of appetite and increased sex drive among some of the men.

KEMRI will invite more scientists to help unravel the many unanswered questions.

Meanwhile, clinical trials will go on for another three months before the Ministry of Research, Science and Technology takes over the marketing and production of the drug.

Kemron is a combination of the acronym KEMRI and Interferon. Details of the mechanism of its action in the treatment of AIDS patients requires more study.

WHO Said To Endorse Kemron Drug

54000057 Dar-es-Salaam DAILY NEWS in English
2 Mar 90 p 1

[Article: "AIDS Drug Wins WHO Recognition"]

[Text] Nairobi—The new Kemron drug, which has shown positive results in the fight against Acquired Immune Deficiency Syndrome (AIDS), has been recognised by the World Health Organisation (WHO).

This was announced at a news conference here today by the WHO Regional Director for Africa, Dr Lobe Monekosso.

"In the field, of science, when a claim is made, it is normal that such experience is also confirmed by other scientists, and this is the next step WHO scientists are taking," he said.

He said the drug was not discovered by chance, but after "hard scientific thinking which must be appreciated by the scientific community".

Kemron, which was discovered by the Kenya Medical Research Institute "deserves to be taken seriously," Dr Monekosso said.

The WHO, he said, will cooperate with Kenya in various matters related to Kemron which, he pointed out, could be used in other areas of medical science.

Kemri and the Kenya Government have given him scientific, clinical and technological information on how Kemron was developed, Dr Monekosso said.

He urged the Kenya Government, once the further investigations confirm the efficacy of the drug, to invest full in the commercial exploitation of the drug so that Kenya can benefit to the maximum from the discovery.

Dr Monekosso said "Kemron's potential may not be fully known at this time, but the initial impressions are good and even dramatic."

But he emphasised the importance of the work being confirmed by other researchers before further steps were taken.

More months of observation of the drug's dramatic effects are needed to ensure "the positive results are sustained."

MALI

1 to 2 Percent of Urban Population HIV-Positive

5400029A Bamako L'ESSOR in French 8 Jan 90 p 4

[Article by M. Diakite: "The Statistics' Story"]

[Text] The threat of AIDS is becoming increasingly urgent in Mali and, unless care is taken, the situation may become as grave as it is in some countries.

The first case of AIDS was diagnosed in Mali in 1985. In the three years since, 99 cases have been reported in Bamako alone. Seroepidemiological studies (blood donors, pregnant women, prisoners, and prostitutes) show a prevalence rate of 1 to 2 percent among the sexually active urban population.

Moreover, of 2,120 serum (blood) samples analyzed in December 1988 at the National Blood Transfusion Center, 52 were infected with the HIV human immunodeficiency virus (seropositive), or 2.3 percent. Still in March of the same year, 123 cases of HIV infection out of 1,290 tests were noted at the Point "G" Laboratory.

These few figures, which in no way sum up the situation in its entirety, nonetheless, illustrate the speed with which AIDS is spreading in our country. The specter of the acquired immunodeficiency syndrome plague and the urgency of finding solutions has impelled Malian

authorities to establish a system of epidemiological surveillance and to undertake education of the population.

As part of this effort, a technical committee to combat AIDS was created in 1987 to set up a short-term program (from July 1987 to December 1988). Implementation of the program made it possible to conduct the country's seroepidemiological studies and to lay the groundwork [for future steps] through information and the establishment of a real strategy to combat the rise of the epidemic. The National Anti-AIDS Committee (ministerial decision No. 310/MSP-AS/CAB of 9 November 1988) and a scientific and technical council, CST, (decision No. 11 MSP-AS CAB of 16 November 1988) were created for this purpose. The National Anti-AIDS Committee is multidisciplinary and combines representatives from all ministerial departments.

The national strategy to combat acquired immunodeficiency syndrome drafted by these two bodies in collaboration with WHO [World Health Organization] falls into a national medium-term program covering 1989-1993.

The cost of the national program to combat AIDS that begins this year is estimated at 253,100,000 CFA [African Financial Community] francs. Tasks will include, among others, epidemiological surveillance; reduction of transmission via blood by developing and shoring up laboratories to perform serological testing; improving the care of seropositive individuals, AIDS patients and their families; and preventing mother-child transmission. Implementation of the program will also make it possible to develop research and improve training of health-care and education professionals.

Last November, during a meeting on funding of the program, moneylenders promised a 600-million CFA franc package for first-year activities.

One of these activities, stressed the national medium-term anti-AIDS program coordinator, Professor Sidi Konare, is providing our regions with the necessary laboratory-diagnostic equipment. For one of the essential goals targeted is reduction of HIV transmission via blood. However, points out Professor Konare, efforts will be directed primarily toward encouraging informational, educational, and awareness programs throughout the land, so crucial is it in the fight against AIDS that changes in behavior be made, to limit the danger of the illness.

The National Anti-AIDS Program, which requires the formation of regional committees, will be implemented in harmony with other health programs. Indeed, said Prof. Konare, the different steps taken to combat the plague must be integrated into the national health-care system through existing organizations.

In the absence of an effective treatment or vaccine, prevention remains the only means of fighting the spread of AIDS. And prevention can only be done by informing

and educating the population, [a task] in which the family, school, and communicators have a predominant role to play.

MAURITIUS

Figures Up According to Health Minister

90WE0152A Port Louis LE MAURICIEN in French
14 Mar 90 pp 1, 12

[Article by Dharmanand Dhooarika: "13 Seropositive Cases in Mauritius"; passages within slantlines published in English]

[Text] Thirteen cases of AIDS-seropositive individuals, five of whom have developed the disease, have been detected by the Health Ministry's /AIDS Unit/. The latest results from the Victoria Hospital (Candos) laboratory indicate the five AIDS cases were detected in four men and one woman, announced the /Project Manager of the AIDS Unit/, Dr. Clement Chan Kam, this morning to LE MAURICIEN.

Officials of the AIDS prevention and detection program in Mauritius are calling for increased vigilance from each health district and medical institution at regional and national levels. On the other hand, an epidemiological study of 30,000 blood donors did not find a single case of seropositivity.

In a statement this morning to LE MAURICIEN, Dr. Chan Kam affirmed that the number of AIDS cases has not increased significantly compared to other African countries.

In February of 1989, our medical establishments had discovered only two AIDS cases. The first case was diagnosed in September of 1987 and the second in November of 1988.

In September 1989, 12 cases of seropositivity had been detected in Mauritius, six of which were tourists.

Indeed, Dr. Chan Kam does not believe that Mauritian medical authorities can monitor tourists. "This fact underscores an important point, namely that we would be wrong to focus exclusively on visitors—tourists and others as the potential source of HIV infection. AIDS is a global pandemic and, as such, the only sensible approach to prevention is not restriction of free travel nor some sort of screening of visitors, but the informed low-risk behavior of hosts and visitors alike everywhere," he said.

The /AIDS Unit/, in close collaboration with the World Health Organization [WHO], will continue its educational and informational campaign among groups at risk, especially young people, to increase their awareness of AIDS problems.

Homosexuals, drug addicts, and prostitutes are not the only high-risk groups. AIDS concerns everyone.

Some 180,000 cases of AIDS had been reported to WHO in May of 1989. The number of cases of seropositivity throughout the world is estimated by WHO at 5 to 10 million.

Several African countries, Australia, Europe, and other continents, have not been spared by the AIDS virus. "We will have to be very vigilant," concluded Dr. Chan Kam.

SENEGAL

Information Inadequate on Prevention

54000026B Dakar WAL FADJRI in French
1 Dec 89 pp 10-11

[Article by Ousseynou Gueye: "Young and Carefree"; first paragraph is editor's lead]

[Text] Combating AIDS is still a matter of individual behavior. Awareness of the disease and of preventive methods among the population, however, so far remains poor.

AIDS continues to defy scientists the world over: despite the massive resources provided them, they have not succeeded in finding a cure for the scourge. The disease is spreading irremediably, bringing with it its cortege of death and devastation. In Senegal, the number of AIDS patients is officially estimated at 266 cases. Compared to some countries in central Africa, Senegal is still touched very little. Nevertheless, the spread of the disease is fairly substantial. Not so very long ago in December 1987, only 66 cases had been identified.

Young people are the group most exposed to AIDS. According to a study conducted by the Ministry of the Plan and Cooperation on "Senegalese Society and AIDS," those at great jeopardy fall into the 20- to 24-year-age group. Another group are adults between 35 and 39 years of age. High-risk people have completed high school or college. They include upper and midlevel managers, merchants, workers, craftsmen, students, and university students, according to the study.

It was thus for the purpose of further educating young people about AIDS that the World Health Organization [WHO] dedicated the Second World AIDS Day to youth. The theme of the day, celebrated yesterday 1 December, was "Young People and AIDS." Youth is the hope of tomorrow. Consequently, the health ministers, who gathered in Niamey in September for the 39th session of the regional committee, expressed their concern "about the particular threat to young people represented by the high prevalence of the infection and disease within this group and the adverse impact of such a situation on the socio-economic development and demographic balance of the region's countries."

A study conducted by Youssou Mbargane Guisse, sociologist, and Ludovic d'Almeida, a psychologist at the Fann University hospital medical center, on "the sexuality and AIDS knowledge of schoolgirls and young

women in Dakar and its suburbs" was published in the first issue of PLURALE (an African review of social and medical sciences in health care). It shows that the subjects' first sexual experiences occur at a very young age. Of the 522 women questioned, 20 percent had sexual relations before the age of 15, 46 percent between 15 and 18, and the remainder after the age of 18. The study concludes that "although there is a clear understanding of the dangers of AIDS and although the causal link between the nature of certain sexual practices and AIDS seems established, sexual behavior has not changed: there is both a low level of condom use and a remarkable incidence of multiple partners." In corroboration of this thesis, the Ministry of the Plan and Cooperation's study reveals that 62.4 percent of young people are disinclined to use condoms, compared to only 5.9 percent who are fairly willing to use them.

What must be done, then, to limit the risks of infection with the AIDS virus? Particularly since the family unit has been shattered by school attendance, the [rural] exodus, and the loss of traditional values? D'Almeida and Guisse conclude that "young people are disoriented, parents are powerless themselves, and the family is shaken, destabilized by the lack of sociocultural bearings and adequate models. Sexual libertinism has become a reality. Consequently, certain devotees of family planning, in concert with the Americans, proposed that condoms be sold publicly in shops and that vending machines be installed in schools. These proposals prompted a barrage of protests from religious officials who saw them as open invitations to debauchery. Even though condoms are still the most reliable means of avoiding AIDS infection, the policy of promoting condoms will still have to be judiciously drafted to avoid the appearance of a campaign encouraging sexual license."

This highlights the importance of the communications unit of the multidisciplinary anti-AIDS committee. Its first program has just been evaluated, before beginning the 1990-1991 one. Although on the whole the work accomplished was deemed positive, more dynamic coordination needs to be instituted to bring about greater involvement of all decision-making authorities: political, religious, administrative, and so on. Socio-behavioral research must also be done to identify, in the short term, explanatory models linked to AIDS prevention. Because there is no therapy, it is up to everyone to adopt behavior that will protect him/her from the AIDS virus.

Another important problem is the monitoring of prostitutes, who fall into the high-risk category. Fifty-four percent of the prostitutes questioned declared themselves very ready to use condoms, compared to 2.2 percent who disapprove. However, only six percent of those questioned said they had carnal relations with prostitutes.

What is very clear from all the studies done is that the major constraint in the strategy to prevent AIDS "is essentially the fact that the people are poorly informed." The study conducted by the Ministry of the Plan and

Cooperation shows that knowledge of the disease, of transmission modes, and of preventive methods is still poor overall, both among the general population and the prostitutes studied. At the same time, it observes that "chance sexual relations are fairly common, especially among men."

International AIDS Day is thus an opportunity to reflect on all these questions, in order to find a strategy for containing this rampant disease that may injure society immensely.

Stand on Advertising Condoms in Relation to Religious Practice (%)

Advertising	Regular Practice	Occasional Practice	Non-Practicing
Yes	23.4%	30.9%	31.5%
No	14.9%	21.1%	15.7%
No opinion	4.3%	3.7%	6.7%
Do not feel concerned	55.8%	41.6%	46.1%

Source: Report on "Senegalese Society and AIDS"

Stand on Unrestricted Sale of Condoms in Relation to Religious Practice (%)

Unrestricted Sale	Regular Practice	Occasional Practice	Non-practicing
Yes	17.6%	23.4%	28.1%
No	20.3%	27.3%	15.7%
No opinion	4.6%	5.1%	10.1%
Do not feel concerned	55.8%	41.7%	46.1%

Source: Report on "Senegalese Society and AIDS"

SOUTH AFRICA

Children With AIDS To Increase in Western Cape

54000040B Durban THE DAILY NEWS in English
22 Feb 90 p 13

[Text] Cape Town—Ten children have been identified as potential AIDS cases after testing positive to the human immunodeficiency virus (HIV) during informal surveillance in the Western Cape over the last five years.

And with heterosexual transmission of HIV on the increase in this region, an increase in child cases is expected, according to a virologist at the University of Cape Town medical school.

Three of the children acquired their infection from their mothers either before or during birth.

One of these children was a black child living in the Western Cape and it is believed to have died recently.

Another child from the Eastern Cape is also believed to have died. The progress of the third is not known because the child returned to a neighbouring country.

Two other children contracted the virus from infected blood transfusions. One with sickle-cell anaemia received multiple blood transfusions in central Africa and the other was infected before the routine screening of local blood was introduced.

Five of the identified cases were child haemophiliacs who regularly received imported blood products.

By the end of January, the Department of Health had identified 11 cases of full-blown AIDS among children under the age of nine. Country-wide there were six cases in children between the ages of 10 and 19.

Of these cases, 10 were identified as having contracted the disease from their mothers.

Surveillance studies show that while homosexual AIDS is becoming less common in the Western Cape and blood screening has curbed infection from transfusions, heterosexual AIDS is on the increase.

Informal surveillance programmes conducted anonymously have identified 460 HIV carriers in the Western and Eastern Cape.

The race and sex of 117 of these people is not known but 32 have been positively identified as heterosexual and 59 as women.

The children of mothers who are HIV positive can contract AIDS either before birth (HIV has been detected in 13-week to 20-week foetuses) or during birth. In rare documented cases some children contracted the virus from mother's milk.

Because babies born to mothers who are HIV positive may passively acquire the mother's antibodies across the placenta it is not possible to identify a true HIV-infected child before 15 to 18 months using the conventional antibody tests.

The tempo of HIV infection in newborns is much more rapid than in adults.

Three More HIV Positive Cases in Port Elizabeth
54000036B Port Elizabeth EVENING POST in English
19 Jan 90 p 8

[Text] Three further HIV-positive cases—an AIDS-related condition—have been diagnosed in Port Elizabeth this month.

There are now 28 HIV-positive carriers in the city.

PE's medical officer of health today revealed that last year 30 HIV-positive carriers were diagnosed in the city.

Five have already died—four in PE and one in East London.

One of the 28 remaining HIV-positive carriers had now developed into full-blown AIDS.

Increasing Cases in Soweto

54000059A Johannesburg SOWETAN in English
30 Mar 90 pp 1-2

[Article by Mokgadi Pela]

[Text] More than 100 people from Soweto are receiving treatment for AIDS at Baragwanath Hospital. And last week a man, a woman and three babies, died of the disease.

The man and woman contracted the disease through sexual contact.

Their sexual partners are on the loose, increasing the risk of more people getting the disease.

The babies contracted the disease during their mothers' pregnancies.

Baragwanath's deputy superintendent Dr Annemarie Richter, paediatrician Dr Ian Friedland and physician Dr Alen Kirstaedt warned this week that the number of people suffering from AIDS threatened to increase unless people heeded warnings on the disease.

Richter said in certain instances "whole families were infected" and such people were receiving counselling and psychological support at the Bara HIV clinic.

"As a result of the growing number of AIDS cases all Soweto clinics have a nursing sister to counsel victims."

Friedland said they found the first child with the disease in 1987.

This child got the disease from his mother after a blood transfusion.

As blood was now being screened, people could not get infected through transfusion.

"Altogether 16 child cases we have had since 1988 got the disease from their mothers during pregnancy," Friedland said.

He said Bara had two or three children suffering from AIDS at any one time.

"The babies are usually well at birth, but between one and nine months they become ill.

"They either lose or do not gain weight as expected.

"They may have a recurrent cough, swollen glands or thrush (white sores in the mouth)."

Friedland said such children were unlikely to live for more than a year.

Kirstaedt said about six people were currently bed-ridden at Bara.

He listed the symptoms as loss of weight, night sweats and fever, prolonged diarrhoea, chronic cough and swollen glands that do not disappear.

He warned people to stick to their partners.

Those with many partners should know their track record or resort to condoms.

However, these did not guarantee 100 percent protection, Kirstaedt said.

Johannesburg First Source of AIDS Deaths

*54000056A Cape Town THE ARGUS in English
7 Mar 90 p 6*

[Text] Pretoria—Johannesburg is the AIDS capital of South Africa with three times as many residents succumbing to the killer disease within its boundaries than in any other metropolitan area.

A statement issued by the Department of National Health and Population Development showed 154 people in the city had been diagnosed as having full-blown AIDS by early February this year and that, of these, 98 had died.

Pretoria ranked second on the Transvaal list and 15 AIDS victims had died in the city while a further five were in the final stages of the disease.

Other Transvaal cities where AIDS-related deaths had been recorded included Benoni (1), Nylstroom (1), and Kangwane (1), said the statement.

The second highest number of AIDS-related deaths—33—in a South African city was recorded in Cape Town, where 59 residents were diagnosed as full-blown AIDS sufferers.

Durban led the way in Natal with 43 cases diagnosed and 16 deaths recorded.

The statement said the number of reported cases had increased annually from two in 1982 to 139 last year and the virus had claimed 182 South Africans since the first case in the country was diagnosed in 1982 while another 144 people now had full-blown AIDS.

The disease had shown a doubling time of roughly 12 months and over 80 percent of all reported cases involved people between the ages of 20 and 49. The majority of the cases occurred in urban areas.

The major route of infection in South Africa was through sexual contact and, up to 1986, 87 percent of AIDS cases were through either homosexual or bisexual contact between males, almost all of whom were white.

Altogether 279 of the 326 cases reported since 192 involved males.

Survey Discloses KwaZulu Figures

*54000056B Durban THE DAILY NEWS in English
8 Mar 90 pp 1, 4*

[Text] In a shock disclosure—of the most dramatic figures ever to be released in Natal—it was today revealed there are quite likely to be as many as 90,000 AIDS-infected blacks living in KwaZulu—and many of them are teenagers.

The secretary of Health for KwaZulu, Dr Daryl Hackland, put the situation into its true and horrific perspective by describing what the very latest survey, done this year, has shown.

He called for concrete action, instead of people merely looking at statistics and worrying about them. "We now know conclusively that we are sitting on a real time-bomb.

"Eighteen months ago we took random HIV samples in two areas of KwaZulu, namely Ubombo and Edendale, and came up with no positives. This year in January we tested again and found that 1.5 percent of the cases we saw were infected with the virus.

"This—reflecting a general trend in the KwaZulu population—means that if 1.5 percent of the six million blacks are infected we could have some 90,000 cases of HIV infected people," said Dr Hackland.

He disclosed the very latest figures (which he only received late yesterday afternoon) and which up until now have been kept top secret, from the Sexually Transmitted Diseases Clinic at King Edward VIII Hospital, saying that they were even more alarming.

"Of the black women seen at the clinic, in the age group of 15 to 18 years old, we are now finding that 11.2 percent of the young girls are HIV infected. We are very, very concerned about the incidence of HIV infection in KwaZulu as it is obviously rising alarmingly.

After his visit to Durban and Pietermaritzburg yesterday, he was also able to disclose that the AIDS laboratory at Edendale Hospital in Pietermaritzburg was picking up three cases of HIV positives a week.

Experts such as the Medical Officer of Health for Durban, Dr Muriel Richter, and many others have been warning that the situation is much worse than it appears—that people are being lulled into complacency by innocent-looking statistics that are not even nearly reflective of what is really happening.

The chief medical superintendent of King Edward VIII Hospital, Dr Justin Morfopoulos reports that two doctors have resigned in the last week because of the AIDS threat. "I feel that the figure of 90,000 is probably quite conservative. The German doctors felt that they were not prepared to take the personal risk of dealing with patients, many of whom could be HIV infected," he said.

On the surface it may look as though the threat is not as dire as the 90,000 estimate suggests, but this is only because it is impossible to test everyone and get a true picture.

There have, according to Dr Hackland, been 33 cases of full-blown AIDS cases found in KwaZulu to date.

"The problem we face is that with the incubation period or full-blown AIDS being anything from five to eight years, there are a lot of healthy carriers out there who we don't get to see," said Dr Hackland.

In terms of the actual figures for HIV infection in KwaZulu, which are deceptively low, 25 cases of HIV infection were picked up in 1988, 82 in 1989 and already about 14 this year. There have been a total of 14 deaths from full-blown AIDS in KwaZulu.

"We can work out from the 33 full-blown AIDS cases we have seen—according to the formula used by the Center for Diseases Control in the United States which states that there are between 50 and 100 HIV infected patients for every full-blown case—that there are at least 3,300 carriers in KwaZulu.

"But, even this figure is deceptively low because we are not getting to see thousands and thousands of cases (as the 90,000 estimate shows)," said Dr Hackland.

According to the American figures (and applying this formula to the 90,000 HIV positive cases) there could be approximately 900 full-blown AIDS now or in the near future (depending on the incubation period) cases in KwaZulu.

The Department of Health of KwaZulu are meanwhile pulling all stops to curb and prevent the spread of AIDS.

"Our whole department is geared towards an awareness campaign and special teams have been set aside to educate communities in 26 areas. It is their responsibility to go to schools, public meetings and any forum at which they can educate people about AIDS.

"We have also distributed thousands of pamphlets in English and Zulu; we have set aside a counselling procedure; and we are doing everything possible to prevent further spread," said Dr Hackland.

Heterosexual AIDS Increasing in Country

54000042B Johannesburg *THE CITIZEN* in English
6 Mar 90 p 9

[Text] Death has so far claimed more than half all known AIDS sufferers in South Africa—and the incidence of the disease transmitted through normal, heterosexual, contact is increasing.

Updated statistics released by the Department of National Health and Population Development in Pretoria yesterday reveal that by February 12 one hundred eighty two of 326 South Africans diagnosed as having "ful-blown" AIDS had died.

Of the 326, three were Indian, 14 were Coloured, 230 were White, and 79 were Black. Forty-seven were women and 179 were men.

It warned that the number of cases was increasing yearly, and that since the diagnosis of the first case in the Republic in 1982 the "doubling time" of known AIDS cases had been approximately 12 months.

The major transmission route so far had been sexually, although the first case as a result of vertical transmission from mother to child was recorded in June, 1988 and since then 11 more such cases had been diagnosed.

A statement released by the department said that people in the sexually active age grouping had been hardest-hit by AIDS—and of the AIDS patients reported, 81 percent were between 20 and 49 years old.

Of the 236 cases diagnosed, 180 were from the Transvaal, 65 from the Cape, 12 from the Free State and 69 from Natal.

Doctor: 40,000 Blacks Have AIDS

54000040A Johannesburg *THE CITIZEN* in English
2 Mar 90 p 12

[Text] At least 40,000 South African Blacks have been infected by AIDS and the number of people who contract the killer virus in this country may double within the next 8 ½ months, Dr Nicky Padayachee, Senior Deputy Medical Officer of Health for Johannesburg, said in Pretoria yesterday.

He told delegates at a seminar at the Human Sciences Research Council that by the year 2000, the disease might halt the population growth of South African Blacks.

His findings were based on eight studies carried out on Black people between the ages of 15 and 49 in the greater Johannesburg area.

Dr Padayachee said about 90 percent of the infected people would die within a year after developing full-blown AIDS.

Threat of AIDS to Black Work Force Noted

54000042A Johannesburg *ENGINEERING WEEK*
in English 28 Feb 90 pp 1, 2

[Text] At least 60 percent of South Africa's black labour force could be struck down by AIDS by 1996, according to figures released by the AIDS Economic Research Unit (AERU).

AERU spokesman, Keith Edelstein, told *ENGINEERING WEEK* he believed local industry was not fully aware of the consequences.

"According to our figures, the doubling rate of the disease in South Africa is every six months.

"This should follow the trend in the rest of Africa and level out to eight months by the mid-1990s," he said.

This meant that, at best, 60 percent of the black population would be infected by the HIV virus in this decade and at worst, 70 percent.

"People in the 25 to 40 year age group are most likely to be infected and they constitute the economically active sector of the population," he explained.

Edelstein maintained the industries that would be hardest hit were mining, building and heavy industry.

Economically, however, the situation may not be so gloomy for South Africa if the AIDS trends worldwide are taken into account.

The combination of the results of the global spread of the virus and the expected mild downturn in the world's economy in the mid-'90s would mean a decrease in both Third World production of raw materials and First World consumption.

"South Africa will have to concentrate on import replacement as many of our suppliers will go out of business.

"At the same time we will have to develop our exports of manufactured products, particularly to the Far East which has not been affected by AIDS to the same extent as the West," Edelstein said.

He admitted, however, that breaking into the Far East markets would not be easy.

"South African industrialists need to explore these markets and identify areas where they could compete.

"It is vital we ensure we are no longer dependent on mass labour. We must follow the automation and hi-tech route," he said.

Edelstein concluded that through the actual numbers of workers to be infected by HIV could not be predicted, this was no excuse for failing to address a problem that was very real and dangerous.

"To allow ourselves to be destroyed by an epidemic that gave ample warning of its impact would be absolute lunacy," he concluded.

DP Says Government Playing Down Threat

54000059B Johannesburg *BUSINESS DAY* in English
27 Mar 90 p 1

[Text] Cape Town—Government was downplaying SA's looming AIDS "epidemic" by releasing grossly misleading figures about the extent and rapid spread of the deadly virus, the DP said yesterday.

Health Minister Dr Rina Venter told Parliament last week that 2,396 South Africans of all races had been tested HIV-positive. But the authoritative World Health

Organisation (WHO) estimates the figure could be as high as 446,300 by next year among blacks alone.

DP health spokesman Mike Ellis said yesterday: "Dr Venter is doing nobody in this country a favour by playing down the frightening extent of the AIDS problem."

Venter said in reply to a question in Parliament that 956 whites, 907 blacks, 91 coloureds, 10 Indians and 432 of an unknown population group had tested HIV-positive in SA.

Ellis said it appeared Venter was referring only to positive tests by the SA Institute of Medical Research. Other clinics were months behind with reports, while some did not bother to report at all.

He said WHO figures released at a recent World AIDS Day meeting indicated that for blacks aged 15-47, the number of people with HIV-positive infection in 1989 would be between 39,984 and 67,800. This would increase during 1990 to between 106,318 and 180,384 and in 1991 to between 283,038 and 446,300.

Experts Condemn 'Racist' Pamphlet

54000036A Cape Town *THE ARGUS* in English
15 Jan 90 p 4

[Text]A pamphlet on AIDS distributed in the Roodepoort and Randburg areas by a mystery organisation has been criticised as blatant right-wing racism by leading medical experts.

Professor Ruben Sher, head of the SA Medical Research Council's AIDS Centre, said the sensationalistic content of the pamphlet was not scientifically substantiated and was based on a host of misconceptions.

The three-page pamphlet, apparently printed by an organisation calling itself AIDS Information Distributing Society, calls on whites to "save the white race from extinction" by distributing the pamphlet to friends and family.

It claims toilet seats, swimming pools, multiracial hotels, multiracial churches, jacuzzis and even communion wafers handed out by hand can spread the AIDS virus. Multiracial hotels and restaurants are described as being particularly "high risk."

The pamphlet says elderly couples and parents and children whose only form of contact has been kissing are known to have infected one another with the AIDS virus.

"Utter rubbish," Professor Sher said.

Dr Dennis Sifris, head of the Johannesburg Hospital's HIV Clinic called on the public to ignore the "obviously ridiculous" pamphlet.

"It's obviously put out by an extreme lunatic fringe group who are trying to scare everyone. I just hope

people realise the pamphlet is being produced by people who are totally over the top."

Groups Lobbying ANC, Government on AIDS

54000060a London AFRICA ANALYSIS in English
30 Mar 90 p 7

[Text] Johannesburg—Concerned researchers and academics are lobbying both the government and the ANC over the dramatic and as yet largely unrecognised spread of the AIDS virus in South Africa. According to the latest figures, collated from blood transfusion services, clinics and antenatal surveys, the level of HIV-positivity, the infection which usually leads to AIDS in anything up to eight years, is doubling every seven months.

The situation amounts to what one academic calls 'a time bomb.' But because, up to the end of last year, only 306 AIDS cases had been officially reported, there is still a high degree of complacency throughout the country. Narrow religious prejudice and the racism endemic in this society have all played a part in encouraging a misconception of the nature and scope of the problem. Even liberal publications within the white community tend to blame government inaction on the supposed fact that AIDS is a problem mainly afflicting the black population. Yet the majority of cases so far reported are among white males, most of them homosexual.

However, in the past year evidence has emerged to show that south Africa faces a crisis of unprecedented magnitude. The virus has begun to spread among the highly vulnerable black population, where the first AIDS case was reported in 1987. By the end of that year there were 5 cases, a year later 14, and last year 35. The numbers are small, the time span short, but the rate of increase is alarming—and the spread is now mainly through heterosexual contact.

It is a rate which accords with the recent findings on HIV-positivity. One researcher in Johannesburg now estimates that more than one million South Africans between the ages of 15 and 60 will carry the virus by the end of next year. Unless there is some unforeseen reversal, the rate of infection could increase by nearly 200 percent a year later, with some three million cases of HIV-positivity by 1992. The main sufferers will be the black population, because of their poor living conditions and limited access to health care and education. Many are also still migrant labourers, moving regularly between urban and rural areas.

The port city of Durban, which has all the conditions that will ensure that the virus spreads rapidly, has been pin-pointed as potentially the worst area for AIDS. It is a rapidly urbanising area with a shantytown population variously estimated at between 1.5m and 3m; it is a major port with associated movement of people; and the region is experiencing civil unrest and violence.

But despite the mounting evidence, little is being done officially. The World Health Organisation (WHO) does

not operate in South Africa because of the country's apartheid policies, although the ANC has had discussions with it. Now, as a matter of urgency, researchers are pressing both the government and the ANC to put AIDS on the agenda of the coming negotiations.

TANZANIA

Epidemic in Kagera Area Leaves 7000 Orphans

54000058 Enugu DAILY STAR in English
5 Apr 90 p 13

[Article by Charles Mmbaga]

[Text] A visitor to this Tanzania's north western district wept recently when he learnt from an 80-year-old woman that she was taking care of a pair of four-year-old twins, whose parents have died of AIDS.

"I am growing old and I might die any moment. I really do not know what their future and fate will be after than. They will be orphans for the second time," the sobbing old woman was quoted as saying by a researcher last December.

The old woman's worries are shared by a Tanzanians. Their President, Ali Hassan Mwinyi, touring the area recently, expressed grave concern over the orphans, 7,000 of them in only Tanzanian region of Kagera, near the boarder with Uganda.

The president hugged some orphans in the worst-hit Muleba district, in Kagera, and when he concluded his visit he informed his wife, Mama Sitti, he was taking back to Dar es Salaam the capital city, two orphans for adoption. He asked other people to do the same to save hopeless children.

As the epidemic gains momentum in Tanzania, with half a million people already with AIDS virus, the number of needy AIDS victims, including orphans and the aged left behind by their guardians is on the increase.

National figures have not yet been computed, but the situation in Kagera, the region that "brought" AIDS to Tanzania for the first time in 1983, is alarming.

Half of the 7,000 children left behind in the four districts of Kagera region by victims of AIDS are in Muleba, a district near the border with Uganda. At least two AIDS victims in Muleba die daily.

The Kagera Regional Commissioner, Paul Kimiti, says about 3,500 orphans in the whole region are below nine years. Nearly 3,000 of them are between 10 to 15 years while 30 are 16 to 20 years.

Dr George Lwihula, a university lecturer who has conducted research in the area on the deadly disease, says the situation is alarming and pathetic, as the orphans "appear to have no bright future." He adds that apart

from the loss of productive parents, the problem of their offsprings was something to worry about too. They need help for their survivals."

The problem is that not many people are willing to adopt or take care of the orphans. A medical doctor in Kagera explains that many people believe the orphans have HIV "so they simply refuse to take care of them."

Mama Rugus, the 80-year-old widow, taking care of a set of orphan twins has for the past year been looking for someone else who will take over the kids "when I die of old age." She might never find one, as "all of those whom I approached seem to be reluctant in re-adopting these young boys."

President Mwinyi has issued a strong plea to Tanzanians, to come forward to share the "burden," by adopting those left behind by victims of the deadly Acquired Immune Deficiency Syndrome. But as it appears, with the already shown reluctance, adoption will not be a permanent solution to the problem.

Kagera regional authorities are aware of this and have started deliberate projects designed to brighten up the future of the orphans who fail to get a "good samaritan" for adoption.

A special fund for orphans in Kagera has been launched and authorities in the area say money realised will be used to, among other things, send the orphans to school and start a special home for them.

Authorities are also banking on their hope of a number of voluntary organisations for help, including the Tanzania Red Cross Society (TRCS) and the Danish Red Cross (DRC), which recently distributed clothes and blankets to a total of 5,147 orphans and a few elderly people who also lost their guardians through AIDS.

A French charity-PARGATE is also aiding the orphans. It has provided some U.S. \$100,000 through the European Economic community (EEC) to build boarding schools for the orphans in Kagera.

But an official of the region's social services unit, Jalia Kassemra, warns that helping the orphans should not be seen as the end of the campaign against AIDS in the region, where many people categorise AIDS as the most serious disaster in the area—not even compared to the 1978 war between Uganda's former dictator, Idi Amin forces and Tanzanian troops who invaded Uganda to overthrow Idi Amin. The war started in Kagera region and left dead hundreds of people in the area.

Kassamera says Tanzanian government should step up its education campaign in the region to help control the spread of AIDS before, she says, it "wipes out the region."

Out of every 100 people in the town of Bukoba in Kagera region, 33 were believed to carry HIV virus. The prevalence in Muleba and Bukoba rural districts was 11

percent while in the remaining districts of Biharamulo and Ngara prevalence was 0.6.

Due to the gravity of the pandemic in the area, the Kagera Regional Commissioner, Paul Kimiti, says many civil servants refuse to accept transfers to Kagera. For example, a newsman who was transferred to Kagera recently from Dar Es Salaam had to divorce his wife who refused to accompany him to the AIDS-prone region, fearing AIDS stories she had in mind on Kagera.

Sources in the region also reveal that a number of workers have applied for transfers out of the region, apparently to minimise risks of acquiring the killer disease.

Kimiti has told the Tanzanian President that special incentives should be introduced in Kagera to enable the region to retain its workers and lure others elsewhere to "love to work here, too."

It appears that what will eventually motivate civil-servants into staying in Kagera will surely be the success of ANTI-AIDS campaigns underway in the region and other parts of the country. Kagera authorities are reporting that many people are now aware of the disease and are taking preventive measures such as using condoms.

Condoms are sold in many places in the area, including in restaurants, bars, market places and even in school premises.

The village governments in the area have also been ordered to institute by-laws which will ban sex celebrations during weddings, where invitees are treated to a free-for-all sex. It is a tradition in Kagera for people attending traditional weddings during the night, to have sex with whoever is next to him/her.

"This must be stopped if we are to check the spread of this disease," warned Kagera party boss, Pius Ngeze. People in the area are being asked to change their sexual habits, particularly the "Katerero," which too, are "good conductors of AIDS." "Katerero," is a local sex style whereby a man scratches his male organ across woman's private part until sexual satisfaction. This creates bruises and helps transmit AIDS.

Finnish Doctor: 1 Million Infected With HIV

*90WE0135A Helsinki HUFVUDSTADSBLADET
in Swedish 30 Jan 90 p 7*

[Article by Johan Kjellberg: "Tanzania: AIDS Campaign Under Church Management"]

[Text] In some of the Tanzanian towns close to Lake Victoria, there is not a single person of working age. The number of children who have lost both parents to AIDS is estimated at 30,000. According to a rough estimate by Juhania Lukkari, a doctor from the Finnish Missionary Company, who recently visited Tanzania, the number of HIV positives in the country is almost 1 million. It is

impossible to determine an exact figure, since no records of HIV positive tests are kept.

The prevention of the spread of AIDS over the coming decades is the primary objective of the public health service, which is operated under church management in Tanzania. The Lutheran Church in Tanzania has started an AIDS project. In addition to an information campaign, this also entails the procurement of AIDS testing equipment for hospitals and the training of personnel. The Finnish Missionary Company is supporting the campaign.

Despite the fact that AIDS has long been the greatest health problem facing the countries surrounding Lake Victoria and the fact that the disease is now becoming the most common cause of death among adults in the area campaigns on broad fronts have been initiated only recently.

Next to The Altar

"The disease is mentioned every day in the press," says Lukkari. Large posters presenting information about AIDS are present in every hospital in the country, and in the small clinics in the towns. They are also found in church entryways, and one can almost say that the posters are standing next to the altars.

One of the reasons for the fact that AIDS information has heretofore been lacking is the attitude of the Tanzanians toward serious disease. In contrast to the practice in Finland, it is forbidden to reveal to someone with cancer that he has the disease.

This same practice has been prevalent with respect to AIDS as well, but the restrictions have loosened up recently. It is allowable to disclose to an AIDS sufferer that he has the disease, provided that he simultaneously receives support when he is given this information.

Lukkari says that the Finnish doctors he has met in Tanzania hold little hope that the spread of AIDS can be stopped. The greatest pessimism is due, as it happens, to the overwhelming difficulty of changing the traditionally free sexual habits.

Condoms are found in stores in the cities, but they are too expensive for the average citizen to buy. Lukkari suspects that the people who use condoms and who are reached by the AIDS campaigns are students and the educated section of the population.

Problems Are Legion

Tuberculosis, malaria, typhus, and cholera are other serious diseases found in Tanzania. Because of the poor roads, it is impossible to transport patients from one hospital to another.

Because there are few telephones, and even fewer operational ones, doctors cannot conduct telephone consultations. Power outages are prevalent and the backup

generators usually do not work. Lukkari personally witnessed a caesarean section performed by the light of a flashlight.

The lack of clean water is universal. Lukkari thinks that it would be sensible for the various public health projects to work in collaboration with assistance projects, to deal with issues such as the water system.

On the positive side, the clinics in the cities do have medicines for the common diseases. Vaccinations have been performed to a great extent. Approximately 70 percent of the children are vaccinated against polio and tetanus. Lukkari feels that this is a good figure for a foreign country.

Six doctors and six nurses from the Finnish Missionary Company are working in Tanzania. This year the company is supporting public health efforts in Tanzania with 870,000 markkas.

TOGO

National Commission Proposes 7-Point Program

90WE0133A Lome LA NOUVELLE MARCHE
in French 31 Jan 90 pp 1, 3, 8

[Text] A conference of financial backers involved in mobilizing resources for the medium-range plan to fight AIDS officially set to work at Lome's Hotel 2 Fevrier yesterday.

Presided over by the minister of public health, social affairs, and women's affairs, the two-day meeting will provide an opportunity for the Togolese National AIDS Committee to present the Togolese Government's medium-range AIDS program to backers. It hopes to encourage the latter to contribute the funds needed to launch national programs to fight AIDS and to provide financing for at least the first year of work.

In addition to the mobilization of resources, the meeting of donors will offer an opportunity to reach agreement on the fact that national plans to fight AIDS would constitute a framework for all national anti-AIDS activities.

The dread scourge of our time and a matter of concern to political and economic leaders as well as researchers throughout the world, AIDS is characterized by its exponential spread. As soon as the AIDS epidemic was reported, Togo began a resolute fight against the disease. Special credits were released to set up a reference laboratory. A wide-reaching survey was conducted throughout the national territory in 1987 and action was undertaken in the areas of tracking blood donors, diagnosis, information, education, communication, and care of the sick. To better coordinate the struggle, a National Committee was set up, seconded by a technical committee responsible for studying complex problems posed by AIDS and infection by the HIV virus.

In his opening address, Minister Agbetra hailed all these efforts by the government, thanking the WHO [World Health Organization], France, and the Federal Republic of Germany, which have lent their considerable support to the effort. Despite the firm commitment of the Togolese Government and other assistance, the spread of AIDS calls for further action. That is why, the minister admitted, the government has begun to decentralize the fight by trying to integrate it into the primary health care system and asking local authorities to support it, becoming vectors of information reaching all social centers.

Speaking of the medium-range plan to be examined by backers during the meeting, Agbetra recalled that it is modest and limited to the essential. "If all the elements needed to carry out the plan are not mentioned, it is necessary to continue to assume our responsibilities to our people." He referred to the investment credit of 100 million that the government proposes to release for 1990 in order to organize the country's blood banks.

The minister made an appeal to people of goodwill to support the medium-range plan. "We remain convinced," he concluded, "that our appeal will be heard for the just common cause, which is to beat this plague of our century that does not differentiate between children, adults, or old people."

For their part, Dr. Kabamba N'Kamany, WHO resident representative in Togo, and A. Landi, representative of the director of the National AIDS Program, noted that studies of behavior, attitudes, and practices in several countries show the entire world is finally becoming aware of the phenomenon. However, they warned that while we now know much more about the virus, no vaccine is yet available. They asked participants in the meeting to join together in reflecting upon the process of evaluation and revision of the program so as to obtain new funding over the years ahead. In their opinion, this joint committee for follow-up and coordination of program activities is indispensable and would make it possible to implement the process of evaluation that will be carried out jointly by a team made up of national and international experts in a spirit of absolute partnership.

Some 59 countries to date have organized meetings to mobilize resources, 32 of them in Africa. They will work to obtain the financial and technical support needed to carry out their medium-range AIDS program. Donor meetings have made it possible to collect over \$200 million.

According to Dr. Awissi, chairman of the National AIDS Committee, the medium-term plan submitted to backers is primarily based on information, education, and communication. The second point of the plan is blood transfusion, preventing the transmission of the HIV virus through blood. The third is epidemiological control, meaning tracking the evolution of the pandemic in our country. The fourth point is preventing maternal-fetus transmission of the disease. The fifth point is the

handling of serumpositive persons and potential patients. Care is both psychosocial and clinical. The sixth point is integrating the fight against STD [expansion unknown] into the overall fight against AIDS and finding the means to achieve such integration. The last and final point is research. We must see what we can find to help in the global fight against AIDS.

UGANDA

Epidemic Figures Cited; Affected Sectors Detailed

90WE0134A Oslo ARBEIDERBLADET in Norwegian
5 Feb 90 p 11

[Article by Nils Myklebost: "One Condom For One's Whole Life"]

[Text]"We have gotten completely away from getting people to use condoms," says David Balidawa, who is in charge of health information in the Mubende district in Uganda. "In the first place, there are never enough condoms, and in the second place, the people are so poor that they use the same condom over and over again if they are convinced that they are of any use at all."

The AIDS epidemic is an even more horrifying adversary for Uganda than the civil wars and dictatorships of Idi Amin and Milton Obote, which may have cost more than a million human lives. But there are also many Ugandans who are HIV-positive now. As a result, Uganda may be the first developing country to have a negative population-growth figure in the nineties.

Figures are very uncertain in such a poor country, but Dr. Elli T. Katabira at the Mulago Hospital in Kampala told ARBEIDERBLADET that 90,000 AIDS patients are registered at present. According to official figures, more than 5,000 people have died, but that figure only includes those who died in the hospital. Many more have died at home.

Children

Those who are hit the hardest are perhaps the children. In just the two southwestern districts of Masaka and Rakai, where the disease has spread the most, there are 40,000 to 50,000 orphans. The Irish nurse Margaret Quinn at the Kitovo Hospital in Masaka says that there are many families that consist of nothing but small children now, and they are living alone in their cottages but cannot afford to go to school. So many members of large families have died that there are no adults to take care of them any longer. Many children were orphans already as a result of the wars.

15-45 Years of Age

It is the generations between 15 and 45 years of age that have the most AIDS patients, and as many women as men are infected.

Entirely apart from the human suffering, this constitutes a serious threat to the rebuilding of the country. It is the able-bodied who die, while the aged and the young remain behind.

But there are also always many children who are born with AIDS because their mothers are infected. The hope for Uganda lies in the fact that the generation between five and 15 years of age has a low percentage of infection and can be protected if a proper information campaign is carried out.

The most important causes of the spreading of AIDS are heterosexual relations and HIV-infected blood in blood transfusions, to a certain extent. The fact that the Masaka district is hit the hardest is typical since many of the shipments of goods from seaport towns in Kenya and Tanzania to Ruanda and Zaire go through that area by truck. The two occupational groups that have the highest percentage of infections are prostitutes and truck drivers.

Openness

In contrast with most other African countries where AIDS has hit, the fact that there is complete openness about the problem in Uganda is a favorable factor. The authorities have gotten extensive campaigns for putting a stop to the spreading of the disease under way. Informational folders in the form of comic strips are distributed, and posters are hung up at health centers all over the country. The local health centers and the Red Cross system have taken on the task of running the campaign, and they are concentrating especially on instructing the young people in the schools.

But it is a hard struggle in a country where the educational level is as low as it is here, and where so many people are illiterate, and where, in addition, talk about sex is taboo. In the country, it is also often the case that people think they have been the victims of witchcraft and do not go to the health centers when they get sick.

Results

The main focus of the campaign is concerned with persuading people to have only one sex partner and not to have sex outside of marriage.

"We see results from the information campaign," says Dr. Karabira. "We think most people understand about AIDS now, and we have accomplished all we can with that part of the campaign," he says, perhaps a bit too optimistically. "But what we have trouble with is getting people to accept the consequences and change their sexual behavior. We see that beginning to happen on the higher social level now, but not among the poor people, who constitute the great majority of the population. There are other factors than instruction that count. In the slums, people live from day to day, and they do not know whether they will be alive the next morning. Since

that is the case, giving any thought to the possibility of dying of AIDS five or six years hence is far from their minds," he says.

ZAMBIA

AIDS-Linked TB Tripled in Six Years

54000024B Lusaka ZAMBIA DAILY MAIL in English
4 Dec 89 p 1

[Article: "AIDS Fuels Up TB Cases"]

[Text] More than 7,000 HIV related tuberculosis (TB) cases have been reported throughout the country, according to a Ministry of Health specialist.

The incidence of TB cases has risen from 4,000 in 1984 to 14,000 partly as a direct result of AIDS infection.

TB specialist Dr Ger Steenmergen disclosed in Lusaka that 50 percent of the 14,000 cases reported had been found in people with HIV.

Dr Steenmergen who described the situation as serious disclosed this in an interview shortly after Prime Minister Malimba Masheke had launched the World AIDS Day which fell last Friday.

The revelations comes barely three weeks after Dr Sam Nyaywa, the chairman of the national AIDS surveillance committee has briefed the Press that TB AIDS related cases had risen by between 50 and 70 percent.

In some people TB is dormant but as a result of a breakdown in the immune system because of the HIV virus, it comes out," he said.

Dr. Nyaywa disclosed that within the past two years, Zambia has reported to the World Health Organisation (WHO) a total of 2,014 AIDS cases while another 9,013 AIDS related cases (ARC) had also been noted.

He however, said that not all TB reported cases were HIV related.

Dr Steenmergen advised people suspected of having TB to report to the hospital as soon as possible.

He said the ailment was curable provided it was reported at an early stage and was not directly related to the HIV.

"We are faced with a very serious epidemic of TB in the country and I feel we have to work hard to control its spread," he added.

ZIMBABWE

Insurance Companies Insist on Tests

54000060b London AFRICA ANALYSIS in English
30 Mar 90 p 7

[Text] Harare—While the government here is keeping silent about the extent of AIDS in the country, insurance

companies are scaring off prospective policy seekers by insisting that new clients must undergo AIDS tests before they can get a policy. But Chris Mbanga, president of the Life Underwriters Association of Zimbabwe, says that insurance companies have agreed that AIDS tests are only compulsory for those taking our policies of Z\$100,000 and over. For any lesser amounts, he says, clients are merely asked to sign a declaration that they are not suffering from AIDS.

Most people in Zimbabwe would prefer to die without knowing they have the AIDS virus than suffer the agony and shame of knowing that they were HIV-positive. In fact, a number of people here have committed suicide on learning they were HIV-positive without even troubling to ascertain the stage of their infection.

So far, the government has accepted that there are more than 1600 cases of full-blown AIDS in the country. A study by the health ministry, between January and September last year, showed that 10,685 people had proved HIV-positive. A member of parliament, Henry Elsworth, paints an even grimmer picture: he says he has information that by next year 40 percent of the population (some 4m people) will be HIV carriers.

AIDS Said 'Sweeping Through Army'

54000039 London AFRICA ANALYSIS in English
2 Feb 90 p 2

[Text] Although publicity for Zimbabwe's AIDS epidemic is shunned by the health minister, Brigadier Felix Muchemwa, there is deepening anxiety here over reliable estimates that up to half of the 46,000-strong national army is HIV positive. The figure for the population as a whole is being put at 15 percent on the basis of medical sampling.

Armies throughout sub-Saharan Africa are regarded as being the main disseminators of the AIDS virus. Appeals for clinical trials to start immediately on volunteers in Africa have been made to pharmaceutical companies known to be developing new forms of possible treatment. But Bristol Myers, whose scientists have produced the DDI drug—expected to be a major advance on AZT—say that there is no prospect of using it in Africa until trials in the US are complete. This may take two years.

The death rate from AIDS in Harare's main hospital is put at eight a day. There are fears of a steeply-rising curve.

PRC Drafts Three-Year Plan

54004812 Beijing XINHUA in English
1523 GMT 1 Mar 90

[Excerpts] Beijing—The Chinese Government and the World Health Organization (WHO) are working together to draft the country's first national plan to prevent and control AIDS over the next three years.

The plan, to be completed during a week-long session that began here today, includes long and medium-term objectives, strategies, professional training, and surveillance on and research into the disease.

Public health authorities will give priority to the prevention of AIDS transmission through sex, blood and perinatal care.

Efforts will also be made to increase surveillance over high risk groups and to publicise related knowledge.

Attending the meeting this week are Chinese doctors and officials, as well as a team of 20 specialists from WHO. The organization has been cooperating with China's Ministry of Public Health on the project since August last year. [passage omitted]

Dai Zhicheng, director of epidemic prevention in the Ministry of Public Health, said that although China is a country with little HIV infection, it faces a growing threat of its spreading.

Dai noted that since 1985, when the first AIDS case was reported in China, more than 192,000 people from the target groups have been tested and three AIDS cases and 191 HIV infections were found.

He singled out the recurrence of venereal diseases and drug abuse as the most devastating factor in the spreading of AIDS in China.

Sterilization in many hospitals and clinics is not as strict as it should be, leaving another dangerous loophole for HIV infection, he said.

"AIDS is already a global problem that defies national boundaries and ethnic groups," Dai said, "thus worldwide effort should be made to fight this deadly disease."

AIDS-Related Cases On The Rise

54004811 Beijing CHINA DAILY in English
26 Mar 90 p 3

[Text] An increasing number of HIV-infectious cases (AIDS carriers) have been detected in China recently as a result of expanded testing, which outdates the previously announced official figure of 194 HIV cases that was given by the Ministry of Public Health in February.

Dai Zhicheng, director of the ministry's Epidemic Control Department, told the Chinese People's Political Consultative Conference (CPPCC) national committee members from the medical and health circle who are in Beijing attending CPPCC's annual conference.

However, the official did not disclose the exact number of new cases, saying only that the surveillance is still going on across the country.

From 1985 to 1989, 190,000 people of high-risk groups were tested for HIV (human immune-deficiency virus).

Some experts estimated that around 1,000 people might have been exposed to the virus.

Dai reported that the State is strengthening supervision in an effort to get the disease under control.

With the help of the World Health Organization (WHO), Dai said, the ministry has just finished drafting a three-year medium-term programme for AIDS control in China.

Once the programme is approved by WHO, it is expected to be put into effect, probably by this summer.

There are 13 provinces, autonomous regions and municipalities, mostly in coastal areas, required to conduct extensive surveillance this year for AIDS and HIV cases, including Liaoning, Tianjin, Beijing, Shandong, Shanghai, Jiangsu, Zhejiang, Fujian, Guangdong, Guangxi, Hainan, Yunnan and Shaanxi.

The rest of the country must start such programmes next year, Dai said.

With help from international organizations and the development of domestic production of AIDS virus tests, the ministry plans to test more than 200,000 people this year.

"Within two to three years, the State may have a clear picture of the situation and the exact number of virus carriers, and thus be able to take more effective measures for the national programme," Dai said.

Commentary on Controlling Spread

HK2802113290 Kunming YUNNAN RIBAO
in Chinese 8 Feb 90 p 1

[Short Commentary: "Take Action To Curb the Spread of AIDS"]

[Text] People who were infected by the AIDS virus have been discovered among drug addicts in some border areas of Western Yunnan, and such people now number 146. Such a serious epidemic situation has never been seen in our country. This is also a serious warning to cadres at various levels and the masses of all nationalities in our country.

After the epidemic situation was discovered, the state and the provincial authorities all paid close attention to it. Effective measures have been taken to control the spread of the epidemic. That so many people are infected by the AIDS virus was certainly bad, but that we could discover this situation before it was too late was also a good thing. The situation can arouse the people to maintain a high degree of vigilance against the epidemic, and we can have full opportunities to work out plans and measures for

controlling its spread and for more effectively preventing and curing the disease. At present, the most important thing we should do is to acquire a correct understanding of the epidemic situation and to extensively publicize the correct knowledge about the epidemic among the masses. We should pay serious attention to the epidemic situation, but should not be caught in a panic lest unfavorable influence and undesired losses be caused to the socio-economic life and new difficulties be added to the work of preventing and curing the epidemic.

We should notice that AIDS is a global epidemic, and is a serious pestilence that is threatening all mankind in the 1980's. The disease is greatly harmful. For the sake of the health of the Chinese nation and for the sake of happiness of all families and their offspring, we must mobilize all social forces to take rapid action to resolutely check the spread of AIDS.

At the same time, we should also believe that AIDS, like all other serious pestilences in human history, can certainly be prevented and will eventually be conquered by mankind. Our party and government are deeply concerned about the health of the masses, and pay close attention to all sorts of epidemics that may harm the health of the people. Once an epidemic appears, the party and government will be able to exercise effective leadership over the work of organizing professional and technical forces, arranging necessary funds, making extensive mobilization in society, and prompting all quarters concerned to take rapid and concerted action. All this provides effective guarantees for checking the spread of the AIDS virus. So long as all people work actively and cooperate closely, our province will certainly be able to effectively prevent and treat AIDS and will live up to the hope of the state authorities and the people of all nationalities in this province.

The infection of AIDS is also a social problem, so all people are responsible for controlling the spread of the virus. AIDS is a disease caused by some people's indecent behavior and is mainly spread through such activities as drug-taking and prostitution. So in order to prevent AIDS, the whole society must take action to eliminate these evil social phenomena. At present, we should actively join the struggle to eliminate prostitution, drug-taking, and drug-trafficking so that the main channels for spreading AIDS virus can be cut off thoroughly. Through eliminating these vices we will promote the construction of socialist spiritual civilization and establish good public conduct, thus creating a favorable social environment for controlling the spread of AIDS virus. Take action, all people must be responsible for themselves, for their families, for their children and grandchildren, and for the nation.

146 Cases Found in Yunnan

54004810 Beijing RENMIN RIBAO in Chinese
8 Feb 90 p 3

[Summary] According to surveys carried out by the AIDS Monitoring and Testing Center of Yunnan Provincial Sanitation and Antiepidemic Station, 146 drug addicts in some border areas of western Yunnan have been diagnosed

as having the AIDS virus. The Department of Health and Epidemic Prevention of the Ministry of Public Health has reported that as of the end of 1989, 194 people were infected with the AIDS virus in the nation. Among them, 153 were Chinese citizens, the remaining 41 were foreigners. Among the 153 Chinese exposed to the virus, 146 were drug addicts, 4 were receivers of infected blood products, 2 were returning personnel from abroad, and 1 was a venereal disease patient. Ten provinces, autonomous regions, and cities were involved in the epidemic. In Beijing alone, 15 people were found to be infected with the AIDS virus; one person was the first case to be found among VD patients in the Chinese population. Another was a citizen returning from abroad, and 13 were foreigners. According to reports from Henan and Guangxi in December 1989, 13 of 61 students studying in China were found to be carriers. In Yunnan, an anti-AIDS leadership group headed by the vice governor and other local and county organizations have been established to be responsible for AIDS prevention work. The key points of the prevention work are: Health and epidemic prevention organizations at all levels must continue to strengthen work to monitor high-risk groups; health education and instruction hygiene; disinfection and isolation systems implemented by health departments at various levels to prevent cross-infection as a result of medical treatment; quarantine at the border to prevent infected people from getting into the country.

VD Incidents on the Rise

54004058 Hong Kong SOUTH CHINA MORNING
POST in English 10 Dec 89 p 4

[Article by Kathy Griffin]

[Text] Reported cases of venereal disease have jumped almost 50 percent in the last five years—and more people may be vulnerable to catching the killer disease AIDS (Acquired Immune Deficiency Syndrome).

Statistics from the Government's eight social hygiene clinics show the number of venereal disease cases rose from 10,322 in 1984 to 14,787 last year. The figures do not include private doctors who are not required to report sexually-transmitted diseases.

A study found 55 percent of AIDS-virus carriers in the territory had a history of venereal disease, compared to 15 percent of non-infected persons.

Overseas studies also show people with venereal disease are 10-times more likely to catch AIDS from one sexual encounter with a carrier of Human Immuno-deficiency Virus (HIV), which causes AIDS, than those who are disease-free.

"An increase in the number of sexually-transmitted disease carriers means an increase in the number of people at risk. Sexually-transmitted diseases and AIDS are inseparable," said Dr Lai Cham-fai, the head of the Social Hygiene Service.

Dr Lai said there were three possible causes for the increase, and it was difficult to tell which was more important: the population was bigger, Hongkong was becoming more cosmopolitan as more people travelled to and from the territory, and there was greater awareness of the need to treat venereal diseases due to the publicity surrounding AIDS.

"We don't mind the incidents in our clinics going up because at least it shows that patients are willing to come for treatment," he said.

The incidence of syphilis fell from 619 cases in 1984 to 395 last year, while herpes, genital warts, and a recently-discovered venereal disease, chlamydia, rose sharply.

HONG KONG

Explanations Sought on Demand for Tests

54004062 Hong Kong HONG KONG STANDARD
in English 6 Jan 90 p 3

[Text] Confusion still surrounds a Chinese demand that Hong Kong people going to work or settle in the mainland prove they are free of venereal diseases including AIDS.

Health authorities are awaiting clarification from Chinese officials about the new measure amid rumours that health certificates issued by private doctors were not acceptable.

The Department of Health has said it would not issue such documents to the public.

Some doctors in private practice are charging up to \$750 for the certificates.

One doctor, who has issued a number of the certificates, admitted they "weren't worth the paper they were written on."

A private doctor based in Central said he had issued a dozen certificates this week at \$750 each.

"We are only doing this service to oblige patients, as the Government will not make any provision for this new demand," he said.

The doctor said he made a full examination of the patients, all of whom planned to work in China.

"I made a full check for signs of venereal disease, and checked for the presence of the HIV antibody.

"All the patients I tested were negative so I issued them with certificates.

"It must be noted, however, that the HIV virus which indicates the presence of AIDS has a very long incubation period, so although these patients have been cleared this week, they may be harbouring the virus which could show up any time in the future.

"This is where the test is faulty. There is no doubt that it will produce false positives."

Asked if the Chinese authorities should accept his certificates he said: "I think that certificates issued from a registered Hong Kong doctor must be acceptable to any government."

He said he was worried that doctors in China would expose people to health risks in the AIDS testing programme.

"As far as I know the Chinese authorities do not use disposable needles and there is always a risk that re-used needles could cause contamination.

"I would advise people to get checked here first."

An official at the Department of Health, unclear about the new regulations, said: "We are still awaiting clarification from Beijing."

AIDS Claims Another Life

54004063 Hong Kong SOUTH CHINA MORNING
POST in English 31 Jan 90 p 3

[Article by Helen Signy]

[Text] One man died of AIDS and four more were infected with the deadly virus this month, the Government announced yesterday.

Dr Patrick Li Chung-ki, head of the AIDS Counselling and Education Service, said the total number of AIDS deaths in Hong Kong had now reached 18, while 140 people were suffering from the HIV virus in Hong Kong, 32 of whom had developed full-blown AIDS.

He said the deceased man acquired AIDS in 1988, but declined to give further details.

Of the four new HIV virus carriers, two were homosexual and one heterosexual, while there was no information on the fourth, he added.

Meanwhile, a survey conducted by the AIDS Counselling and Education Service among 1,000 secondary and post-secondary students in the latter part of 1989 revealed that most gained information about the disease from the media rather than their parents or teachers.

Only six percent of secondary and four percent of post-secondary respondents said they had gained information from their parents, while 31 percent of secondary and 39 percent of post-secondary students had been taught about the disease at school.

The vast majority heard about AIDS from television or magazines, while about half had gained information from friends, the survey revealed.

"We think teachers and parents should be playing a more active role," Dr Li said.

"Students already know many of the facts, but I think we have to have a more comprehensive type of education for them."

An Education Department spokesman said the department carried out a wide range of sex and AIDS education activities, although sex education was not compulsory in schools.

"I think Hong Kong only in the past two or three years has caught up with the rest of the world, so that's probably why education would be slower," he said.

About 40 percent of the survey respondents listed using a condom as a way of reducing the risk of AIDS, while more than two thirds knew that they should decrease the number of sexual partners.

"We would have liked the percentage (who knew about condoms) to be higher, but I think in school something emphasised would be on reducing sexual contact, so it's not surprising," Dr Li said.

Nearly 60 percent of the students thought AIDS could be caught from mosquitoes, but, in general, awareness about transmission of the disease was high.

But nearly half the students said AIDS patients should be isolated, despite the fact they knew it could not be caught from sharing a classroom, shaking hands or hugging.

A series of adolescent sexuality surveys conducted by the Family Planning Association from 1986 to 1989 also showed that parents and teachers were reluctant to discuss sexual topics with students.

In 1986, only 10 percent of Form Three to Form Six boys and 21 percent of girls said they could discuss sex with their parents.

Meanwhile, a survey of parents in 1987 revealed they thought sex education should be carried out at school, while in a similar survey in 1989, teachers said it was better done at home.

Warning of a Potential AIDS Increase in Women

54004064 Hong Kong *SOUTH CHINA MORNING POST* in English 28 Feb 90 p 3

[Text] The Government yesterday warned of a potential increase in AIDS in women though the problem is not serious now.

Government consultant Dr Yeoh Eng-kiong, of the AIDS Counselling and Health Education Service, said even women not involved in high-risk behavior such as prostitution and drug abuse could be infected.

Dr Patrick Li, senior medical officer of the service, said that of the six women confirmed as AIDS carriers, one died in July 1987.

Three of them were infected through heterosexual contact, one from intravenous drug abuse, and two through blood transfusion.

No mother-baby infection cases had been detected, he said.

The promiscuous tendency of female drug addicts would further enhance the risk of AIDS spreading through shared needles.

According to the statistics of the Central Registry of Drug Abuse, nine percent of registered abusers were female.

Of the 58,000 people registered from 1976 to 1987, 39,000 were still taking drugs while two-thirds of them used needles.

Findings of the central registry indicated that 26 percent of the female addicts had more than one sexual partner, and another 24 percent of those below the age of 25 having premarital sex.

Dr Li said female carriers also could spread the virus to their babies before birth. Dr Yeoh said unlinked anonymous testing would be the only way to obtain thorough data on AIDS.

Dr Yeoh said such unlinked tests might apply to pregnant mothers in the territory who attend prenatal clinics.

But it would be up to a future AIDS advisory council to decide on whether such tests should be done, he said.

But he said such testing was not likely to be conducted on venereal disease clinic patients.

At present, intravenous drug addicts, hemophiliacs and people attending the venereal disease clinics are offered voluntary AIDS screening.

Advisory Council Launched

54004065 Hong Kong *SOUTH CHINA MORNING POST* in English 3 Mar 90 p 3

[Article by Mary Ann Benitez]

[Text] A New Advisory Council on AIDS, which takes over the job of an expert committee, was formed yesterday, with members who include a Catholic priest, Legislative Councillors and university doctors.

The council will be chaired by the Director of Health, Dr Lee Shiu-hung, who was also the chairman of the AIDS expert committee set up in 1985.

From just an action group mainly concerned with health education and blood screening, the council's work has been expanded "to enable Hong Kong to better cope with the increasing problem of AIDS", a spokesman said.

Hong Kong has so far diagnosed 33 AIDS cases and 140 HIV carriers.

Among the council's members are Father Alfred J. Deignan, principal of Wah Yan College, councillors Mr Ho Sai-chu and Mrs Peggy Lam Pei Yu-dja, Dr Margaret Kwan Shuk-wa of the Family Planning Association, Professor Joseph Lee of Chinese University and Professor M. H. Ng of Hong Kong University.

Representatives from the Hong Kong Medical Association and the Hong Kong Council of Social Services have also been appointed.

Government representatives include officials from the Security Branch—who will advise on intravenous drug addicts—the Home Affairs Branch, the Health and Welfare Department, the Education Department and the Director of Information Services.

"The strong representation from both Government departments and non-government organizations not only reflects the administration's commitment to tackle the problem but also ensures community involvement and participation," the spokesman said.

The council will advise the Government on the formation of a comprehensive AIDS program, the content and scope of AIDS prevention and control activities and resource requirements.

Most Addicts Share Needles, Says Survey

54004066 Hong Kong *SOUTH CHINA MORNING POST* in English 13 Mar 90 p 1

[Article by Jimmy Leung]

[Text] Three-quarters of Hong Kong's intravenous drug abusers share needles with five or more friends, a new survey indicates.

And four out of 10 claim in the same survey that they share needles with an average of five strangers in public toilets or "shooting galleries".

The survey of 67 intravenous drug users conducted by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) reveals that awareness among them on the danger of contracting AIDS is dangerously low.

As to hygiene, six percent said they had never cleaned their needles and 89.6 percent said they simply used water.

But equally alarming was the finding that 53-1/2 percent of them admitted that they had had an average of four sexual partners other than their spouses in the past 12 months.

Casual sex is known to be a means of spreading AIDS.

Fifty-seven percent of respondents—including 15 women who did not require their male partners to wear condoms—had never used any condoms before.

Thirty out of 67 heroin injectors stated they would practice safe sex.

The SARDA survey concluded that although its clients appeared to be rather "confused or uninformed" about AIDS, they had shown a strong interest and desire to learn.

The head of the AIDS Counselling and Education Service, Dr Patrick Li Chung-ki, said although only one local intravenous drug user had been diagnosed as carrying the AIDS virus, a lack of awareness about infected needles could result in a rapid spread of the deadly disease.

So far, 19 people have died of AIDS and 33 have contracted it in Hong Kong.

Increase Among Local Chinese

54004067 Hong Kong *SOUTH CHINA MORNING POST* in English 28 Mar 90 p 3

[Article by Helen Signy]

[Text] AIDS in Hong Kong is no longer confining itself to non-Chinese and homosexuals, doctors of the Department of Health warned yesterday.

The chairman of the AIDS scientific committee, Dr Yeoh Eng-kiong, said that the virus was becoming more deeply rooted in the local Chinese community and heterosexual infection had increased.

The warnings came as the Health Department announced that AIDS had struck three more people in Hong Kong last month and killed another.

"What is worrying is the increasing number of infected persons you find among the heterosexuals...there has been quite a marked increase," Dr Yeoh said.

"We're now at a stage when we're seeing changes—there are more infections among the Chinese and heterosexual population.

"People have to realize they will not be saved by saying they're not going to have contact with a non-Chinese," he added.

A total of 20 people have died from AIDS in the territory and 13 others are undergoing treatment, while three have already left Hong Kong, according to the head of the AIDS Counselling and Health Education Service, Dr Patrick Li Chung-ki.

Dr Li said of the three people who developed AIDS last month, one was Chinese, while one was a hemophiliac and the other two had contracted the disease sexually.

Of the 140 people who had been registered as carrying the HIV virus, 95 were Chinese and 45 non-Chinese, while among Hong Kong's 36 AIDS victims, 19 were Chinese and 17 non-Chinese.

AIDS was also spreading away from the homosexual community, highlighted by the diagnosis last month of one more heterosexual man carrying the HIV virus—bringing the total to 20 heterosexuals carrying the HIV virus.

This compares with 51 homosexual carriers of the HIV virus.

Of the AIDS patients, 23 caught the disease through homosexual acts, while five were heterosexuals.

The Advisory Council on AIDS, headed by the Director of Health, Dr Lee Shiuhung, and including representatives from the Red Cross, Council of Social Services, the Family Planning Association and other prominent community members, will meet next month to discuss the best approaches to fighting AIDS in Hong Kong.

"We're really going to deal with all the issues relating to AIDS and look at aspects of how we're going to achieve the ambitions of the AIDS programme," Dr Yeoh said.

THAILAND

Statistical Summary of Sources of Infection

90WE0150A Bangkok SIAM RAT SAPDA WICHAN
in Thai 11 Feb 90 p 22

[Excerpt] [passage omitted] Table: Number of people with AIDS (AIDS), AIDS related cases (ARC), and people with the AIDS virus who do not exhibit any symptoms (HIV infection) categorized by risk factors and sex for the period September 1984 to 15 January 1990

Risk Factor	AIDS		ARC		Infected without symptoms		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Sexual relations	27	79.4	50	48.5	1,948	14.3	2,025	14.7
Male homosexual	13	38.2	14	13.6	62	0.5	89	0.6
Male bisexual	4	11.8	9	8.7	84	0.6	97	0.7
Male heterosexual	9	26.5	17	16.5	406	3.0	432	3.1
Female heterosexual	1	2.9	10	9.7	1,396	10.2	1,407	10.2
2. Intravenous narcotics users	1	2.9	45	43.7	10,620	77.8	10,666	77.3
Male	1	2.9	44	42.7	10,189	74.6	10,234	74.2
Female	-	-	1	1.0	431	3.2	431	3.1
3. Blood transfusions	2	5.9	2	1.9	21	0.2	25	0.2
Male	1	2.9	1	1.0	12	0.1	14	0.1
Female	1	2.9	1	1.0	9	0.1	11	0.1
4. Contracted from mother	4	11.8	-	-	-	-	4	0.2
Male	1	2.9	-	-	-	-	4	0.02
Female	3	8.8	-	-	-	-	3	0.02
5. Risk factor unknown	-	-	6	5.8	1,067	7.8	1,073	7.8
Male	-	-	5	4.9	1,014	7.4	1,019	7.4
Female	-	-	1	1.0	53	0.4	54	0.4
Total	34	100	103	100	13,656	100	13,793	100
Still alive in Thailand	11	32.4	83	80.6	13,576*	99.4	13,670*	99.1

Source: Epidemiology Division, Office of the Under Secretary of State, Ministry of Public Health

*Does not include 11 people on whom no information is available.

Health Official: Incidence Slows

90WE0157A Bangkok SIAM RAT
in Thai 13 Mar 90 pp 1, 16

[Excerpt] [Passage omitted] Dr Thira Rammasut, the director-general of the Department of Communicable Disease Control, said that AIDS Control Committee has upgraded the Committee To Coordinate AIDS Control Activities by making the minister of public health the chairman of this committee in place of the under secretary of public health. The secretary of this committee will be the director-general of the Department of Communicable Disease Control. The committee will be composed of 43 people from both the public and private sectors. They will stipulate policies and activities.

The director-general of the Department of Communicable Disease Control said that the various units, particularly the community hospitals, have been told to ready the new AIDS testing equipment, which is called test-pact. This is cheaper and easier to use than the "Elaisa" type. This equipment can be used to test for both Type 1 and Type 2 HIV. Later on, the districts will be equipped with this, too.

"Examinations conducted in 1989 showed that 8,179 people had the AIDS virus, which is an average of 680 a month. In January and February 1990, a total of 1,302 have been found, an average of 650 per month. This indicates that the number of AIDS cases has declined somewhat," said Dr Thira. He added that this may stem from the effort made to provide information and the

distribution of condoms, particularly in high risk areas such as the central and northern regions.

Dr Thira said that the random blood tests conducted semi-annually among at-risk groups in 14 provinces clearly show the incidence of AIDS. For June and December 1989, the statistics were as follows: drug addicts, 41 percent, 46 percent had the virus, 45 percent expected; low-class prostitutes, 3.5 percent, 6.8 percent had the virus, 9 percent expected (the trend is rather high but the percentage was lower than expected); high-class prostitutes, 0 percent, 1 percent had the virus, 3 percent expected; male prostitutes, 2.7 percent, 3.3 percent had the virus, 3.5 percent expected; males who came for a VD examination, 0 percent, 2 percent had the virus; male prisoners, 8 percent, 12 percent had the virus; pregnant women, 0 percent, unchanged; and blood donors, 0.3 percent, unchanged, 0.5 percent expected. [passage omitted]

Study Finds Count Higher Than Official Numbers

*BK3003015990 Bangkok BANGKOK POST in English
30 Mar 90 pp 1, 3*

[Article by Wasant Techawongtham]

[Text] Preliminary findings made by a team of Thai and international AIDS experts put the number of people infected with AIDS in Thailand at 45,000 to 50,000, more than three times the official figure of 14,000.

The findings are among conclusions presented by a review team which has been assessing AIDS prevention and control programmes in Thailand during the past year.

"The review team has made a very broad attempt to make a rough estimate of infected persons in Thailand, based on very incomplete information," said Dr Gary Slutkin, one of the team members who is attached to the Global Programme on AIDS of the World Health Organisation (WHO).

Dr Slutkin also said that the team is beginning to see "the most early evidence of infection in groups that may represent the general population."

He based his remark on the team's findings that the HIV infection, which has seen the most rapid increase in its early stage in Thailand among intravenous drug users, is now making a movement into other larger groups of population, specifically prostitutes and other sex workers and men who frequent bars and brothels.

"There are now at least three provinces with rates of higher than 25 percent HIV infection in the prostitute population," Dr Slutkin said.

The team also revealed in its activity report that there have been 14 AIDS-infected and 5,196 HIV-positive cases reported from January to August 1989.

Yesterday's review is one of the planned activities of the planned activities of the National Medium Term Programme for the Prevention and Control of AIDS in Thailand. The programme, which was implemented since April 1 last year, is a joint effort by the Ministry of Public Health and WHO, with support from agencies of various countries. It is intended to provide a working framework for government and non-governmental organisations and private initiatives. This is the first national AIDS programme review in Asia.

Among its other findings, the team found that the speed of the spread of HIV infection is faster than expected. It also said that the media have been very open and instrumental in increasing awareness and in providing information on the situation.

The team also made several recommendations in its summary report. Among others, it recommends against issuing "AIDS-free certificates" to persons tested negative for the AIDS virus. It said the practice is "highly dangerous as it can lead to a false sense of security," and it could lead to the creation of a black market for such certificates.

The Public Health Ministry began issuing the controversial certificates earlier this month in an attempt to control the spread of AIDS among sex workers. Dr Thira Ramasut, director-general of the Communicable Diseases Control Department, defended the programme by saying that the certificates are actually "health cards" containing the cardholders' personal information and the results of tests for all sexually transmitted diseases, including AIDS.

Another recommendation calls for the intensifying of counseling for persons requesting AIDS tests.

VIETNAM

Anti-AIDS Seminar Held in Ho Chi Minh City

*BK1504084590 Hanoi VNA in English 0738 GMT
15 Apr 90*

[Text] Hanoi VNA—A two-day seminar on measures to prevent AIDS was held in Ho Chi Minh City recently in the spirit of the slogan "Don't Die of Ignorance" put forth by the World Health Organization (WHO) against the disease.

The seminar, sponsored by the municipal health, social welfare, education and mass media services, appealed to branches and services to strengthen propaganda work and educate the people of the dangers of AIDS. An anti-AIDS subcommittee was founded in the city. During the period from 1987 to 1990, the health service of the city has taken serum samples from 20,276 persons for blood tests. The results showed that all samples were negative by Western blood test, but there were 69 cases "positive" by Elisa blood test. However, the health service did not affirm that there was no case of HIV-carrier in the city because the number of serum samples under tests was small.

HUNGARY

Education Key Issue in Program

31 Registered Cases

90WE0136A Szekszard DATUM in Hungarian
1 Dec 89 p 1

[Text] Since the appearance of AIDS, 31 AIDS patients have been registered in Hungary, 20 of whom have died so far. The known number of persons infected with HIV, the virus causing the immune deficiency disease, is 199, but the actual number may be much larger; Hungary continues to be a mildly infected European country.

In his introduction, Mihaly Kokeny, deputy minister of social welfare and health, said that although there is no effective vaccine or medication for the disease, mankind is not entirely helpless against it and can hinder the spread of HIV infection. The key issue of national AIDS programs, including that of Hungary, continues to be information and education, since transmission of the virus can be prevented through well informed and responsible behavior. The objective is to slow down the spread of the virus in Hungary, and the government health administration, together with the emerging social movements, can do the most in achieving this. He announced that the health ministry will be able to allocate 200 million forints next year for the financial support of AIDS prevention.

Quoting international data, he said that 186,000 cases in 152 countries have been reported to the WHO [World Health Organization], but the actual number of afflicted persons is close to 500,000. The greatest number of AIDS patients (107,000) can be found in the United States, while France, Italy, and the FRG head Europe's list. The number of AIDS-infected persons worldwide is estimated to be 5 to 10 million. The most infected continent is Africa, where an estimated 2.5 million persons are afflicted with the disease.

Regarding the care of patients in Hungary, it was stated that all medications that the present state of medical science finds suitable for treating AIDS patients are available.

At the press conference, experts reviewed the past period's anti-AIDS activities, e.g., the educational work carried out in high schools by medical students—which, unfortunately, has not always been successful. Prudishness continues to exist and in many schools prevents the medical students from taking their educational program to the most affected people: the young. Following international example, the AIDS committee turned to pop world personalities, many of whom pledged to popularize anti-AIDS propaganda.

In the course of answering questions, it was stated that the rumor that anonymous testing has been discontinued is untrue. Anyone can request an anonymous AIDS test at any venereal and skin disease clinic in Hungary. In

answer to the question why there are not enough prophylactic vending machines, it was stated that presently there are 80 such vending machines in the capital city, and 10 will be installed within a year throughout the country, mainly in high schools and public restrooms. True, at least 5,000 are needed.

Association Joins World Movement

90WE0136B Szekszard DATUM in Hungarian
1 Dec 89 p 1

[Text] On the occasion of World AIDS Day (1 December), PLUSZ, the Support Association for the HIV [Human Immunodeficiency Virus]-infected of Hungary, wishes to join forces with the anti-AIDS effort.

Its members include persons infected by the HIV virus, professionally involved experts, and private persons wanting to help. Regarding the future, a continued spread of AIDS can be expected in our society. There are more and more young boys and girls among our members, with children and pregnant women among the infected. Our society still has not realized that anyone can become infected with the disease. PLUSZ guarantees that its members will not transmit the virus and is committed to waging an active fight against it. PLUSZ rejects the stigmatization of those who test positive for AIDS, and wishes to provide help to its members and to all who turn to it for assistance in the painful struggle that their everyday family, workplace, legal, and health problems mean to them. Adequate response to the pressure on those who test positive for AIDS can be offered only by joining together. We at PLUSZ await all those in need of help to contact us. Our address is: Budapest, 1450, P.O. Box 29. Our bank account is: Hungarian Credit Bank 202-88886 or 202-00412-0010.

POLAND

General Medical Shortages, Fear Complicate Care of Patients

90EP0376Z Warsaw SLUZBA ZDROWIA in Polish
No. 3, 21 Jan 90 pp 1,5

[Article by Anna Jarosz: "You Are Not Alone"]

[Text] "Local bodies are presently focusing all their attention on carrying out government tasks related to the administration's support for the development of trade-unions and political pluralism in the country. The implementation of this task, which has a priority today, is encountering numerous difficulties."

These are the words which Mgr. Janusz Gesiorowski from the local affairs department of the City Office of the Capital City of Warsaw used in document SL IV 8175/7-26/89 to inform Dr. Maria Malewska that the "You Are Not Alone" Foundation would not receive any space for its headquarters. Director Gesiorowski does go on to assure her, however: "The solution to the problem

of space for the organization's administration will continue to be a subject of concern for the local bodies." Well, pluralism is pluralism. Perhaps there would be nothing surprising in being turned down were it not for the fact that the "You Are Not Alone" Foundation has the goal of helping AIDS patients, those at risk, and their dependents.

"The foundation was established in June of 1989," says Dr. Maria Malewska, chairman of the foundation's board. "We became a legal entity in August. We do not carry on any economic activity. For the time being we are maintained by subsidies and gifts from various institutions and from people of good will. What are we going to do? First of all we want to conduct various sorts of prevention and prophylactic activity and do education and information work. We want to direct information and knowledge about AIDS to all of society, especially to youngsters and people in risk groups. We also want to meet the need—the scale is tremendous—for training health service employees and people working in education and the police. We want to help in various ways the people infected with the HIV virus, addicts, and family members. We are also going to try to support those who are afraid and feel helpless.

This would already seem to have been done, but daily life and the data published by the State Department of Hygiene show that you have to talk endlessly about AIDS and the dangers and ways to avoid the disease.

As of 15 December 1989, there had been 593 persons infected with the HIV virus in Poland. The largest group among them, 383 persons, were drug users, 72 were homosexuals and bisexuals, 56 were tissue donors, 7 had received blood transfusions, 16 had hemophilia, and eight were prostitutes. The rest are people in the category named "other causes." Unfortunately, this last group also includes children, that is, persons under 14 years old. This group presently numbers five, but we cannot consider this figure to be precise, because to designate a newborn as seropositive, you have to observe the child for a year. At any rate, this problem, which has been noted to be the most serious in France, has now reached us too. France has already registered 800 infected children there, and the physicians predict that there will be about 600 more each year."

Dr. Wanda Szata, of the Polish Department of Hygiene, says that at the end of last year there were 26 patients in Poland, and 17 of them have already died. Twenty-four of them were men. The only female in the group was an 18-year old drug user.

"If we now have nearly 600 infected persons, in 4-5 years we will probably have that many sick people," says Dr. Marek Staniaszek, of the Ministry of Health and Social Welfare. "I think that these statistics should be a sign to begin serious preparations, especially since the estimated cost of treating a single patient runs between 100 and 60,000 dollars [as published].

Some countries even today are asking the World Health Organization for support. They are unable to treat AIDS patients in hospitals. They are very often sent home with wishes for a speedy death. There are not enough hospital beds for such patients in our country either, and the space allocated for the purpose is usually not prepared. If we add to this the normal problems with equipment for single use, personal protection for personnel, rapid, thorough sterilization of dishes and equipment, the lack of any rapid blood control test, and the low level of knowledge, the general fear and occasional absolute panic are not surprising.

Nonetheless, neither fear for one's own health or lack of knowledge can excuse the behavior of the physicians and police described by Prof. Stanislaw Dabrowski, director of the Psychoneurological Institute in Warsaw, in his letter to the Ministry of Health and Social Welfare. It is worth mentioning as a reminder that the institute accepts HIV carriers for the purposes of detoxification or treatment of psychological disturbances. Meanwhile, on 4 April 1989 a policeman brought the institute an HIV carrier who had been detained in a restaurant for failure to pay her bill, and on 9 November, they brought people arrested in the act of breaking into a pharmacy. Similar incidents also occurred in July, September, and October. In addition, in July a patient with an unbandaged open neck wound was transported from the hospital on Banach Street in Warsaw. On 5 October the same hospital directed a patient with foot abscesses to the institute.

Incidents of refusal to give HIV carriers out-patient medical treatment are becoming more and more frequent. Usually, it is dentists, surgeons, and gynecologists who refuse them medical care.

"It is hard to give the precise reasons for such behavior," Dr. Staniaszek says. "I know that there are too few medical clinics and offices properly prepared to accept such patients, but to reject them causes aggressive reactions towards society. Some carriers keep their disease a secret and avail themselves of medical treatment in district cooperatives and clinics. And that's why I'm sure that it is in our own interest to give particular care to this group of patients, but for this to happen, both physicians and all of society must understand this.

In Poland addicts make up the largest risk group. This is also why we should give them the most attention. In contrast with homosexuals, they have not changed either their sexual behavior or their lifestyle. Besides that, they are acting out their aggression in public more and more. There have already been instances of sticking passersby with dirty needles and biting health care workers.

This is also why what "Monar" is doing and what the health service is beginning to do is important. For some time they have been running a needle and syringe exchange with drug users who ask for them. In June 1,500 needles and syringes were dispensed, but in November only 100 people showed up. The promotion

of condom use is somewhat worse. Epidemiologists say that it would be a good thing if, like other countries, addicts had easy access to sodium hypochlorite to rinse needles and syringes. These three things can greatly reduce the spread of AIDS, but it is also essential to provide them with the full range of medical care and hospices where they can live and die in peace.

HIV carriers are increasingly seeking help at "Monar," because they have nowhere to live or because they can no longer live where they used to. It is true that the deputy president of Warsaw promised Marek Kotanski to find appropriate housing for this purpose, but will he keep his promise, when Dr. Malewska's foundation cannot even keep its office space? After all, it seems to me that this really is a way of measuring the way AIDS problems are generally treated in our country."

"The foundation's activity may be successful in all respects," says Dr. Maria Zimicka, who under foundation auspices makes contacts with the health service. "Even now we can train about 200 people. Many teachers want to talk to their pupils about AIDS and ways to prevent it. The Polish Nursing Society has also said it wants to cooperate. We also have the possibility of importing educational films and video cassettes. There are already a lot of books. There are also people willing to conduct training."

But only the assumptions turn out to be simple. In practice, many physicians do not want to hear about additional training, saying that everyday problems are far more important and difficult for them. Others are interested up to the point where they have to make some sort of concrete declaration, but many, unfortunately, know very little about AIDS. Physicians, like the rest of society, bear stereotypes and ways of thinking about the disease and the way to deal with patients. The cascade system of training proposed by the Ministry of Health and Social Welfare did not meet the community's expectations.

After all, the whole system of training and conveying information through participants in international sessions devoted to AIDS leaves a great deal to be desired. The information reaches the ordinary physician many, many months later, and the statistics are no longer relevant. Well, it varies with the distribution of resources to buy equipment, tests, and the like too. Sometimes the equipment winds up only in academic centers, which do not always want to work with drug users.

"Taking AIDS as an example, the health service does not seem to have combatted prejudice," says Dr. Staniaszek.

"Some patients are still being treated better and others worse. Physicians very correctly are asking their employers for safeguards and for personal protective clothing and equipment. In England, on the other hand, the physicians use protective clothing and equipment. In England, the physician must take care of himself on his own and appropriately "arm" himself for work, because he may not ask a patient whether or not he is a carrier. We cannot keep repeating that AIDS is the result of one's own choice, of accepting a certain lifestyle. This is true, but it is also true that anyone can be infected.

I can cite one of the people I spoke with who said that there are many more important problems in Poland and that physicians are mainly interested in making money. On the other hand, though, this disease is still not being taken seriously. The Ministry of Health and Social Welfare has no AIDS plenipotentiary. There is no center to coordinate efforts aimed at reducing the number of new cases or supplying hospitals and clinics. The community is not familiar with the opinions of the ministry's AIDS council. It operates as though it were working for itself, and, to tell the truth, it does not have much to show for its activity. Besides, it is probably high time to resolve the legal issues. For example, will a person be punished for keeping the fact he is a carrier secret? Under what circumstances may a physician refuse to give assistance? When will he be called to account before the peer court for his action? And finally, what about patient anonymity and the confidential relationship between patient and physician? The only decision that has been useful for health service employees was the decision about financial benefits for employees who work with patients and carriers. People in continual contact with this group of patients receive between 112 and 840 percent of the basic salary, that is, between 40 and 320 zlotys. For a one time visit the fee is between 3 and 16 thousand zlotys. I leave it to our readers to decide whether these rates are appropriate.

The only cheerful aspect of the current situation is the fact that more and more people are joining the volunteer drive to combat AIDS and to bring patients various kinds of assistance. There is also hope in the words of Jonathan Mann, director of the World Health Organization's world program to combat AIDS. Among other things, he said that many tragedies that have occurred in the past had no influence at all on the world, but AIDS has changed all of us, our countries, our communities, our hearts. He says that drawing conclusions from the hard experience gained in the 1980's, we know that we will not only endure but win, and that individual efforts are being multiplied by hundreds and thousands of humanitarian actions in solidarity that will light up the world and the future. If only it can happen that way.

BRAZIL

Cases Increase Among Children

90WE0151B Sao Paulo O ESTADO DE SAO PAULO in Portuguese 15 Mar 90 p 25

[Text] Brasilia—Today the new health minister, Alceni Guerra, is due to receive the latest report from the National Division for Sexually Transmitted Diseases on the AIDS situation in the country. From 1980 to February of this year, 10,510 cases of the disease were tallied, 70 percent of which were reported in Sao Paulo. This year the AIDS Division will receive national revenue totaling \$20.1 million, plus \$14.6 million in lost funding, as well as revenue from the state governments.

The most alarming information in the report concerns the increase in the number of cases in the age bracket from 0 to 15 years old.

According to the AIDS Division, from 1980 to date 390 children have been attacked by the HIV virus. The transmission occurred as a result of sexual relations (one case); transmission in blood (use of intravenously injected drugs), 185 cases; and perinatal causes (in the womb or during delivery), 190 cases. This type of infection from mother to child worries the government, because it has increased 48.7 percent in 10 years.

The director of the Health Ministry's AIDS Division, Lair Guerra de Macedo, makes a defense against the charge that the government has been incompetent in controlling the disease in the country, explaining: "The charges are groundless, because everything that we have submitted has a scientific basis." She claims that the report which Minister Alceni Guerra is to receive today was prepared with data provided by the 27 Brazilian states, through the regional programs to combat AIDS.

Lair revealed: "Only those addicted to intravenously injected drugs don't appear to be reacting to the publicity campaigns." She denied the accusations that the campaigns, besides being discriminatory, are inefficient. She notes that a medium-term plan is now ready to guide the sector's work over the next 3 years. Lair argues: "The criticism aimed against us is politico-ideological."

Steady Rise in Sao Paulo Incidence

90WE0151A Sao Paulo O ESTADO DE SAO PAULO in Portuguese 10 Mar 90 p 11

[Text] During February the state of Sao Paulo recorded 320 new cases of persons infected with the AIDS virus, raising to 6,642 the total number of reports of the disease in the state since its appearance in 1980. Another 503 cases were identified in Brazil, making a total of 10,058 sick persons.

Based on these data, Dr Paulo Roberto Teixeira, from the State Health Secretariat's AIDS Referral Center, categorized the disease as "the epidemic causing the largest number of long-term hospital confinements,

exceeding those for measles, leptospirosis, and meningitis." According to Teixeira, a person infected with the AIDS virus lives an average of 1 year after the first symptoms are manifested. During that period the victim is attacked by a series of attendant infections, forcing him to be hospitalized at least three times. Generally, after the last confinement the patient dies.

The 270 beds in the public system assigned for the treatment of AIDS in Sao Paulo are constantly occupied; and, according to Paulo Roberto Teixeira, there are more than 20 patients in Greater Sao Paulo alone waiting for a hospital bed in first aid facilities. The costs of those confinements represent an outlay of about \$1,000 per patient per month for the state.

The diseases that most often send the AIDS patient to the hospital are pneumonia, cerebral toxoplasmosis (an infection that attacks the nervous system, jeopardizing vision), Kaposi sarcoma, and constant diarrhea, which dehydrates the AIDS victim's body. When an AIDS patient has any of these manifestations he must be immediately hospitalized. However, with the critical situation in hospitals, as soon as the infection is controlled the patient receives a discharge to make room for another in more serious condition. According to the AIDS Referral Center, the Health Secretariat will have to activate 10 new beds (leased from the Humberto Primo Hospital) next week, in an attempt to equilibrate the patients' situation.

During December the Referral Center recorded 240 cases of the disease in the state of Sao Paulo. In January that number rose to 381. Based on those data, epidemiologists expect nearly 300 new cases monthly until May, when the average may possibly become stabilized at about 400 cases for another 3 months. By the year-end, the Referral Center anticipates that the average number of cases reported will be 600 per month.

Paulo Roberto Teixeira notes that the features of the epidemic continue to be stabilized: There is a slow reduction in the rate of infection from homosexual contact, and an absolute rise in the number of persons addicted to intravenously injected drugs who contract the virus by sharing contaminated needles.

EL SALVADOR

Virus Detected in 0.5 Percent of Blood Samples

54002047 San Salvador EL MUNDO in Spanish 30 Jan 9 p 2

[Editorial Report] "For every 200 blood samples tested, 1 is positive for the AIDS virus," says Alcira de Ruano, chief of the laboratory at the Salvadoran Red Cross blood bank. This was reported in the San Salvador Spanish-language newspaper EL MUNDO of 30 January 1990 on page 2.

The AIDS virus, HIV, is detected in the blood bank laboratories by means of the ELISA test, an enzymatic

test which detects a variety of viruses including those which cause syphilis and hepatitis B.

According to De Ruano, 0.5 percent of those tested have the virus. She notes that if a person tests positive, a second test known as "Western Blot" is done. If this test confirms the presence of the virus, the patient is contacted. The Ministry of Health's Epidemiology Department is immediately contacted regarding the case in compliance with standards established by the authorities.

Medical authorities have determined that La Union and La Libertad are the departments in which the AIDS infection is most prevalent. In February the Ministry of Education, in cooperation with the Israeli Government, will begin an AIDS prevention program with teacher participation.

De Ruano stated that in the past few months approximately 100 tests have been performed per month. The laboratory also does blood analysis for hospitals because the blood bank has a special laboratory as well as the necessary reagents for these tests. These reagents are chemicals which are imported and are not produced in the country.

HONDURAS

Rapid AIDS Spread

90WE0078A San Pedro Sula TIEMPO in Spanish
30 Nov 89 p 26

[Article: "Every Half an Hour, Another Honduran Gets AIDS"]

[Excerpts] AIDS is rapidly gaining ground among the Honduran people. Every half an hour another Honduran citizen is infected by this deadly virus, which has so far claimed 198 lives, and 406 cases have been confirmed throughout the nation, reported Dr Enrique Zelaya, head of the AIDS Monitoring Commission.

The disease of the century, as AIDS is being called, is incurable, said PAHO [Pan American Health Organization] specialists, who said they don't believe that an AIDS vaccine will be ready within the next 10 years. Therefore, prevention is the best way to handle this disease.

AIDS in Honduras

Acquired Immunodeficiency Syndrome now affects 42 of each 1 million inhabitants of Honduras; it is assumed that about 50,000 Hondurans are unwitting carriers of the virus, said Zelaya.

The Epidemiology Division has so far studied over 600 cases, of which 406 have been confirmed; 138 are asymptomatic carriers (no symptoms are present); 22

have been classified as provisional cases for which clinical evidence is not yet available; 76 cases of AIDS-Related Complex have been found; and 150 cases are still under study, he said.

Of the total number of cases, 33 percent are not under the health department's control. There are 135 Hondurans who are going about infecting other people, and their whereabouts are unknown.

He added that of all the cases, 246 (60.6 percent) are men and 160 (39.4 percent) are women. Of those infected, 80 percent are between the ages of 20 and 39, the most productive period of life.

Cities Affected

On a national basis, San Pedro Sula is the city hardest hit by AIDS; 167 cases, or 41 percent of the confirmed cases, have been reported there. Next in order of prevalence is Tegucigalpa, where 50 cases have been confirmed, 12 percent of the total. Following in descending order are the cities of El Progreso, La Ceiba, Puerto Cortes, and others.

Ministry of health statistics show that since 1985, when the first cases of AIDS were reported, the disease grew by 49 percent in 1988, and 27 percent in 1989.

Enrique Zelaya indicated that in the beginning AIDS was most prevalent among homosexuals, but that in recent years AIDS has made great inroads in the heterosexual community. Recently, 73 percent of the cases have been reported among this group, while only 20 percent of the cases have been reported in homosexuals.

He stated that AIDS is greatly affecting San Pedro Sula, where 1 of every 5 prostitutes has the AIDS virus, and Tegucigalpa as well, where 1 of every 16 prostitutes is a carrier of this deadly disease. [passage omitted]

AIDS in Central America and Throughout the World

The PAHO epidemiologist, Guillermo Gosset, said that, in terms of AIDS prevalence, Honduras is in first place in Central America, with 48.5 percent of the 709 cases reported in Central America.

He also said that the anti-AIDS program will emphasize that the only way to combat the virus is prevention, primarily by avoiding unsafe sex.

Gosset said that throughout the world, ever since the first AIDS case appeared in the United States in 1981, to date over 122,000 cases have been reported, and a total of 68,049 people have died. These figures are based on reports from 39 countries.

AIDS Virus HIV-2 Detected

90WE0154A San Pedro Sula LA PRENSA in Spanish
27 Feb 90 p 9

[Excerpt] San Pedro Sula—A new AIDS transmitting virus was discovered last week in a female patient who

appeared at the San Pedro Medical Center, CEMESA, for an office visit. As a result, the doctors warned the health authorities to be on guard against this new threat.

As the treatment center's medical director, German Pascua Leiva, and the laboratory chief, Claudio Galo, reported, the woman, approximately 50 years of age, had previously taken the Elisa test that is common in the country's laboratories. The results indicated that she was not infected with AIDS, although she showed all the symptomatology of the fatal disease.

Nevertheless, after a "genetic engineering" test made using laboratory equipment newly acquired by CEMESA, the patient was found to be infected with a new AIDS transmitting virus which, like the one already known, has been brought into America by immigrants from the African continent.

They explained that the AIDS cases detected in the country have been transmitted by the virus known

scientifically as HIV-1, pointing out, however, that the syndrome can also be caused by the HIV-2 virus. The latter cannot be detected by a mere Elisa test, which is the one used in our laboratories.

The new virus was discovered for the first time in Brazil, and then last year a U.S. firm selling reagents found that, on the Honduran coasts, some AIDS cases had been transmitted by HIV-2. Nevertheless, they claimed that this is the first time that there has been a specific case in Honduras of a patient who contracted the disease through this new agent.

Those interviewed remarked that the presence of HIV-2 in the country means that even persons who have taken the AIDS test with negative results are not exempt from being infected, because the new agent could not have been detected by the laboratories run by the health authorities or the Honduran Social Security Institute. [passage omitted]

BAHRAIN

Government Limits Screening of Hospital Patients

54004506 Manama GULF DAILY NEWS in English
21 Jan 90 p 1

[Article by Soman Baby: "AIDS Testing Ruled Out for All in Hospital"]

[Text] Bahrain has no plans to screen all hospital patients for the killer disease AIDS, according to a Government health chief.

Health Ministry Under-Secretary Dr Rashid Fulayfil said yesterday that the Government had not changed its policy on the treatments of AIDS patients.

"AIDS screening is enforced only for blood donors and high risk groups, including drug addicts and people suffering from venereal diseases," said Dr Fulayfil.

His comments followed Arabic Press reports that all island hospital patients would be screened for the killer virus.

Dr Fulayfil said instructions had been given to doctors not to treat AIDS as a "waste basket disease".

"Doctors should not neglect patients, who have been found to be HIV positive," he said.

"They should be treated for their specific problems, rather than being branded as AIDS patients."

All such cases should be presented to a committee of consultant doctors, said Dr Fulayfil.

Since 1984 only 65 AIDS carriers had been detected in Bahrain and there were no full-blown AIDS cases, he said.

Four expatriates from Europe and Africa who were found to be carriers were deported, said Dr Fulayfil.

The Bahraini carriers' social relations were closely monitored by a Health Ministry committee, he said.

Dr Fulayfil, who is chairman of the National Committee for the Prevention of AIDS, said the carriers were not a danger to the community.

"People must understand that there is a lot of differences between a carrier and a full-blown AIDS patient," he said.

Director of Public Health Dr Riffat Abdul Hameed will attend a conference on AIDS organised by the World Health Organisation in Kuwait later this month.

INDIA

Bombay Epidemic Among World's Deadliest

54500056 Toronto THE TORONTO STAR in English
9 Jan 90 p D1

[Article by Marc Kaufman]

[Text]The first major epidemic of AIDS in Asia has broken out in the busy brothels and contaminated blood banks of Bombay, and experts say it may be one of the world's deadliest.

"This is a ticking time bomb," says Geeta Bhawe, director of an Indian government AIDS Surveillance Centre in the city of more than 10 million.

An estimated 10,000 Bombay prostitutes and hundreds of people who sell their blood have been infected with the deadly AIDS virus.

And doctors and experts believe the numbers will skyrocket.

The spread is being hastened by the unwillingness of many to stop plying their trades, even after learning that they carry the virus. If they do not continue working, the carriers say, they will starve in Bombay's vast slums and fetid back alleys.

This attitude, the limited health care available to most poor Indians, and continued ignorance about acquired immune deficiency syndrome have convinced experts that India is especially vulnerable to the disease.

"The conditions are here for an AIDS epidemic as bad as that in Africa," says Dr. H. L. Sell of the World Health Organization's regional office in New Delhi.

The actual number of full-blown AIDS cases reported thus far in India is small. With 41 confirmed cases, the number is consistent with the generally low level of AIDS infection across Asia. The Indian government reported its first case of a citizen with AIDS in 1986.

But the Indian Council of Medical Research says the virus has spread dramatically throughout the country, infecting a substantial number of people in Bombay and Madras. Nationally, the rate of AIDS infection has increased from 3.5 per thousand in 1988 to 5.6 per thousand in 1989, slightly higher than the rate in the United States.

"We have a dangerous situation here and the government knows it," says Dr. S. P. Tripathy of the council, a government agency. "We don't want to overly alarm people, so we are working quietly. But there is much work to be done."

Bombay attracts visitors and business executives from around the world, and migrants from across India. In the midst of the city's teeming red-light district, which has

the highest concentration of cases, an estimated 100,000 colorfully dressed women and girls sell themselves from small street-level booths.

"One year ago, we were finding less than 3 percent of the prostitutes (in Bombay) to be carrying the AIDS virus," says Bhave, who runs the AIDS Surveillance Centre closest to the red-light district. "Now the percentage has climbed to 10 percent."

But some doctors say the disease has spread more widely than the government admits.

"I believe that the percentage of women here with the AIDS virus is at least 35," says Dr. Mahendra Trivedi, a venereal disease specialist who has worked with the prostitutes for many years.

Trivedi encourages the women to get tested and to bring back their results to him.

"I tell these girls they should stop doing this business because it will spread to the clients and other girls, but they say they cannot stop," he says. "They say they have no other way to make a living."

Heterosexual transmission of AIDS—which has been more common in Africa than in Western nations—is the primary way the disease is being spread in India.

Doctors believe that AIDS is spreading so rapidly through Indian prostitutes for two related reasons: In strongly male chauvinistic India, few men use condoms during intercourse with prostitutes. And most prostitutes have other venereal diseases that have caused open lesions and ulcers, through which the virus enters.

"Even though this puts them and their clients at high risk of AIDS, they will not use condoms," says Dr. I. S. Gilada, a doctor at the J.J. Hospital in Bombay and founder of the non-profit Indian Health Organization.

Using the government estimate of 10,000 women infected, AIDS researchers can predict how many of the clients will contract the virus within a year: as many as 20,000 men in Bombay.

While government officials concede that they have been unable to control AIDS in the prostitute population, they say they are making progress in protecting the blood supply in the four major cities of Bombay, Delhi, Calcutta and Madras.

After AIDS antibodies were found in blood-based pharmaceutical products early this year, officials began widespread screening of blood donated or sold in those cities.

Professional blood-sellers are mainly impoverished men, often alcoholics. Some who supplied the pharmaceutical companies were tested; a majority of them were found to be carrying the AIDS virus.

All manufacture of blood-based drugs in India has been halted, but the infected men continue to sell their blood to some hospitals and blood banks.

AIDS testing has become mandatory and now is more effectively administered in Bombay and other large cities. But blood donated or sold outside of those cities generally remains untested.

"I am AIDS-positive, but there are so many places where I can still give blood," says Pramod Patil, who has sold his blood for six years and once even tried to sell a kidney. "I know this because I have done it, and I know men who are doing it still."

Patil is secretary of the Bombay Professional Blood Donors Association. The group, made up of several hundred blood-sellers infected with the AIDS virus, was created with the help of Gilada.

In late November, Gilada filed a petition in a Bombay court, charging that the blood-sellers had been infected with AIDS by the pharmaceutical companies, which he said had used unsterile needles on the men. He wants the companies to compensate them.

Experts Discuss Control

5450067 Bombay *THE TIMES OF INDIA in English*
8 Feb 90 p 9

[Text] Bombay, February 7. Effective inspection and licensing of all blood banks, mandatory screenings of blood donors and promiscuous individuals for the human immunodeficiency virus (HIV) and the application of basic precautionary measures within laboratory services, are the major thrust areas for the control of AIDS in India.

Eminent haematologists and sexologists, who were participating in a symposium on 'AIDS and the laboratory services', felt that the reported cases of AIDS in our country were merely "the tip of the iceberg".

Discussing the nature of the spread of AIDS in India, Dr S. K. Bichile, the head of the department of haematology at T. N. Medical college, said, "In India the pattern is different. The high-risk groups are the promiscuous heterosexuals, then the blood donors and finally the recipients of blood and blood products. If we consider the evolving pattern of the virus, it puts the general public at a greater risk as the percentage of heterosexuals having more than one sex partner—prostitute or otherwise, is quite high".

Dr S. M. Bhadkamkar, joint director, state health services, stated that Bombay city was more prone to a sudden spread of the disease.

He specified that while compulsory screening of every unit of blood donated to check for HIV antibodies was on at all blood banks here and Pune, inspections by way of random checks should be undertaken. He added that training camps for blood bank officers and technicians were to be organised at the K. E. M. Hospital and the Tata Memorial hospital.

Out of the 41 cases recorded so far in our country, 17 were from the state. Around 75 percent of AIDS victims were in the age group of 26-40 and out of the 66,000 people screened, 1.06 percent belonged to the high-risk group.

Mr Bhadkamkar added: "New equipment for screening and testing will be available soon at the J. J. Hospital besides those already existing." He stressed that counseling and health education programmes for the AIDS victim would also be set up by the major hospitals.

The symposium which was sponsored by the Ortho Diagnostic systems, Bombay, drew special attention to the role of laboratory services. The specialists felt that a certain degree of ignorance and scepticism existing among laboratory staff in dealing with AIDS patients. Dr Bichile said: "The precautions must be taken at all times. Disposable gloves should be worn at all times while handling the patients' blood, secretion, excretion and body fluids. Needles and syringes should be disposed of immediately after use. Cuts and open wounds should be thoroughly cleaned. Hepatitis B was more contagious than the AIDS virus.

The main problem, they felt, was the nature of the AIDS disease. The symptoms are varied and irregular appearing from a period of six months to seven years.

Papers Continue To Report, Comment on Problems

HIV-Tested Patient Dies

54500077 *Calcutta THE STATESMAN in English*
28 Feb 90 p 3

[Text] An officer of the Shipping Corporation of India, whose blood tests confirmed the presence of Human Immuno-Deficiency Virus died in Calcutta early this week. Mr Prasanta Sur, the West Bengal Health Minister, who gave this information in Writers' Buildings on Tuesday said that the Elisa Tests of the blood samples of the man had been done by the doctors of Woodlands nursing home. During the day he had asked the doctors of the School of Tropical Medicine, who had specialized in the detection of AIDS, to test the blood samples of the victim's wife.

Mr Sur said that the nursing home authorities had been told that there was no arrangement for the treatment of AIDS patients in Calcutta.

Hence, it had released the patient. He died shortly after his release in a house in New Alipore in the city.

Mr Sur said that this was the first report in the city of a victim, whose blood samples after Elisa tests confirmed the presence of HIV antibody.

Mr Sur said that the State Government had allotted money to set up an isolation ward for the treatment of

AIDS patients. But the problems were about the availability of nurses, doctors and other staff, because everybody was afraid of the disease. But the State Government had sent a doctor for special training on the detection as well as treatment of AIDS patients.

Government Apathy Protested

54500077 *New Delhi PATRIOT in English*
1 Mar 90 p 3

[Text] Members of various voluntary agencies staged a dharna in front of Indian Council of Medical Research (ICMR) protesting against the indifference towards AIDS, in the Capital on Wednesday.

They presented a memorandum to Director General (ICMR) Dr A.S. Paintal on ICMR's neglect and callousness towards patients suffering from AIDS.

They alleged that the Government has hopelessly failed to respond to the problem. Recently ICMR found 1650 HIV positive results out of 300,000 people.

They also cautioned that there could be a million HIV positive cases in the country and if government fails to do anything, 30 percent of them may develop full-blown AIDS in the next three years.

They also opposed the forcible testing of prostitutes of G B Road. According to them, out of 400 HIV positive cases tested recently, only one was a prostitute. They also condemned the way one Zambian diplomat was treated in AIMMS recently.

According to one of the signatories of the memorandum, Siddhartha Gautam, by forcibly testing prostitutes, the ICMR is making them only wholly responsible for this dreaded disease. There are many other ways other than sexual contact, they pointed out by which one can be affected by the AIDS virus.

Mr Gautam further added that last year they repeatedly requested ICMR and other government bodies to popularise and supply condoms as a preventive step, but to no avail.

Recently, one blind donor in Calcutta suspected to be HIV positive was arrested and kept under solitary confinement in jail even after repeatedly testing negative. But big supplier companies are let off the hook. Last year, National Institute of Virology (NIV) Pune, refused to divulge the names of those companies whose market samples tested HIV positive.

Recently, AIIMS officials, in the case of Zambian diplomat controversy said that they did not have any directive on AIDS and the autopsy of dead bodies infected by AIDS virus. But, Central Board of Health Education has already published one booklet on this and it has been clearly stated in the booklet how to handle the dead bodies of AIDS patients.

Ironically, when some members involved in this dharna contacted the director of Central Board of Health Education, Mrs Nath, she refused to give them booklets on AIDS.

Prevention Bill Review Welcomed

54500077 Bombay THE TIMES OF INDIA in English
23 Feb 90 p 12

[Editorial]

[Text] The decision to review the AIDS Prevention Bill is welcome, for, in its present form, it is as bigoted as it is superficial. In the surveillance programme undertaken by the Indian Council for Medical Research, 4.7 out of every 1,000 people were already found to harbour the Human Immuno-deficiency Virus (HIV) antibodies, and a rising trend has been established. Therefore, while conceding the need for a thorough discussion both inside and outside Parliament, inordinate delay should not replace the equally undesirable haste with which the Bill was drafted and tabled in the Rajya Sabha last August. What makes AIDS especially difficult to control are its non-medical dimensions. Its close association with sexual behaviour forces the need for social changes as well. While stringent measures were instituted with exemplary speed to check contamination in blood products, this could force the indigenous manufacturer out of business and thus lead to great hardship for those whose congenital diseases, such as haemophilia, make them permanently dependent on these serum substitutes. Worse, the country faces the alarming situation of AIDS spreading through infected blood donors. Likewise, careless hospital and laboratory practices have the deadly potential to make the AIDS infection as common as they have made hepatitis. Any legislation will therefore have to be broad-based, sensitive and stern to be effective.

The major objection to the present draft is that, while it provides health officials with both police and legal protection, the high-risk groups already at a disadvantage become more vulnerable to harassment. Its vagueness on confidentiality is unconscionable in view of the known destruction of the lives of those whose HIV positivity was indiscriminately publicised. Similarly, the issue of isolation has to be thrashed out. As in Goa, otherwise healthy persons have been sought to be confined by overzealous authorities, which, apart from being impracticable as general policy, also pushes the problem dangerously underground. On the other hand, seriously ill HIV-positive patients have difficulty getting admission into the wards set up specifically for them. The AIDS Bill must lay down the framework for replacing the present extremes of sanctimonious complacency and irrational hysteria with legal, medical and social measures to check the scourge that has now inarguably entrenched itself in this country, and which victimises both the innocent and those who knowingly court debilitation and, inescapably, death.

TUNISIA

Status of Tunisian Cases

90WE0158A Tunis LE TEMPS in French 2 Jan 90 p 5

[Excerpt from an article by Jamila Gorrab: "Sidi AIDS" or the Modern Scourge"; first three paragraphs are editor's lead]

[Excerpt]

- Twenty-six dead of AIDS-related illnesses
- Twenty-eight "native" cases of seropositivity (each year the number of seropositive cases doubles)
- Forty-four people ill with AIDS (high risk)
- Fifty-six hemophiliacs infected
- and 154 who are seropositive
- The disease may spread in the country if it is not stopped

Each December 1st will be World AIDS Day in Tunisia, to help bolster and extend the worldwide fight against AIDS. Its theme: "AIDS, Let's Talk About It."

Research studies being conducted just about everywhere in the world—in the United States, France, Zaire, etc.—aim to find a vaccine it is hoped will be available in a few years. Indeed, the whole world is mobilizing against the disease. Consequently there is reason for hope, even if hope is—or is it?—at the end of the tunnel.

The first case of AIDS surfaced in Tunisia in 1985. A study conducted by the Ministry of Public Health showed that the country was far from spared by this new plague and that is why AIDS is no longer considered a "taboo" subject today.

The AIDS pandemic has spread throughout the world and Tunisia is also concerned by the phenomenon, for cases [do] exist, although the problem is not a serious one for now. What is most important is that the country arm itself against this incurable disease of concern to the population.

Since WHO [World Health Organization] advises against "border" checks, the problem is more a matter of personal behavior for Tunisian men and women. An effort must be made to inform and educate them about health and sex, notably by encouraging increased use of condoms.

According to Professor Mohammed Ridha Gharbi, the number of native seropositive cases here doubles each year. Estimated at 28 today, the number is very "slight": Care must, therefore, be taken to prevent its spread by initiating development and educational campaigns, for although AIDS is a killer, it can also be prevented.

The exact number of people likely to be infected cannot be determined—it should only be "in the hundreds," not "in the thousands." The following cases were diagnosed specifically among Tunisians: 58 seropositive individuals who lived abroad and were sent back here to their

country of origin, blood donors, certain prostitutes who lived abroad, hemophiliacs (56 cases) infected by contaminated and imported blood derivatives before the discovery of HIV1, and certain women (the wives of Tunisians residing abroad).

Prof. Gharbi estimates there are currently 154 seropositive people, that is, people infected by the AIDS virus, in Tunisia, making us for now one of the most fortunate countries with respect to the epidemic. Twenty-six people have died from AIDS-related diseases and 44 others are "ill." According to Dr. Taoufik Ben Chaabane, the latter figure concerns primarily men who lived abroad and who used drugs at some point.

In one out of two cases, a woman carrying the AIDS virus will give birth to a baby infected by the virus either before, during or after labor and delivery, and who in most cases will not survive beyond the age of three.

A seropositive is someone in whom anti-AIDS virus antibodies have been detected and who shows "no" sign of the disease. He may remain seropositive for several

months or years before becoming "ill," for HIV1 infections generally progress over long periods several years in duration.

AIDS is caused by a virus for which no effective treatment has been found, aside from a lone product that produces fairly good results: AZT. The latter which, far from "curing" the patient, improves his condition, is a rather toxic medication with undesirable effects requiring treatment to be discontinued. The product does not yet exist in Tunisia; we will soon have it. So patients are treated at the hospital when they suffer serious opportunistic infections, while awaiting treatment with AZT. Opportunistic infections are those caused by the patient's immune deficiency, for the organs most targeted are the lungs, the central nervous system, and the digestive tract. All serum samples discovered to be "positive" in the country's laboratories are subjected to a "confirmation test" run in the Charles Nicolle University Hospital Center before being certified seropositive, just as all collected or imported blood and blood derivatives are checked. [passages omitted]

EUROPEAN AFFAIRS

EC Resolution on Fight Against AIDS

90AN0142 Luxembourg OFFICIAL JOURNAL OF
THE EUROPEAN COMMUNITIES in English
No C10, 16 Jan 90 pp 3-6

[EC Document: "Resolution of the Council and the Ministers for Health of the Member States, Meeting Within the Council of 22 December 1989 on the Fight Against AIDS"]

[Text] The Council of the European Communities and the Ministers for Health of the Member States, Meeting Within the Council,

Having regard to the Treaties establishing the European Communities,

Having regard to their common approach to combating AIDS, worked out in 1986 and subsequently expanded,

Remain concerned by the increase in the AIDS epidemic in the Member States of the Community and by its social, economic, legal and ethical consequences;

Recall their conclusions of 16 May 1989 affirming that contamination by drug injection is a major concern of the health authorities;

Stress the very considerable efforts made by all Member States in the fields of research, treatment and prevention as well as the major endeavour to coordinate research at Community level;

Note that, in spite of encouraging progress achieved in research, effective vaccines and treatment will not be widely available for several years;

Reiterate the importance of international cooperation, in particular with the World Health Organization (WHO) and the Council of Europe;

Consider it advisable to reaffirm and specify, for the attention of all European citizens, the principles which should guide them in preventing and combating AIDS;

Draw attention also to their conclusions of 15 May 1987 in which they decided to draw up an action and coordination plan for adoption by the Member States and at Community level;

Therefore agree to step up the coordination of national and Community projects and promote activities of common interest.

A. Common Principles for the Fight Against AIDS

I. Prevention

1. In the fight against AIDS, top priority should, alongside research, continue to be given to prevention by means of health information and health education.

2. The information should be clear and full and stress the fact that HIV infection and the disease of AIDS in no way justify any reaction of fear or of discrimination.

3. Health-information and health-education measures should deliver well-aimed messages: On the one hand, it remains indispensable that the general public and young people in particular be given repeated general messages on prevention; on the other hand, local or targeted measures must bring these messages home.

Special attention should be given to ways of reaching drug addicts and those living on the fringes of society.

4. Prevention must include improved access to suitable individual counselling and to the available means of protection against the virus, such as condoms and safe injection material.

5. These measures should be thoroughly reviewed on a regular basis.

II. Use of Diagnostic Tests

1. Suitable diagnostic tests must be widely available on a voluntary and confidential basis within the public health systems.

Where advisable, additional arrangements may be made to offer individuals the possibility of being tested anonymously, if possible free of charge.

2. These tests form part of individual preventive measures, always accompanied by information and counselling provided by qualified persons.

3. On the basis of knowledge gleaned to date, no public health reason justifies the systematic and compulsory screening of individuals, i.e., screening without prior information or consent of the persons tested. Such a practice is particularly ineffective as a means of prevention.

4. To improve epidemiological data, in the context of longitudinal or prospective studies and for public health purposes, requires the use of appropriate strategies.

5. Progress in the medical use of substances of human origin (such as blood and its derivatives, organs, tissues and semen) must be actively continued.

Voluntary donation of such substances without remuneration, maintaining screening on the occasion of each donation by means of suitable tests (testing of AIDS viruses), the development of a policy of informing donors in order to exclude risk donors and similarly stringent quality controls throughout the Community make an essential contribution to the safe use of such donations, and particularly to safe transfusion.

III. The Fight Against Discrimination

1. Any discrimination against persons with AIDS or HIV-positive persons constitutes a violation of human

rights and prejudices an effective prevention policy because of its effects of exclusion and ostracism.

2. The free movement of persons, goods and services in the Community and equal treatment as laid down in the Treaties are, and must continue to be, guaranteed.

3. The greatest possible vigilance must therefore be exercised in order to combat all forms of discrimination, particularly in recruitment, at the workplace, at school and as regards accommodation and sickness insurance.

4. With regard, more particularly, to accommodation and private insurance, solutions should be found which reconcile economic interests with the principle of non-discrimination.

IV. Medical and Social Care for HIV-Positive Individuals and Persons with AIDS

1. In order to enable persons affected to take full advantage of improvements in therapy and diagnosis, the fullest and earliest possible access to care should be made available.

2. In particular, persons who do not have social security cover, as is often the case with drug addicts or former drug addicts, require specific measures, where appropriate.

3. The dissemination of information on solutions which have proved successful in certain countries should be encouraged and backed up, especially at Community level.

4. Non-governmental organizations, whether their members be affected persons or persons concerned by the epidemic, play an essential role in the provision of psychological and social care for affected persons. This role must be encouraged and more widely recognized.

B. Specific Activities: Action Plan

I. Basic Operational Research

Community research policy has to date been based in particular on vaccines, treatment and epidemiology and on the ways of involving health services, particularly in developing countries, in combating AIDS.

This policy must be continued and backed by all the necessary means.

II. Research Into, and Evaluation of, the Socio-Economic Impact

Better knowledge of the pathogenesis of AIDS should go hand in hand with a better understanding of the psychosocial, economic and demographic effects of the disease and of its consequences for society in Europe and the world.

The Commission is called upon to consider in particular the following topics in coordinated research projects: analysis and assessment of requirements for caring,

research into behaviour and behavioural factors with particular reference to prevention, development of methods for assessing preventive measures, analysis of socio-economic consequences and preparation of forecasts and scenarios in this field.

III. International Cooperation

The Council takes note of the measures already undertaken under the programme to combat AIDS in developing countries adopted on 21 May 1987.

Without prejudice to the priorities which have still to be determined, the Council considers it advisable to continue and strengthen these measures which must be consistent with the common approach adopted by the Council and the Ministers for Health to this matter.

The Community has a specific role to play in this field in close collaboration with the Member States, the WHO and the other organizations concerned.

IV. Monitoring of the Epidemiological Situation in the Community

In the light of the considerable work already done to improve the general system for gathering epidemiological data, and notably the conclusions of the Council and the Ministers for Health meeting within the Council on 15 December 1988 and 16 May 1989, the Member States and the Commission are requested, each as far as it is concerned, to:

- continue improving the general system for gathering epidemiological data, and particularly national monitoring systems,
- forward regularly to the European Center for the Epidemiological Monitoring of AIDS (WHO-EC Collaboration Center in Paris) the available epidemiological data and provide suitable access to the Centre's database,
- develop coordinated epidemiological studies for assessing the present situation and the possible spread of the epidemic,
- take account of the above information when subsequently developing strategies for prevention and care,
- develop, together with experts designated by the Member States and the European Centre, methodological approaches to ensure greater comparability of epidemiological data.

The Commission will ensure that appropriate Community support is given to the European Centre to carry out all these tasks.

V. Development of Measures to Combat AIDS

In the light of the conclusions of the Council and the Ministers for Health meeting within the Council on 16 May 1989 which:

- requested the Commission to prepare and submit to the Council by the end of 1989 a programme on the prevention of AIDS in intravenous drug users,

- requested the Commission to examine, within the framework of the internal market, the possibilities for harmonization of condoms and HIV self-testing kits,
- instructed the *ad hoc* Working Party on AIDS, in close cooperation with, and with the participation of, the Commission, to develop the exchange of information on the results of the assessment of the national prevention measures including information campaigns, and on awareness measures for health personnel and finally to examine the possibilities for improving at Community level the HIV-related technical safety requirements for organs, tissues, semen and blood:

(a) The Commission is requested, on the basis of the guidelines laid down by the Council in this resolution and in close cooperation with the Member States and with the possible assistance of experts appointed by each of them, to:

- develop exchanges of information and experience in priority areas of the fight against AIDS, in particular those indicated in the Annex hereto, and the resultant coordination,
- draw up and submit to the Council, at the earliest opportunity, proposals defining the details and content of an action plan integrating appropriate measures to prevent and control AIDS, including the coordination of the pilot projects carried out by the Member States and contributions to preparing Community projects on research and international cooperation;

(b) The *ad hoc* Working Party on AIDS is instructed, in accordance with the conclusions previously adopted by the Council and the Ministers for Health, to continue its work, in particular on exchanges of information and experience, to examine the communications and proposals to be submitted by the Commission and to report to the Council on the implementation of this resolution.

ANNEX

Priority Topics for the Exchanges of Information and Experience

I. Topics Which Have Been the Subject of Earlier Conclusions

- assessment of national prevention measures, including assessment of information campaigns and problems which may concern women or certain specific categories of person,
- preventive measures aimed at drug addicts,
- technical ways of improving safety in the use of substances of human origin.

II. New Topics

- care of infected persons,
- health information and education for young people,

- implementation of the conclusions of the Council and the Ministers for Health concerning AIDS and the place of work.

CANADA

Stress Cited in Doctors, Nurses Treating Patients

54200036A Ottawa THE CITIZEN in English
10 Mar 90 p 5

[Article by Dave Rogers: "Stress of Treating AIDS Victims Drives Doctors and Nurses to Quit"]

[Text] Doctors and nurses who treat AIDS patients are quitting because they can't cope with the stress, two physicians told a national conference Friday.

Dr Mary Vachon, a senior mental health consultant at the Clarke Institute of Psychiatry in Toronto, said there is a shortage of intensive-care nurses in Toronto because that's the ward where most AIDS patients are treated.

Dr Stephen Woo of the Federal Centre for AIDS said doctors who treat AIDS patients are changing specialties because they are under too much stress.

The physicians are attending the first national conference for AIDS health-care workers and family members.

"One doctor has 200 to 300 people with AIDS," Woo said. "The deaths come in clusters. One woman I know lost 21 patients since January.

"Physicians are used to seeing death on geriatric wards, from cancer and heart attacks, but not this."

Vancouver Needle Exchange Program Declared Success

54200031 Toronto THE GLOBE AND MAIL
in English 6 Mar 90 p A11

[Article by Deborah Wilson]

[Text] When Canada's first needle exchange program started one year ago in this city's grim east side, officials expected about 200 addicts to trade in their "rigs" to avoid the spread of AIDS.

Within six months, more than 2,000 intravenous drug users had enrolled.

The overwhelming success of the needle exchange has prompted public health officials in Canada to predict that the spread of the deadly AIDS virus among intravenous drug users may be checked in time to avoid the rapid spread that has been experienced in Europe and some U.S. cities.

"We got here in the nick of time, before the virus has spread among this group," David Walters, director of the

AIDS education and awareness program for the Canadian Public Health Association, said in an interview from Ottawa.

"We're ahead of New York, where it's believed that the majority of users are infected," Mr Walters said. Intravenous drug users, who are infected by contaminated needles, are in turn the major source of the spread of AIDS into the heterosexual community, he said.

A report on Vancouver's needle exchange program, published in the current Canadian Journal of Public Health, is the first evaluation of the strategy to prevent the spread of acquired immune deficiency syndrome among intravenous drug users. They represented about 3 percent of AIDS cases in British Columbia as of October, 1988.

Similar programs were set up in Victoria, Montreal and Toronto in the past year, amid widespread criticism and doubts about their effectiveness.

The report also provides the first solid information in this country on intravenous users of such drugs as heroin and cocaine, and of the prescription drugs popularly called the poor man's heroin—Talwin and Ritalin.

Sources such as the RCMP have in the past estimated the size of the IV drug-using population at about 20,000 to 30,000.

"Until now it has all been conjecture," said John Turvey, director of the Downtown Eastside Youth Activities Society, which runs the needle exchange program with city financing. Workers in the program verify that individuals are established [as] drug users by checking for needle track marks before giving them needles.

Mr. Turvey said in an interview that the information the program has provided about the demographic makeup of the drug-user population is "stunning."

He said it is shocking that native people represent about 40 percent of the people who took part in the program, and he noted that another 1 to 2 percent are Latin American, well over the ratio of Latin American immigrants in the general population.

"There shouldn't be that many," Mr. Turvey said. "What's happening with refugees when they come here? They're getting entrenched on the street and they get into drugs."

Vancouver's needle exchange proposal, as in other cities, was met with fears that it would encourage drug use and that it would result in more needles being discarded in parks and schoolyards. Dr. John Bardsley, medical officer of health for Vancouver's North Health Unit, said those fears have not been borne out.

However, public health officials are critical of the B.C. government, which has still not shown an interest in providing financial assistance to the program, despite its success.

Dr. Bardsley said that the response to the program disproves the common notion that intravenous drug users are unreliable, irresponsible people. At the same time, he said, it "normalizes" the drug users by officially recognizing the existence of their group as a fixture of twentieth century society.

Mr. Turvey said he knew that a needle exchange program would be effective after he conducted his own project a few months before city council financing was approved.

DENMARK

Minister Revives Plan For Monitoring System

90WE0123A Copenhagen BERLINGSKE AFTEN
in Danish 5 Jan 90 p 6

[Article: "AIDS Register On The Way"]

[Text] Despite the massive information campaign of recent years on the dangers of AIDS, there is a lack of accurate information on how many people already have the dreaded disease and how many have been infected. Next week the new health minister, Esther Larsen (Liberal Party), will receive a plan for a monitoring system. The plan is being developed by the Board of Health. The Serum Institute will gather data on the sex, age, and risk group of those who test HIV positive. In this way, more knowledge will be gained concerning the spread of AIDS. "On average, one Dane is diagnosed HIV positive every day. And with 518 people registered as being infected with AIDS, there is no reason to believe that this figure will drop," Dr. Else Smith of the Serum Institute said. Many cases are not reported and Chief Physician Michael von Magnus of the Board of Health estimates that there are 5,000 AIDS victims in Denmark.

Four Found Infected With HIV-2

90WE0123D Copenhagen BERLINGSKE TIDENDE
in Danish 31 Jan 90 p 4

[Article by Henning Ziebe: "Four Danish Cases Of Infection With HIV-2"]

[Text] The danger of infection is particularly great if one has sexual contact with West Africans.

So far, four people have been diagnosed as having been infected with HIV Type 2, which is particularly common in West Africa and can lead to AIDS.

The State Serum Institute has just introduced routine analyses for HIV-2 and the test is used especially for people who have had sexual contact with West Africans or with a person who previously had sexual relations with West Africans. Also, if a person has had a blood transfusion in West Africa or shared hypodermic needles with West Africans, the test for HIV-2 is indicated.

The HIV-2 infection has been found to have spread, to a certain extent, from West Africa to Europe, especially in

countries that have close ties to West Africa, such as France and Portugal. The two virus types are spread in more or less the same way, i.e., by sexual contact, through blood transfusions, and from mother to child. However, the latter occurs far less frequently with HIV-2 than with HIV-1.

The Board of Health is still awaiting permission from the politicians to increase its anonymous monitoring of the spread of HIV in Denmark. The idea is to examine excess blood from blood tests, for example in cases of induced abortion. But the test cannot reveal the source of the sample. This would give some idea of the extent to which the disease has spread in certain special groups of the population.

Beginning this year, officials in New York began a more radical program. They perform HIV tests during all autopsies. If the test comes out positive, the officials inform the family and friends of the deceased and offer to test them. The American authorities estimate that they find 1,000 HIV-positive tests for every 7,000 to 8,000 autopsies, which include an extremely high number of deaths from drug overdoses.

Danish authorities have no plans to introduce HIV tests in connection with autopsies.

AIDS Courses at Workplace

90WE0123E Copenhagen *BERLINGSKE TIDENDE*
in Danish 28 Jan 90 p 9

[Article: "AIDS-Proof"]

[Text] Some 30 different companies in the Arhus area will be the first to be offered a course in AIDS at the workplace. The Institute of Social Sciences is offering the course at workplaces that want to prevent the problem and make themselves "AIDS-proof."

Study Shows Increased Condom Use

90WE0123B Nuuk *GRONLANDSPOSTEN* in Danish
26 Jan 90 p 14

[Article: "Condoms Gaining Ground"]

[Text] The intensive AIDS information campaign has had a perceptible influence on young men's knowledge of the disease and on their sexual habits.

According to a study published in *UGESKRIFT FOR LAEGER*, far more young men are now using condoms during intercourse. The study was made in January 1989 at a Sjaelland Army base and the results were compared to a similar study undertaken 1.5 years earlier.

In 1987, 45 percent of the young men responded that they had used condoms, while in 1989 the figure had risen to 71 percent. The responses indicated that for 43 percent it was the danger of venereal disease that had been decisive in their decision to use this type of prevention. In 1987 this was true of only 21 percent.

First AIDS Death in Greenland

90WE0123C Nuuk *GRONLANDSPOSTEN* in Danish
2 Feb 90 p 1

[Article: "Baby With AIDS"]

[Text] "I can confirm that at the beginning of the year we discovered two cases of AIDS. One case was a child that was infected by its mother." This was stated by Dr. Jens Misfeldt, who also announced that one AIDS patient had died in Greenland.

HIV-positive persons were discovered for the first time in Greenland in late 1985. One of them turned out to have been diagnosed previously in Denmark in 1984. The number of HIV-positive persons has now reached 16, one of whom has died of the disease.

Dr. Jens Misfeldt said that the new cases have caused him to send out information to physicians in Greenland. "One of the two cases discovered early this year was a child. The child had contracted the disease by way of its mother. The disease is transmitted through the blood from mother to child. We still take the position that we should not say where in Greenland the HIV-positive persons live," Jens Misfeldt said.

For many years Greenland has had an extremely high rate of sexually transmitted diseases and, thus, there has been reason to fear that the disease AIDS could become widespread in Greenland.

"It had been a long time since new cases of HIV-positive persons were discovered, but AIDS is still a problem and it will continue to be one. All known cases of AIDS have been sexually transmitted. Fortunately, Greenland is still free of drug addicts who use needles. But there is still a risk of infection. Greenland is not an isolated island in the world, but a part of the global community and AIDS is a global disease." Dr. Jens Misfeldt said. He also pointed out that all patients at hospitals in Greenland are examined for sexually transmitted diseases. Blood tests for the HIV antibody are offered, but fewer patients have taken this test over the past six months.

An information campaign carried out by the preventive council Paarisa has been an enormous success. In 1982 there were 13,000 cases of gonorrhea in Greenland. In 1988 the number was down to just 2,600, a drop of 10,400.

FINLAND

Successful Strategy To Continue

90WE0140B Helsinki *HELSINGIN SANOMAT*
in Finnish 29 Jan 90 p 15

[Text] The Helsinki Health Office has formulated a continuation strategy to the first AIDS strategy, which was established in 1987. During the next few years, the fight against AIDS will be concentrated on the risk groups that are known to be most susceptible to catching

the AIDS virus. It had not been considered necessary to reformulate the former strategy, as the results have been good. In Helsinki, the number of people infected with the AIDS virus has decreased significantly more quickly than expected. The earlier strategy was based on the expectation that about 50 new AIDS cases would appear each year. However, the number of new infections has continued to go down, and only 18 new cases were reported last year.

Training for Hospital Personnel Called Lacking

90WE0140A Helsinki HELSINGIN SANOMAT
in Finnish 29 Jan 90 p 9

[Text] In the education of health-care personnel, the care of HIV-infected patients is passed over with scant and insubstantial theoretical and practical training, says Aurora Hospital nurse Goran Hagelberg, who specializes in the care of AIDS patients.

Hagelberg spoke at a "Sexuality Seminar" organized by health-care students in Lahti.

"We should no longer accept the attitude that HIV-positive patients cannot be given care because we have neither the experience for such care nor adequate safety measures."

Lack of information, says Hagelberg, generates apprehension and prejudice in health care. These manifest themselves as hysterical fear of the disease, as inconsiderate treatment of the HIV-positive patient, and as complete denial of the HIV syndrome.

Some health-care workers imagine that all HIV-positive cases have been tucked away in the Aurora Hospital, where they pose no danger either to themselves or to others.

According to Hagelberg, this presumption leads to the neglect of safety measures: Used hypodermic needles are thrown away with ordinary waste materials, and protective gloves are not used when handling blood.

"These days, one should remember in all contacts with patients that every person who has not been established as HIV-positive must be regarded as a potential HIV case. We cannot tell merely by looking who is a carrier of the HIV virus and who is not."

Hagelberg says he thinks that the Finnish negative attitude toward sex contributes to the difficulty of discussing the HIV syndrome.

Sexuality Ignored in Hospitals

The radicalism of the 1960's did not change attitudes toward sex in hospital health care. When confined to hospitals, people are really not accepted as sexual beings, health-care students declared in the official proclamation at the "Sexuality Seminar."

According to the Union of Health-Care Students, hospital staffs should know how to react to people's sexual

needs, which are normal with everybody. Hospital staffs should also be able to answer every imaginable question without embarrassment.

In hospitals, patients are being deprived of their identities, and their closest human contacts are broken, the students stated.

FRANCE

Mortality Statistics Analyzed

90WE0144A Paris LE MONDE in French
7 Mar 90 p 15

[Article by Franck Nouchi: "The AIDS Victims"]

[Text] What share of overall mortality in France is attributable to AIDS? Paradoxically, the answer is: both a minuscule and a large one. According to a study conducted by INSERM (National Institute of Medical Statistics, Studies, and Research) researched and published in the Weekly Epidemiological Bulletin ¹, of 524,600 deaths recorded in 1988, 1,384 were caused by AIDS. That is, 0.3 percent of overall mortality (0.4 percent among men and 0.1 percent among women). If only the main high-risk groups are considered (homosexuals and drug addicts), the percentage swells, reaching 4.3 percent among men between the ages of 25 and 44.

AIDS is the fifth-greatest cause of death in this age group. Furthermore, among singles in the same age group, the percentage is 8.2 percent, making it the third-greatest cause of death after accidents and violent deaths (46 percent) and tumors (9.3 percent), and just ahead of circulatory diseases (7.9 percent).

AIDS is an urban disease: If you have any doubts, you need only look at Parisian statistics. One out of four deaths among men between the ages of 24 and 44 in the capital is due to AIDS, and for singles in the same age group, AIDS accounts for 30 percent of deaths. In some professions, the impact of AIDS is even greater: in 1988, the study indicates, "AIDS caused half of all deaths among single men between 25 and 44 years of age living in Paris and working in the fields of media, the arts, and show business."

Generally speaking, the number and rate of deaths due to AIDS continues to climb steeply each year. From 1983 to 1988, the increase in mortality affected all categories of the population. Since 1987, however, the increase has slowed since, from 1986 to 1987, the annual growth rate dropped from 170 percent among men and 290 percent among women to 60 percent for both sexes. Moreover, female mortality as a share of total deaths continues to grow, jumping from 6 percent in 1983 to 13 percent in 1988.

In addition to these figures, it would have been interesting to know the class origins of the people who died to find out whether, as is the case in other large urban centers, in particular New York, AIDS is spreading

among the poorest. At a time when AIDS prevention campaigns seem to be stalled, such indications would allow better targeting, particularly of the most marginal young people, often drug addicts, among whom the epidemic is now causing the most devastation.

Footnotes

1. Dated 12 February.

AIDS Down Slightly With Legal Needle Sales

90WE0139B Paris *LIBERATION* in French
24-25 Feb 90 p 17

[Article by Francois Devinat; first paragraph is *LIBERATION* introduction]

[Text] A study of 312 incarcerated drug addicts shows that measures to prevent AIDS, combined with the unrestricted sale of needles, have heightened the awareness of a population at risk. But only 10 percent protect themselves effectively.

Legalization of the sale of needles has had a favorable impact in preventing the spread of the AIDS virus among drug addicts. But that population's risky behavior remains disturbing and calls for a major awareness campaign. That is the main conclusion reached in a study of drug-addicted prisoners in Fresnes and Bois d'Arcy that was recently submitted to the General Directorate of Health. The study of 312 intravenous drug users was conducted by the Association of Prison Medical Personnel (APSP) under the direction of Dr. Espinoza, chief medical officer at Fresnes, between May 1988 and January 1989. The purpose of the study was to determine the pre-incarceration behavior of a marginal population having little contact with therapeutic institutions. That population's characteristics were as follows: average age, 27 years; French, 82 percent; unemployed, 61 percent; recidivists, 86 percent; and heroin addicts, 97 percent. The sample was divided into three groups: 96 seropositive subjects, 97 seronegatives, and 103 untested individuals. All had been drug addicts before the sale of needles was legalized (by the decree of 13 May 1987). It was an important government decision: 54 percent of the drug addicts interviewed said that following that decision, they had adopted effective measures to prevent infection or reinfection with the HIV virus by refusing to lend their needles or to borrow those belonging to others. Only 21 percent had been in that group in 1985-1986. And 44 percent took steps to prevent dissemination, compared to 15 percent in 1985-1986. "Legalization of the sale of syringes was perceived favorably by drug addicts because it issued from the executive branch, which was thus recognizing the identity of the drug addict," says the report. On that point, it confirms the results of the ethnographic study conducted in the street by Dr. Ingold (*LIBERATION*, 27 September 1988).

Those testing seropositive were the ones chiefly responsible for the change: 66 percent of them adopted "effective prevention behavior, and 15 percent reduced their

risk exposure." On the other hand, half of the seronegative subjects who modified their behavior because of AIDS continued to share their needles, but did so less often. The result is that taking one with the other—infection and dissemination—effective protection is practiced by only 35 percent of the total sample. That rate falls to 10 percent if we include the risk of transmission through sexual activity. "These results show that there has been a modification of behavior, but not to a sufficient degree, since persons testing seronegative have become infected, thus posing the problem of a need to continue efforts to educate that target population." All the more since the regular use of condoms by seronegative and untested subjects is apparently no more widespread than among the general population (less than 10 percent). Among seropositive subjects, 47 percent use condoms "regularly," 14 percent use them "occasionally," 25 percent "never" use them, and 14 percent do not have sexual relations.

Of the seropositive subjects interviewed, 32 percent continued to give or lend their needles to others. They informed the user of their seropositive status in eight out of 10 cases. Borrowing or lending equipment takes place most frequently with someone who is known (77 percent), with the individual's sex partner (29 percent), in a group (25 percent), and, more rarely, with someone unknown (eight percent). The interviewers analyzed the effectiveness of disinfection measures taken (if taken) by the group of 142 drug addicts who share their needles, using as their criteria those recommended by the Pasteur Institute: rinsing the needle in 70-percent alcohol or a 10-percent solution of bleach, then leaving it immersed for from 10 to 15 minutes or boiling it in water for 15 minutes. "An attempt at disinfection is made in only 50 percent of the cases, and it is effective and regularly practiced in only 10 percent of the cases." The study observes that the disinfection criteria—particularly the length of time the needle should be immersed in alcohol or bleach—are not known. "As regards boiling water, the times mentioned are generally too short. In some cases, the products used are themselves fanciful: lemon juice, vinegar, and so on."

Conclusion: "The infection of drug addicts (with the HIV virus) through blood or through sexual contact may have slowed, but it persists—it is continuing." And prevention is difficult "because in our society, drug addiction causes others to react with rejection and results in social marginalization which booby-traps campaigns directed at that target population....Mentalities, public opinion, and the rigidity of the institutions constitute just that many obstacles to the carrying out of actions whose legitimacy may seem obvious to health professionals out in the field."

The report presents a number of recommendations. Among them is the installation of automatic needle dispensing machines in certain hospitals or at locations where used needles can be exchanged.¹ Those dispensing machines should also be allowed to operate at night near

pharmacies. Another suggestion is to confer an "anti-AIDS seal of approval" on the "most popular" pharmacies and to include with the needles delivered to drug addicts a warning along these lines: "Don't share your needles; don't forget to use a condom," and so on.

Footnotes

1. Three experiments of this kind have already begun, with the backing of the Ministry of Health, by: the Physicians of the World in Paris, the Drug Addiction Center in Marseilles, and a roving bus in Seine-Saint-Denis.

GREECE

Sexually-Transmitted Disease Rate Up

90WE0131A Athens RIZOSPASTIS in Greek
18 Jan 90 p 18

[Text] All sexually transmitted diseases are on the increase in Greece. Except for known venereal diseases, such as syphilis, the gonococcal and other types of urethritis, we have new diseases as well, caused mainly by viruses, the most significant of which are: hepatitis-B virus, herpes, the cytomegalovirus, retroviruses that cause AIDS, and the T-virus of human lymphocytosis that causes cancer and neurological diseases.

According to scientists who gave a news conference yesterday on the occasion of the First Panhellenic Conference on "AIDS and Sexually-Transmitted Diseases," this increase in venereal diseases and viruses is due, to a great degree, to the sexual liberation that has taken place in Western societies since 1960.

The AIDS cases in Greece are estimated to reach 1,000 by the end of 1992. The number of carriers, on the other hand, will be much greater in view of the fact that today it is estimated that it exceeds 10,000.

It was emphasized by the scientists that a disturbing increase of AIDS is taking place in our country in the homosexual population, adding that, despite efforts to educate people, a large portion of the population refuses to practice safe sex.

IRELAND

AIDS Said To Develop More Slowly in Irish Babies

54500073 Dublin IRISH INDEPENDENT in English
5 Feb 90 p 5

[Article by Noirin Hegarty: "AIDS Drug May Be Tried Here"]

[Text] Irish doctors are negotiating to proceed with innovative new research on AIDS and in particular, babies born with the AIDS virus.

According to Prof. Irene Hillery, of the Virus Reference Laboratory at UCD, it could place Ireland to the forefront of international developments in identification—perhaps even treatment—of the disease.

Clinical trials of a new drug to treat AIDS babies may be carried out in Dublin and in the long-term may help older AIDS virus sufferers, too, says Dr Hillery.

Expensive tests being carried out in other countries to identify the seriousness of the disease in babies could be carried out here if the project is cleared.

Dr. Hillery disclosed the AIDS virus has not developed as quickly in infected Irish babies—there are 63: five died, and all were born to drug abusing mothers—as it has in other countries.

"Irish children tend to remain healthy, even though infected. We have children of four and five years here with the virus, whereas in other countries they often get ill at one or two years," she said.

The reasons will also be investigated in the new research.

Meanwhile, a new drug to treat AIDS is to be marketed by Glaxo, which has a plant in Dublin.

It is said to disrupt growth of the HIV virus—which causes AIDS—by mimicking genetic blocks used to build cells. However, it has yet to be tested on humans and will take about five years to come to the commercial market.

ITALY

AIDS Patient Infects 18 With Tuberculosis

90WE0132B Milan L'UNITA in Italian 14 Feb 90 p 9

[Article: "Not Noticed That AIDS Patient Has Tuberculosis; 18 Persons in Hospital Infected"—first paragraph is L'UNITA introduction]

[Text] He had been admitted for AIDS to the contagious disease ward of Verona hospital. The bacillus infected 18 persons—other AIDS patients, five assistants, and one head nurse—before it was realized that the patient had tuberculosis. The incident was made known by the head physician of the ward himself, who complains of a lack of facilities. "We have only nine rooms, with 52 beds."

Verona—Drug dependent, serum positive, in a fever for days. From the very beginning the doctors of the contagious disease ward of Borgo Trento Hospital in Verona had no doubt that it was AIDS, and the patient was admitted. The 23-year-old man also had tuberculosis, and the bacillus made its way around the wards unchecked, 18 persons being infected in a few days. A month passed before tests tracked down the original carrier. Three patients admitted had been infected by that time. In the following two months, tuberculosis struck nine other patients (all suffering from AIDS and so having very low immune defenses), five of the nine volunteers nursing the AIDS patients, and, finally, the

head physician. Other persons may have been infected because, when the news spread, many of the patients immediately left to seek other, safer hospitals.

This incident occurred last summer, in about June, but only now has been made public after all the verifications and studies of the case have been completed. It was disclosed in an article published in *THE LANCET*, the most highly regarded English medical journal, by the head of the ward, Professor Dante Bassetti. The point the article makes is a very simple one. This is what happens when a hospital forces indiscriminate mingling of persons. In reality, Borgo Trento is a clinic deemed to be on the leading edge when it comes to treatment. AIDS patients treated by Verona doctors seem to survive at least one year longer than others. But the facility is one of the most backward, with only 52 beds and only nine in individual isolated rooms, sealed off from viruses and bacilli. The nine beds are reserved for AIDS patients. The rest of the ward holds all of the other patients, ones with "normal" contagious diseases, to which malaria has recently been added (there is a heavy flow of tourists from Verona to Kenya). For the most part, neither category can be adequately supervised. Intermingling is virtually unchecked.

The ward would burst at the seams if a "day hospital," which treats about 600 patients in rotation, had not been established. Prof. Bassetti followed his scientific description of the collective hospital infection with searing charges aimed at the local and regional health units. "We are in a tight situation, and the outlook for the immediate future is very gloomy. In this area, the Veneto is the Cinderella of Italy." It will be at least three years before another unit is completed. In the meantime, there are other units that, according to the head physician, are underutilized but are not being made available. For some time, the Local Health Unit also considered converting a historic villa in the country, the Grola of Sant'Ambrogio in Valpolicella, to a shelter for AIDS patients. The district protested vigorously, however, and no further action was taken.

NORWAY

HIV Epidemic Seen Under Control

90WE0099A Oslo *AFTENPOSTEN* in Norwegian
10 Jan 90 p 52

[Article by Aslaug Bisseberg and Hanna Hanes: "The HIV Epidemic Under Control"]

[Text] The HIV epidemic is under control in Norway. But the number of AIDS patients will increase in the 1990's because it takes time before the disease manifests itself in those infected. Preventive measures continue to be important.

It has been nine years since AIDS was discovered. A number of countries have been hard hit. "In Norway,

things have turned out better than in most other countries we can compare ourselves with," says Jan Kristoffersen, chief of the Bureau of Health.

The most recent count of the infected and the sick was presented at a press conference yesterday. Barely 900 HIV-positive cases have been reported so far. A total of 135 cases were reported last year: for the time being, this is the lowest figure since testing began.

There is also an unknown figure. It was previously assumed that altogether 1,500-2,000 Norwegians were HIV-positive. Yesterday Arve Lystad, medical director of the State Institute for Public Health, adjusted this figure down to roughly 1,300.

Nearly 800,000 Norwegians have been tested thus far. In the international context, this is a large segment of the population. But few new persons are found to be infected: only three out of 50,000 conscripts, for example. The infection is also rarely seen in pregnant women and in those who have themselves tested voluntarily. One infected blood donor has been found in four years.

Of those known to be infected, one-third are bisexual and homosexual men, one-third are intravenous drug users, and one-third have been infected heterosexually. But of the 47 heterosexually infected persons who were discovered last year, most of them come from African and other high-risk countries, or they are Norwegians who were infected abroad. Heterosexual infection with HIV in Norway is primarily a women's problem, and it is small in scope. Last year six women were infected by male intravenous drug users or by men from high-risk countries. Only two men were infected by women.

"Nothing suggests that the HIV epidemic will strike the general population in Norway," says Kristoffersen. Yet Lystad adds that cases have been seen in which HIV infection struck persons who had behaved no differently from hundreds of thousands of other Norwegians.

Infants

Nearly 100 percent of HIV-infected infants suffer brain damage. Every third HIV-positive pregnant woman transmits the infection to her child. As a rule, it takes a year before these children develop AIDS. Two years later they die. If they attain school age, they have serious problems with language, experience from the United States shows.

"The Americans are starting to get a little experience with school children in the five- to seven-year range. The oldest one known is 11 years old. The big problem is that these children are unable to express themselves, and naturally that creates difficulties at school," says Hans Andreas Sande, M.D., who together with a public health team from the Gynecology Clinic at Ullevål Hospital just returned from a junket to the United States.

Prevention

Professionals in Norway fear that the grants for continuing preventive measures will be discontinued, and they are afraid that people will revert to old habits if no "scarecrows" are displayed.

More AIDS Patients

The number of AIDS cases will clearly grow in the coming years as those infected in the last half of the 1980's become sick. Last year 45 persons came down with AIDS. During the next five years, the number will lie between 50 and 80 new cases annually. Most will come to Ullevål Hospital, because many of those infected live in Oslo.

SPAIN

Cures, Remission of Symptoms

90WE0142C Madrid EL INDEPENDIENTE
in Spanish 16 Feb 90 p 27

[Article by Carmen Aumente: "Vaccine Created by Cordoban Is Effective Against AIDS and Cancer; Professor of Medicine Wrote Report That Recognizes Curative Properties"]

[Text] Cordoba—A Cordoba Faculty of Medicine professor has written a report which recognizes that there have been cures, remissions of symptoms, and absence of pain in cases of AIDS, cancer, and rheumatic diseases treated with a vaccine that Cordoban pharmacist Fernando Chacon has been using for over 28 years.

The pharmacist, who is 72 years of age, supplies many countries throughout the world with this vaccine from his pharmacy, El Globo. As indicated in the explanatory prospectus, his product is prepared from "pribios" or inactivated enzymes obtained from the patients themselves.

So far, Fernando Chacon's vaccine has received neither official backing nor rejection even though there are already over 20,000 clinical case histories of the pharmaceutical's use and recognized authorities use it, not to mention the fact that the Social Security Agency pays for its use and that agency's physicians prescribe it.

A year ago the Cordoba Chamber of Commerce commissioned the Faculty of Medicine report and it is the only organization that has tackled this controversial issue because, "if there is anything that may economically benefit the province, it ought to be approved."

The report notes that "there have been a surprising number of pathological situations in which indications of this product's presumably beneficial effect have in one form or another reached us."

The study was conducted by the head of the Reina Sofia Regional Hospital's Clinical Pharmacology Unit, Professor Rafael Martinez Sierra, who worked with 50

clinical histories of cancer cases treated with the vaccine, 20 cases of rheumatism, and the case history of a patient who was an AIDS virus carrier. The various anatomico-pathological, biochemical, clinical, and immunological aspects of the problem were discussed with professors and department heads in different parts of the country.

Peculiar Terminology

The study acknowledges that the owner of the El Globo Pharmacy's "peculiar terminology," with his use of expressions like "pribios" or live enzymes, "with which he assigns new meanings to words rigorously defined in the language of contemporary biology is, in our opinion, responsible for the fact that his hypotheses have not been taken into account by well-known groups and individuals (Severo Ochoa, Merck Sharp Dohme, and others)." With the available data, "it is obvious that there is no minimally rigorous basis for building a large-scale production and development plant, as the Chamber of Commerce was hoping for."

As concerns the analysis of the vaccine for the treatment of cancer, it was concluded that it is obtained on the basis of a biological product, bacteria, and "we suspect that the more intensive the conventional treatment, the greater the presumably beneficial effect, probably because of the immunodepression these [conventional treatment] drugs produce." Because the material from which this product of Chacon's is obtained is bacterial, "it could behave like BCB, C. Parvum, and other related substances and produce an immunogenic reaction." As concerns AIDS, the study states that "one of the most conspicuous facts we were able to personally verify was the disappearance of symptoms in an infected woman in an advanced stage of AIDS" and that this effect would not be strange if "gp-120 or fragments of it were to be found in the product, which would be compatible with the most advanced approach in the research on this problem."

As for the cases of rheumatic disease in which the vaccine produces apparently good results, the presence of substances like gp-120 or fragments obtained through hydrolysis is also suspected and, "therefore, the possibility that, depending on the dose administered, the vaccine may have a modulating and consequently therapeutic effect on the immune system must remain an open question in our research." For the author of the study, "it would be consistent with [our findings] to start keeping clinical pharmacology records in order to come up with answers to the questions that have been raised."

Cases Double in 1989

90WE0142B Madrid DIARIO 16 in Spanish 18 Feb 90
p 13

[Article by Arturo Cenzano: "Over Next 20 Years 20 Percent of All Spaniards May Be Infected; Spain Informs WHO That AIDS Cases Doubled in 1989"]

[Text] Madrid—Spain's latest communique to the World Health Organization (WHO), which was issued last week, notes that the number of officially verified AIDS cases in our country practically doubled during the past year. The communique estimates that there were 3,965 patients at the end of last year as against the 2,165 that were entered in the 1988 record.

WHO experts are of the opinion that, if the present trend continues, AIDS may turn into the cause of death for 10 percent of the population of Spain over the next 20 years.

These statistics place Spain fourth in the classification of Europe in terms of absolute number of verified cases. Leading it are France with 8,025 cases, Italy with 5,306, and Federal Germany with 4,306 recorded patients.

AIDS has displayed a notable propensity for taking root in the outskirts of large urban centers where drugs are trafficked in and sexual promiscuity is customarily engaged in without taking even minimal contraceptive precautions.

Another particularly significant aspect of the situation is the consideration that, according to WHO predictions, women and children are going to join the ranks of the at-risk groups during the remaining years of this century.

Such a development will be particularly noticeable in Spain because of the large number of young drug addicts of child-bearing age. The fact has been confirmed that our country has the highest incidence of vertical transmission of AIDS in Europe and also of extreme youth in this connection.

Another feature that distinguishes the nature of the progress of the so-called "20th century epidemic" in Spain is the low level of sexual hygiene practiced by a broad segment of the population.

As revealed by the latest polls, barely 25 percent of Spanish males use condoms during sexual intercourse, in addition to those cases of couples engaging in casual sex where the level of protection is unknown.

Oddly enough, the use of these contraceptives is much more widespread among individuals who practice prostitution for a living, especially among the older, more experienced streetwalkers and the regular practitioners, who are in the habit of supplementing [the use of condoms] with periodic examinations, than it is among the customers who have recourse to this type of service. On the positive side, it should be pointed out that clinical experimental treatments developed in Spanish hospitals have succeeded in raising terminal patients' average survival period from 14 to 27 months.

The application of AZT, a drug whose side effects are considerably less serious than was at first thought, has been largely responsible for this prolongation of life.

The number of males infected with AIDS in Spain is five times greater than the corresponding number of women. However, signs are beginning to be detected that this

ratio may be profoundly altered during the next few years due to an increase in heterosexual propagation of the virus.

One of the most revealing facts is that our country continues to be conspicuous for the high incidence of the epidemic among drug addicts, about 60 percent of them, in contrast with the comparatively low percentage of homosexuals infected with the disease, slightly less than 20 percent of them.

During the past year Spain has noticeably stepped up its actions against AIDS. These operations have been centered on the social, civic, and welfare sectors.

Awareness campaigns and dissemination of information on preventive measures have been emphasized in the civic domain.

In the domain of science the clinical experimental treatments that have been developed have enabled doctors to prolong patients' lives and improve their quality of life and have made possible the discovery of about 10 individuals infected with virus-2 of the "disease of the century."

Data on HIV-Positive Prisoners

90WE0142A Madrid YA in Spanish 21 Feb 90 p 26

[Text] Madrid—Some 28 percent of Spanish prisoners are carriers of the AIDS virus and half of them are drug addicts, Director General of Penal Institutions Antonio Asuncion, who appeared before the congressional Justice and Interior Committee, reported yesterday.

Other significant data provided by the director general indicate that between 30 and 35 percent of the inmates are habitual offenders. In Spain there are at present 32,181 prisoners, 27,550 of whom are confined in the 82 prisons under the jurisdiction of the Central Administration and the rest of them in prisons administered by the General Council of Catalonia.

Only 2,061 of the above-mentioned 27,550 prisoners are women. Some 58.5 percent (16,128 persons) are convicts and 11,422 are in temporary custody. Only last year, according to Asuncion, the number of admissions rose to 62,500.

Antonio Asuncion explained that the number of women inmates is increasing. While there were 483 in 1980, they currently account for seven percent of the total number. Eight percent of the inmates are in first degree, 53 percent in second degree, 15 percent in third degree, and 24 percent are unclassified. The number of young inmates in prison between the ages of 16 and 20 years is decreasing, with 13,285 admitted in 1988 while eight years earlier, in 1980, 17,000 were admitted. The median age of the prisoners is 29 years.

As concerns health care, Asuncion indicated that the goals set for this area were being achieved. He added that from year to year they have been increasing the number

of staff general practitioners (350 in 1990) as well as ATS [expansion not given] and auxiliary clinic personnel.

After underlining the fact that, due to the high number of drug addicts, it was necessary to revise prison plans as concerns the treatment of prisoners, he indicated that they expect to open the prisons of Valencia II, Jaen, and Malaga II this year, which will mean a total of 1,976 new prisoner accommodations.

The Segovia prisons will be opened in 1991 and probably also the projects already contracted for in Valdemoro (Madrid III) and Navalcarnero (Madrid IV), each with 700 accommodations, Asturias, and the second phase of the Valencia project (almost 1,000 new accommodations).

In 1989-90 6,500 prisoners were enrolled in primary education courses, 342 in secondary, and 730 in higher education courses. In 1988 1,765 prisoners were taking vocational training courses, while last year courses were taught to a total of 6,950 inmates. This year 6,000 inmates are expected to be working under the rehabilitation plan for fold prisons.

Infected Prisoners Paroled in 1989

*90WE0119C Madrid DIARIO 16 in Spanish
12 Jan 90 p 15*

[Text] During the first nine months of 1989 41 prisoners who had been diagnosed as having AIDS in Stage IV were paroled, according to information provided by the government to the CDS [Social and Democratic Center] Deputy Carlos Revilla.

Another 60 prisoners who presented similar symptoms, even though they did not have Stage IV AIDS, were also paroled during this period.

During the first nine months of 1989, 54 prisoners were diagnosed with AIDS, according to the records of the General Directorate of Penal Institutions. These records form a part of the National Registry, which is located in the Ministry of Health and Consumer Affairs.

During this period, the total number of inmates who died of AIDS in penal institutions attached to the General Directorate was 13. All these cases have been reported to the ministry of health, to be included in the national registry of AIDS cases.

The government provided this information in response to a number of questions from the centrist deputy, Carlos Revilla.

First Cases of AIDS Virus-2

*90WE0119A Madrid DIARIO 16 in Spanish
29 Jan 90 p 12*

[Article by Arturo Cenzano; first paragraph is DIARIO 16 introduction]

[Text] The first cases of patients infected with the AIDS virus-2 have been identified in the Basurto Hospital.

This virus has a slower rate of development and a primarily heterosexual form of transmission. This means that the risk groups will be expanding. The consequences of this new retrovirus are extremely important; the future AIDS vaccine will have to be effective against both types of the virus. To study this new development, international experts are to meet in the Basque Country.

The arrival of the AIDS virus-2 in Spain has now been scientifically demonstrated. The research conducted by the team of experts headed by Professor Ramon Cisterna has detected the presence of this retrovirus, which is slower to develop and is spread primarily by heterosexual contact. It has been found in a small group of patients located in the Basque Country.

The incidence of this new form of the AIDS virus in Spain may tend to reduce the present strong preponderance of the drug addict population in the computation of risk groups. The sequence shown in the evolution of this new form of transmission and its incidence on the Spanish population studied will be analyzed during a meeting of international specialists.

The consequences of the detection of this retrovirus are of exceptional importance, as the future AIDS vaccine will now have to be effective against two forms of the AIDS virus. In terms of the general population, this finding means that the risk groups will definitely be expanded, in a country where the incidence of AIDS had until now seemed to be limited to drug users and homosexuals. The ironclad controls on blood donations have eliminated practically 100 percent of the risks to the hemophiliac population.

The discovery of a new form of AIDS, which is spread basically through heterosexual contact, comes at a time when the latest surveys indicate that over 70 percent of the population in Spain supports testing for AIDS in suspected individuals before marriage, and when 40 percent of the Basque prison inmates have AIDS antibodies.

Moreover, the slow development of this new retrovirus causes great anxiety and emotional instability in the people infected. At the slightest symptom, they believe that the disease has actively begun to progress.

According to Professor Cisterna, AIDS is going to demand increased health care, as cases appear in the mid and long-term. Today hospitals are dealing with people who were infected three or four 4 years ago, and within a few more years, the cases now in the shadows will come to the surface.

Spanish specialists are seriously concerned about the transmission of AIDS antibodies through the placenta. This happens during the pregnancies of expectant mothers who are drug users. Most of these women are young, and often turn to prostitution sporadically to finance their drug habits.

The forecasts say that during the next few years Spain will have to fund a special budget of approximately two billion earmarked for hospital care of AIDS patients in the terminal phase.

Nonetheless, the most sensitive problem is the psychological care of AIDS patients and of a considerable segment of the population that is inclined to panic. It has been found that when information programs on AIDS are conducted, large numbers of people come to outpatient clinics, terrified that they have contracted AIDS.

Professor Delgado Rubio, one of Spain's leading specialists on AIDS in children, notes that Spanish society must learn to live with this illness, as for example, it has learned to live with traffic accidents.

AIDS virus-2 is a less violent form than type 1, but it is just as fatal. The differences lie in the slower progress of the disease and in its means of propagation, as it is spread essentially through heterosexual contact.

AIDS Designation as 'Occupational Illness' Sought

90WE0119B Madrid YA in Spanish 13 Jan 90 p 20

[Article by Maria Jose Barrero; first paragraph is YA introduction]

[Text] The General Council of Health Care Professionals will soon ask the government to declare AIDS an occupational illness, the president of this organization, Maximo Garcia Jurado, said yesterday. In recent years, three health care professionals working in Cordoba, Cadiz, and Madrid have contracted AIDS. The Council of Health Care Professionals will present its petition along with a study on drug addiction and its effects, which states that 59 percent of intravenous drug users, whom the National Plan on Drugs calculates at about 100,000 people, have AIDS antibodies.

In the past few years, three health care professionals have contracted AIDS during the course of their work. In Madrid, one health care professional who was working for the Penitential Institutions administration contracted the disease as the result of a needle puncture. This is similar to the case in Cadiz.

In Cordoba, the matter has gone to the courts: an ATS [expansion not given] became infected in the hospital where he worked, while the director of the clinic said that the disease had been contracted outside of the health care center. This is the reason why the College of Health Care Professionals of Cordoba decided to support the family members of the person infected in their lawsuit against the administration, although later the judge decided to dismiss the case. Therefore, the health care personnel have filed a written petition asking the government to classify AIDS as an occupational disease, because these professionals were exposed to the disease in their workplace.

No Information

According to the General Council of Health Care Professionals, some medical officials in some particular centers conceal from the staff cases in which a patient has AIDS antibodies, which is unconstitutional. If the ATS do not know the risk involved and do not take the appropriate precautions, they may be exposed to the disease.

In the majority of the cases, the AIDS problem goes hand-in-hand with drug addiction. According to a study done by the Council of Health Care Professionals, 59 percent of intravenous drug users have AIDS antibodies, and 92 percent of the mothers who transmit the virus to their children during pregnancy are heroin addicts.

Drug Use

According to the estimates contained in this report, almost 5.5 million people use or have used drugs in Spain. Hashish is the drug in most frequent use, being used by 3.5 million people in Spain, while 700,000 have used amphetamines, 600,000 have used cocaine, 550,000 have injected heroin, and 35,000 people use inhalable substances, such as glue. Nonetheless, these figures do not agree with the National Plan on Drugs statistics, which set the number of people addicted to heroin at 100,000, and the number of habitual cocaine users at 80,000 people.

In any event, only 17,000 people, most of whom are heroin addicts, have begun drug detoxification treatment. A majority of these people are men who began treatment after an average period of drug use of almost six years. Their average age when starting to use drugs was between 19 and 20.

UNITED KINGDOM

Health Department Predicts Fall in Epidemic

54500058A London THE DAILY TELEGRAPH in English 3 Feb 90 p 3

[Article by David Fletcher, health services correspondent: "AIDS Forecast Falls as Homosexuals Change Behavior"]

[Text] Large decreases in the official estimates of the number of people expected to develop AIDS and die from the disease were announced by the Department of Health yesterday.

A working group set up by the department forecast a total of 6,380 deaths in England and Wales by the end of 1993, compared with the previous official forecast in November, 1988, of between 7,500 and 17,000 deaths by the end of 1992.

The experts put the number of people infected with the human immunodeficiency virus at between 12,000 and 26,000—the original estimate was 20,000 to 50,000.

They also revised sharply the predicted number of new AIDS cases, saying that there were likely to be 1,300 this year, rising to 2,700 in 1993. Previous estimates were 2,940 this year, and 4,500 in 1992.

The report, by the Public Health Laboratory Service, said the reduction "resulted from an apparently major change in behaviour in the homosexual population in the mid-1980s".

It estimated the number of HIV-infected homosexuals at the end of 1988 to be between 8,750 and 17,500. The number of infected heterosexuals was between 750 and 3,750, and the number of infected drug users between 1,100 and 3,500.

The consequences of the predictions are that health authorities will be able to plan for fewer AIDS patients, although better treatment means they are living longer.

Mrs Bottomley, Health Minister, said the predicted incidence of AIDS in homosexual men was lower than

previously calculated, as was the probable number of this group infected with the HIV virus.

But she said: "The potential for widespread dissemination of HIV still remains, particularly among heterosexuals and injecting drug users."

The rate of spread of the epidemic depended on the extent to which individuals changed their behaviour. A critical stage had been reached.

Sir Donald Acheson, Chief Medical Officer, said the lower estimates did not mean there would be any change in Government policy.

"We shall continue to explain to people from puberty onwards that there is a lethal virus which is sexually transmissible in this country and in the world," he said.

Prof Nicholas Day, chairman of the working group, said one in 100 people attending clinics for sexually transmitted diseases were infected with HIV, and it was "ignorant" to think that AIDS posed little risk to heterosexuals.