JPRS-TEP-85-017

9 October 1985

Worldwide Report

EPIDEMIOLOGY

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ANIMAL DISEASES

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BELIZE, MEXICO REVIEW HEALTH COOPERATION PACT

Belize City AMANDALA in English 30 Aug 85 p 9

[Text] Health officials from Belize and Mexico met today in Corozal to review the health cooperation agreement between our two countries.

This health agreement signed on August 22nd 1984 provides for joint cooperation in the border area for the control of malaria, dengue and other diseases. As part of the agreement, health officials of the two countries are to meet periodically to review its progress for further improvements. Since its signing, there has been a 26 per cent reduction in the incidence of vector-borne diseases in Belize's northern border villages.

Today's meeting is the first to be held in Belize. A similar meeting was held earlier this year in Mexico.

Belize's delegation was led by Health Minister Mr. Elodio Aragon. It included his Deputy Mr. Rueben Campos, the Director of Health Services Dr. Errol Vanzie, the Director of the Aedes Aegypti Control Programme Mr. Hilbert Lenares and Permanent Secretary Mr. Douglas Fairweather.

Mexico's delegation was led by its Secretary of Health Dr. Guillermo Sobreron Acevado. It included the Governor of the border province of Quintana Roo Lic. Pedro Qoaquin Coldwell and the Secretary of Health for Quintana Roo, Dr. Angel Alpuche Peraza.

There was also a delegation from the Pan American Health Organization. PAHO provided technical assistance and resources materials for the implementation of the Belize/Mexico health accord. Its delegation was led by Regional Director Mr. Carlyle Guerra de Macedo and included PAHO's representative in Belize Dr. Antonio Casas.

A total of some 34 representatives attended the one day meeting. The heads of all three delegations expressed satisfaction with the progress of the project.

The meeting was attended by Mexico's Ambassador to Belize Mr. Manuel Martinez del Sobral and the Mayor of Corozal Town Mr. Richard Quan.

CSO: 5440/099

BAHAMAS

BRIEFS

AIDS DEATH--Three of four persons treated at the Princess Margaret Hospital for AIDS have died, The Tribune confirmed yesterday. Two of them were children. It is understood that of the four AIDS victims, one was a Bahamian man and the others were non-Bahamians. The Ministry of Health was expected to issued a statement later today outlining the circumstances of the AIDS cases. It is understood that the Ministry wishes to assure the public that while there is no great danger, there are precautions that can be taken to lessen the chance of getting the dreaded illness. [Excerpt] [Nassau THE TRIBUNE in English 27 Aug 85 p 1] [Article by Athena Damianos]

CSO: 5440/096

ERADICATION OF ENDEMIC GOITER GIVEN PRIORITY

Dhaka THE NEW NATION in English 3 Sep 85 p 2

[Text] LALMONIRHAT, Sept 2: About 10,000 people, especially women, are suffering from goitre in the char areas of greater Rangpur district and in some areas of greater Dinajpur district for a long time.

This disease is spreading day by day in the region, The throat of those attacked with this disease becomes turgid and it affects the voice Sometimes the hoarsenefs voice of the person with swelled throat creates panic among the infants. While visiting some char areas recently, this correspondent found more than 60 per cent people suffering from this disease.

The physicians hold that due to the defficiency of iodine in food items this disease was rapidly spreading alarmingly in the char areas.

It deserves mention that rectified iodine is used to treat the disease but the poor people of the char areas cannot afford to avail this due to poverty.

One Md. Tobarak, 30, a farmer of Khamar Holokhana Baraibarir Char), who has been suffering from goitre for the last five years, told this correspondent that he had repeatedly used tablets and bottles of medicine but to no effect. His five-year-old son Jalil was also attacked with the disease. His younger brother Islamuddin, 25, has also been suffering from this disease one. Natiman Bibi and Ashmai of village Harikesh with their enlarged throat told this correspondent that this disease is a curse to them as their husbands left them forever for their big sized goitre.

DINAJPUR

Meanwhile, our Dinajpur Correspondent says, Nuclear Medicine Centre, Dinajpur, an organ of Bangladesh Atomic Energy Commisfion is going to complete its second year reserch in this behalf in September next. The cetre was set to preform investigations of about 4,000 goitre patients.

In the recent years, eradication of endemic goitre has been given priority by the national as well as internationai bodies, due to its far-reaching affect human life.

NMC Dinajpur uses the best nuclear medical techniques for its work on goitre. The researarch wotkers of the Centre think that eradication of goitre is not a simple matter and iodisation of salt may not be complete this disease. They maintain that due to particular soil composition there are pockets of high endemicity in the goitre zone, where iodine content of the soil might be less or presence of certain chemicals in those poekets—assimilation of iodine might not be possible for some people there.

They also feel that factors such as race and heredity might also play some roles on enlargement of thyroid gland. Research workers of the centre along with Chemistry Division of Bangladesh Atomic Energy Commission undertook an intensive data collection in those pokets for identifying the causes of goitre.

Although goitre is a worldwide disease, its causation varies from area to area. NMC Dinajpur, requires necessary support for their work in this field,

CSO: 5450/0320

PHYSICIAN ON POSSIBILITY OF AIDS IN BANGLADESH

Dhaka THE NEW NATION in English 8 Sep 85 pp 1, 8

[Text]

Professor Nurul Islam, Director of the Institute of Post Graduate Medicine and Research yesterday did not rule out the prevalence of AIDS (Acquired Immune Deficiency Syndrome) in Bangladesh.

Giving reason for his suspicion, Professor Islam told BNA Hepatitis B-Virus (HBV) infection, which is common in Bangladesh, and AIDS run parallel.

Speaking in defence of his suspicion he said both HBV and AIDS can be transmitted through syringes, blood transfusions and sexual contacts.

Professor Islam, an outstanding physician and a medical researcher, prescribed moral and public health measures as preventives against spread of this deadly disease in Bangladesh. He thought injections and blood transfusions to patients should be reduced as far as practicable. He contended it is hazardous to transfuse blood in the absence of adequate blood test system in this country.

Meanwhile, Bangladesh auand popular sex rendezvous breed this fatal disease called AIDS. Health restrictions may be strictet in case of American and Canadian visitors. They will be required to present their blood test reports along with their health cards right on their arrival at airport or border chekposts.

Bangladesh missions in these countries are being advised to warn our nationals against this dangerous malady. Bangladesh missions are being asked to take all possible steps to make sure that our nationals do not get contaminated by AIDS.

CSO: 5450/0326

BRIEFS

DIARRHEA DEATH, ATTACKS—Satkhira, Aug. 31:—At least fifty persons of the same village under Satkhira District were attacked by Diarrhoea during the last four days. One of the victims died while the condition of the others is critical Tala Health Complex sources said that the disease has brocken out in an epidemic form throughout village Katakhali under Dhandia Union of Tala Upazila. Twelve persons of the same family were attacked and one of them died while Uafizul and Anisur are critical. Besides Sukhjan Bibi Nabijan Bibi, Sufia Abu Baker Chhia moddin, Rezia Hazera Bibi of the same village are fighting against death at Tala Health Complex. Dr Madhusudan Mondal Medical Officer Tala Health Complex told that drinking of impure water is the cause of this havoc. He said that there is only one tubewell in this lowlying village which was inundated under heavy rain water recently. [Text] [Dhaka THE BANGLADESH OBSERVER in English 1 Sep 85 p 7]

KISHORANJ DIARRHEA DEATHS—Kishoreganj Sep 4:—Outbreak of diarrhoeal diseases has been reported from the different upazilas of Kishoreganj district More than 45 persons have died of these diseases during the months of June, July and August. According to the reports from different upazilas more than 2300 persons were suffering from the diseases in the district. Most of them, are females and children. The badly affected areas are Karimganj Itna Austagram Pak undia, Kaahiadi and Kishoreganj sadar upazilas. When contacted an official of the Health Department confirmed the outbreak of the diseases According to the official records about 1400 persons were attacked by the diseases in differnt upazilas during the months of June, July and August. Of them about 900 were suffering from dysentery while the others were suffering from diarrhoea and gastro-enteritis, the source added. The source further admitted only 15 deaths by diarrhoea in the district during the period. Adequate preventive measures were taken in the affected areas, by the health workers the source said. But it is reported that, cholera vaccine, oral saline and other necessary medicines are scarce in the affected upazilas. These are not available in the open markets it is allged. The medicines supplied by the government are also seen openly sold in the markets at higher prices. Hyhygienic condition and acute scarcity of pure drinking water and lack of proper measures had attributed to the quick spread of the diseases. [Text] [Dhaka THE BANGLADESH OBSERVER in English 6 Sep 85 p 7]

SKIN DISEASE EPIDEMIC--Skin disease has broken out in an epidemic form in Rpuganj, Sonargoan, Araihazar, and Demra upazilas. It is alleged that the Health Department has not yet taken any step to combat this infectious disease. Children are the worst suffers. It is learnt that medicines available in the markets are not at all effective in arresting the disease. [Text] [Dhaka THE NEW NATION in English 14 Aug 85 p 2]

KALA-AZAR, DYSENTERY OUTBREAKS--Sirajganj, Aug 25: More than 5000 families from charlands under Kazipur, Serajganj Sadar, Belk uchi, Chowhali and Sahajadpur affected by flood and erosion of Jamuna and many of them took shelter on the Brahmaputra flood control embankments. Most of them are now leading a subhuman life which necessitates them urgent rehabilitation. Meanwhile, various diseases like kalaarz, dysentery, jaundice have broken out in the affected areas. When contacted, a medical officer of Belkuchi Upazila Health Complex said he has treated about 7 palicnts who were attacked with kalazar recently. It is alleged that the District Health authority do not want to report the existence of this disease. A reliable source said that the Civil Surgeon, Sirajganj, has instructed his subordinates verbally not to tell anything about Kalazar. When this Correspondent visited the flood and erosion affected areas of Chowhali and East Shah jadpur, local people compalined that neither any health staff have visited the area yet nor have they got any kind of medicine. On the other hand, scracity of pure drinking water has been prevailing in the affected areas. A large number of children of the affected areas suffer from malnutrition as poverty does not permit the helpless parents to take proper care of their children. [Text] [Dhaka THE NEW NATION in English 26 Aug 85 p 2]

STATISTICS ON TUBERCULOSIS--Dinajpur, Aug 13: About 50,000 people suffering from TB in the country. Of them the condition of 4,000 are serious, according a source close to NATAB. The source said about 45 per cent of the children upto 14 years are suffering from TB. Radiologists hold that four per cent of the total population are the victims of this disease while cough test report shows five per cent. NATAB report also said that the number of TB patients is increasing considerably Lack of effective measures is learnt to have caused deterioration in the situation. The source further stated that 2.59 lakh patients have been identified after examination of 6.72 lakh people during the period from October 1971 to December, 1983. As against that the number of beds in TB clinics is quite inadequate namely 1100 only. [Text] [Dhaka THE NEW NATION in English 13 Aug 85 p 2]

DIARRHEA IN NILPHAMARI--Nilphamari, Sep 8: About 19 persons died and 250 others were attacked with blood dysentery and diarrhoea in two unions namely Chouraborogachha and Charaikhola under Sadar upazila of the district during last 15 days. When contacted, the Civil Surgeon, Nilphamari, confirmed the death of three persons and attack of 122 others. According to the Chairman of Chouraborogachha, treatment has badly been hampering due to lack of medicine in the area. [Text] [Dhaka THE NEW NATION in English 9 Sep 85 p 2]

MYSTERY DISEASE DEATHS--A mysterious disease, sympotomised by acute pain in the abdomen and blood belch, claimed five lives here at the Sadar Hospital yesterday, according to the District Medical Department was reports PTI. Sources said here today that the disease was believed to have been transmitted from the cattle. A number of such cases have also been reported from different parts of the district, sources added. The Health Department has taken all possible precautionary measures against further spread of the disease. [Text] [Dhaka THE BANGLADESH OBSERVER in English 20 Aug 85 p 8]

JAUNDICE, BACILLARY DYSENTERY--Ullapara, Sept 7:--More than 300 persons are reported to have been attacked by Jaundice and Bacillary dysentery in different villages of Tarash and Singra Upazilas of the Chalan Beel area. The affected villages are Monoharpur, Baruhash and Kundait of Tarash Upazila and Madabasbaria Adimpur Bangagram Moshigari and Biash of Singra Upazila. It is learnt that Rahimuddin (23) of village Madabashbaria and Mukul (18) of village Kundail have died of Jaundice and Bacillary dysentery respectively This epidemic is attributed to the drinking of impure water caused by the recent flood. It is gather that no step has yet been taken by the local health authority to prevent these menaace. It may be recalled that some days before five persons mostly children died to Bacillary dysentery in Singra Upazila and four persons of Gurudaspur Upazila died of Jaundice. [Text] [Dhaka THE BANGLADESH OBSERVER in English 8 Sep 85 p 7]

CSO: 5450/0325

DANGER PRESENTED BY AIDS CONTAMINATION ASSESSED

Brussels LE SOIR in French 10/11 Aug 85 pp 1,3

[Article by Jacques Poncin: "One Belgian Out of a Hundred Is in Danger of Being Contaminated by AIDS"]

> [Text] The stream of varied information and comments of all kinds concerning AIDS, a stream which has overflown since it became known that film star Rock Hudson is a victim of the acquired immune dediciency syndrome, has disturbed if not caused anxiety in numerous minds.
>
> Anxiety of the man in the street who, most often irrationally, fears for himself or his family; questions to the doctors who do not know too much about this illness too new for them to have heard about it at the university and about which they do not know what to say to their patients; finally, circumspection among the health authorities who do not know what measures to recommend. Perhaps this is the time to recall that, according to completely reasonable expectations, at its current stage the epidemic involves only a "high risk group" equal to approximately 1 percent of the Belgian population...

Which means something on the order of 100,000 people, of whom 20,000 to 30,000 are said to be carriers of the disease. It is like the story of the half empty bottle and the half full bottle. You may think that 100,000 people is rather a lot. But that also means that there are 9,900,000 others who should sleep soundly. But of course, 10 million Belgians without exception ask, with regard to the 100,000 cases statistically placed in "the high risk group," that every effort be made so that:

- Those who do contract the disease be as few as possible;
- The carriers capable of transmitting the virus to the rest of the population, also be as few as possible.

This is a perfectly legitimate demand and it is a formidable challenge for the health authorities in all countries, and especially in ours. Because this is probably the first time in the history of medicine that the opportunity has presented itself to really practice prevention, to nip in the bud an epidemic which so far is only starting.

First of all, let us refute a fear which has spread widely among the public. Even though it is "theoretically" possible to transmit AIDS through saliva, it must be said that such a transmission is far from being automatic. A long lasting, very intense kiss might, perhaps, constitute a real risk. But not an ordinary sputter nor a trace of saliva left on a glass. If that were the case, AIDS would already be worse than the plague and it would no longer be possible, as is virtually always the case at the present time, to locate the virus carriers among the so-called high risk groups...

Another way to transmit the virus, which is not imaginary at all, is by blood and specifically blood from transfusions. Belgium has always been privileged in this regard and it seems that no accident of this type has occurred in our country. Even though there are a few hemophiliacs who are known to carry the virus, in each case it involves people who have received blood from abroad. And even if they had been infected in Belgium, one should realize that their proportion relative to the total number of hemophiliacs is by far below that found in foreign statistics.

Clarification

In addition, it should be remembered that as of 1 August, the blood of the 350,000 blood donors in our country can no longer be transferred until it has been tested, which should settle the fears of all those who, for reasons of illness, accident or surgery, will have to receive blood. It is, of course, tempting to surmise that this test could also be used to detect the illness in a large segment of the population. Three comments about that.

1. As we have written earlier, tests and especially subsequent verifications will take a long time and it is not yet known how many months warning "positives" will receive.

2. The Red Cross wants absolutely to keep those who might belong to a high risk group from donating blood in order to check whether they have been infected or not, somewhat like those who do it once in their life in order to know their blood group. That undoubtedly explains the "clarification" sent out to regular blood donors, which indicates that the information which appeared in "some newspapers on 11 May" according to which "the blood transfusion centers are going to conduct tests making it possible to find the AIDS virus" is "incorrect," Are we then liars or imbeciles? No: the person who signed this clumsy and for us unpleasant message (because it created skepticism among the recipients: they told us or wrote to us about it), quibbled (the test does not allow one to look for the virus but only for antibodies against the virus) in order to discourage all those who would like to turn the Red Cross into an AIDS detection center. As a matter of fact, such a transformation would lead those people to come in for blood tests who are "marginals," homosexuals, drug addicts, in short people at risk which, in spite of the test (which like any human activity is not perfect), could cause a contamination of our blood banks (somewhat like in the United States where blood is bought from donors who are often vagrants and who have found their main source of income there).

3. The Red Cross itself estimates that its test will be able to detect only about 700 "really positive" individuals, that is to say that many virus carriers. For a total cost of nearly 100 million Belgian francs! If our calculations are right, that would mean that the detection costs approximately 150,000 Belgian francs per virus carrier found. We will come back to that figure.

Reimbursement for the Test

Because it is, of course, a question of organizing this detection among the whole population. Dr Farber, president of the doctors union of the Brussels metro area, has suggested that INAMI [National Institute for Health and Disability Insurance], that is to say the mutual benefit insurance companies provide reimbursement for blood tests for those people who ask their doctor for one. The question is under study and, no matter what the answer is, one might wonder what the scope of that operation would be. In the prevailing climate at least one could imagine a rush for the test by individuals who for reasons that are completely unreasonable believe that they have caught the virus. We were told not too long ago that a father went to the doctor's office at St. Peters Hospital in Brussels to check if his children had AIDS. The reason for his fears: they lived across the street from the Saint-Gilles prison...

In other words, the likelihood is very low that reimbursement for the test will lead the 100,000 Belgians who statistically are a the highest risk (homosexuals, drug addicts, foreigners from Central Africa, or those who are having or have had sexual relations with them) to come in to check for the presence of AIDS antibodies in their blood. It would probably also be the most expensive way to detect the real virus carriers. If one extrapolates on the basis of tests conducted at the time blood is donated, one ends up with a cost to the community of some 3 billion Belgian francs...

If, on the other hand, instead of telling the people at risk to come to them, the doctors would take the opposite road and turn to all the associations, medical centers, guidance centers, etcetera, where they are likely to find high risk groups, the test will focus "only" on 100,000 individuals. Our extrapolation raises the bill to 30 million Belgian francs. Those figures are obviously very approximate, but they do give an idea of what is at stake.

Detection Is Not All

One should not believe, however, that it is all a question of money (although the work done by university centers which study groups at risk will not be able to remain benevolent forever), because other elements intervene in the AIDS prevention policy, which is still to be determined. Thus, it will be necessary, by measures affecting everyone, to avoid strengthening the belief that the epidemic is very widespread.

Next, it is not enough to detect the illness. It must also serve a purpose. Concern should be given to the virus carriers. Both for their own sakes (the disease has several stages, only the last of which seems to be irreversible

and the doctors appear to be armed as of now to counsel their patients in the three first stages in order to prevent as much as possible passage up a step toward the terminal stage) and for that of society: that implies explaining to the homosexuals that they can find fulfillment in what the Americans refer to as "safe sex," "healing" drug addicts and in any case making sure that they use clean needles and throw them away after having used them themselves, etcetera.

All of this would require infinitely more time, efforts... and money than the simple detection of the virus. Undoubtedly a good reason to do this at the lowest cost...

8463
CSO: 5400/2555

DEATHS FROM AIDS DOUBLE IN FIRST HALF OF 1985

Hamilton THE ROYAL GAZETTE in English 24 Jul 85 p 1

[Text] The number of deaths due to the deadly disease AIDS has nearly doubled in the first half of 1985 compared to the same period last year, *The Royal Gazette* learned yesterday.

Health Department infection control nurse Mrs. Joyce Weatherhead confirmed yesterday that AIDS last month claimed the life of its fourth Bermuda victim this year.

That is almost double the death rate of 1984, when a total of five people died from AIDS during the entire 12 months.

"We will more than likely double last year's number. That is what is happening in other countries," said Mrs. Weatherhead.

She said that the latest victim of Acquired Immune. Deficiency Syndrome (AIDS), a male Bermudian, died about a month ago, bringing the total number of local deaths caused by AIDS to 13. Seventeen cases of AIDS have been reported.

The first AIDS death in Bermuda occurred in 1982. Three more died in 1983, and there were five deaths last year.

Mrs. Weatherhead said the recent AIDS death followed the pattern of previous cases and was drug related. "We are looking at a very small segment of the community," she said, adding that all local cases have been addicts or spouses of addicts.

So far there have been no cases reported from other high-risk groups — homosexuals and Haitians. All victims have been young adults.

The deadly virus, which attacks the body's immune system, is contracted through sexual contact and contaminated blood.

Addicts are at particular risk because of the practice of sharing contaminated needles to inject drugs.

The latest death comes only months after Chief Medical Officer Dr. John Cann warned that local doctors were afraid to report possible AIDS cases for fear of causing unnecessary fears within the community.

Dr. Cann said the reluctance to report AIDS cases was hampering efforts to stop the spread of the killer disease.

"If you start to label anything as tentative as AIDS or query AIDS in our society, it is very quick for someone to say something about it, the news media find out he may have AIDS, and that stigma is there, and it's very difficult to remove.

"If I were a physician I would probably have some qualms about it, but it hampers our work."

CSO: 5440/093

PERNAMBUCO RECORDS THIRD AIDS CASE: 'EPIDEMIC' IN SAO PAULO

Health Professionals Alerted

Sao Paulo FOLHA DE SAO PAULO in Portuguese 9 Aug 85 p 19

[Text] Recife, Bauru, agency dispatches--Yesterday the Pernambuco Secretariat of Health confirmed another case of AIDS (Acquired Immune Deficiency Syndrome) in the state, officially the third in a period of observation of 1 and one-half years. The subject is a heterosexual male under 30 years of age who 2 days ago left the Barao de Lucena Hospital (of the National Social Security Medical Care Institute-INAMPS) in Recife, where the disease was detected through lymphocyte typing examination and HTLV 3 virus investigation. The first official case of AIDS in Pernambuco was recorded in February of last year in a homosexual hairdresser who had acquired the disease in Sao Paulo, where he has returned and is being treated. One month ago, dermatologist Marcio Lobo Jardim reported a second case in a patient also contaminated in Sao Paulo, who died.

Yesterday Secretary of Health Antonio Siqueira, 54, ordered the State Department of Epidemiology to investigate the latest case, reported to the secretariat by INAMPS by telephone. "We are going to retrace the sick boy's movements to try to identify which vector contaminated him," said Siqueira. The patient remains under outpatient treatment. The administration of the Barao de Lucena Hospital was not able to say yesterday if the contamination had occurred through blood transfusion inasmuch as the patient denied being a homosexual.

Secretary Siqueira declared that for the time being "a broad campaign of enlightenment about AIDS is not necessary in Pernambuco in view of the small number of cases in the state." He fears panic among the so-called risk groups (homosexuals, hemophiliacs and intravenous-drug addicts) and among the general public. "However, we are asking the private clinics to get into contact with the Secretariat of Health when any suspicion arises and the official hospital and ambulatory care network to intensify its examinations."

Rio Grande do Sul

The Secretariat of Health of Rio Grande do Sul is centralizing all information about the incidence of cases of AIDS and informing the public by telephone and through leaflets. That information was provided by dermatologist Jair Ferreira. He says that the secretariat supplies scientific information to the hospitals and health professionals so that rules may be formulated for hospital treatment

and blood bank control. Another measure taken is that of following up the study of the test for serology of the HTLV 3 virus, in addition to guidance of diagnoses and forwarding of material for the examination of patients to qualified laboratories.

On the 23rd of this month, the regional branch of the Sao Paulo Dental Surgeons Association (APCD) of Bauru (337 kilometers from Sao Paulo) is sponsoring talks on the possibilities of contagion and the prevention of AIDS.

Physicians Assess Situation

Sao Paulo FOLHA DE SAO PAULO in Portuguese 9 Aug 85 p 19

[Text] Epidemiologist Dr Cecilia Amaro de Lolio, 35, of the Brazilian Center for Disease Classification (of the World Health Organization, Ministry of Health and Public Health School of the University of Sao Paulo) said yesterday that Sao Paulo is experiencing an AIDS epidemic. The reason for her assessment is that that disease, which did not exist before, has been occurring with progressively high frequency. From June 1982 until now, 310 cases have been recorded in the state and the number of those infected is more than doubling every 6 months. The State Secretariat of Health predicts that there will be 700 cases of the disease in Sao Paulo by the end of the year.

Dr Paulo Roberto Teixeira, 36, coordinator of the AIDS Prevention and Control Program in the state, said that from the academic viewpoint, Cecilia Amaro de Lolio's analysis is correct. However, according to him, the current AIDS situation is of much smaller proportions than those already experienced by the population with relation to measles, meningitis, leptospirosis, etc.

He avoided using the term epidemic: "By associating it with other very serious situations we have already experienced, the population may make an incorrect evaluation of the dimensions of the AIDS problem." He said that the situation regarding the disease today is serious and disturbing "but it is very far from the epidemics we are already accustomed to experiencing."

8711
CSO: 5400/2093

AIDS CASES IN SAO PAULO DOUBLE IN FIRST 6 MONTHS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 22 Aug 85 p 15

[Text] Brasilia--The coordinator of the AIDS control program of the Secretariat of Health, Paulo Roberto Teixeira, said yesterday at the Fifth National Meeting on AIDS that the disease is already an epidemic and that by the end of the year there should be 1,000 carriers of AIDS in Brazil, 80 percent of them in the state of Sao Paulo. He said that the disease tends to spread in an uncontrollable manner and that 130,000 persons could contract the virus in the coming years, the great majority in a mild, not fatal manner. The estimate is reliable because it has already been proved that the number of cases increases in geometric progression.

The director of the Department of Tropical Medicine and Hygienic Dermatology of the Clinical Hospital of Sao Paulo, Sebastiao Sampaio, revealed that the number of AIDS cases in the state doubled in the first 6 months of the year in relation to 1984. He predicted that the disease should change the sexual behavior of mankind if a vaccine is not developed. In Sampaio's opinion, in the future, AIDS will be like meningitis was some years ago: there will be fatal cases caused by stronger viruses and other milder cases, caused by less dangerous viruses.

Since AIDS is transmitted by blood transfusions and sexual relations, the Ministry of Health is going to make the anti-HTVL-III test used to detect the virus obligatory in the official hemotherapeutic centers as soon as the Oswaldo Cruz Foundation completes its research to prove its effectiveness. Health Minister Carlos Sant'Anna said yesterday that he will ask the federal government for 6 billion cruzeiros to speed up the studies.

According to Paulo Teixeira, the symptoms of AIDS are as follows: loss of weight, fever, diarrhea, inflamed ganglions and general weakness; differing from other diseases because the symptoms appear associated, never isolated, and are permanent and progressive although there is no scientific explanation to justify them. He makes three basic recommendations to the population: be selective in the number of sexual partners, use prophylactics because it increases the margin of safety and avoid anal sex.

According to Ministry of Health data revealed during the meeting, 415 Brazilians have already contracted AIDS, 323 of them from Sao Paulo.

Of these, 357 caught the disease through homosexual and bisexual relations; 23 hemophiliacs, through blood transfusions; 4 polytransfused; 5 injection-drug addicts; 9 without sexual identification; and 19 heterosexuals. Of the total, 10 persons were under 9 years of age; 11 between 10 and 19; 95 between 20 and 29; 161 between 30 and 39; 69 between 40 and 49; 15 between 50 and 59; 2 over 60; and 52 without age confirmation.

The Ministry of Health recommendations to the population to control the disease remain the same already announced several times: strict control of blood donors, of drug addicts, intensification of voluntary blood donation, hospitalization of all the diseased, reduction of sexual promiscuity and multiple partners.

In Pindorama, in the interior of Sao Paulo, the population is alarmed over AIDS because of the lack of information about the disease. No educational campaign has been conducted as yet and one person has already died of AIDS.

8711
CSO: 5400/2094

BURUNDI

SEMINAR ON SCHISTOSOMIASIS STUDIES CONTROL METHODS

Bujumbura LE RENOUVEAU DU BURUNDI in French 9 Apr 85 p 5

[Article by F. Nyabenda]

[Text] The seminar on control of schistosomiasis that has been underway for the past week in Bujumbura continued its work.

This seminar-course was organized by the WHO in cooperation with the Ministry of Public Health. The participants have been occupied in very high-level courses, visits and field exercises. We cannot discuss all the topics, which moroever are too technical, but we will deal with the main issue, that of control methods.

Control of bilharzia is difficult and onerous. Given the not very spectacular incidence, the focalized distribution of the disease, and the existence of numerous other health problems, many control programs have only been established in a few countries. In general, the effort is limited to passive detection.

Perhaps it should be stressed that there is no standard model for a control program. Each program must be adapted to the local epidemiological characteristics and the needs and possibilities of the country, otherwise there is little chance of success.

There are many techniques in combating this disease. Here we will discuss those at our disposal, that is, combat directed at the intermediate host, and mass treatment through education and sanitary measures. The first, combat directed at the intermediate host, has been the basis of most of the programs thus far, in general with little success. The chemical method is expensive and requires a strict methodology, discipline and regularity. Molluscicides (which kill the snails) are used, costing about $20. There are also "natural" molluscicides derived from local plants. Application runs into numerous problems of a practical nature and relating to toxicity for the environment. The introduction of predator animal species such as fish and birds constitute the biological weapon against the carrier snails.

Physical methods have proved to be more effective. This involves maintenance of canals, careful management of irrigation water, cleaning of watercourse

beds, etc. Only by these actions can the transmission be considerably reduced, though the cost is often very high.

The second type of technique, called "mass," aims at two objectives. On the one hand, the method has an epidemiological impact, that is, to reduce the stock and reduce transmission; and, on the other, the method involves treatment of the sick and preventive treatment of carriers.

The first objective is difficult to achieve. It is necessary to rapidly and effectively treat the entire population of an affected area. Understandably, the cost of such an operation is high, the practical problems great, and the result doubtful. Often, action is limited to preventive treatment of those seriously infected. But the problem of reinfection remains.

Finally, the last, or rather the third, technique is education and sanitary action. This must concentrate on habits of contact with water. Fecal hygiene is also important, but construction of latrines will not have much effect on bilharzia unless all the people are trained to use them. Indeed, this recommendation dates from a long time back. Everyone remembers the 10 rules of hygiene that the health services continually publicize through the media.

Decreasing contacts with water has a direct effect on the endemic level. This decrease will only take place, of course, if health education accompanies the construction of the suitable infrastructure. Consider water conveyance, management of water sources, wash houses, etc.

Prevention of bilharzia must be done in the planning stage. The planning of sanitary infrastructure, design of canals, location of villages at a sufficient distance from the canals, etc. must take into account the recommendations of the Ministry of Health, because, as they say, better to prevent than cure.

9920
CSO: 5400/188

BRIEFS

ANTI-BILHARZIA CAMPAIGN--A high-level course on bilharzia and other parasitic diseases began in Bujumbura on 3 April. The course will be conducted by international experts of the World Health Organization (WHO), in particular Dr Mott Kenneth, head of the bilharzia department at WHO headquarters in Geneva. On his arrival in Bujumbura, Dr Kenneth explained the purpose of his working visit. He said that this is the fifth course of its kind. A series of training courses in combating bilharzia began in Morocco in 1982. Other sessions have since been held at Harare, Cairo and Santa Lucia (Caribbean). Today, it is the turn of Bujumbura to host the seminar. Consulting teams based in Maputo, Nairobi and Cotonou were present at this experts course. Kenneth explained that the purpose of the course is to train national experts in the combat of bilharzia, which has become endemic in many African countries. We should point out that in the case of Burundi the situation is serious, because significant concentrations have already been found at Rumonge, Bubanza, Citiboke, and recently at Kirundo. Asked about the choice of Burundi as the country to host the seminar, Kenneth replied that this was not because Burundi is in any special situation, but that the WHO is satisfied with the progress of the projects that the government has established in combating bilharzia. He emphasized that the country's serious approach, research and organization, which have achieved notable results, are a step forward in comparison to some other countries. [Text] [Bujumbura LE RENOUVEAU DU BURUNDI in French 3 Apr 85 p 3] 9920

EXPANDED INOCULATION PROGRAM--A team of technicians of the Ministry of Public Health in charge of the Expanded Vaccination Program (PEV), accompanied by the governor of the province, Sabbas Ukiza, held a meeting on Friday 29 March 1985 at the Muyaga Middle Teachers School (EMP). Those attending included the doctor director of medical training of Murore, Dr Innocent Ntaganira, officials of the dispensaries and health centers, and officials of the party and local administration. The purpose was to give them instructions on raising public awareness for the vaccination campaign. After the introduction by the province governor, Sabbas Ukiza, the technicians said they were happy to be in Cankuzo, where the PEV activities are soon to be carried out. They emphasized that the Second Republic attaches very great importance to this campaign. They indicated that the purpose of the vaccinations is to protect children from six diseases: diptheria, tetanus, whooping cough, poliomyelitis, tuberculosis and measles. The technicians said that the campaign will be successful if the party and administration officials cooperate closely with the health personnel to raise public awareness in order to achieve active and

mass participation. They added that they had come to contact the local administrative authorities and officials in the dispensaries and health centers in order to study together the problems that may be encountered and to find the best methods for establishing the program. The technicians then distributed materials with instructions for raising public awareness and giving technical aspects of the PEV. [Text] [Bujumbura LE RENOUVEAU DU BURUNDI in French 5 Apr 85 p 1] 9920

CSO: 5400/188

JPRS-TEP-85-017
9 October 1985

CANADA

AIDS CASES, FUNDING REPORTED: POSSIBLE VICTIMS SOUGHT

Fort St John Woman's Death

Vancouver THE SUN in English 27 Jul 85 p A3

[Text]

A Fort St. John housewife and mother who suffered the first recorded case of AIDS contracted by a B.C. woman, has died at St. Paul's Hospital.

The woman, in her early 40s, was flown to Vancouver about two weeks ago when it was discovered she had contracted pneumocystis pneumonia, the most common secondary infection of AIDS. She died early Friday.

The woman, whose name was not released, is the 17th female in Canada known to have contracted the usually fatal disease, which destroys the body's immune system, leaving it vulnerable to infection.

Rick O'Brien, director of public relations for the Red Cross, confirmed that the agency's B.C. and Yukon division has identified and is trying to locate 11 donors who provided blood for a transfusion the woman received during surgery two years ago at Vancouver General Hospital.

The donors are being asked to supply blood samples which will be tested in Ottawa's Laboratory Centre for Disease Control for antibodies to the HTLV-III virus, thought to be the virus that causes AIDS.

Dr. Bruce Douglas, a Vancouver general practitioner who has treated several AIDS patients, said the fact the woman received blood transfusions put her in the risk category for contracting the disease.

AIDS has been most frequently diagnosed in homosexuals, intravenous drug users, hemophiliacs, blood-transfusion recipients and Haitians.

Dr. Douglas, who was not involved with the woman's treatment, said Friday that Red Cross statements concerning the 11 units of blood the woman received "would, therefore, put her into one of the risk groups.

"Thus, there is no evidence that the disease is spreading into the general population other than through routes that have already been defined — blood and blood products, and sexual intercourse."

In an earlier story in The Sun Dr. Douglas had been incorrectly quoted as saying the woman's case may have indicated that the problem is more widespread than is known to date. His comments were meant to indicate that the problem could be more serious only if she was found to be outside high risk groups.

Bob Tivey, director of AIDS Vancouver, said he has heard comment about "innocent victims" of AIDS.

"We shouldn't blame one particular group of people," such as homosexuals.

"My God, everybody's innocent victims. Are there guilty victims? Nobody's at fault for this.

"I think most people don't really get too upset until it affects them or could affect them."

Tivey said he has been active for 2½ years in the AIDS support group.

"I've known eight people who have died from AIDS.

"We should all be hoping and praying that there is a cure and that lots of money will be put into research."

Last month the B.C. health ministry gave the Red Cross $550,000 to start a screening program for AIDS antibodies in the blood of donors, part of a larger program to be put in place across Canada, said Denhoff.

Red Cross officials have said the risk of contracting AIDS through a transfusion is small — less than one in a million — and it will soon be smaller.

Of the 61 reported cases of AIDS in British Columbia, 55 involved homosexual men; 24 people have died of AIDS-related illness so far.

Babies at Montreal Hospital

Toronto THE TORONTO STAR in English 7 Aug 85 p A5

[Text] MONTREAL (CP) — Twenty babies with AIDS have been treated at a children's hospital here since 1981 and four are undergoing treatment now, a hospital official says.

Most of the children are of Haitian origin. Eight of the 20 have died and some have improved.

Dr. Normand Lapointe, Ste. Justine hospital's director of immunology, yesterday said that of the four now being treated, one "is not doing too well," while "two are much better than they were a week ago. So we're not so pessimistic nowadays."

Lapointe said six other Montreal babies with AIDS — acquired immune deficiency syndrome — are being treated at home. Two in Calgary and one in Quebec city also are reported to be fighting for their lives.

The doctor described the treatement given such young victims.

"We can feed them properly," he said. "We can treat them for infections. One aspect of the disease is wasting. So we develop special formulas for them.

"Some do fairly well for a time," he added. "Some others die."

One phase

Lapointe also said several drugs now are ready for clinical investigation.

"We have a team in Montreal ready to be involved with children and adults with AIDS and we'll be ready in the next three months to start investigating these drugs."

But Lapointe noted that drug treatment is only one phase.

"We already know that we probably will have to reconstitute the immune system of patients," which has been attempted in Montreal through thymus transplants in adults.

The thymus, he explained, is central to the development of immunity. There have been about 20 transplants so far.

AIDS, which destroys the body's immune system, leaving it open to often-fatal diseases, is transferred from person to person through bodily fluids such as blood, semen and possibly saliva.

Its victims mainly have been homosexuals and intravenous drug users.

Ontario Test Laboratory Funding

Toronto THE TORONTO STAR in English 2 Aug 85 p A3

[Text] The Ontario government will contribute $200,000 toward equipping a laboratory capable of testing blood, sperm, organs and bone marrow for the AIDS virus, Health Minister Murray Elston says.

Ontario wants to encourage people who are concerned they may have the disease to see their doctors, who will send blood samples to the lab, Elston said yesterday.

Doctors also will be made aware of the capability of the new lab, which will use a new method to detect aquired immune deficiency syndrome, so they can routinely order their patients' blood checked.

The Ontario Health Insurance Plan will cover the cost.

Testing program

Ontario also will give the Canadian Red Cross $1 million for another testing program to detect an AIDS-related virus in blood donations, Elston announced yesterday.

The measures have been taken to preserve a safe blood supply for normal medical use and to "promote the early detection and diagnosis of this most serious disease," he told a news conference.

The Canadian Blood Committee — consisting of officials from the Red Cross and provincial and federal health departments — last month approved the creation of provincial testing labs.

A provincial health ministry lab in Etobicoke is to be the first to be equipped to use the new method, developed in Canada and the United States within the past few months.

Each of the provincial AIDS labs will be responsible for testing samples sent by doctors and for screening organ, sperm and bone marrow donations for the presence of the AIDS virus.

The Red Cross will conduct tests on the more than 1.25 million units of blood it receives annually.

Ottawa's Centre for Disease Control — the only laboratory in Canada capable of testing for AIDS — will continue to focus on research and evaluation of testing methods, he said.

The establishment of the provincial centres is a response to a "definite need to confront a serious epidemic problem," a Red Cross spokesman said.

Dr. John Derrick said the Red Cross' blood testing will improve the safety of the blood by about 95 per cent.

Possible Victims of Bahamas Clinic

Ottawa THE CITIZEN in English 16 Aug 85 p A10

[Text]

SAULT STE. MARIE, Ont. (CP) — The federal Health Department is trying to track down cancer patients who have been treated at a clinic in the Bahamas that was closed because much of its serum was contaminated with AIDS.

Dr. David Walde, a cancer specialist in Sault Ste. Marie, said the department's health protection branch is contacting cancer specialists and clinics across the country in an attempt to find patients who had been treated at the Immunology Researching Centre Ltd. in Freeport.

He said it is feared that patients may have contacted AIDS or become carriers and may pass on the deadly disease through sexual relationships. Officials also are concerned about the possibility of patients donating blood and contaminating blood supplies in Canada.

The clinic had been treating cancer through augmentation therapy and also claimed its serum could change the body's defence mechanisms, preventing cancer and other diseases.

The clinic was closed recently when it was learned a large percentage of the serum, produced from blood products, was contaminated with acquired immune deficiency syndrome.

CSO: 5420/29

LEGIONNAIRE'S DISEASE REPORTED AT MONTREAL, PEI, WINNIPEG

Montreal, PEI Hospitals

Toronto THE TORONTO STAR in English 14 Aug 85 p A14

[Text]

MONTREAL (CP-Staff) — Two cases of legionnaire's disease have been diagnosed at Verdun General Hospital, bringing to eight the number of people believed to have the disease in local hospitals in the past week.

And several other Montreal area hospitals have as a precaution sent water and air samples so the province's health laboratory can test them for legionella bacteria, lab spokesman Dr. Michel Brazeau said yesterday.

One suspected victim — an unidentified man in his 30s — was admitted at Verdun last Friday in a coma and suffering major respiratory problems.

In isolation

David Levine, executive director of the hospital, said a second man admitted earlier, who had been treated for legionnaire's since last week is now being treated for another type of infection.

Both men — who are being kept in isolation — are believed to have been stricken before entering the hospital.

The bacteria was also linked last week to two patient deaths at Montreal's Royal Victoria Hospital, where four other patients have shown symptoms of the often-fatal pneumonia-like disease.

And an outbreak of legionnaire's was confirmed earlier this summer at Prince County Hospital in Summerside, P.E.I. Four people who contracted it there have died since July 11.

The two new Montreal cases prompted at least one other local hospital, St. Mary's, to test all its water pipes and air filters for the bacteria, as well as flush all pipes with boiling water.

Early diagnosis

"Nobody's immmune to the disease," said William Busat, St. Mary's executive director. "There's no harm in taking precautions."

The pneumonia-like legionnaire's disease was named when it struck veterans at a Philadelphia convention in 1976. The organism — a rod-shaped bacterium — was identified by the Centres for Disease Control in Atlanta, Ga.

It is often spread through ventilation or water systems, including shower heads, but is not passed form person to person.

Treatment is with antibiotics and successful treatment depends on early diagnosis.

The last Ontario outbreak occurred in November and December of last year when six patients caught it at Hotel Dieu Hospital in Windsor. Legionella bacteria was cited as a contributing factor in the death there of a woman, 83.

"It doesn't seem to be seasonal," Sheila Irving, a medical information officer for the Ontario heath ministry, told The Star's Lillian Newbery.

No Ontario outbreak has occurred so far this year, although there have been eight isolated, sporadic cases not linked to the same source of infection.

Winnipeg Hospital

Toronto THE SATURDAY STAR in English 17 Aug 85 p A9

[Article by Matt Maychak]

[Text]

WINNIPEG — Legionnaire's disease has struck three kidney transplant patients at the city's Health Sciences Centre here in the past seven months.

And officials at the centre are taking special precautions — including calling in federal experts — to eliminate the legionella bacteria from the suspect water supply.

All three cases of the illness involved the same 38-bed ward and struck patients with a reduced ability to fight infection because of sickness or medication they were taking, said centre spokesman Marjorie Gillies.

Contract illness

One patient died, Gillies said, but he was suffering from complications other than the pneumonia-like symptoms associated with the disease, which earned its name after 29 American Legion members died when they contracted the illness at a Philadelphia convention in 1976.

The other two Winnipeg kidney transplant patients were successfully treated with the antibiotic erythromycin and were healthy when they were sent home from the hospital, she said in an interview.

"We have no cases of legionnaire's disease at the hospital now."

Hospital officials have tried chlorinating the ward's plumbing system and will try "superheating" the water next week to battle the bacteria.

Officials at two other hospitals — Prince County Hospital in Summerside, P.E.I., and the Royal Victoria Hospital in Montreal — have followed the same procedures in the wake of outbreaks there.

The disease is suspected in four recent deaths at the P.E.I. hospital and two at the Royal Victoria.

A senior epidemiologist from the federal health department is to visit the Winnipeg centre early next week.

The bacteria were first discovered in the plumbing in January, Gillies said, and in February, the water supply to the ward's seven floors was heavily chlorinated.

"Any of these methods are only effective for eight to 10 weeks," she said. "There is not a permanent solution."

A second case was discovered in May but the patient was cured, she said. The third case was discovered last month and that patient was also "discharged in a healthy condition."

It is impossible to eliminate the bacteria, Gillies said. "It's very common in our environment. It grows primarily in warm water below 60C (140F)."

People get the disease, which is not contagious, by inhaling air that contains the bacteria or by inhaling the vapor of contaminated water, she said.

Hospitals with caseloads of "immuno-suppressed" patients — those with low resistance to infection — normally discover one or two cases of the disease each year, she said.

PEI Hospital Source Found

Toronto THE GLOBE AND MAIL in English 21 Aug 85 p 8

[Article by Kennedy Wells]

[Text]

SUMMERSIDE, PEI — Officials at Prince County Hospital believe they have identified the source of the outbreak of Legionnaires' disease that has been responsible for the deaths of three people at the hospital.

Wayne Carew, the hospital's executive director, said yesterday that legionella bacteria were discovered in a reservoir supplying hot and cold water to a humidifier and whirlpool bath on the fourth floor of the 162-bed hospital.

Mr. Carew also said that a woman patient who developed symptoms of the disease two days before an intensive cleanup began on Aug. 9 has been confirmed as a sufferer and is responding well to treatment.

He said that there have been no new suspected cases since then, and that he is optimistic that the outbreak has ended.

The discovery of the source of the disease came after a second series of environmental tests following the cleanup, which involved changing all filters in the air conditioning and water systems and the sterilizing of the cold and hot water systems.

"We went deeper into our systems when the first tests came back negative," Mr. Carew said. As a result, the legionella bacteria were discovered in a mixing chamber supplying the humidifier and whirlpool bath which had not been adequately sterilized when the hot water system was flushed out with superheated water.

"It will sound a little sadistic to say we're glad we found it," Mr. Carew said, "but we've taken steps to rectify the situation and at least we can take some comfort in that."

Autopsies on two elderly patients who died on Aug. 5 and Aug. 6 confirmed Legionnaires' disease as the cause of death, although both already had terminal illnesses.

The outbreak was discovered after a 34-year-old man died on July 11 following a visit to the hospital.

CSO: 5420/29

TYPHOID CASE CONFIRMED AT LAKEFIELD INTERNATIONAL CAMP

Windsor THE SUNDAY WINDSOR STAR in English 27 Jul 85 p E8

[Text]

PETERBOROUGH, Ont. (CP) — A Mexican teenager attending a prestigious international summer camp remained in isolation Friday at a Peterborough hospital with a confirmed case of typhoid fever and another 180 campers from around the world were quarantined.

A team of doctors and health inspectors descended on Lakefield School International Camp on Thursday after tests revealed the 13-year-old girl from Mexico City was suffering from salmonella typhi.

Extensive testing of campers, staff and anyone suspected of contact with the girl started immediately.

Dr. Garry Humphreys, Peterborough's medical officer of health, said it could be several weeks before doctors are sure the highly contagious bacterial infection has been controlled.

"I FEEL WE HAVE everything under control," he said. "But we'll have to wait and see if the surveillance program turns anything up."

Tests on suspected typhoid carriers at the camp have been negative so far.

Medical authorities refused to release the name of the girl — but said she was being treated with antibiotics and was out of danger.

The girl was one of a group of students aged seven to 17 from Mexico, Colombia, Venezuela, Hong Kong, Japan, Saudi Arabia and parts of Canada attending the camp at the exclusive private boys' school north of Lakefield on Lake Katchawanooka. The school's most famous student was Prince Andrew.

Dr. Humphreys said he is reasonably certain the girl contracted typhoid before the camp, but all sources of infection including food handlers, water and sewer systems and the beach where campers swim were being checked.

A contaminated water supply is the most common source of infection.

There have been 186 cases of typhoid fever in Ontario in the past five years, said a spokesman for the Health Ministry's epidemiology services branch.

CSO: 5420/29

MEDICAL SOCIETIES PROTEST HEALTH CARE SYSTEM DETERIORATION

Santiago HOY in Spanish 22 Jul 85 pp 24-25

[Text] As this edition of HOY went to press, 14 presidents of the Scientific Medical Societies were still waiting for a response from Winston Chinchon, the minister of health. On Wednesday, 10 July they delivered a letter to him in which they expressed "the deep concern caused by the progressive deteroration which is evident in Chile's hospital system."

"In making this presentation we are not motivated by labor or political interests, nor by anything other than the desire to have a decent medical system and to protect the rights which any sick person deserves," they state in the letter which Chinchon was still studying. "It is not customary for Chilean scientific medical groups to make statements about the quality of hospital conditions; however the seriousness of the present situation has led us to take this step."

According to the professional leaders, "the hospital system administered by the ministry of health has fallen into serious neglect." And they explain: "There is no excuse for the fact that in the hospitals there is an inadequate supply of beds, surgical wards, linens, personnel, medicines, radiological materials and laboratory tests, etc. It is no exaggeration to say that in these hospitals almost everything is in short supply and of low quality. The people who use the ministry's hospitals are experiencing delays in the recovery of their health because they cannot be admitted, because of shortages of beds, because the required tests are being delayed or cannot be made, because they do not have certain medications, etc. But why continue on with a distressing account of something that the minister is well aware of.!"

What Was Lost

"This country has always been poor," continues the letter, "but its hospital system was maintained decently and efficiently. No one will resign himself to the misfortune of neglected sickness, even when it is known that infant mortality is down, that immunizations have increased, or that some other index of public health has improved. When sickness strikes, people have a sacred right to receive minimal, decent and effective medical treatment. No one of good will can ignore that our curative medicine has been seriously impaired in recent years."

The representatives of the scientific societies also stated that they were "seriously concerned about the halt in technical development in the various specialties, which has repercussions on the quality both of the medical care which is given and on the specialists who are being trained. The specialty laboratories are not only not being set up or developed, but--which is worse--in some hospitals they have been dismantled. Amid rapid technological advances standing still actually implies moving backward; we have to realize, much to our sorrow, that Chilean medicine has regressed and lost the leadership which it traditionally held." And they went on to say:

"Hospital work today is frustrating and full of limitations: the sense of its being an official profession is lacking; it is disturbing that rules are being imposed without taking experience and technical opinions into consideration; pressure is being put on patients to turn away from hospitals to the primary care centers without taking into consideration the complexity of their pathology; personnel have been reduced in number beyond tolerable limits, with more being demanded from them than they can give."

The National Health Service has historically been in the forefront of advances in Chilean medicine," they maintain. "Wasn't that only right when that service was the one responsible for the health of the majority of Chile's people? Today the people who use the Ministry of Health system are receiving medical treatment which is completely different from what is within the reach of those few who are able to pay. It is instructive to learn that there are perhaps a dozen computerized abdominal scanners for the small minority, and not even one for the huge majority; and that the State has contributed funds for many new health buildings--but for those that are truly its own, the ministry hospitals, it has essentially kept the physical plants unchanged."

And they relate their misgivings to Dr Chinchon:

"It cannot escape the minister's high standards of judgment that some error must have been made in the budget allocation if the hospitals of this country, besides facing serious debts, are confronting conditions of the most severe poverty. Neither the economic crisis of the moment or the recent earthquake are the cause of this state of affairs, because before these took place the deterioration of the hospital system was well under way.

Finally they say: "As presidents of the Scientific Medical Societies, we have thought it appropriate to explain to the minister the facts set forth in this communication, inspired by loyalty to the medical tradition of this country, and by the solidarity which we feel with our patients. We believe that the present state of affirs makes it unwise to remain silent."
Signed:
Dr Fernando Eimbcke M., president of the Chilean Society of Cardiology and Cardiovascular Surgery; Dr Fernando Vergara E., president of the Society of Neurology, Pschiatry and Neurosurgery; Dr Mireya Bravo L, president of the Chilean Society of Hematology; Dr Manuel Garcia de los Rios A., president of the Chilean Society of Endocrinology and Mebabolism; Dr Atilio Vaccarezza S., president of the Chilean Society of Nephrology; Dr Patricia Diaz A., president of the Chilean Society of Allergy and Immunology; Dr Cecilia Rojas S., president

of the Chilean Society of Thorax and Tuberculosis; Dr Hector Alcaino, president of the Chilean Society of Parasitology; Dr Victor Vargas Klapp, president of the Chilean Society of Intensive Care Medicine; Dr Enrique Lopez C., Chilean regional governor of the American College of Physicians; Dr Mireya Silva B., president of the Chilean Society of Immunology; Dr Rodolfo Armas M., president of the Medical Society of Santiago; Dr Ernesto Oberhauser A., president of the Chilean Society of Nuclear Medicine.

8131
CSO: 5400/2088

TRAINING, PROGRAMS AGAINST CHILDHOOD DISEASES BEGIN

Brazzaville ETUMBA in French 24 Jul 85 p 7

[Article by L. Loundala]

[Text] The first national course on communicable childhood diseases began in Brazzaville on Monday 15 July 1985 under the aegis of the Ministry of Health and Social Affairs and will continue for 2 weeks. The purpose is to look for appropriate ways and means of eradicating the communicable diseases with which children are stricken—that is, the appropriate methods for vaccination and the treatment of diarrhea, malaria, measles, and other kinds of fevers.

Participation by American, French, and Congolese experts made it possible to place in evidence the capacity for organizing activities for health education, therapy through oral rehydration, the enlarged vaccination program, and the treatment of malaria.

Thanks to those methods, the participants from every region in Congolese territory and the delegates from the Central African Republic learned the techniques for combating infant mortality.

According to a study conducted in the Kouilou and Brazzaville Regions, the principal causes of infant mortality are measles (48.25 percent) and diarrhea (20.27 percent). Comrade Gabriel Madzou, director of preventive medicine, stated that 11,054 cases of measles were recorded in Congo in 1984.

Measles kills an average of two children a day—60 people a month—in the country's economic capital.

In the case of diarrhea, the mortality rate among children under 5 years of age is 48.6 percent in Brazzaville and 27.7 percent in Pointe-Noire, while the national average is estimated at 8.9 percent.

In March 1985, the mortality rate due to that scourge in Pointe-Noire rose to 62.9 percent. In addition, malaria and other (unspecified) types of fevers account for 9.29 percent of the total deaths among children in Congo.

This project, the cost of which is estimated at over $1 million (about 500 million CFA francs), is being financed by the FAC (Aid and Cooperation Fund), U.S. AID (Association for International Development), and the Congolese Government to reduce morbidity and mortality among children under 5 years of age and among pregnant women.

BRIEFS

ANTIMOSQUITO CAMPAIGN--To enable its citizens to live and sleep in peace, the municipality of Brazzaville has declared war on the legions of mosquitoes infesting our capital's environment. Our capital's local government is going to take drastic steps to overcome that public enemy. [Excerpt] [Brazzaville MWETI in French 20 Jun 85 p 5] 11798

CSO: 5400/187

JPRS-TEP-85-017
9 October 1985

FRANCE

NEW TECHNIQUE TO NEUTRALIZE AIDS VIRUS

Paris AFP SCIENCES in French 18 Jul 85 pp 47-48

[Text] Paris--With complete peace of mind hemophiliacs can now accept the blood preparations being prepared for them: a team at the Lille Blood Transfusion Research Center (CRTS) has just developed a technique which permits the neutralization by heat of possible AIDS virus in anti-hemophiliac products.

The process developed by Prof Lucien Martinache and Dr Thierry Burnouf consists in heating freeze-dry plasma products under precise conditions of temperature and time when they are packaged.

According to a report in the 17 July issue of LE QUOTIDIEN DU MEDECIN, to verify the validity of this test the Lille CRTS team innoculated [blood] products with the virus before testing their inactivation method. The samples treated in this manner were analyzed by Prof Luc Montagnier, of the Pasteur Institute, who found that the virus had totally disappeared.

This process was validated by the National Health Laboratory, and the Lille CRTS has for a week been delivering antihemophiliac products free of possible contamination.

"For the moment, we are also supplying the other blood transfusion centers; however, these centers should quickly be in a position to take over by mastering the technique themselves," Dr Burnouf told the AFP.

"It was time for such a safety barrier to be erected because the risks of intravenous AIDS transmission are considerable for hemophiliacs," emphasized Gerard Mauvillain, head of the French Hemophiliac Association.

"In Lille, 12 to 15 percent of the hemophiliacs are already infected: however, in other regions the figure runs as high as 60 percent," Dr Burnouf said.

"Of the 5,000 hemophiliacs reported in France, we know that hundreds, if not all, of them are at present carriers of the virus. For the moment, only a few have developed serious symptoms of the disease; and several have died from it; however, since the incubation period is several years, we have not yet had enought feedback to evaluate the real consequences of the problem," Mauvillain indicated.

The risks of blood transmission are in fact much higher for hemophiliacs than for any other person: if we estimate at 1 per 500 the number of blood donors who are carriers of the virus, the preparation of blood products for hemophiliacs (factors VIII and IX which contain the plasmatic proteins hemophiliacs lack and assure the regulation of blood coagulation) requires the gathering of dozens, indeed hundreds of bottles, which multiplies the risks considerably.

"The development of this process is good news for us, providing all hemophiliacs can utilize these heat-treated products and existing supplies are destroyed, as they do not offer the same guarantees," Gerard Mauvillain emphasizes.

Mauvillain also requests that all hemophiliacs be informed of whether or not they are infected so that appropriate action and the required precautions can be taken. "At present, all hemophiliacs can take the AIDS screening test; however, some blood transfusion centers refuse to tell the interested party whether the test was negative or positive," he said.

The National Ethical Committee, chaired by Jean Bernard, recently came out in favor of frankness with respect to persons tested, so that they will be able to avoid transmitting AIDS to their partner or spouse. However, not all blood transfusion centers have adopted this attitude.

For its part, the National Blood Transfusion Center [CNTS] in Paris reported recently that it had developed another heat technique for the inactivation of the AIDS virus, which gives equally good results and which permitted the Center in June 1985 to make the first antihemophiliac units available to users.

At the CNTS, the heating of blood products takes place during the processing phase and not at the end of it, according to Dr Michel Garetta.

8143
CSO: 5400/2552

CONCERN INCREASES OVER AIDS

Fabius on Government Policy

Paris LE MONDE in French 24 Aug 85 p 8

[Article by Jean-Yves Nau: "Prime Minister Defines AIDS Struggle Policy:]

[Text] In a letter addressed to Edmond Herve, secretary of state for health, made public on Thursday, 22 August, the prime minister defines, for the first time, the broad lines of the policy the government intends to implement in the face of the AIDS epidemic. Laurent Fabius--the only member of the government to speak on this subject, the secretary of state for health not seeming to have a voice on the matter--had already announced on 19 June, on the National Assembly rostrum, the systematic detection among blood donors of biological symptoms of contamination by the AIDS virus. No decision had been made as yet as to the conduct to be followed toward donors: to tell or not to tell the truth, to communicate the result of the test or not?

First, the National Ethics Committee, then a National Blood Transfusion Society working group had declared themselves in favor of such publication. Very recently, a group of experts convened at the request of the government adopted the same position. This was no longer disputed, moreover, except by some few members of the medical profession. "...After very close reflection in this difficult field," Fabius writes, "I share this conclusion on the need to inform. Several arguments seem determining to me in order that measures likely to avoid contagion may be taken. On the other hand, information alone makes it possible to institute the medical follow-up necessary for the detection of a possible and rare development of persons seropositive to the disease...It seems that everyone has a moral right to information directly concerning him."

The positive result will be given only after a second, confirmation test is carried out, and within the framework of a medical interview. At the same time, an informational effort by the medical profession and paramedical corps will be undertaken. Fabius thus asks Herve to "take the necessary steps to provide this information, particularly through the completion of a medical brochure for national distribution."

No "New Leper Hospitals"

However indispensable they may be, these initiatives will not settle the many questions posed by an epidemic that, the fact is fully established, is spread by transfusions of contaminated blood alone. One of the perverse effects of the setting up of screenings--free of charge--in blood transfusion centers is that of drawing to these establishments persons "at risk" anxious to know as quickly as possible whether or not they have been in contact with the AIDS risk. This risk seems remote, nevertheless, since a recent circular from the director general of health stated: "All hospitals will have to take care of people who want to know whether or not they are carriers of the AIDS virus, which will avoid having these persons congest blood transfusion centers, solely with the hope of getting the screening test."

On the other hand, it does not seem that the movement, in France, is toward creating specialized hospital services, equivalent to American AIDS clinics. In the secretariat of state for health, concern is expressed in fact about not wanting to create "new leper hospitals."

Another managerial problem seems on the way to settlement: that of reimbursement for screening tests. "You will see to," Fabius writes, "defining the technical and financial conditions for undertaking the reimbursement of medical expenses required by the development of this disease. In this connection, your services will have to propose procedures permitting public and private laboratories to carry out screening tests, by specifying methods of reimbursement." What is involved here is a major point: only systematic reimbursement for these tests (which it should be possible to carry out by medical prescription at the request of persons feeling themselves concerned) will in fact be likely to check the spread of the disease.

Prison Personnel Concerned

Paris LE MONDE in French 24 Aug 85 p 8

[Interim report by LE MONDE correspondent: "Prison Virus"]

[Text] Gradignan--With its high grey walls of concrete, the Gradignan (Gironde) prison reserved for those over 21 (468 persons imprisoned, for a capacity of 240 places) is next to the young prisoners' center (71 prisoners for 98 places).

The "affair" broke out after the usual collection by the regional blood transfusion center last July. "For a prisoner, it is an opportunity to get out of his cell, perhaps the hope of having his arm caressed by the nurse at the time she inserts the needle, the assurance of drinking a cup of red wine after the blood is taken," a warden explains. On the occasion of this blood donation, analyses were going to be carried out. Out of 14 donors, "several" proved to be carriers of antibodies secreted following contact with the AIDS virus.

A prudent silence seems to have been observed for several days. Until the moment when the establishment psychiatrist decided to inform the "healthy

carriers" of their condition. These would then--consciously?--make a separate group. They remained in their cells at exercise or movie time. "In this microcosm, everything is noticed. The prisoners confided in their girlfriends and the latter ended by talking to the guards. This is how the union was alerted, how it conducted its investigation...and decided to disclose the truth," sums up one of the officials of the FO [Workers Force] section of the prison staff.*

Thursday, the guards on duty at the gate of Gradignan's central prison resembled all their colleages in France. Regulation uniforms, no Martian dress. Some were even joking.

In his office, which he will leave next month for Guiana, where he will become chief of the facility in Cayenne, Claude Bodin analyzes the situation: "AIDS in the prisons, that is not surprising with the persons at risk, homosexuals or drug addicts, who make up a large part of the prison world. The question is knowing why this broke out in Gradignan and not in Fleury or Fresnes, where these cases also exist."

Bodin is the national secretary of the CFDT [French Democratic Confederation of Labor] of the "penitentiaries." For him, the current scandal was intentional, "with no regard for individuals."

And he names without hesitation these responsible for the dramatization: his FO opponents. It must be said that, in Gradignan, relations between the two unions are rather strained.

A Political Matter?

"You cannot make me believe," a CFDT official says, "that the spectacle aspect that was intentionally given to this matter is not synonymous with ulterior political motives. If not, how can we explain the tracts inspired by extreme-Right organizations saying: 'Don't touch my buddy; because he has AIDS.'"

"What is wanted," states, for his part, the deputy head of the FO section, "is for the prisoners involved to be taken over by specialized structures. The authorities and the prison administration (the latter, here, hid the truth from us for too long) should assume their responsibilities. If not, we will act, without taking into account the possible reaction of the prison population."

In about a week from now, actions aimed at "hindering the course of justice" might be envisaged by the wardens who might go as far as to "put down the keys." But in the meantime, FO's national executive committee will have

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*FO claims it represents 90 percent of the staff, a figure disputed by the CFDT, which asserts it has 47 members, while giving 71 to FO, 15 to the independents and 6 to the CGT [General Confederation of Labor], which does not have a section.

every opportunity to think and to interpret the attitude of the ministry. "Put yourself in the place of those who are in contact with the prisoners' blood (there are many self-mutilations in prisons), with these people's spit, for we are talking of sperm and blood, but we do not yet know whether saliva and tears are carriers, and you will understand that the wardens are fearful for their hide. In that case, nobody cares whether anyone is on the Left or on the Right."

"In dramatizing to a degree, in underlining this problem, we are looking for good excuses for an all-out return to security, order and discipline in the prisons," Claude Bodin considers. "I am convinced that this trade union one-upsmanship will be expressed by a disgust with manipulation. AIDS, certainly. Is it for all that that in the hospitals, the nursing staff who come near sick persons, who themselves, are really ill, make such a fuss about it?"

More than the presence inside Gradignan's walls of healthy carriers (there are three, according to the CFDT, nine according to FO), it is the reaction of the prisoners that worries the prison staff the most. Present at a meeting organizaed by the establishment management, which wants to have a dialogue with the prisoners, floor by floor, a guard testifies: "The picture that remains with me is this thirst of the prisoners to know. They want the truth, regret that only embarrassment is today leading the management to open the dialogue."

9434
CSO: 5400/2556

SUSPECTED AIDS CASES AROUND COUNTRY

Italian Tourist in Crete

Athens ELEVTHEROTYPIA in Greek 10 Aug 85 p 19

[Article by N. Psilakis: "AIDS Diagnosed in Italian Tourist on Crete"]

[Text] Irakleio, the 10th.

AIDS has appeared on Crete too, in an Italian tourist, according to reports from the Venizeleio Hospital. A week ago an individual 25-28 years old, of Italian origin, whose name however is unknown and who had been staying in Crete for 3 months, visited the rural doctor in Tylisos village. The doctor found extensive sores on his arms and legs, like small wounds that had not broken open.

The rural doctor referred the Italian to the Venizeleio Hospital in Irakleio, where he was examined by internist Nikos Kefalogiannis, who found Kaposi's sarcoma, which can accompany AIDS. The foreign tourist was next referred to the internist and anatomist Mrs. Papadopoulou, who diagnosed acquired immune deficiency syndrome, better known as AIDS.

The Italian became afraid, refused all treatment, and left the country.

The hospital and the areas where the Italian had been examined were disinfected for fear the sickness might be transmitted. It should be noted that the Italian himself admitted to being a drug addict, a fact which reinforces officials on the fate of young Greeks associating with foreigners who use narcotics [sic].

Police authorities were not aware of the incident.

Suspected AIDS Death

Athens TA NEA in Greek 16 Aug 85 p 7

[Article: "AIDS--New Case. Victim a Former Minister"]

[Excerpt] A new case of AIDS in a Greek who recently had a blood transfusion in America. The victim is Khristos Stambelos, 71, who died yesterday at Sotiria Hospital of septic pneumonia.

It was learned that Stambelos has recently had open heart bypass surgery in an American hospital.

Three days ago the patient was admitted to Sotiria Hospital with severe respiratory and heart problems.

While he was being treated, doctors observed clinical symptoms of AIDS, at which point laboratory tests were begun.

According to clinical observations, Kh. Stambelos showed the characteristic symptoms of AIDS.

Suspected Case in Salonica

Athens TA NEA in Greek 19 Aug 85 p 19

[Article by "our correspondent": "Being Treated with AIDS Symptoms"]

[Text] Salonica, the 19th.

A young man showing very probable symptoms of AIDS is being treated in an isolation area at a unit of Internal Medicine Clinic II at the Ippokrateio Hospital in Salonica.

The young man--who is 23, is privately employed, and is reported to come from Volos--has undergone five series of tests so far, the results of which are expected today.

It has been learned that when he was admitted to the hospital 15 days ago, he had a high fever, severe diarrhea, and pulmonary problems, which led the doctors examining him to isolate him in a special unit of the hospital.

Doctors have carefully examined the possibility that the 23-year old is suffering from acquired immune deficiency syndrome (AIDS), but the test results have not yet come back to confirm this.

12593
CSO: 5400/2558

MORE VICTIMS ALLEGED TO CONTRACT AIDS IN HONG KONG

Hong Kong SOUTH CHINA MORNING POST in English 7 Sep 85 pp 1, 7

[Article by Jamie Walker]

[Text] A major health insurer has excluded AIDS from its top-line care packages following the discovery of another case in Hongkong.

Hongkong's fourth AIDS victim, a policy-holder with Blue Cross (Asia Pacific) Insurance Ltd and a long-time resident, is now gravely ill in the United States.

But the Government has refused to confirm the case and a spokesman for the Medical and Health Department, Mrs Juliana Ma, maintained yesterday Hongkong's AIDS count stood at three.

A spokesman for Blue Cross (Asia Pacific) said the patient, a wealthy businessman, had been diagnosed as suffering from AIDS in the United States after he left Hongkong for specialist treatment in late April.

Desperately ill and with a registered nurse at his side, he lay on a stretcher in a curtained off section of a commercial airliner's first class compartment during the flight to America.

He had earlier been admitted to Queen Mary Hospital for a short time, the company spokesman reported, although Mrs Ma said she could find no record of him being treated for AIDS.

Blue Cross (Asia Pacific) cited AIDS out of concern that it might be pressed to cover the cost of a major outbreak of the disease in Hongkong.

"We suspect we will have more cases here.

"We have already seen some people we are concerned about," said one Blue Cross executive, who spoke on condition of anonymity.

"Because of the proliferation of this disease, we thought we had to consider some sort of exclusion for at least two years so we can see what we are facing."

The company's decision is believed to be unprecedented and was implemented just over a week ago.

The company spokesman said additional measures, including the introduction of AIDS tests for people applying for health coverage and setting of a specific levy for the disease might be considered.

So far, the company has limited the AIDS ban to top-of-the-range policies, such as a US$50,000 (about HK$390,000) limit "World Wide Executive Health Plan" designed to cover business travellers.

A copy of the health plan, obtained by the SCM Post, named AIDS (acquired immune deficiency syndrome) and "secondary symptoms" of the disease in a 17-point list of exclusions.

Others were:

- Suicide or attempted suicide.
- Psychotic, mental or nervous disorders.
- War injury.
- Venereal disease.
- Pregnancy.
- Most dental care and cosmetic surgery.
- Accidents resulting from sports such as skydiving and para-sailing, scuba-diving, absailing and mountain climbing.

The company spokesman said only new policy-holders would be affected by the AIDS-action — claims made by AIDS sufferers who had existing health coverage would be honoured.

The move, however, is likely to spark controversy.

Similar initiatives in the United States, including one in which a local authority attempted to force job applicants to undergo AIDS tests, have met fierce opposition from civil and homosexual rights groups.

The president of the Hongkong Branch of the British Medical Association, Dr Timothy Teoh, yesterday branded the AIDS ban descriminatory.

He said: "Personally, I don't think you can single out one disease or one group of people like this.

"I feel it is discriminatory to do that."

More protests came from a local advertising executive, who refused to take a policy with Blue Cross (Asia Pacific) when he learned of the decision.

The executive, who asked not to be named, said:

"I don't do business with any company that discriminates against any group of people.

"I think they should cover people for any major illness, why else do you take out insurance?

"This is a knee-jerk reaction to the (AIDS) problem on their part."

The Blue Cross (Asia Pacific) spokesman said the company had to cover itself because of the prohibitive cost of health care for AIDS patients.

Its one experience with an AIDS patient had already cost it more than US$20,000 (about HK$156,000) and the final bill could reach US$100,000 (about HK$780,000).

"You can't avoid the fact that we are operating a business and this was a business decision," he said.

"The only alternative was to put up all our premiums to cover a small group of individuals."

The Insurance Council of Hongkong would not comment specifically on the incident.

It issued a statement saying:

"As a free market (in Hongkong) companies sell all products.

"Some may include certain things but not others.

"Of course customers have a choice in buying policies that are most suitable for them."

Officially, only three Hongkong men have contracted AIDS.

The first, a 46-year-old Hongkong-based sailor died in February.

Another case was diagnosed soon after and the third was confirmed by the Medical and Health Department in June.

The June victim died last night.

Mrs Ma said the condition of the last identified victim was still poor and he was still being treated in a Government hospital.

● A Kuwaiti student who had sexual relations with a young woman in Hongkong was found shortly afterwards to be carrying AIDS, it was reported in Kuwait yesterday.

The newspaper Al-Rai al-Aam reported the fatal disease was diagnosed after the student returned to the United States, where he was living.

The student's name was not disclosed.

He has been taken back to Kuwait, the paper said.

● The man deported from Miami to Hongkong last year became the first person in the Far East to die from AIDS, Hongkong doctors say.

Doctors at the Hongkong hospital where the 46-year-old man died in February told the Miami Herald in a report published yesterday the man did not seem to have been a homosexual or an intravenous drug user.

But the man did admit to engaging in sex with prostitutes many times in Miami, where he said he worked in a Chinese restaurant.

"Promiscuity among heterosexuals is one thing they think is causing it," said Mrs Betty Hooper, a spokesman for the Centre for Disease Control in Atlanta.

"The risk of getting AIDS is increased by multiple sexual partners, either homosexual or heterosexual."

"I think he was telling the truth," said Dr Andrew Y.T. Chan, who treated the unidentified patient.

CSO: 5450/0319

PRESS REPORTS ON DEVELOPMENTS IN AIDS PREVENTION

Residents With Antibodies

Hong Kong HONGKONG STANDARD in English 25 Aug 85 p 2

[Text]

TWO Hongkong residents have discovered they have the AIDS antibodies in their system.

According to a local doctor the two men sought tests seperately on recent individual trips to the United States.

Both say that at the time of their tests neither had had any intimate contact with a person outside of Hongkong.

The doctor, who asked not to be named, said both men went to the United States on holidays and decided to be tested while they were there.

The local screening test for the antibody costs $220 and the confirmitory test $250 - both are available to doctors through the Government Laboratory.

Yet many members of the homosexual community, one of the high risk groups, are reluctant to take advantage of the new testing facilities because of the laws prohibiting homosexual behaviour.

"I would much rather go to the Blood Bank to be tested," said a law student.

Dr Susan Leong, director of the Blood Transfusion Service, said earlier this week that the identity of any person found to have the AIDS antibody would be fully protected even from the government.

But she was concerned that the Blood Transfusion Service may be used by some people as a free and confidential way of finding out if they have come into contact with the virus.

"We are asking anyone who thinks they may have come into contact with the AIDS virus not to give blood," she said.

Sadly for one young man the plea has fallen on deaf ears.

"If you go to the doctor and you are found to be carrying the disease you have to disclose that you are a homosexual," said the law student.

"My fellow classmates and I are very interested to see this law change and I think it will within five years," he said.

But five years may be too late.

Another homosexual male said there was no way he would step forward and be tested despite the fact he admitted to having about 100 partners last year.

He and seven of his friends said that they would not go anywhere near the district offices to collect the leaflets on AIDS out of fear.

A one line comment seemed to sum up their fears.

"Hongkong is an epidemic just waiting to happen."

Committee Conducts Survey

Hong Kong HONGKONG STANDARD in English 25 Aug 85 p 2

[Text]

THE Medical and Health Department has been unfairly criticised about being too slow to act on AIDS.

This is the message from Dr E.K. Yeoh, chairman of the Scientific Working Group and a member of the Advisory Committee - the two bodies appointed to find out how prevelant AIDS is in Hongkong.

He said local medical authorities were looking at the AIDS question some months before Hongkong had its first casualty.

"The Advisory Committee held its first meeting last November to decide what our priorities should be," he said.

The function of the Advisory Committee, chaired by Dr S.H. Lee, is to keep abreast of AIDS information world-wide and to consider the priorities and steps surrounding the AIDS question in Hongkong.

The Scientific Working Group was formed to carry out the extensive survey needed to get a clear picture of the AIDS situation here.

The on-going survey is being conducted through private doctors, drug rehabilitation centres, social hygiene clinics, the methadone programme and in hospitals.

The group is hoping to test homosexuals, transfusion patients, intravenous drug users and prostitutes, who are all more vunerable to AIDS infection than the rest of the community.

"This is a high priority of the Medical and Health Department," said Dr Yeoh.

He said the Department's approach had been kept low-key to avoid the panic and misapprehensions that have raged along with AIDS in other countries.

"This is one of the big problems associated with AIDS and the Advisory Committee thought it was one of the tasks that deserved high priority — that is why things started slowly," he said.

Hongkong residents have acted very sensibly about the whole AIDS issue."

Since the beginning of the year the controversial hotline has been set-up and three leaflets have been printed on AIDS and distributed free through the Central Health Education office and all district officers as part of the plan of attack.

The move was designed to educate both the public and health care workers.

The Department has also attempted to educate local doctors through its phone-in consultation clinics.

The testing of sperm donations through the Family Planning Association and blood donations through the Blood Transfusion Service were also vital if Hongkong was to keep AIDS under control.

Now it a matter of wait and see while the Scientific Working Group conduct their survey.

Dr Yeoh said initial results should be available in a month.

When they become available they will be examined by the Advisory Committee who will then decide if it is in the public's best interest to know the results.

"It is anyone's guess when AIDS actually came to Hongkong simply because of the long incubation period," he said.

"The time lag might be anywhere from one to three years," he said.

There have so far been three publicly confirmed cases of AIDS in Hongkong but as yet medical authorities don't know how many people may have come into contact with the disease.

It is hoped that the screening test and the confirmatory test will provide the answers in the near future.

Dr Yeoh said the first two AIDS victims in Hongkong are believed to have contracted the disease in the United States while the third probably contracted it in Europe.

All the victims so far have been male and the first, a 46-year-old Chinese seaman, died in February this year.

The other two men, aged 33, are still battling their diseases.

Dr Yeoh said as far as doctors know "only the third victim has had contact with a local Hongkong resident and that person was tested and found to be free of the AIDS anti-body.

Victims Back in Hospital

Hong Kong SOUTH CHINA MORNING POST in English 28 Aug 85 p 18

[Text]

Hongkong's two surviving AIDS victims have been admitted to hospital again.

The men, the second and third known local victims of acquired immune deficiency syndrome, were admitted to hospital last week after new problems were found to have developed.

The second victim, a 33-year-old man, returned to hospital on Thursday after developing a cough and fever. He was said to be in poor condition last night.

The other, a 24-year-old man, was admitted on Wednesday with a lung infection. His condition was described as fair.

Hongkong's first confirmed AIDS victim, a 46-year-old Chinese sailor, died in Princess Margaret Hospital in February.

The Medical and Health Department, meanwhile, has said that a total of 13 blood tests for AIDS have been performed since a scheme open to all doctors and hospitals was started on August 19.

Blood Tests Begin

Hong Kong SOUTH CHINA MORNING POST in English 29 Aug 85 p 10

[Article by Agnes Chen]

[Text]

The Red Cross Blood Transfusion Service yesterday started screening donations to its blood-banks with long-awaited imported AIDS testing reagents from the United States.

The tests, designed to detect antibodies produced by the body's defence system to fight against the AIDS virus, will reassure people there will be no risk of anyone contracting the deadly disease through blood donations.

Introducing the screening for antibodies of the Human T-Lymphotropic Virus Type-III (HTLV-III) in blood donations, the director of the service, Dr Susan Leong, said if a test proves reactive, they will not use that unit of blood for transfusions.

"Only HTLV-III antibody negative blood will be used for transfusions," she said.

About 500 tests will be conducted daily at its laboratories in King's Park Rise, Kowloon.

The service has secured a continuous monthly supply of about 15,000 reagents from the United States.

This is to coincide with the daily average of donors, which stands at 500.

There was a 12 per cent drop in the number of donors early this year but it gradually returned to normal in April.

The tests, which will cost $3 million a year, have a 99.8 per cent accuracy and will reassure people receiving donated blood there is no danger of it being contaminated with the deadly virus.

Said Dr Leong: "This will eliminate even the remote possibility of passing on transmissible disease through this HTLV-III virus."

For those tests which are found to be positive, Dr Leong said they will have to repeat the test by the same ELISA method and if that is proved to be repeatedly positive, they will send the blood specimen to the Government virus unit for a confirmation test.

She stressed, however, that a positive test result does not mean a person will develop AIDS.

It only indicates the donor has been exposed to the HTLV-III virus, she said.

"Donors with confirmed positive results will be informed on a confidential basis and appropriate counselling will be provided."

Blood donors may assume the result of the test is negative unless contacted.

The Red Cross has also inserted two extra items into the notice which all blood donors have to read before donating.

One of them says: "A positive HTLV-III antibody test means that a person has been exposed to the AIDS virus.

"This does not mean the person will develop AIDS.

"For example, many people are exposed to infectious agents, including polio virus and tuberculosis bacteria and develop antibodies, but do not become ill with the diseases."

Donors are also notified that "a donor with a confirmed positive result will be informed on a confidential basis. Advice is available on request."

Seven technical staff have been recruited for the screening.

The whole procedure takes about 5½ hours.

The Government will be responsible for the recurrent costs of $3 million a year.

Dr Leong said despite the implementation of these new test procedures, the precautionary measures adopted by the service in June 1983 to control the spread of AIDS will still be effective.

And blood donations from high risk groups will continue to be refused.

Blood which had been collected before yesterday will not be tested again with the reagents.

Meanwhile, 13 customers have gone forward for the Government's AIDS testing programme, according to a Medical and Health Department spokesman.

The new service — costing $220 or $250 a time depending on the type of test — allows doctors to send blood samples to laboratories at Queen Mary Hospital and Yan Oi Polyclinic, Tuen Mun, for screening.

As regards the two AIDS suspects, the spokesman said they are still in a poor and fair condition respectively.

CSO: 5450/0301

JPRS-TEP-85-017
9 October 1985

INDIA

HEALTH AUTHORITIES SURVEY PEOPLE PRONE TO AIDS

Madras THE HINDU in English 8 Sep 85 p 3

[Text]

NEW DELHI.

Although there is no ban now, on the import of blood products to prevent the spread of AIDS (acquired immunity deficiency syndrome), it will be good in principle, to ban the import of condensed factor VIII, according to Prof. V. Ramalingaswami, Director General of the Indian Council of Medical Research (ICMR). Factor VIII, a protein present in minute quantities in normal human blood, is essential for coagulation.

Referring to a news report about the import ban imposed by the Chinese Government on blood products, Prof. Ramalingaswami told THE HINDU, that there is no authentic report of the existence of AIDS in any part of the country. However, the health authorities are not taking any chances, and have just launched an intensive survey of "high risk" population, like haemophiliacs, whose blood-clotting is defective and are dependent on transfusions, professional donors, drug addicts and patients at "sex clinics".

The survey, being conducted by the National Institute of Virology, in Pune, will initially cover the western region, and will investigate the presence of antibodies to the AIDS virus in the "high risk" category. Testing kits from the National Institute of Health, Bethesda in the U.S., has been specifically imported for the purpose, Prof. Ramalingaswami said.

The Central Government hospitals and blood banks do not import blood products from abroad. According to Mr. P. D. Dasgupta, Joint

CSO: 5450/0002

'VIRULENT FORM' OF MALARIA IN CALCUTTA

Calcutta THE STATESMAN in English 30 Aug 85 p 1

[Text] Malaria has reappeared in Calcutta in a virulent form, Mr Kamal Bose, Mayor of Calcutta Municipal Corporation, said on Thursday while inaugurating a seminar on "urban mosquitoes" at the Institute of Urban Management.

The situation prevailing a decade ago, when malaria was not to be found in the city proper and the suburbs were free from malaria to a great extent, had changed, considerably, he said.

The Mayor said that the stagnant water in the Metro Railway trenches and the poor rate of flow of water through the Corporation sewers and surface drains were contributing greatly to the breeding of mosquitoes in the city. The missing manholes were adding to the problem.

Because of the prolonged neglect of the canals around Calcutta, such as Tolly's Nullah, Kestopur Canal, Maratha Ditch and Beliaghata Canal, these have become breeding places for mosquitoes. If the canals were dredged properly and the unauthorized encroachments on their banks were removed, mosquitoes would not have found a place for breeding, he said.

Mr A. K. Hati, Professor of Medical Entomology, School of Tropical Medicine, Calcutta, said that in 1971 46 malaria cases in Calcutta and 1,006 in the State were reported. In 1984, there were 26,056 malaria cases in the city and 46,340 in the State. Thus, while the total malaria attacks in the city in 1971 was 4.6 percent of the total number of attacks in the State, in 1984 the percentage had increased to 56.2.

He said that six species of culex, seven species of anopheles and five species of other types of mosquitoes were found in houses in Calcutta. C. Vishnui mosquitoes, the vector of Japanese encephalitis, were insignificant in number in the city and no authentic case of Japanese encephalitis had occurred in Calcutta as yet, he said.

CSO: 5450/0305

EVIDENCE OF SICKLE CELL IN RAJASTHAN TRIBALS

Bombay THE TIMES OF INDIA in English 29 Aug 85 p 4

[Text] Udaipur, August 28 (PTI)--Evidence of sickle cell disease has been found for the first time in the tribal population of Rajasthan, according to Dr. R. C. Jain of the Ravindranath Tagore medical college, here.

The sickle cell gene is mostly present in African populations and hence the present study will throw light on whether the Indian haemoglobin-S trait is related to the African one, Dr. Jain said.

Sponsored by the Indian Council of Medical Research, the study was carried out among the tribals of Rajasthan living in an area endemic to malaria.

Existence of sickle cell has been reported by a British team earlier, among the tribals of the Nilgiri Hills of Southern India in 1952. Subsequently, it has also been found in various tribal groups of Gujarat, Maharashtra, Kerala, Orissa, Madhya Pradesh and Tamil Nadu.

It has been suggested that there is a relationship between the presence of sickle cell, abnormality of red blood cells and malaria. The sickle cell gene is found in several tribal populations in Africa living in malaria-endemic areas. The tribals of Rajasthan also live in malaria-endemic area.

Dr. Jain said that nothing was known about the origin of this sickle cell gene in India, whether it occurred due to selective pressure provided by nature or malaria or spontaneous mutations or whether it migrated from Africa.

"As sickle cell gene is mostly present in African population it would be fascinating to know if the Indian haemoglobin-S is related to the African one or others", he said.

Meanwhile, a collaborative research programme has been finalised between the research council of France and the RNT Medical College, Udaipur for further DNA analysis to find out the nature of Indian sickle cell haemoglobin.

CSO: 5450/0304

SQUALOR SAID TO CAUSE CHOLERA IN GUJERAT VILLAGE

Bombay THE TIMES OF INDIA in English 26 Aug 85 p 9

[Text]

"POOR sanitation and unhygienic water supply facilities were directly responsible for the sudden outbreak of cholera in Tundav village, near here, which claimed seven lives.

About 100 others are still undergoing treatment — over 70 of them in two hospitals here and the rest in makeshift isolation wards set up by the village school — after complaining of symptoms like vomiting and diarrhoea.

More than 50 health personnel, including doctors, nurses and para-medical staff, were engaged in the treatment of patients and inoculation.

For a village, with a population of 4,200 tundav has abysmally low standards of hygiene and sanitation.

Situated about 20 km from here, it has a "pucca" road leading right into the local primary school, but its narrow streets are slush.

The district development officer, Mr. Ravi Saxena, who is supervising the relief operations, said the source of the disease appeared to be the village well, Tundav's principal source of water. The well is situated only a few metres away from a large natural pond, on whose banks people have been defecating and washing clothes for years.

Water from the well is pumped directly by pressure into pipelines laid across the village, but there is no overhead tank anywhere. In the summer months, especially, this leads to low pressure in the pipelines and the villagers explained that water only trickles in through the taps.

To overcome this problem, the villagers have, at several places, dug small pits in the ground under the taps, where the water is allowed to collect for later use. Most of these pits were dug in extremely unhygienic locations.

At many places, the valves have been damaged by constant movement of tractors and other vehicles on the "kutcha" road and the pipes have developed leaks, causing rain water from the streets to seep into the water supply system.

After the outbreak of cholera, the well is not used and the villagers have to trudge long distances to collect water from other privately-owned wells.

The streets have been sprayed with bleaching powder but signs of the unhygiennic conditions can be seen everywhere in the village.

Meanwhile, reports of stray cases with similar symptoms came from some surrounding villages and doctors were rushed there, too, to investigate.

According to Mr. Saxena, this is the most serious outbreak of cholera in the region in recent times. Some cases, and three casualties were reported earlier this year from Daniavi, Sunderpura and Savli villages.

CSO: 5450/0302

BRIEFS

CHILDREN'S MYSTERY DISEASE--Dhar(MP), 15 Aug(UNI)--Twelve children have died and 10 taken ill due to a mysterious disease at Kuvali village in the tribal district of Dhar in western Madhya Pradesh during the past one month. The residents of the village, having a population of 1,000 have sent their children to other villages. The villages, who believe the children died due to divine wrath, have so far sacrificed three goats and offered 4,000 coconuts at the village temple to propitiate the god. Religious processions are taken out daily in the village. [Text] [New Delhi PATRIOT in English 16 Aug 85 p 5]

GASTROENTERITIS IN SUNDERBANS--Calcutta, Sept 10: A team of doctors was sent today to the Sundarban area in south 24 Parganas to look into the sudden spurt of gastroenteritis there, according to a state health department official. The official said today at Writers' Buildings that some persons had died of the disease in Patharpratima, Basanti, Kultali and its adjoining areas. The chief medical officer, 24 Parganas, has been asked to submit a report on the disease to the state government, he added. [Text] [Calcutta THE TELEGRAPH in English 11 Sep 85 p 2]

NEPHRITIS IN SLUMS--Calcutta, 28 July--Nephritis is on the rise among slum children in the city, according to a survey report of the West Bengal Cultural and Social Welfare Organisation. Twelve doctors in six selected centres of the organisation conducted a survey in city slums recently. Dr Subir Dutta, professor of pathology, University College of Medicine, and Dr Samir Das, a heart specialist, who led the team of doctors, found the infection first started in a child's throat and later spread to the kidney. In most cases "steptococcus" bacteria was responsible for the disease. Normally, children living in small houses with poor sanitary conditions were afflicted with the disease. The organisation was at present treating 15 children suffering from the nephrotic syndrome. [Text] [Calcutta THE TELEGRAPH in English 29 Jul 85 p 2]

VIRAL FEVER EPIDEMIC--Ujjain, Aug. 27 (PTI)--Ujjain is in the grip of a severe viral fever, which has affected nearly one lakh people so far. According to Dr Batuk Shankar Joshi, a Congress(I) MLA from Ujjain, the viral fever has spread due to water pollution. [Text] [Calcutta THE TELEGRAPH in English 28 Aug 85 p 5]

MALARIA, GASTROENTERITIS CASES--Calcutta, 13 Aug--Malaria and gastroenteritis cases are rising in the city, Dr Subodh Day, member of the mayor-in-council incharge of health said here today. He has asked the chief health officer of Calcutta Municipal Corporation to submit a detailed report on anti-mosquito drives and the quality of drinking water and edible oil being sold in the markets. He has asked the health department to intensify the anti-mosquito drive with van-fog generating machines, particularly in the slum areas. However, the 11 van-fog machines and 100 kmpsack sprayers bought for about Rs 3 lakhs could not be properly operated due to lack of vehicles. [Text] [Calcutta THE TELEGRAPH in English 14 Aug 85 p 2]

GASTROENTERITIS IN SECUNDERABAD--Hyderabad, 17 Aug--Thirteen persons died of gastro-enteritis, while six others are undergoing treatment in various city hospitals following suspected food poisoning. The affected persons are residents of Tadbund and Bolarum areas of Secunderabad and doctors at the Gandhi Hospital suspect the cause of gastro-enteritis could be the eatables consumed at the Mahankali Jatra on August 11 and 12. The sale of eatables and meat shops in the affected areas was closed today. Water and food articles have been sent for food culture to the Institute of Preventive Medicine, to find out the nature of the infecting organism. The Health Minister, Dr. Koteswara Rao said the victims could not be saved as they were admitted in hospital in a precarious condition. The health and municipal authorities were taking precautions in the area. [Text] [Madras THE HINDU in English 18 Aug 85 p 13]

DIARRHEA DEATHS REPORTED--Chinsurah, Sept. 2: Three children died of diarrhoea and 12 persons were afflicted with the disease at Gurjala village in the Pandua Block area of Hooghly district. The children have been identified as Tinku (4), Kakuli (10) and Khoka (3). The primary health centre at the village has taken measures to fight the disease. The village children have been given anti-cholera injections and the ponds disinfected. [Text] [Calcutta THE TELEGRAPH in English 3 Sep 85 p 4]

CONJUNCTIVITIS ON INCREASE--Calcutta, Sept. 4: The cases of viral conjunctivitis are increasing at an alarming rate, according to ophthalmologists. More than 400 such cases were reported in the out patients department of different city hospitals today. The disease was first located at Hatibagan in north Calcutta in the middle of last month, it is learnt. [Text] [Calcutta THE TELEGRAPH in English 5 Sep 85 p 2]

DYSENTERY IN HIMACHAL PRADESH--Six persons have died due to acute dysentry and many are suffering from the disease caused by contaminated drinking water in Harlog, Havan, Rohan and Tayana villages of Bilaspur district, it was officially stated here today. A team of doctors have been sent to the affected villages. [Text] [Calcutta THE TELEGRAPH in English 31 Aug 85 p 6]

GASTROENTERITIS EPIDEMIC REPORTED--(PTI from Ranchi): Gastroenteritis has broken out in an epidemic form at Bargaon village under the Ranchi municipal corporation, claiming 13 lives in the past three days, according to Mr M.M. Jha, deputy commissioner of Ranchi. Mr Jha said a medical team was camping at the village since Wednesday for mass inoculation and the public health engineering department had been instructed to sink four tubewells immediately for the villagers. [Text] [Bombay THE TIMES OFINDIA in English 7 Sep 85 p 12]

INDO-BANGLADESH HEALTH PACT--New Delhi, Sept. 9--India today signed an agreement with Bangladesh for arrangements relating to health control of sea, air and land traffic, terminating at or transitting through either country, reports UNI. The agreement was signed here by the Joint Secretary in the Health and Family Welfare Ministry, Mr P.P. Chauhan, and the Bangladesh High Commissioner in India, Mr A.K. Khandker. The agreement provides for single point checks in respect of health clearance requirements and provision of direct and rapid exchange of information regarding passengers who constitute a danger to the health of the two nations. The agreement also provides for an exchange of epidemiological information regarding incidence of quarantinable diseases and other important infectious diseases in either country. It makes possible collection and exchange of names and addresses of infected passengers or their contacts, travelling by ship, or aircraft and destined to disembark in either of the countries, and quarantine of passengers by a member country if the latter does not have such facilities at the intended port of entry. [Text] [Calcutta THE STZTESMAN in English 10 Sep 85 p 9]

CSO: 5450/0003

MAJOR OVERHAUL OF MEDICAL CARD SYSTEM SLATED

Dublin IRISH INDEPENDENT in English 6 Sep 85 p 1

[Article by Chris Glennon and Tony O'Brien]

[Text] A major overhaul of the £96m. medical card system to eradicate costly abuse was finalised by the Government yesterday.

Health Minister Barry Desmond is to seek an urgent meeting with representatives of the medical profession to renegotiate key elements of the system, covering 40 p.c. of the population.

In particular, the Minister wants the doctors to forego the present fee for each visit or consultation and instead agree to a yearly capitation fee per registered patient.

But last night, doctors' leaders predictably reacted with hostility to the proposals.

Doctors are also to be asked to help the Government reduce the huge cost of drug prescriptions.

They see the Minister's move as an unexpected development in the drawn-out negotiations on income and conditions.

It has long been a source of controversy between the medical profession and administrators that drug costs could be kept down substantially if doctors ordered drugs readily available through chemists shops rather than ordering special prescriptions.

The I.M.O., representing the general practitioners, have been involved in negotiations with the Department of Health for almost two years.

But only yesterday, the Government formally approved the negotiating package for the Minister to put to the Medical Organisation.

The doctors long-standing claim is for superannuation for those involved in the G.M.S., expense related to running practice, holiday pay and other matters.

Official sources declined to give any details of the package until it had been conveyed to the I.M.O.

But last night Dr. Michael O'Grady, chairman of the I.M.O.'s negotiating team and chairman of the G.P.'s sub-committee, said it was the first he had heard of the Minister's intentions.

Various methods of payment were being discussed with the Department, but the officials had never said that they wanted the introduction of a capitation fee system.

"The Minister's intention to change the G.M.S. to a capitation method has far-reaching implications and is a radical departure from the present method," said Dr. O'Grady, a Mallow G.P.

He said that in view of this development they would welcome an opportunity to talk directly to the Minister about the situation.

The Minister's action is likely to be discussed tonight at a special meeting of the I.M.O. in Portlaoise to let G.P.s know how negotiations on their claim are going.

Doctor's earnings under the scheme ranged last year from as little as under £2,000 to £77,000. The average amount paid to doctors in 1984 was L22,199, which chemists earned an average of £12,177

CSO: 5440/097

BRIEFS

AIDS ESCALATION--At least one new AIDS case is identified in Ireland every month. The disease has claimed two lives here so far, according to official figures, and at least four other people are dying from the illness. And health authorities in Cork revealed yesterday that 20 people in the area are being monitored as possible carriers of the AIDS virus, but said only one is showing evidence that the disease has developed. The official Irish AIDS total has now reached seven with the discovery of another victim in the Dublin area, though some experts claim the real figure is as high as 12, with five deaths. The Department of Health, however, said it has no reasons to suspect that its own official figures are underestimating the extent of the problem. The two people who have died were from Dublin and Cork. In Cork, the Souythern Health Board official said people there were being screened because blood tests had shown that they had been in contact with the virus at some stage in the past. The difficulty in monitoring patients is that the disease has a very long incubation period. Some medical authorities rate the likelihood of the disease developing in these cases at about six per cent. [Text] [Dublin IRISH INDEPENDENT in English 7 Sep 85 p 5]

CSO: 5440/097

EASIER ACCESS PLANNED FOR PHARMACEUTICAL IMPORTS

OW210535 Tokyo KYODO in English 0522 GMT 21 Aug 85

[Text] Koloa, Hawaii, Aug. 20 KYODO -- Japan and the United States Tuesday agreed to make efforts to solve before the end of the year problems concerning liberalization of the Japanese market for pharmaceutical and medical equipment, Japanese Government sources here said. The agreement was reached during the first-day session of four days of intensive sector-by-sector sub-cabinet level trade negotiations, the latest in a series which started in February this year.

The agreement calls for Japan to streamline certification procedures for U.S. "kit" products (one or more drugs in a single kit) by the end of this year, and for both sides to compile a report on the progress of Japanese market accessibility for medicines as well as to hold bilateral follow-up meetings regularly among experts to observe the market trend, the sources said. Assistant Secretary of the Treasury David Mulford, who headed the U.S. delegation, welcomed the Japanese decision.

Both sides will start working out details after all the parties concerned attending the MOSS (market-oriented sector selective) talks get together Wednesday to start preparing an interim report on progress in opening the Japanese market, the sources said. Other sectors under discussion at the current round of talks are electronics and telecommunications equipment.

Serious discussions on forest products, however, will not be held this time as Japan has yet to specify a tariff cut for plywood, they said.

Hitoshi Yoshimura, vice minister for health and welfare, also explained the recently-announced Japanese Government market-opening action program.

The sub-cabinet talks are being held against a backdrop of rising protectionist sentiment in the U.S. Congress. Talks on electronics will be held Thursday, and on telecommunications Friday.

CSO: 5460/025

BRIEFS

VIENTIANE ANTI-MALARIA, LEPROSY WORK--From April to early May the Vientiane Provincial Public Health Committee sent cadres to production bases in the mountainous rural areas, e.g., Hom District and Feung, Sanakham, and Keo Oudom Districts. The hospital has officially begun treating people since 8 May, and particularly in Hom District they have been drawing blood samples looking for malaria and setting malaria suppression techniques by giving out antimalaria medicines and sending patients for treatment at the district and canton hospitals in a timely manner. Moreover, in Keo Oudom District the mobile medical unit is continuing to vaccinate for leprosy prevention among the people. [Excerpt] [Vientiane VIENTIANE MAI in Lao 15 May 85 p 1] 9884

THAKHEK MALARIA WORK--In the first quarter of 1985 the malaria suppression unit cadres in Thakhek District, Khammouan Province, went to keep suppressing malaria among different production bases within their own district, especially in Nadon Canton, Thakhek District and Khammouan Province. They took and analyzed blood samples for over 8,000 people for malaria, finding this disease in 1.75 percent of the people and 8.12 percent had other diseases. They also distributed antimalaria medicine to 2,410 people. [Excerpt] [Vientiane PASASON in Lao 13 May 85 p 1] 9884

CHAMPASSAK DISTRICT MALARIA WORK (KPL)--Recently the cadres for public health and disease prevention under the public health section in Paksong District, Champassak Province, all put their entire effort into effectively carrying out their specialized task and expanding it down to the production bases throughout. Over a short period of time they sprayed DDT and gave out malaria pills (delasin) to the people of ethnic groups in 30 percent of 82 villages. They are now quickly carrying out this task in order to keep everyone healthy and to help them understand and attentively carry out disease prevention so that they can actively participate in strengthening production in their own localities step by step. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 3 May 85 p A6] 9884

PAKSE MALARIA INCIDENCE (KPL)--In the first quarter of this year the medical cadres in the malaria resistance section in Pakse, Champassak Province, organized themselves to go to various production bases. They were able to distribute antimalaria pills to over 17,560 people and took blood samples from over 770 people. They detected malaria in 530 people and over 60 people were examined for hypertrophy of the spleen. Over 18,000 persons were vaccinated and have taken preventive medicines. They sprayed DDT for 2,827 families. [Excerpt] [Vientiane KHAOSAN PATHET LAO in Lao 14 May 85 p A4] 9884

SAVANNAKHET ANTI-MALARIA WORK--In mid-April the medical cadres at the Route 9 Construction Headquarters Hospital and the malaria prevention and suppression section under the public health division in Savannakhet Province organized to take blood samples and analyze malaria and to give out antimalaria medicine to the bridge and road construction cadres and workers at various locations on Route 9. After over 1 week of work they had drawn blood samples and analyzed almost 2,000 people for malaria, and 30 percent were found to have the disease. The medical cadres concerned carefully treated them right where they were or sent them to the hospital, depending on the case. At the same time they gave out many thousands of antimalaria medicines to each construction company to keep the workers healthy and enthusiastic in carrying out their work. There was also news that prior to this in the first quarter of 1985 the medical cadres of the malaria prevention and suppression section in Savannakhet Province organized to carry out malaria suppression in Tha Pangthong and Samouai Districts which are hard to reach and far from the provincial district. They were able to take blood samples and analyze for malaria, gave out antimalaria medicine, and also sprayed DDT successfully in the people's houses in each village. [Text] [Vientiane PASASON in Lao 1 May 85 pp 1,4] 9884

CSO: 5400/4418

GENERAL DRIVE TO COMBAT CHOLERA DESCRIBED

Paris AFRIQUE NOUVELLE in French 7-13 Aug 85 pp 15, 17

[Article by Mohamed Soudha Yattara]

[Text] The Malian public health and social affairs minister, Professor Mamadou Dembele, revealed early in July that of the 3,839 cases of cholera reported, 859 have died. The areas most affected are those of Mopti, Gao, Tombouctou, Segou and the city of Koulikoro. In the Mali capital it is feared that, with the arrival of winter, the disease may spread to other countries; therefore, the Health Ministry has launched an appeal to the international community to help the country deal with the situation.

A program has been drawn up by the Health Ministry which proposes to combat diarrheic diseases and above all to emphasize the need for individual and collective hygiene, which is, according to Professor Mamadou Dembele, the only answer to the problem posed by cholera in Mali. The people, therefore, must be made aware and educated in this regard. In other words, efforts must be directed toward improving the food supply and providing the people with safe drinking water.

Examples

Cholera first appeared in the country in July and August of last year. It spread quickly, encouraged by the displacement and regrouping around water sources of the people who had been forced by the effects of the drought to leave their homes. Pockets of the disease broke out then all along the Niger river and in the areas of the great lakes. In other regions, such as Mopti, cholera became endemic, giving rise to the high death rate and the large numbers of cases reported at Mopti and its surrounding areas.

Measures have been taken to check the disease, but neither chemical prophylazis nor the establishment of sanitary cordons around the cities have succeeded in ridding the country completely of cholera. The fact is that cholera vaccine is no guarantee. The World Health Organization itself has admitted this. Furthermore, chemical prophylaxis, in the case of cholera, has this major drawback: it can favor the reappearance of certain germs, developing a resistance to antiboitics. Thus, even a

vaccinated person may become a "healthy" carrier and then be threatened as soon as living conditions deteriorate, not to mention the fact that in moving about, this person spreads the germs he is carrying. Under such conditions, sanitary cordons have been shown to be equally ineffective, since they are not permitted to exercise strict control over the movements of people from the affected areas into regions which have not been touched by the epidemic.

Like other diarrheic diseases, cholera is generally linked to poor living conditions. To combat it effectively, Professor Mamadou Dembele considers it necessary to improve the food supply, provide the people with safe drinking water, create better hygienic conditions, introduce oral rehydration methods, etc. These are the goals fixed by the Ministry of Health of Mali, whose capital, Bamako, is sponsoring an international course in applied epidemiology which began on 8 July. Organized by Mali and the World Health Organization (WHO) and directed by Malian Professor Brehima Koumare, this course--the second of its kind--will last until 2 November. It has brought together medical teams from the 15 French-speaking countries of Africa. The idea for the course goes back to the 34th Regional Session of the WHO. In the course of that session a wish was expressed to see a "healthy Africa" develop. Thus two centers came into being: one in Kenya, for English-speaking Africa, and the other at Bamako, for French-speaking Africa.

Considered to be the branch of medicine which fights contagious diseases, epidemiology, according to Professor Koumare, has seen its field of application extended to the circumstances of appearance, spread and disappearance of any disease.

Whether it is a question of diagnosis of an epidemic at the regional level, a proposed study of health problems or applied research in public health, it is indispensable to have access to reliable data which only epidemiology can provide, said Mali's national education minister, Gen Sekou Ly, who presided over the opening ceremonies of the course.

"After all," he continued, "certain African nationa have established a health strategy based on prevention, hygiene, cleaning up of the environment and providing the people with safe drinking water, and the primary health concerns. In applying such a strategy the doctor will play an important role, particularly if he is given the tool of epidemiology. In effect this requires, on the part of the doctor, knowledge in several fields such as biology, statistics, administration, applied research, etc."

In Brahima Koumare's opinion, the health picture in the Third World is dismal. Thus, he pointed out, more than half the world's population does not have any kind of permanent care; the majority of women in the Third World give birth without any assistance; 2 billion people have no access to safe drinking water. That is not all: malaria threatens almost half the world population, Bilharzia attacks some 200 million individuals, trachoma 400-500 million and filariasis 250 million, while leprosy, tuberculosis and sleeping sickness have not been brought under control at all in the Third World. "And this in spite of all the means modern medicine has at its disposal."

"The campaign against these diseases, as far as Africa is concerned, is making an intense effort to establish medical teams," Professor Koumare repeated. This is why it is important to support the course in epidemiology now being held at Bamako. We wager that the participants will come out of it better prepared.

8735
CSO: 5400/183

DENGUE UPDATE REPORTED; HIGHEST MONTHLY INCIDENCE

Kuching THE BORNEO POST 22 Aug 85 p 3

[Text]

KUALA LUMPUR, Wed:- Forty-two dengue and dengue haemorrhagic fever cases were reported in the country last month, the highest number for a single month this year.

The director of the vector-borne diseases control programme in the Health Ministry, Dr Chong Chee Tsun, said in a statement today that of the 174,943 houses inspected in July, 1,388 were found to be breeding the aedes mosquito, the carrier of the two diseases.

He said the health department was intensifying anti-aedes activities and advised the public to destroy all aedes breeding grounds as the number of dengue fever cases tended to increase during August, September, October and November.

Dr Chong said an analysis of the anti-aedes activities carried out by the department in July showed a marked increase in the number of dengue-sensitive localities--103 localities in 26 health districts in Peninsular Malaysia.

Johore had 60 dengue- sensitive localities, the largest number in Peninsular Malaysia.

Dr Chong said areas that were especially dengue-sensitive included Kampung Berjaya in Kota Setar, Bridge Street in George Town and Parit Bonanggang and Parit Ali in Batu Pahat.

A total of 169 cases of dengue and dengue haermorrhagic fever were reported this year and five deaths were recorded. The states with the highest number are Federal Territory (33 cases) and Selangor (32 cases).

He advised the public to provide covers or mosquito-proof netting for water containers and remove discarded items such as tyres, cans and scrap metal from house compounds.

CSO: 5400/4433

MALAYSIA

BRIEFS

MALARIA CASES REPORTED--In Sabah, 17,313 cases of malaria were reported in the 1st half of this year. Dr Chong Chee Tsun, director for the vector-borne diseases control program of the Health Ministry, said about 11,000 cases were reported in 1983 and about 22,000 in 1984. In Sarawak, only 4,100 cases were reported, in comparison to 11,000 in peninsular Malaysia. Dr Chong said that in the first 6 months of this year, 583 cases were reported in Sarawak and 4,458 in peninsular Malaysia. [Summary] [Kuala Lumpur NEW STRAITS TIMES in English 4 Sep 85 p 4]

DENGUE FEVER IN SARAWAK—Kuching, Tues. [3 Sept]--Only 25 dengue fever cases were reported in Sarawak during the past eight months this year compared with the 372 dengue fever and 83 dengue haemorrhagic fever cases including two deaths for the same period last year. [Excerpt] [Kuala Lumpur NEW STRAITS TIMES in English 4 Sep 85 p 4]

CSO: 5400/4434

AIDS VICTIMS DESCRIBED, DIAGNOSTIC CAPABILITIES NOTED

Early Vaccine Availability Predicted

Mexico City EXCELSIOR in Spanish 17 Jul 85 p 1-C

[Article by Gustavo Gahbler]

[Text] Mexico will soon have a vaccine for the AIDS [Acquired Immune Deficiency Syndrome] virus and a laboratory test to detect when people have caught the virus.

This was announced by Dr Gustavo Barriga Angulo, head of the Clinical Laboratory of the Infectious Disease Hospital at the La Raza Medical Center of the IMSS [Mexican Social Security Institute].

He indicated that the HLV-III Retrovirus discovered by Dr Gallo and U.S. collaborators and by doctors at th Pasteur Institute in France is the cause of AIDS.

He explained that the laboratory test will be on the market within a few months. It will make it possible to identify carriers of the virus, especially in high-risk groups like homosexuals, drug addicts and hemophiliacs, and help prevent its spread to other people.

Barriga Angulo revealed that this disease that weakens the immune system originated in Central Africa. It went from there through Haiti to the United States and spread from there throughout the world. The incidence rate is not very high in our country, however.

Finally, he reported that this virus is transmitted through semen and blood and even attacks children and old people.

Diagnostic Equipment Lacking

Mexico City EXCELSIOR in Spanish 19 Jul 85 STATES section p 4

[Excerpt] Tijuana, B.C., 18 Jul--The Acquired Immune Deficiency Syndrome, commonly known as AIDS, has claimed its first six victims in Mexico, all under the age of 50. There are two people hospitalized in this city who are being

treated for this virus. Dr Hal Frank, current director of the San Diego AIDS Project, reported this exclusively to EXCELSIOR.

He explained that six AIDS victims have died here in Tijuana since January 1984. They are Paulino Melendez, 35 years old; Josefina Alvarez Castro, 22; Crescencio Espinosa, 20; Ricardo Rico, 36; Miguel Angel Bustamante, 40; and Joseph Stanlley, 25 years old.

He also indicated that Margarita Hinojosa, 26, and Porfirio Castro, 25, are being treated in Tijuana. Their tests were positive after it was suspected that they had contracted this disease.

Here in Tijuana, Guillermo Moran, Salvador Torres and Francisco Escutia of the Secretariat of Health reported that the AIDS cases that were detected were not made public since even Mexico does not have adequate equipment to diagnose this disease, common among homosexuals.

They said that they will now undertake an intensive awareness campaign among the people of Tijuana.

Porfirio Castro, one of the people who contracted the disease, agreed to talk to EXCELSIOR.

A native of Zamora, Michoacan, he said he left for the United States last February to work in different areas. "I think I might have caught the disease in Los Angeles after having had relations with different people."

He was dressed in a white gown, lying in bed in the General Hospital of this city in complete isolation. With an emaciated face and trembling hands, Porfirio said that he was in Los Angeles a month. Then he was deported to Mexico City as an illegal alien. In Mexico, he said, "I tried to start a new life. However, I began to feel very weak. I thought it was due to a lack of food and vitamins.

"However, as time passed and I did not improve, I decided to go to a private clinic.

"The doctor was frightened when, after testing, he learned what I had. He did not tell me anything. He only told me that they were treating cases like mine in Tijuana.

"Then I decided to go to Tijuana; I had never been there. I went to a clinic and they tried to hospitalize me immediately, without even telling me what I had.

"That was when I learned that I had AIDS. I was very upset. Now I feel that the doctors have treated me well and that I might recover to make a new life for myself."

However, Porfirio Castro is not the only one infected with AIDS.

In IMSS Clinic No. 20 of this city, 26-year-old Margarita Hinojosa is fighting for her life, a victim of AIDS. The doctors diagnosed that her infection is very advanced and there is no way to control it.

Four Cases in Guadalajara

Mexico City EXCELSIOR in Spanish 2 Aug 85 STATES section p 2

[Excerpt] Guadalajara, Jal., 1 Aug--Guillermo Garcia Garcia, secretary of the Jalisco Medical Association, reported today that four cases of AIDS have been confirmed in this city in the last 12 months.

He added that the people infected with that disease were treated at the IMSS and Hospital Civil. They all died.

There is no specific treatment in the country for AIDS, according to Garcia Garcia. The four victims were between 30 and 35 years old and were males.

Secrecy in Cases

He indicated that the four cases were treated "with complete secrecy" at the IMSS and the Hospital Civil. He acknowledged that there are more cases of this disease in this city "but the sick are not treated medically due to embarrassment or complications."

7717
CSO: 5400/2085

BRIEFS

VERACRUZ LEPROSY CASES--Veracruz, Mexico, 10 Sep (EFE)--The authorities reported today that 114 cases of leprosy have been detected in the Mexican State of Veracruz, 67 years after having eradicated the disease. Veracruz Health Director Rodolfo Navarro indicated that 100 of the cases diagnosed as leprosy were detected in the Chincoquiaco Mountain Range, 58 km from this port. The patients have been sent to private and state-run sanatoriums for treatment. [Summary] [Madrid EFE in Spanish 0215 GMT 11 Sep 85]

TAMPICO ANTIDENGUE MEASURES--Tampico, Tamps., 22 Jul--To prevent a serious epidemic of hemorrhagic dengue, Health Center personnel carried out a special health control operation in the northern zone. Its objective was to prevent the crew of any ship that has landed at the Caribbean islands from bringing this virus into Tampico. Last year it caused more than 60 deaths in Cuba. The director of the Health Center in this city, Carlos Parra Castro, announced this. [Text] [Mexico City EXCELSIOR in Spanish 23 Jul 85 STATES section p 3] 7717

CSO: 5400/2085

SURVEYS SHOW DIARRHEA ON INCREASE AMONG CHILDREN

Lagos DAILY TIMES in English 9 Sep 85 p 1, 16

[Text] Unclean habits in the handling of baby foods, especially during bottle feeding, is responsible for the increasing rate of children suffering from diarrhoea and vomiting, a DAILY TIMES investigation has revealed.

Medical research surveys have shown that one-third of the infants hospitalised in various Lagos hospitals suffer from vomiting and diarrhoea.

Paediatricians and microbiologists associate the development with contamination of baby foods by micro-organisms in unclean feeding bottles. The incidence of diarrhoea and vomiting is thus widely believed to have been escalated by the increasing number of working women who bottle-feed their children.

A specialist in clinical nutrition in the Department of Paediatrics, College of Medicine, University of Lagos, Dr. Renner said: "Most women who bottle-feed their children lack the money to buy enough feeding bottles and a sterilising set to clean bottle feeders in order to make them bacteria-free, while many lack the necessary health education on how to maintain baby food utensils".

According to Dr. Renner, a nursing mother needs about six feeding bottles a day for a single child because each bottle feeder is supposed to be used once, after which it should be carefully washed in a sterilising unit until it is bacteria-free. A sterilising unit, this reporter discovered, costs about N250 or more.

But, Dr. Renner contended that nursing mothers cannot do without milk-based baby foods and bottle feeders. He said that the only option left is the education of women on hygienic handling of baby foods and utensils if the incidence of diarrhoea and vomiting in Nigerian children is to be reduced.

He urged women not to neglect bottle-feeding and milk-based baby foods just because of the possibilty of food contamination, adding that, such could also occur if local foods given to children are prepared under unhygienic conditions.

According to Dr. Renner, the breast milk of the nursing mother may not be enough for the baby because of the mother's low health status, a result of poor feeding and overwork of the poor nursing mother herself

He added that no matter how healthy the mother is, the quality and quantity of her breast milk reduces after the first six months, when the child's breast feeding would need to be supplented with simple local foods and milk-based products.

He advocated the continuatuion of bottle feeding of babies alongside nation-wide health education on how nursing mothers should prepare and preserve baby foods and utensils.

He recommended oral rehydration therapy for children who suffer from vomiting and diarrhoea. He explained that nursing mothers could save their children through this method with a solution of sugar and salt mixture through the mouth.

Oral rehydration therapy information, he said, should be carried to the door-step of all nursing mothers in Nigeria.

CSO: 5400/199

GASTROENTERITIS CLAIMS 11 LIVES IN GUSAU

Kaduna NEW NIGERIAN in English 15 Aug 85 p 20

[Article by Adekunle Adebisi]

[Text] An outbreak of a killer disease suspected to be gastro-entritis has claimed 11 lives in Gusau, Sokoto State.

Nine of the dead were inmates of the Gusau Prison while two others were from the township.

About 47 others were admitted for the same disease in the Gusau General Hospital.

Of this number, 27 were prisoners 20 were patients within the Gusau township.

About 28 of the number - 13 prisoners and 15 from the township - have been discharged while 19 others - 14 prisoners and five others from the town - were still under admission at the Medical and Isolation Ward of the Gusau General Hosptial.

A source close to the hospital told the NEW NIGERIAN that doctors at the hosptial found it difficult to identify the killer disease because there were no facilities to examine the stool of patients.

The source told the NEW NIGERIAN that the doctors came to a conslusion that the disease was gastro-enteritis because all the patients brought to the hospital were vomiting and stooling.

Most of the doctors attributed the unidentified disease to the poor condition of the drinking water in Gusau township.

The source added that the Damba Dam, which is the major source of drinking water to the people of the town, has been turned into a place where washermen and vehicle owners did their washing and bathing.

The source added that it was this same water that tanker drivers, water hawkers and the residents of Gusau town fetched for drinking without it being treated.

The hospital source further told the NEW NIGERIAN that their staff were working under a difficult situation because of water shortage that was now hitting the town and that only occasionally did the local government authority supply the hospital with drinking water from the same source.

CSO: 5400/199

BRIEFS

MEASLES REPORTED IN SAMINAKA--An outbreak of measles has been reported in Saminaka local government of Kaduna State. A statement by the local government's Information Officer, Mr. Peter Yahaya Alkali Ladan said a family in Bita Rana village lost eight children last week to the deadly disease. It said the head of the local government's Health Department, Alhaji Salisu had advised parents to report at the nearest clinics with their children at the early stage of attack by the disease. Alhaji Salisu also frowned at the attitude of parents whom he said defied the immunisation programme and called on such parents to turn out with their children for vaccination. [Text] [Kaduna NEW NIGERIAN in English 26 Aug 85 p 13]

CEREBRO-SPINAL MENINGITIS CLAIMS 41--A total of 354 cases of Cerebro-Spinal Meningitis were recorded in Bauchi State between January 1981 and June this year, according to CSM records in the state. The records, made available to the NEW NIGERIAN by the state Health Services Management Board showed that 313 of these cases were successfully treated while the deadly disease claimed 41 lives during the same period. Over 1.6 million doses of CSM vaccines were used by health institutions in the state to control the disease in the period covered by the statistics. An annual breakdown of the outbreak of the killer disease showed that 115 cases were reported in 1981 out of which 109 were successfully treated while the disease claimed six lives. The record further showed that 120 cases were reported in 1982, 72 cases in 1983, 19 in 1984 and 28 up to June this year with number of cases successfully treated put at 116 in 1982; 54 in 1983; 12 in 1984 and 22 between January and June this year. [Text] [Kaduna NEW NIGERIAN in English 9 Sep 85 p 9] [Article by Waziri Garba]

CSO: 5400/198

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9 October 1985

PAKISTAN

HEALTH FACILITIES SAID TO HAVE HEAVY URBAN BIAS

Lahore VIEWPOINT in English 15; 22 Aug 85

[Article by S. Akbar Zaidi]

[15 Aug 85 pp 48-49]

[Text]

THIS PAPER examines the urban bias in the health facilities in Pakistan. Although urban areas in Pakistan contain less than 30% of the population, the health facilities are grossly over-represented here. The evolution of the health sector has taken place under the broader dynamics of the economy and society in Pakistan. Opting for a capitalist path of growth, with its inherent class contradictions the health sector has grown in response to the needs of the bourgeois (predominantly urban) classes. The two factors which are responsible for this urban bias are the type of medical education in Pakistan, and the role of the Government. The pattern of medical education is one which is a replica of the developed countries resulting in a demand for the 'latest' and the 'best' in medical care. The result is an urban-biased, hospital-oriented, curative-care model. The Government of Pakistan has also enhanced his urban-bias by investing heavily in urban-centred health facilities, often at the expense of the larger rural population.

SINCE THEIR political independence, most countries of the Third World have opted for a growth policy which is often termed the 'policy of modernisation'. Theories of modernisation in the 1960s. produced mainly in the developed countries, offered a blueprint to the newly independent nations to chart their course of development. Despite the fact that a large number of underdeveloped countries are agrarian or rural-based in terms of population. contribution to GNP and employment, the modernisation that has taken place has, in most cases, been urban-based.

The form of development with its varying manifestations, has resulted in a phenomenon which Lipton has called the 'urban-bias' Although we do not accept his mode of analysis, mainly due to a lack of explanation in 'class' terms, nevertheless. he has highlighted the fact that urban areas are endowed with resources in terms of economic and social services which far exceed the percentage of population living there. Since a major preoccupation of Third World governments is one of 'scarce resources', the investment

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in urban areas has often been at the expense of the rural areas where the majority of the populace reside.

The case of Pakistan is no different from that of other underdeveloped countries. On the eve of her independence the elite chose a capitalist path of modernisation and industrialisation. This was especially highlighted in the 'Decade of Development' in the 1960s under the military-bureucratic oligarchy well advised by Harvard's Development Advisory Service. The dominant classes, whether they get their political and economic power from agriculture or industry, rule the country from the cities and thus. it is in their interest to develop the urban areas. Their control over resource allocation is a major factor responsible for a greater concentration of social services to be set up in urban areas than their population merits. In this paper, we intend to look at the urban bias as it exists in the health services in Pakistan.

METHODOLOGY AND DATA

This paper examines the distribution of health services and facilities between the urban and rural areas. At the outset, we wish to make it quite clear that the problem of health facilities (or for that matter, other economic and social facilities), whether in terms of number, or of access, or of quality, is not one of urban vs rural – there is no urban conspiracy against the rural population. The difference in resources between the urban and rural areas is one based on the class structure and alliances within (and outside) a country.

This is our basic criticism of the Liptonian thesis, and of the term 'urban-bias'. It is quite clear that there is a spatial concentration of health facilities in cities but the reasons for this, we believe are somewhat different from those expressed by Lipton. He sees this lopsided distribution essentially as an outcome of the struggle between rural and urban areas. We see it as an outcome of the struggle between various classes, irrespective of whether they are rural or urban.

We believe that this urban bias has its roots in policies designed to cater for the rich and ruling elite. A dominant class or classes affect to role the State plays in a country and is fundamental in determining the allocation and distribution of resources. The same is the case in the health sector – not only does the Government decide who gets what, it also decides who gets what where.

With this existing class background in Pakistan, we will examine the distribution of resources in the health sector. We wish to examine why there is an urban bias. We will show how medical education patterned on the West suits the requirements of the domestic ruling classes and why doctors produced by these institutions are accessible only to a select few. We will also show how the Government enhances this urban bias in its policies.

THE EXTENT OF THE URBAN BIAS

The 1981 Census of Pakistan counted 83.782 million people. of whom 23.739 million (28.3%) lived in urban areas and 60.043 million (71.7%) lived in areas termed as 'rural' . Tables 1 and 2 show the distribution of health facilities which in no way reflects the population ratios outlined above.

One item of special interest from Table 1 is the number of T.B. centres in the country. Nearly all the centres are located in cities, despite the fact that 6.1% of the deaths in rural areas are caused by TB. as compared to 2.9% in urban areas.

Table 2 shows and even greater distortion in the distribution of resources. Although the statistics for the whole of Pakistan may even show a favourable situation vis-a-vis other underdeveloped countries, the situation within the country is heavily distorted against rural areas. Not only does the distribution of health facilities show an urban bias. But by removing the major city from our Table. the picture is even gloomier. as is shown by Table 3.

Table 4 shows that nearly all the people in urban areas are within

easy access to some health institution, while 32% of the rural population have the same facility.

It has been shown that there are various socio-economic factors which affect health in underdeveloped countries. The most important of these are nutrition, water and sanitation, which in turn are a reflection of the income capabilities of a population.

According to the World Bank Health Sector Policy Paper the rural population is more vulnerable to disease due to its poor social infrastructure.

If one looks at Tables 7 and 8, it is clear that despite rural roots, many doctors prefer to settle down in the more lucrative urban centres, Table 8 shows that although openings in rural areas exceed opportunities in cities, the number of doctors is far less in rural areas.

The reasons why doctors prefer to practice in urban areas are quite straightforward and have been pointed only Sharpston. Doctors stand to benefit from working in rich areas, which in fact mean the big cities. Apart from this purely economic reasoning, doctors will also prefer the major towns due to social and cultural factors – their class position helps them to integrate nicely with the westernised urban elite. Although a doctor's roots may be in the rural area, as he trains for the profession in colleges in cities, "he usually also adopt[s] the outlook of an urban professional man. Most of his professional colleague and educated friends will live in cities. . . . and as an urban man he will expect to be able to enjoy the sophistications which only urban living can provide." The specialisation which doctors learn on their trips abroad require the 'latest' techniques and can "only be practiced at major hospitals with expensive special equipment".

The two factors responsible for this urban bias we feel are (i) the role of medical education and (ii) the role of the Government in preferring to invest in urban areas, thus making rural areas less attractive to doctors.

(i) The role of medical education

The form of medical education is again a reflection of the development path chosen by a country. The type of education in Pakistan and other post-colonial societies is one inherited from our colonial well-wishers.

Medical students are taught about diseases which occur in the developed countries from books which are written by and for doctors whose societies are very different from those in underdeveloped countries. The developed country approach of curative care is emphasised in grandiose hospitals alongside medical schools. Even preventive and community medicine, as it is taught in medical schools in Pakistan, is a 1-year course with little, if any, real community experience. It is not rare to find examples where a doctor trained in the hospital-oriented tradition is unable to treat diseases in the rural areas. Even simple rural ailments, like snake-bite and dog-bite, cannot be handled by an urban-trained doctor with no awareness of rural life. This developed-country approach to medicine alienates the student and makes him dysfunctional in rural areas. The health problems that exist in any underdeveloped country, especially in the rural areas, cannot be solved with the university professionals which the medical schools churn out.

A professor who has done his specialisation from England or the U.S. is an esteemed member, not only of his profession, but also of society. The type of skills which he has acquired abroad are taught to his students at home. Following the footsteps of their teachers, many students prefer, and are advised, to go abroad to study neuro-surgery and cardiovascular medicine. This happens despite the fact that over 82% of their population are struggling with infectious and parasitic diseases. On their return home, they are of even less use to the rural areas than before they left.

The curriculum in medical colleges trains doctors "in keeping with the values and requirements of those with money incomes sufficient to purchase private medical care" This type of medical education, whether acquired at home or abroad, results in the preference of doctors to settle in urban areas where most of their clientele reside. This clientele exists not only in the type of diseases that the doctors can cure, but further, due to the workings of the market place, they can afford the high fees demanded by the doctors. The body responsible for curriculae and other medical training policies, The Pakistan Medical and Dental Council, is one which is ruled by established doctors and professors, i.e. representatives and members of the elite, who have little desire to alter the status quo as their own position of power and dominance would be threatened.

The effect of medical education imported from developed countries with its hospital oriented and curative care approach is two-fold. On the one hand, it strengthens the maldistribution of resources. While on the other, it results in the emigration of doctors from underdeveloped countries to the developed nations worsening the already poor doctor patient ratios.

Of the 29,931 registered doctors in Pakistan in 1982 only 15,500 were said to be practicing in the country. In other words, 48% of the doctors produced in the country were not practicing here. Out of these, some do not practice out of choice. some have died, others are unemployed, while many have migrated to the more lucrative market of the developed countries and the Middle East.

It is the relationship of various classes in society with the State which results in a certain type of policy and product. If these class alliances are at present producing an 'urban' doctor; to produce a different type of doctor we must challenge the hold of the dominant forces in society. Only then can a system of education and health service exist which will be more real to the needs of the masses of the underdeveloped nations.

[22 Aug 85 pp 28-29]

[Text]

It is clear that there has indeed been an improvement in the availability of medical services since the Independence of Pakistan in 1947.

This, however, is not the theme of this paper, where we have tried to look at the urban rural distribution of health services. As pointed out earlier, data are not available to analyse the changing pattern of this distribution from a very early date. Nevertheless, with the help of Government publications, it is possible to trace the evolution of the health sector and its effects on the urban rural distribution.

The Fifth Five-Year Plan is the first detailed and thorough statement with regard to a concrete Rural Health Programme.

The Government of Pakistan finally acknowledged the fact that "there are imbalances in the allocation of facilities between rural and urban areas", and that "it is evident that the scale on which health services are available for the population of rural areas is comparatively poorer than urban areas".

The Plan achieved only 33% of its objectives in terms of setting up Rural Health Centre (RHC) and Basic Health Units (BHU) in the rural areas. At the same time. it was able to achieve 75% of its target in the case of doctors. It cost the Government Rs. 1.09 billion to produce the 10.203 doctors, while the costs incurred on the rural based health facilities were Rs. 1.01 billion. Thus, it was more costly for the

Table 1. Health facilities in Pakistan: an urban-rural distribution as on January 1, 1980

Institution	Total	Urban		Rural	
		No.	%	No.	%
Hospitals	602	467	77.6	135	23.4
Beds	42.209	37,871	89.7	4338	10.3
Dispensaries	3466	1222	35.3	2244	64.7
Beds	3394	858	25.3	2536	74.7
TB Centres	98	93	94.9	5	5.1
Beds	10	10	100.0		
MCH Centres	812	535	65.9	277	34.1
Beds	117	99	84.6	18	15.4
RHCs	217			217	100.0
Beds	1662			1662	100.0
SHC/BHU	736			736	100.0
Beds	20			20	100.0
Total (Institutions)	9531	2317	39.1	3614	60.9
Total (beds)	47,412	38,838	81.9	8574	18.1

Note: TB – tuberculosis; MCH–mother and child health; RHC – rural health centre; SHU–sub-health centre; BHU – basic health unit.

The urban bias in health facilities in Pakistan

Table 2. Population per facility in Pakistan, by urban and rural areas

Facility	Total		Urban		Rural	
	Number	Population per facility	Number	Population per facility	Number	Population per facility
hospitals	602	139.172	467	50.811	135	444.837
All Beds	47.412	1767	38.838	610	8574	7004
Doctors*	15,500	5405	13.175	1801	2325	25.829
Nurses	5100	16.427	–	–	–	–

*The urban rural distribution is made on the assumption that 85% of all doctors are in the urban areas –

Government to produce the doctors than to build the RHUs and BHUs. If there was indeed a commitment to redress the balance between rural and urban areas, the Government should have diverted the often quoted 'scarce' resources to the rural areas. In terms of hospital beds, the urban proportion has increased in 1975, of all hospital beds. 80.33% were in urban area; in 1980, this rose to 81.9% and in 1983,94% of all beds were situated in urban areas.

The Planners argue that, "the problems responsible for ill health in rural areas are not complex and do not need highly specialised and scientifically trained people for their solution. These problems result from a lack of health education, an unhealthy environment, scarcity of resources and the community's culture". What the Planners fail to grasp is the importance of economic conditions which give rise to malnutrition, overcrowding, polluted water, etc.

In the Sixth Five-Year Plan, there is a massive shift towards a Rural Health Programme, which is supposed to get 43% of the health budget. This may seem like an awakening of the Planners to redress the rural-urban imbalance, but if we look deeper into the Plan document and other policies of the Government, the picture is not that rosy after all. Firstly, in the light of previous Plans, only about 50% of the amount allocated is used up at the end of the Plan period. Secondly, despite a large a share for the Rural Health Programme, if the actual amount spent in the period is cut, it is quite often the Rural Health Programme which suffers a great degree of cuts. It can also be seen that the need to redress the urban-rural imbalance is not one of the objectives of the Sixth Plan. The 'policy shifts' of the Plan include one item which is as follows:

"consolidation of existing facilities in contrast to expansion and the development of rural health infrastructure". Possibly the authorities believe that the existing facilities are sufficient for the rural population.

The Government plans to build 11,770 new hospital beds of which 3220 will be in urban areas. Only 3550 beds will be distributed amongst the rural masses. The amount allocated for hospital beds is a phenomenal Rs. 3.3 billion—25% of the entire Health Budget! At this cost many more smaller rural centres could have been built, had the Government a firmer commitment to the rural populace.

The document also states, "it is intended to have a network of hospitals, policy clinics, and solo clinics, particularly in the urban areas". This means that despite the need for doctors and the creation of posts in the rural areas, doctors will be bribed to stay in cities. making the Rural Health Programme largely ineffective.

The total capital cost of a medical college along with a hospital is 271.965 million. which is 556 times the cost of setting up a BHU, and 251 times the cost of an RHC. According to the Fifth Plan, a BHU is to serve 10,000 people while a RHC is to serve from 40,000 to 100,000 people. On that estimate, for the price of one large urban based medical college and hospital, if the Government were to build BHUs, the population reached would be 5.56 million people—all rural. Similarly, if RHCs were set up instead of the hospital, 10 25 million of the population could be reached, again mostly in the rural areas.

Probably, the only time an opportunity arose when the Government could have radically altered the health structure in the country was in 1972. The newly elected Bhutto Government (variously labelled as Socialist, Populist, etc.) possibly had the mandate to build a comprehensive public health care programme. In fact, such a programme was initiated with barefoot doctors being an important element in the mainly rural 'People's Health Scheme'. But since the overall resource allocation to the health sector was not being increased significantly, the demands of the rural sector could have been met only by sacrificing those of towns and cities".

One major factor of health care is the availability of potable water and adequate sewerage.

In 1978, of all the population having potable water in Pakistan, only 42% was rural. This fell to 41% by 1983.

A recent example will further highlight the Government's biased policies in terms of investments in health services. The Governor of the Punjab province, while laying the foundation stone of a 250-bed cardio-vascular hospital, said that "the Government will set up modern cardiac centres all over the country for the treatment of heart ailments... Doctors and nurses posted at this centre (at Lahore, the second largest city of Pakistan) would be sent abroad for specialist training, (and) the most modern equipment will be installed at the Centre to provide the best possible facilities to heart patients". The cost for the first phase of the Centre will be Rs. 30 million. This investment in such an institution is taking place when only 1.8% of all deaths in Pakistan are due to diseases of the heart and circulatory system and there are already a number of institutions dealing with this ailment. At the same time. 82% of deaths are caused by infectious and parasitic diseases, which are less costly to cure, but the funds are being diverted elsewhere.

Despite laments of 'scarce resources', but more importantly, of the distribution of resources between urban and rural areas— the Government spends six times as much per person for operating and maintaining health services in urban as in rural areas – and of the priority given to the health sector as a whole.

CONCLUSIONS

Although there has been a substantial improvement in the availability of health service in Pakistan in the last 35 years, glaring inconsistencies exist in the distribution of health services between the urban and rural areas.

The urban bias that exists in the health sector in Pakistan, as in most underdeveloped countries, is an outcome of its economic and political evolution with its inherent class contradictions. It is clearly the class structure with its various domestic and international alliances which is prima-facie the cause of the urban bias. The elite, whether overtly, or covertly, in conjunction with the Government of the day, make policies which suit their needs best in the conditions existing in the country. The system of medical education is a natural outcome of the larger developmental path opted for by the elite for their country.

It is futile to offer 'recommendations' to alter the balance between urban and rural areas without an attack on (and a substantial transformation of) the class structure which governs the distribution of resources in the health sector and the economy in general. To make health services available to the rural areas on a more equitable pattern would require a greater investment in rural infrastructure in general and in rural medical facilities in particular. It would also require a restructuring of the medical curriculum to suit the needs of the local population. 70% of whom live in rural areas. It is true that by coercing doctors and by building a few rural health centres, cosmetic changes can be made and will be made as long as they do not threaten the interests of the ruling classes. But. radical and substantial changes which challenge the 'status quo' are unlikely to come for as long as a bourgeois class rules the country from the cities, fulfilling its own interests, with little concern for the rural population at large.

THUS SPAKE

His extreme determination, many would say ruthlessness, hints at a deep core of something close to violence in his nature but for the most part it remains hidden and controlled, a volcano trapped in an

iceberg. . . . The journalistic habit of comparing his face with a crumpled parchment may be an offensive exggeration but his features are inclined to be a shade more enigmatic than the Dead Sea Scrolls. – Hugh McIlvanney on master jockey Lester Piggott.

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Thus spake thus spake.

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If the heart be right, it matters not which way the head lies.

– Walter Raleigh

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The blood more stirs
To rouse a lion than to start a hare.

Shahespeare.

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CSO: 5400/4712

BRIEFS

INFANT TUBERCULOSIS MORTALITY DOWN--The incidence of tuberculosis in children remains high, although the mortality rate has shown a marked decrease during the past year. The statistical data of Children's Hospital, for instance, register 248 cases in 1984, a much larger figure than the annual average during the decade of the seventies. In 1982 and 1983 tuberculosis in children showed an alarming rise. As a matter of fact, there were 196 cases in 1980, 329 cases in 1982, and 327 cases in 1983. This situation required the use of drastic control measures, whereby the number of cases was reduced to 248, which nonetheless is still too high. Regarding this point, the assistant director of Children's Hospital stated that the incidence of tuberculosis in children is lower than that of adults, by whom they are infected. "Taking this into account, an attempt is made to give total treatment. When a child is diagnosed as having tuberculosis, his family contacts are investigated and reported to the Lima Health Region so that, by means of epidemiology, his family will also be treated," he stated. He reported that the drugs currently being used are rather effective as short-term treatment for tuberculosis. Thanks to this, although the number of cases has not been significantly reduced, it has been possible to bring down the number of deaths. In this way, while in 1977 there were 66 deaths out of a total of 191 cases, in 1974, the number of deaths was down to 38. [Lima EL COMERCIO in Spanish 4 Jul 85 p A-9] 12448

CSO: 5400/2078

PHILIPPINES

MILITARY SAID SOURCE OF CORDILLERAS EPIDEMICS

Quezon City ANG PAHAYAGANG MALAYA in English 7 Aug 85 p 9

[Text]

BAGUIO CITY – The vast Cordillera mountain ranges in Northern Luzon – the scene of many armed clashes between government troops and New People's Army guerillas for the past 10 years – have become the battleground in a new type of war. In clusters of villages reached only by hours of walking along rice terraces and thick forests, people hold vigils as *canaos* (rituals) are performed with the beating of *gangsas* (bronze gongs) to spread the word that another member of their tribe has died.

Diseases like typhoid and malaria have stricken several Igorot tribal villages lately, leaving several people dead and many more unable to work or forced to lie in mats made of reeds to await their fate. No drugs let alone doctors, are available to care for the sick or dying. And the government does not seem to be alarmed.

Epidemics, particularly in Mt. Province and Kalinga-Apayao, appear to have set in « in the wake of' intensified counterinsurgency operations by the Philippine military. Many tribal leaders also claim that the military, in one way or another, have something directly to do with the persistence of these epidemics.

Last June, in Dananaw, a barrio (village) north of upper Tinglayan town, Kalinga province, a student of the Laffi community fell ill with typhoid fever. He was being rushed to a town health center for treatment but the way was blocked by a group of soldiers along a route that had been declared "no man's land" (or free-fire zone). The victim died on the way back to Laffi. By that time, the disease had already spread to several households and in the nearby communities of Tocucan and Dumaneg. Nineteen persons have so far died in the epidemic which at this writing is still raging among Dananaw's 1,300 inhabitants.

Late last year, in barrio Buscalan (also in Tinglayan), a father was carrying an ailing child to a hospital in Bontoc, the town capital of Mt. Province. Before he could go farther, the father was stopped by a Capt. Calimag in barrio Mar-o (which was declared "no man's land") and was told to go back to Buscalan and take another route for Bontoc. Taking this separate route would have meant five hours of hiking along mountain trails. The child was dying but the father's pleas to be allowed passage were reportedly ignored by the military officer. The child subsequently died. Five other sick persons also died in the same circumstances.

The current spread of diseases like typhoid, malaria, pneumonia and gastro-interitis has coincided with the intensification of the military drive against NPA guerrillas in Mt. Province and Kalinga-Apayao. And the deterioration in the livelihood of the villagers brought about by the military operation has prolonged the course of the epidemics.

As the military mounts campaigns against Communist-led guerillas in the mountain provinces, entire villages are forcibly evacuated or families forced to abandon their homes for fear of military harassment. Many families are restricted in "strategic hamlets" which have been hastily put up along the roads, particularly in communities declared "no man's land" and where soldiers are free to shoot anybody. Several villagers spotted outside their barrios have been reportedly slain or arrested and beaten up by soldiers.

Military detachments and blockades dot the roads and foot trails which serve not only to

prevent villagers from leaving their barrios but also to sequester food supplies, particularly rice, which the soldiers suspect are being sent to NPA camps. Curfew hours have also been enforced in certain barrios.

With the Igorots already living marginal lives and malnutrition rampant in most households, survival has now become a daily struggle especially in communities targeted by military operations. If the spread of diseases in these communities is unchecked, the pangs of hunger may yet turn into a wave of mourning in many Igorot villages. This fate is being hastened not only by the lack of medical facilities or health personnel but also by the use of military force to prevent the sick from having access to already limited medical facilities.

A medical and relief mission which visited disease-stricken communities last July 10-14 found out that since the report of a typhoid epidemic in November last year, no doctor had visited those barrios. The health ministry has not responded to the appeals by Mt. Province health officials and the Cordillera People's Alliance for immediate medical relief.

Even efforts by non-government organizations to bring medical relief to the epidemic-stricken villages are reportedly being dampened by zealous military men. A medical team, part of the fact-finding and medical mission that visited Mt. Province and Kalinga, was stopped by soldiers from performing medical services. Its members were instead brought to a detachment where they were interrogated for three hours. Only when satisfied that they were not guerillas did the soldiers allow the medical workers to leave.

In their July 25 report, members of the fact-finding and medical mission said ". . .while poor sanitation is apparently; at fault for the spread of some diseases, militarization has made its contribution to the 'national' death rate."

According to the report, 16 people were still suffering from typhoid in Dananaw while most of the children there had upper respiratory infections and rheumatic diseases. Dananaw, the report added, seems to be a "sick community and every home seems to have someone with an ailment." Other diseases common in that barrio include pulmonary tuberculosis and malnutrition.

In Buscalan, meanwhile, goiter, rheumatism, malnutrition and pediatric diarrhea are very common.

A medical mission that visited Tabuk town in Kalinga also reported that intensified militarization in the province has closely coincided with the increase in the incidence of deaths due to gunshot wounds.

Even without the militarization that compounds the health conditions of the people, infectious diseases are already widespread in the Cordilleras. Poor hygiene and low body resistance to diseases as a result of malnutrition are major causes of the outbreak of epidemics. On the other hand, the Igorots themselves blame the government for neglecting their medical needs.

As the Ecumenical Movement for Justice and Peace, a church-based human rights group, stated, "Epidemics like malaria and typhoid have broken out in these areas and yet the government has not even lifted a finger. Diseases and common illnesses have claimed many lives and still the government prefers to be deaf, dumb and blind."

CSO: 5400/4429

ST LUCIA

BRIEFS

AIDS CASES--Castries, ST Lucia, Sep 20, CANA--St Lucia's Health Ministry has confirmed the presence of the deadly acquired immunity deficiency syndrome (AIDS) on the island, ending months of speculation. Government's director of medical services, Dr Anthony De Souza, announced that two AIDS cases, one a recent death, have been identified and confirmed. Blood tests on two other suspected victims confirmed exposure to the AIDS virus. [Excerpt] [Bridgetown CANA in English 1619 GMT 20 Sep 85 FL]

CSO: 5440/101

TRINIDAD AND TOBAGO

IADB LOAN WILL BE USED TO UPGRADE THREE HOSPITALS

Port-of-Spain EXPRESS in English 20 Aug 85 p 22

/Article by Suzanne Lopez/

/Text/ Government intends to borrow more than $40 million from the Inter-American Development Bank (IADB) in an effort to give facelifts to three major health institutions in East Trinidad.

The Arima, Sangre Grande and Mayaro District Hospitals will go through different stages of improvement when and if the loan is approved, sources told the EXPRESS.

Facelifts for the Sangre Grande and Mayaro hospitals were an offshoot of an original plan for the rebuilding of the Arima hospital.

According to a source, a plan for rebuilding the Arima hospital was discussed several years ago, but that things began to "come to a boil" only early this year when a decision was taken to seek financial assistance from the IADB.

The present Arima hospital on O'Meara Road is virtually abandoned. On the compound, where the hospital is located, now stand a health centre, an ante-natal and post-natal clinic and an accident and emergency unit.

When an EXPRESS team visited the hospital building yesterday, nurses attached to the accident and emergency unit said they hoped the building would be demolished "once and for all."

"The building is a health hazard," said one nurse. Vagrants, she said, have moved into the building and "it becomes a free for all at night."

Up to yesterday, Ministry of Health and Environment officials were uncertain as to how soon the old hospital would be torn down. It was stated, however, that the new hospital would include facilities for specialty treatment and that medical consultants--paediatricians, obstetricians, gynaecologists, psychiatrists and those of the ear, nose and throat units--from the Sangre Grande or Port of Spain hospitals will be utilized.

Included among the projected facilities at the new hospital are facilities for X-rays, laboratory investigations and physic-therapy.

Sources also told the EXPRESS that the cost of the project, originally put at $40 million, could fluctuate as the planners had made their proposal based on a new location for the Arima hospital. That location, sources said, would have been on the compound of a rehabilitation centre on Tumpuna Road, Arouca. "The latest plan is to remain at the old site where the facilities are easily accessible," the source said. This decision he said, could possibly reduce the loan requirement.

Member of Parliament for Arima, Ashton Ford, when contacted said he also understood that the Arima Hospital was due to be demolished soon but was unaware of a date and time.

He pointed out, however, that earlier this month, the Arima constituency called on the Government to take immediate steps with regard to the Arima hospital.

CSO: 5440/092

TRINIDAD AND TOBAGO

BRIEFS

HIGH INCIDENCE OF AIDS--Port-of-Spain, Trinidad, Sep 23, CANA--Professor of medicine at the local campus of the University of the West Indies (UWI) Dr Coutenay Bartholomew has described Trinidad and Tobago as having one of the highest rates of contracting the killer disease AIDS. During a weekend address to members of a service club, he said that in England, 2.5 cases per one million had AIDS, Germany had 2.7 cases per million, Switzerland 7.9 cases per million, and Italy three cases per million. Trinidad and Tobago with a smaller population--1.2 million people--had produced 50 cases, said Bartholomew. In 1983, Bartholomew said, there had been eight cases of AIDS here, 16 in 1984 and by last month, the total had moved to 50. He said the figure was likely to pass 100 by 1986, if this pattern continued. Bartholomew also revealed that three of the AIDS cases this year had been children--something which he said had not happened in England with its larger population. I honestly believe that we do have a serious problem in Trinidad and Tobago, said Bartholomew. Bartholomew, regarded here as an expert on AIDS (Acquired Immune Deficiency Syndrome), made an extensive study on some homosexuals earlier this year. [Text] [Bridgetown CANA in English 1506 GMT 23 Sep 85 FL]

AIDS CONCERNS--The AIDS virus is causing increased concern among this country's public health departments as Trinidad and Tobago ranks third in the world for deaths caused by the virus. This disclosure was made by Dr. Danny Chan as he delivered a public update of the dreaded virus, Acquired Immune Deficiency Syndrome. Chan was among three doctors who spoke about the disease at the City Hall yesterday afternoon. So far, he said, this country has recorded 40 deaths, the third highest in the world. Of those, he said, three victims were his patients. Dr. Kameel Mungrue, City Medical Officer of Health at the Public Health Department of the City Council, said that during his recent participation in a health conference in Atlanta, Georgia, it was revealed that there were more than 12,000 AIDS victims in the United States. Dr. Walter Chin, local representative for the Pan American Health Organisation, during his contribution yesterday, said that the casual-contact slate remains clean. He added, however, that there was still uncertainty as to whether the virus could be transmitted by kissing mouth to mouth. He added that there have been no indications that doctors treating victims or victims' relatives have contracted the disease. /Excerpts/ /Port-of-Spain EXPRESS in English 23 Aug 85 p 1/

CSO: 5440/092

IMPORTED BLOOD SCREENED FOLLOWING AIDS CASE

Riyadh AL-RIYAD in Arabic 1 Aug 85 p 21

[Article: "Strict Controls On Importing Blood Following the Discovery Of a Woman Afflicted with AIDS"]

[Text] The director of Abu-Dhabi's Corniche Hospital announced that controls have been placed on the importation of blood from overseas, ever since AIDS was discovered in a woman, and stressed that imported blood is regularly inspected before it reaches the hospital.

He also told the newspaper AL-BAYAN that the hospital is in constant communication with the hospital it deals with in the United States, which had discovered that the woman contracted AIDS from a blood transfusion she had undergone during childbirth at the Corniche Hospital. The two hospitals have agreed to exchange information in order to investigate her case and find out how she contracted the disease.

He explained that 95 percent of the hospital's blood requirements are imported from the United States, where they are subjected to a complicated laboratory procedure in order to discover any microbes or diseases.

Hospital medical sources said that AIDS symptoms appeared in the afflicted woman after she was given blood contaminated with the virus of this serious illness. The woman's hair began falling out some time after the blood transfusion. She was treated for this, since new hair grew back. Then pustules and pimples appeared on the victim's arms and hands, and she began to feel numbness, and then lack of all sensation, in the arms and hands.

As for her later symptoms, she felt a difficulty in breathing which doctors in the Emirates could not treat, and which necessitated transferring her to the United States for treatment. It was there that it became clear that she was infected with the AIDS virus, which leads to immune deficiency.

In another context, the Health Ministry has informed all hospitals and medical centers in the Emirates that an apparatus exists for discovering AIDS, and has asked that all hospitals send their blood stores to the ministry's laboratories to determine whether they are safe before they are used.

8559
CSO: 5400/4512

NORTHERN IRELAND SCHOOLS SAID TO FACE MEASLES EPIDEMIC

Belfast SUNDAY NEWS in English 25 Aug 85 p 9

[Article by Lena Ferguson]

[Text]

NORTHERN IRELAND may be facing a measles epidemic, health chiefs warned yesterday.

Parents have been advised to have children vaccinated immediately before they go back to school.

Figures show the disease is reaching epidemic proportions in the north-east of the Province.

Experts warned measles kills two children in Ulster every year.

There were 162 cases reported to the Northern Health Board in June, compared to 137 cases for both the Eastern and Southern areas, despite the fact the Eastern area has twice the population.

CHILDREN

There were only 17 notifications reported in the Western area for the same month, though figures may be higher in all areas because many cases are not reported to doctors.

Michael Dorris, Northern Health Board, said: "These figures are further proof of the need to have greater immunisation and the best time to get it done is before the children go back to school.

"Measles is possibly the most infectious disease known. It tends to spread like wildfire and that is why we are concerned with children going back to school where it will spread round the classroom and the playground.

DISEASE

"It is a misconception that it is not a serious disease; in fact it kills children.

"Complications develop which can lead to physical or mental handicap, and the tragedy is, it is so very easily prevented.

"A single injection given after the age of 12 months will provide the necessary protection," he said.

Meanwhile in the south, the Department of Health announced yesterday it is to spend £800,000 in a new campaign which it is hoped will eradicate the disease.

A survey has shown that almost half of the children under the age of five are in danger from it.

CSO: 5440/094

BRIEFS

AIDS IN SCOTLAND--Sixteen Scottish haemophiliacs have been infected with the AIDS virus from blood transfusion products made in Edinburgh. As a result, the Scottish Blood Transfusion Service is now heat-treating all the Factor VIII clotting agent used north of the border. Dr Christopher Ludlam, consultant haematologist at Edinburgh Royal Infirmary, said the patients infected were "clinically well" and there was only a "very small chance" that any would develop AIDS. [Text] [London THE DAILY TELEGRAPH in English 6 Aug 85 p 2]

CSO: 5440/090

ZAIRE

TRYPANOSOMIASIS INCREASING IN BANDUNDU

Kinshasa ELIMA in French 18 Apr 85 pp 1, 7

[Article by Kambidi Tabala Mosasa]

[Text] If there are any endemic diseases threatening efforts by militants in Bandundu on behalf of the country's socioeconomic development, trypanosomiasis is one of them. Sleeping sickness was combated in the old days, but in recent years it has been returning at a gallop. And the most active focuses of the disease are precisely in the central and northern parts of the region--that is, in the city of Bandundu and its immediate environs as well as in the Maindoumbe Subregion. The most recent report shows that over 3,000 cases have been recorded.

In general, the disease is advancing by leaps and bounds. The report in question gives grounds for pessimism when compared to previous years. In 1983 the figure was slightly below 2,000. But it has doubled in 15 months. Many cases are being reported in Maindoumbe, where the equatorial forest, with its natural dampness, favors multiplication of the vector (the tsetse fly).

As far as the fight against the epidemic is concerned, it emerges that FOMETRO is struggling as best it can. And the results are just what its mobile teams stationed in the focuses of the disease expected. The consequences of the epidemic are economic--so much so that the stricken peasants, weakened by its ravages, are no longer producing.

In fact, trypanosomiasis is having dramatic complications. At any rate, nothing is checking its wild race through the camps of the fishermen (who live along the Kasai, the Mfimi, Lake Maindoumbe, and the Zaire River). In the past, the golden rule was to approach them by force and then take a census of them for a serious screening.

Based on what was said above, if we listen more closely to statements by the itinerant medical staff, those who hole up in the camps are none other than villagers refusing to undergo a medical checkup. When they return home after long months of fishing or hunting, they snarl up matters among those undergoing treatment, who, in the euphoria of renewed relationships, find themselves suffering a relapse in no time at all.

The medical infrastructure allocated to FOMETRO may be adequate, provided that the equipment and funds made available to mobile teams are sufficient and effective. To alleviate the problem, considering how hard it is for the medical personnel to get to the "fugitives," it is important that the rank-and-file cadres (the chief of the collectivity, the group chief, and the village "kapita") intervene to convince those under their administration of the validity of a medical census.

For their part, FOMETRO and the other medical groups concerned cannot lose sight of the recommendations made at the latest regional conference concerning primary health care. Those recommendations are aimed at an extension of the rural health zones to allow all social classes to benefit from them. The training of rural health leaders is said to be urgent from the standpoint of these new approaches to health for all. The leader's role is fundamental. He leads and informs his circle when the actual medical provider turns his back.

It is at that level that the problem remains, because the working method of the aforesaid teams is far from meeting the needs of every area threatened by the disease. What a relief it will be for those inhabitants if all those involved succeed in reducing the extent of the disease's ravages in the field.

11798
CSO: 5400/187

BRIEFS

CHINESE MISSION AGAINST MEASLES--As is known, the Chinese medical mission is rendering a tremendous service to the inhabitants of Mbandaka. The work it is constantly accomplishing is highly appreciated by the inhabitants. That is the context of its unceasing efforts to counteract the measles epidemic now sweeping through the capital of the Equateur Region. Chinese pediatrician Mang Xianjue is conducting an intense awareness campaign among parents to forewarn them concerning this disease. According to the latest statistics on patients admitted to the pediatric department of the Mama Mobutu Hospital in Mbandaka, an average of 60 cases of measles a month among children between 6 months and 7 years of age is being recorded. That is nearly one-third of the patients being treated at that medical facility. [By Odio-Ous'Osang] [Text] [Kinshasa ELIMA in French 21 Mar 85 p 11] 11798

TUBERCULOSIS, LEPROSY STATISTICS--The Shaba Region currently has 20,000 cases of tuberculosis. The city of Lubumbashi alone has 1,000 cases (it has an estimated population of 700,000). And the center for the treatment of leprosy has registered 24 lepers this year in the city of Lubumbashi alone. [Excerpt] [Lubumbashi MJUMBE in French 25-26 May 85 pp 1, 8] 11798

CSO: 5400/187

JPRS-TEP-85-017
9 October 1985

BANGLADESH

CATTLE DISEASES TAKE TOLL ON AGRICULTURE

Dhaka THE NEW NATION in English 24 Aug 85 pp 1, 8

[Article by Serajul Islam Bhuyan]

[Text] MYMENSINGH, Aug 23 : Cattlehead worth about Taka one thousand and four crore perish every year due to various diseases in the absence of modern treatment facilities and inadequate availability of cattle medicine in the country, according to a recent estimate.

At least 80 per cent of the cattle deaths could have been averted if adequate availability of medicines--both preventive and curative--and other related facilities could be ensured, the unofficial estimate pointed out.

The large-scale cattle deaths due to diseases coupled with acute shortage of fodder and consequent malnutrition has been causing a first dwindling of the country's limited livestock resources to the detriment of the national economy.

An official estimate said about 11.3 million draught animals are needed for ploughing agricultutal land in the country at the present level of cropping intensity. As against this, there are about 10.3 million draught animals including about 0.7 million cows. Of the total, nearly 11 per cent are not usable for cultivation due to ill health, transport needs and some other factors, the stimate said.

Explaining the fodder problem that has been plaguing the livestock sector, experts in the relevant field said the decrease pasture lands due to intensive and extensive cultivation of crops for human use has aggravated the situation. To meet the gap between the demand for and supply of food-grains and other agricultural commodities, fallow lands were being brought under cultivation at an increasing rate and being put to double and even triple cropping leaving no scope for the growth of grass and other weeds used as cattle feed. In a situation like this, the question of cultivating napier or any other improved variety of grass was out of question, the experts noted adding feeding grains to cattlehead was also unthinkable in a subsistence form of economy like ours.

As a result of these there was exclusive dependence on paddy straw as cattle feed and its supply was far short of the requirement.

The experts said that while the importance of livestock sector in a predominantly agricultural country like ours could not be over emphasised, the problem of cattle diseases and acute crisis of fodder should be taken up with all urgency in order to save the cattle population from being perished at the existing rate.

CSO: 5450/0311

BRIEFS

CATTLES' MOUTH DISEASE--A cattle disease locally called Khura has broken out in an epidemic form all over Nilphamari District. As a result the Aman paddy plantation is being hampered seriously during this full rainy season. This disease creates germs in the mouth and the legs of a cow so much so that it can neither eat anything nor it can walk. Many cows have reportedly died of this disease. The farmers cannot plough their lands. On contact the District Live Stock Officer admitted the fact and told that the disease is curable if treated properly. [Text] [Dhaka THE BANGLADESH OBSERVER in English 19 Aug 85 p 7]

CSO: 5450/0308

BRIEFS

FOWL TYPHOID OUTBREAK--In other farm news, the veterinary services of the Ministry of Natural Resources today announced that the Ministry and the Mennonite Community are cooperating to reduce the incidence of Salmonalla Gallinarum, (Foul Thyphoid) following an outbreak in May of the disease in the Cayo District. Chief Veterinary Officer Mr. Balmore Sila has said that Salonalla Gallinarum is a disease which only affect poultry and does not affect humans. He added that the public health significance "is minimal." The veterinarian also said that more stringent condition will be imposed in the poultry industry in an effort to prevent further outbreaks of Salmonalla Gallinarum. [Excerpt] [Belize THE BEACON in English 24 Aug 85 p 5]

CSO: 5440/100

JPRS-TEP-85-017
9 October 1985

BOTSWANA

CATTLE DIE IN LARGE NUMBERS

Gaborone DAILY NEWS in English 26 Aug 85 p 3

/Text/

GABORONE: About 2000 cattle died in western Kgatleng, Mahalapye and eastern Kweneng due to plant poisoning by Paveta Harbori during the period April to July this year.

The Asistant Minister of Agriculture, Mr Geoffrey Oteng was replying to a question in Parliament in response to a question from the Member of Parliament for Mochudi, Mr Greek Ruele last week.

The Assistant Minister revealed that 400 cattle are reported to have died in western Kgatleng in May and June. In Mahalapye about twice as many cattle died. In eastern Kweneng, about 500 cattle are reported to have died during May and June. Mr Oteng added that cattle's death in the Mahalapye District were due to Pasturella and Botulism.

Mr Oteng expressed his worry about this plant poisoning as it is incurable and the animals die soon after ingestion of the plant from the toxic effect of the plant.

The Assistant Minister told Parliament that his Ministry advices farmers to move their cattle from the infested areas, to free areas even though they are aware that it is often difficult for farmers to simply abandon their boreholes to move to other areas. He also advised farmers to sell their animals before they are poisoned. The ministry had been able to organise quotas for such farmers, he said.

Responding to a question about the price of mollasses at Livestock Advisory Centre (LAC) also from Mr Ruele, Mr Oteng said that the LAC release prices for commodities that his ministry distributes at any point in time, depend largely on the offer of prices of agencies which tendered for the supply of the requisite during that year. He said that the situation had now improved considerably. Sefalana tendered for the commodities.

The Member of Parliament for Okavango, Mr Joseph Kavindama had asked the Minister of Agriculture weather they were aware of people who were hired by the Tsetse Fly Control Department from Beetsha who were paid lower than the industrial labourers.

The Assistant Minister said that these people were engaged in the drought relief labour programme. He assured that was the wage paid to people working under that programme and not as industrial class labourers.

CSO: 3400/1114

CATTLE VACCINATION CAMPAIGN AGAINST RINDERPEST PROCEEDING

Northern Region Progress

Bujumbura LE RENOUVEAU DU BURUNDI in French 21 May 85 p 4

[Text] In all provinces of the country, the anti-rinderpest vaccination campaign is underway by regional teams.

In the northern region, team leader Dr Niyongabo Joseph affirms that the campaign is progressing very satisfactorily.

Stock-raisers have been educated on the effects of the disease and have brought their livestock without the usual fear of a disguised census for taxation, but with the sole motive of protecting their herds. Despite the rain that has made some places inaccessible to vehicles, the campaign has proceeded according to schedule, thanks to the determination of the administrative authorities and the support of the party officials right down to the cell level.

Thus, livestock in Kayanza, Ngozi and Kirundo has already been vaccinated, and the campaign will continue in Muyinga province, the last phase for the northern team, beginning 21 May 1985. These contacts have given livestock officials the opportunity to give other advice to the region's stock-raisers, who are said to have understood the policy of intensified stock-raising, eliminating the excess stock of less zootechnical value. This was also an opportunity for the stock-raisers to present their complaints, mainly concerning the livestock health situation. For Kirundo province, the main cause of the problems is tick diseases such as theilerosis (umuphube), the various vermine diseases, and trypanosomiasis.

Since the team leader is also director of the Office of the Veterinary Laboratory and Pharmacy (LAPHAVET), he advised the stock-raisers to get in touch with that office and ask the authorities to send the requested supplies at the appropriate time and check that the medicines reach the veterinary centers.

He assured them that LAPHAVET has quality pharmaceutical products for all domestic animals and poultry, against infectious diseases, vermin diseases, blood parasites, and even ectoparasites. For the latter, LAPHAVET even has spray pumps of various sizes to apply the products at home, for those who live far from veterinary centers.

LAPHAVET also has vaccines for flock animals, farm animals and poultry, and its laboratory has equipment and competent personnel to produce certain vaccines and to diagnose viral, infectious, and parasitic diseases of all kinds.

Reluctance Due To Taxation

Bujumbura LE RENOUVEAU DU BURUNDI in French 26-27 May 85 p 3

[Text] Following the distribution of the communique of the Department of Animal Health inviting all stock-raisers to bring their cattle to be vaccinated against rinderpest, some stock-raisers of Cibitoke, particularly of Rugombo commune, were reluctant, because they were not in order with the communal tax on cattle. They were afraid that the communal officials could take advantage of the opportunity to perform a census of all livestock preparatory to a future tax that would defeat all forms of deception, a common practice among most of our stock-raisers.

They had to be reassured by swearing to the heavens that this was only a vaccination campaign with the goal of protecting their animals against rinderpest. Otherwise, the ill-intentioned would not have hesitated to move their livestock toward the complex of the Rusizi to escape any official check.

Although independent management requires that the communes use all possible means to build up their treasuries and some day succeed in financing themselves, the administrative officials could not allow themselves to be trapped into an action that would have had no result but to cause failure of the campaign, whereas it was up to them to see that it fully succeeded, in view of their responsibility for the well-being of their people and their possessions.

The campaign was carried out to the full satisfaction of everyone, and the cattle count as such did not take place, since the overall numbers were known in advance, except for the new-born. This was the case because most of the cows in Rugombo commune are either in the stock groups of Mukingiro, Rujembo and Mbaza-Muduha, or stabled at farms, where in any case they could not escape the vigilant eye of the census authorities and the communal councillors.

9920
CSO: 5400/188

BRIEFS

VIRUS KILLS MOTHER-OF-PEARL--Up to a million mother-of pearl-producing oysters have died of a mysterious virus on Takapoto Atoll, in French Polynesia's Tuamotu group. The loss is a heavy blow to local communities, who depend heavily for their income on the raising of the oysters. At the territorial level, it also represents a serious problem since mother-of-pearl and cultured pearls are prime export items. Exports of cultured pearls represented an income for the territory of CFP600 million (about $A5.2 million) in the first quarter of 1985 alone. The virus first appeared on some atolls in the Gambier group. The same ban on transfer of oysters from these atolls to other areas will now be applied to Takapoto Atoll. [Text] [Sydney THE SOUTH SEA DIGEST in English 6 Sep 85 p 2]

CSO: 5400/4435

BRIEFS

CATTLE DISEASE EPIDEMIC--Sambalpur, 20 Aug(UNI)--Four cows died of haemorrhagic septicemaia, a virulent type of throat disease, which has broken out in an epidemic form in the Barpali block of Orissa's Sambalpur district. Veterinary officials have launched a drive to inoculate the cattle of the area, it is learnt. [Text] [Calcutta THE TELEGRAPH in English 21 Aug 85 p 5]

ANIMAL DISEASES--New Delhi, Sept. 1.—The foot and mouth disease that affects cattle has been eradicated from the Nilgiri district of Tamil Nadu, reports UNI. In 1980, there were 22 reported outbreaks of the disease among the 1,117,000 domestic animals in the 400-sq. km. district. In 1982, there was just one outbreak. All animals within 5 km were quickly vaccinated and the outbreak was contained. It is now revealed that the incidence of foot and mouth in the Nilgiris district is zero. This is no micracle. It is the result of much hard and diligent work on the foot and mouth pilot scheme based in the hill station of Ootacamund. [Text] [Calcutta THE STATESMAN in English 2 Sep 85 p 10]

CSO: 5450/0316

VETERINARIAN ON ANIMAL MORBIDITY, MORTALITY

Vientiane PASASON in Lao 15 Jun 85 p 2

[Article: "Veterinary Department Chief Comrade Chanthasenkham Senluangkot's views on the prevention of animal diseases and on symptoms of animals that have contracted diseases"]

[Text] With regard to veterinary work, in the first 6 months of 1985 animal diseases have recorded their greatest decrease in comparison with other years. However, there is still danger in some provincial areas, e.g., Pak Ngum, Ban Phao, Ban Don, and Don Sanki, Vientiane Capital, where cattle and buffalo are still dying of pasteurellosis and anthrax. In particular, recently the people's cattle and buffalo in Bolikhamsai Province, Champassak and Thoulakhom District Vientiane Province, heavily contracted anthrax and pasteurellosis. Most of the cattle and buffalo in Ban Na Hai, Vientiane Capital, contracted pasteurrellosis.

In order to prevent the serious spread of animal diseases, the veterinary department suggested that the provincial and district veterinary section cadres vaccinate the livestock of the people, the settlement station, and the agricultural co-ops in their own localities throughout quickly. Vaccination for disease prevention is aimed at three important areas: places that had disease previously (former diseased areas), places where it is easy to go about, e.g., agricultural co-ops and settlement stations, and in localities that never had diseases previously. They set the vaccination times for twice a year, first before the rainy season in March, April, and May to be completed, and the second to be completed before winter in September, October, and November. In cases where animal diseases have occurred and have caused flocks or herds of animals to die we gathered the entire veterinary force in that locality to help stop this by treating and vaccinating in the villages where the animal diseases had not yet spread. In the case of pasteurrellosis and anthrax outbreaks we have ways to stop the diseases by banning the moving of animals into or out of the areas or else they could spread the diseases to animals in other areas, by separating the sick animals, and then by following up with treatment of the sick ones in a timely manner. For those that were so seriously sick that the local veterinarians could not treat them, on being notified the veterinary department sent mobile units to work together with the local unit in guiding and carrying out the actual task, treating and vaccinating and quanantining the diseased animals until the disease decreased and the animals got back to normal. Animals that had been vaccinated once for fear that they would contract diseases from animals near them were vaccinated a second time. This was to make sure that they would not contract the diseases.

Animals with pasteurrellosis. For the symptoms of cattle with pasteurrellosis we note primarily that they are unusually listless, feverish, and do not eat grass. They drool and have difficulty in chewing. Later on three symptoms occur: 1) high fever with the whole body shaking, stiff back legs, and lame; 2) swollen abdomen. In rural areas where the disease occurred previously, when animals eat the new grass they easily contract pasteurrellosis which causes the most deaths among animals; 3) swollen neck or, as it is called in rural areas, (thamala) swollen neck. Generally speaking pasteurrellosis is a serious disease that attacks animals in our country. Our veterinary department is now determinedly eliminating this disease.

Animals with anthrax. Anthrax is a dangerous disease for animals and human beings. Like pasteurrellosis, it is spreading badly in our country because it tolerates the weather very well. It can remain [dormant] for a long time. If it is not thoroughly eliminated it can remain in the soil for as long as 40 to 50 years. When it has a chance it can expand and quickly attack animal flocks and herds.

The animals that contract this disease will have similar symptoms to those for the ones that contract pasteurrellosis. The difference is that their excrement is runny and has blood. The eyes are red and have pus. Later, blood gradually comes out of holes in the skin and the mouth and anus. Their blood does not clot until after they die, and this indicates that the animals died of anthrax. Thus, it is extremely important that we do not eat animals that have died by themselves because people can contract anthrax, and those who eat such animals can get sick in many ways depending on individual health and how well a person can tolerate the disease.

9884
CSO: 5400/4418

BRIEFS

PASTEURELLOSIS IN VIENTIANE--In the spirit of maintaining health and expanding the amount of animal-raising by the people, since January 1985 the cadres in the animal husbandry and veterinary section under the division of Agriculture, Irrigation, and Agricultural Co-ops in Vientiane Capital have been working in cooperation with their section counterparts in the districts around Vientiane Capital to carry out their specialized task in vaccinating against pasteurellossis and hoof-and-mouth disease in cattle. During this period they vaccinated over 10,000 cattle for pasteurellosis, a number of cattle for hoof-and-mouth disease, and treated 960 sick animals. [Excerpt] [Vientiane VIENTIANE MAI in Lao 11 Apr 85 p 1] 9884

ATTOPEU VETERINARY WORK (KPL)--In May the veterinary cadres in Attopeu Province together with the cadres in the three districts of Samakkhisai, Saisettha, and Sanamsai enthusiastically vaccinated against diseases for the people's livestock in the localities mentioned. During the working period the mobile veterinary unit of this province brought with them 500 tubes of streptomycin, 500 tubes of penicillin, over 1,500 tubes of pasteurellosis vaccine, strychnine and vitamin B_1, and 300 tubes of serum to give out in the three districts in order to ensure the treatment and maintenance of good health for the livestock of the people in the localities mentioned in order to make wet rice production full-scale and sufficient for our needs. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 30 May 85 p A3] 9884

KHAMMOUAN VETERINARY WORK (KPL--Throughout the first 4 months of 1985 the veterinary unit cadres in Khammouan Province quickly and carefully vaccinated various kinds of livestock for disease prevention in six districts under Khammouan Province. After carrying out their tasks they had vaccinated over 9,000 cattle, buffalo, and pigs, and almost 7,000 were cattle and buffalo. They also treated over 100 cattle and buffalo that had hoof-and-mouth disease and pasteurellosis in order to completely eliminate animal diseases step by step. While carrying out their work the veterinary unit also brought with them over [5,000 packs] of medicine for preventing and treating animal diseases for giving out to the veterinary units, and trained them in techniques of maintaining the health of the animals in each locality so that they would understand and apply them according to the situation in each period and guarantee the health of livestock and particularly draft animals in order to use them to produce sufficient wet rice for our needs. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 25 May 85 p A6] 9884

CSO: 5400/4418

JPRS-TEP-85-017
9 October 1985

NIGERIA

FUNDS ALLOCATED FOR RINDERPEST CAMPAIGN

Lagos BUSINESS TIMES in English 26 Aug 85 p 1

[Article by Michael Oduniyi]

[Text] THE Federal Government has approved an annual budget of ₦3.28 million for the campaign programme to eradicate rinderpest from the country.

Also, the number of campaign Zonal Co-ordinators have been increased from three to six to enhance more effective inter-state co-ordination, as each co-ordinator will have a fewer number of states to visit and co-ordinate.

The national campaign approach is in consonance with international proposal for the Pan-African Rinderpest Campaign which has been re-scheduled for January 1986.

The number of Federal Task Force Teams have also been increased from three to six, to assist the states in combating outbreaks through ring vaccinations and in creating buffer zones in our border states.

They will also be available to the states on request for routine mass vaccination against rinderpest and CBPP.

The Federal Livestock Department has also appointed a buffer zone co-ordinator based in Kano and charged with the responsibility of co-ordinating the Federal activities on this aspect of the campaign.

Furthermore, a Sanitory Cordon Officer has been appointed. Based in Maiduguri, the officer is charged with the responsibility of ensuring the maintenance of sanitary cordon around the Lake Chad Basin and its environ. This is a joint venture organised by the Lake Chad Basin Commission (LCBC).

In an address delivered at the meeting of Heads of Veterinary Services on the National Campaign against Rinderpest held at Durbar Hotel, the director, Livestock Department, Dr. K.B. David-West disclosed that, an initial campaign started in 1983, has yielded good results.

According to Dr. David-West, the outbreak figures have been on the decline. By the end of 1983, a total of 1081 outbreaks were recorded which in all involved 6,691,426 cattles with 3,422,835 sick and 500,158 dead or slaughtered.

By the end of 1984, the figures had fallen to 329 outbreaks involving 53,908 cattles with 7,659 dead or compulsorily slaughtered. And in the first six months of 1985, which correspond to the dry season period when outbreaks normally escalate with cattle migration in search of water and pasture, only 35 outbreaks were recorded.

This contrast significantly with the situation during the same period in 1983 and 1984, when 918 and 308 outbreaks respectively were recorded. This achievement was as a result of the mass immunisation of 11,350,812 cattles in 1983 and 8,306,048 in 1984.

The campaign success was also due to the profound commitment by the Federal Government which has spent ₦8.22 million in the past two years to procure campaign inputs, and give support to the National Veterinary Research Institute (NVRI), for vaccine production and assist states with operational expenses including staff allowances.

The campaign attainment was also a rewarding outcome of the national strategy formulated in 1983. This consists of three phases.

The first phase (emergency phase) which ended in May, 1983 was aimed at controlling the existing outbreaks through ring vaccinations.

Cattle around the national borders were also vaccinated to create buffer zones and thus prevent incursions of the disease from the neighbouring countries.

The second phase was a mass vaccination exercise to immune our national herd for the three consecutive years as a prelude to a mass sero-monitoring phase which is to follow when the outbreaks have been reduced to a minimal level.

CSO: 5400/194

JPRS-TEP-85-017
9 October 1985

TANZANIA

RESULTS OF ILCA EXPERIMENT REPORTED

Harare THE FINANCIAL GAZETTE in English 6 Sep 85 p 30

[Text]

DRUGS given to cattle may enable further exploitation of tsetse-infested areas, concludes a report by the International Livestock centre for Africa (ILCA).

ILCA, based in Addis Ababa, Ethiopia, carried out a detailed 10-year analysis of the calving performance of Boran cattle on a ranch in Tanzania.

Previously, livestock production in infested areas has been based on the use of livestock resistant to trypanosomiasis. But, says ILCA's newsletter, the recent study "confirms that breeds not considered trypanotolerant can be productive under a well-managed prophylactic (i.e. preventive-medicine) regime in spite of a high tsetse challenge."

The experiments were carried out over 10 years at the privately-owned Mkwaja Ranch, Tanzania, from 1973 to 1982. The ranch is used to supply beef to the workers on the company's sisal estates.

Tsetse infestation at the ranch was so severe that cattle could survive there only with the use of trypanosome-killing drugs. A scheme was begun in 1964 whereby cattle were treated with Samorin (metamiduium chloride). From 1973, all animals were treated with the drug from weaning onwards, and this was supplemented by treatment of pre-weaning calves with Berenil (diminazene aceturate).

As a result, says the report, a high level of productivity was achieved.

The performance of Mkwaja's cattle was compared with that of other Boran cattle in trypanosomiasis-free conditions in Kenya and with trypanotolerant N'Dama cattle in West Africa. Although other factors could have affected results, says the report, the non-tolerant, treated Borans in Tanzania were more productive than the tolerant but untreated N'Dama in West Africa. However, Borans under tsetse-free conditions in Kenya still performed better than both.

The Mkwaja Borans had a 75% calving success-rate as against 87% for the Kenyan cattle and 72% for the West African; pre-weaning viability stood at 92% for Mkwaja compared with 95% for Kenyan and 91% for West African cattle.

Weaning weight at eight months was 135kg for Mkwaja Borans, with 174kg for Kenyan and 90kg for West Afican cattle; mature cow weight was 293kg (Kenyan 414kg, West Africa 256kg); cows produced 93kg weaner calf a year each (Kenya 143kg, West Africa 60kg), and herd productivity per 100kg of cow per year (in kg per weaner calf) was 138kg, compared with 173kg for Kenya and 102kg for West Africa.

EXPERIMENT

One particular experiment at Mkwaja highlighted the effectiveness of preventive drugs. Here, 95 nine-month-old calves treated with Berenil before weaning were split into three groups. Over the next 30 months, 37 of them were treated with Samorin, and 40 with Berenil, every 2-3 months, and 18 were left untreated.

After 30 months' exposure to tsetse, 33 of the 37 calves in the Samorin-treated group were alive and productive, as were 19 of the 40 Berenil-treated animals. All 18 of the untreated calves had died.

CSO: 5400/197

BRIEFS

DISEASE DEVASTATES HA BAC BOVINES--Ha Bac has never had a 10th-month crop with the problems like that of this year. Every year in mid-July the harvesting of the 5th-month crop is completed. However this year, at that time, the harvest in this province was still not complete with 20 percent or more of the land still unharvested. The prolongation of the 5th-month harvest was one of the reasons for problems with the 10th-month crop. But another matter of concern in the past harvest was that more than 11,000 buffalo and cattle fell victim to disease. Despite efforts to balance the distribution of draft animals the lowland districts were left with 6,000 hectares of untilled land. [Excerpt] [Hanoi NHAN DAN in Vietnamese 19 Jul 85 p 1]

CSO: 5400/4432

ZIMBABWE

BRIEFS

ILLNESS-FREE BUFFALO BEING BRED--Zimbabwe is trying to breed a special kind of buffalo that is free of foot-and-mouth disease and reduce the risk of cattle and other livestock, the Minister of Natural Resources and Development, Cde Victoria Chitepo, said last night. She told a reception in Harare organised by the Zimbabwe National Conservation Trust that buffalo had caused problems in the country because of the disease. Research was also being undertaken with other animals in an attempt to breed them together with domestic game without risking losing their wild habits. The event was organised to enable local wildlife conservationists to meet the director-general of the World Wildlife Fund International, Dr. Charles de Haes, who later presented prizes to outstanding game wardens, Mr. Clem Coetzee and Mr. Zeph Muketiwa. /Text/ /Harare THE HERALD in English 16 Aug 85 p 1/

CSO: 5400/193

BRIEFS

PESTS IN JAMALPUR--Jamalpur, Sept 1: Aus and Aman crops on about 85,000 acres of land in most of 86 unions of the district, has been invaded by pests locally known as 'Pamri Poka' causing heavy damage to crops. The affected unions are in Sadar upazila, Sharishabari, Madarganj, Islampur, Meladah, Dewanganj, Bakshiganj and Nakla upazilas. According to the farmers, the green leaves of the paddy plants are being eaten up by the insects. They apprehendid that if proper measures are not taken to combat the pest attack, the production might fall considerably. On the other hand, price of insecticides has gone up abnormally in the market. As a result, most of the farmers can not afford to buy the same to combat the pest attack. Meanwhile, adulteration of insecticides has become rampant in the area which have proved to be ineffective in killing the pests. Moreover, the farmes find it difficult to spray insecticides in their land due to inadequate supply of sprayers. It is strongly felt that if positive measures are not taken to curb the pest menace, the situation may go out of control. [Text] [Dhaka THE NEW NATION in English 3 Sep 85 p 2]

COMILLA PEST ATTACK--Comilla, Sept 4:--Transplanted aman and broadcast aman paddy in 25,000 acres of land in all upazilas of Comilla district have been invaded by pests the pest attack is also spreading to other areas of the district it was learnt. The anti-pest drive has been launched in the district, About 9000 acres have been covered by anti-pest drive and 700 acres by indigenous methods. Only 446 hand operated and 51 power driven sprayers have been fielded in 12 upazilas which are quite inadequate to fight the menance of pest attack. The department concerned is learnt to have arranged aerial spray of insecticides in the affected areas but that could not yet be carried out properly due to inclement weather Farmers are very warried about the fate of their crops. [Text] [Dhaka THE BANGLADESH OBSERVER in English 6 Sep 85 p 7]

RICE-HISPA ATTACK--Broad-casting Aman paddy plants on about 15000 acres of land in Kendua, Kodalia, Kalshira, Dhalmari and Kharia beels in Mollahat, Fakirhat and Chitalmaria upazilas have been badly affected by rice-hipsa, locally knwon as 'Pamri Poka.' Bagerhat District Agriculture Extension Department has already taken necessary measures to contain the pests. But due to deep water in the paddy fields, anti-pest operation cannot be effected properly. When contacted, the Deputy Director of Agriculture Extension Department told this correspondent that six anti-pest operation centres have already been opened but the natural barries can be overcome only through aerial spray of pesticides over the affected fields. [Text] [Dhaka THE NEW NATION in English 18 Aug 85 p 2]

PESTS IN JESSORE--Narail, Aug 20: Aus and Aman paddy on vast tract of land in 10 districts of Jessor region have been seriously affected due to pest attack and inadequate rain water. It is learnt from an official source that a total of 6,56,278 acres of land were brought under Aug cultivation in the districts with a production target of 2,60,992 tons of paddy. But due to attack of pests and natural calamity, including lack of sufficient rain crops on a total of 2,00,000 acres have been affected. District-wise figure of the affected land are as follow: 40,290 in Jessore, 44,900 acres in Magura, 17430 acres in Narail 43,610 acre in Jhenaidah, 4,000 acres in Chnadanga, 34,215 acre in Kushtia, 150 in Meherpur, 4,400 acres in Khulna, 2,000 acres in Satkhira and 4,745 acres in Bagerhat. On the other hand, it is apprehended that Aman crops an about 5,00000 acres will be effected for want of sufficient irrigation facilities. [Text] [Dhaka THE NEW NATION in English 22 Aug 85 p 2]

CSO: 5450/0310

BRIEFS

GINGER CROP NEMATODES—A bacteria (Bacillus Penetrans) which has been used successfully in Queensland to control nematodes preying on ginger crops, is being sent to Fiji to combat the nematode affecting Fiji's ginger crops. Ginger earns about $F3 million a year for Fiji in exports, mainly to the United States, Canada, the Middle East and Europe. [Text] [Suva THE FIJI TIMES in English 23 Aug 85 p 3]

CSO: 5400/4430

ORCHARD DISEASE SPREADS DESPITE STRICT MEASURES

Paris LE QUOTIDIEN DE PARIS in French 30 Jul 85 p 7

[Text] A bacterium commonly called "bacterial fire" is ravaging apple and pear trees: measures have been taken in the southwest, thus preventing casualty losses of 185 million francs. But the front of the "fire" is advancing 20 to 30 kilometers every year.

After the contamination of mussels by a toxic plankton, it is now the turn of the French orchard sector to be threatened. Thus pears and apples, too, are not enduring the summer heat very well. These fruits are in danger of disappearing from France. The cause of the scourge: erwinia amylovora, a bacterium more commonly called "bacterial fire."

This disease was given this nickname because the contaminated vegetation becomes brown and dries out, giving the impression of having been burned. The bacterium penetrates the tissues through openings in the blossoms. The attack is devastating. The organs attacked cover themselves with exudate, an amber, honey-like liquid, then the infection spreads to the heart of the tree blocking the vascular tissues and asphyxiating the tree which dies in a few months.

"Bacterial fire" does not pose a threat to man. However, it attacks most vegetation with greater or lesser intensity. Therefore, it is threatening fruit trees, such as the pear, apple and quince, but also ornamental plants which grow in gardens, such as the hawthorn and the pyracantha (fire bush). On the other hand, peach, plum and cherry trees are not affected.

It was at the end of the 18th century that bacterial fire first ravaged the orchards of Hudson Valley in the United States. Imported to Europe in 1957 as the result of trade between New Zealand and Great Britian, the tiny bacterium reached the continent in 1971 and the north of France in 1972, infecting hawthorn hedges, which were an excellent medium for dissemination. A new focus of infection made its appearance in the southwest in 1978 in the Dax and Marmande regions.

France Cut in Two

At present, France is cut in two by a line running from Dax-Angers-Orleans to Lille, west of which everything is said to be more or less contaminated, except for Brittany.

Although the situation is not catastrophic, it is frankly worrisome. Losses are particularly serious because of the fact that there are numerous possibilities of dissemination of the microbe: wind, rain, hail, pollenizing insects, birds and, finally, human intervention. The front is advancing 25 [as published] to 30 kilometers every year. What is more, currently available methods for combating the disease are of very limited effectiveness. However, since its discovery in the United States, the erwinia amylovora has been fiercely combated.

In France, the Vegetation Protection Service, in coordination with the INRA [National Institute for Agricultural Research], at the very outset ordered the systematic uprooting of all contaminated plants so that they could be burned. However, the uprooting of hawthorn hedges has not succeeded in eradicating the disease.

The major drawback to this solution is the threat over time to businesses oreinted toward the growing of fruit trees or ornamental plants. As underscored by Jean Lebard, departmental director of agriculture for Val-d'Oise, "Out of 100 hectares destroyed, only 60 percent are replanted." If we take the example of the winter pear, the variety most sensitive to the disease, it takes 6 years before a tree yields fruits and 15 years before it is fully productive.

In spite of the 40,000 francs of indemnization per uprooted hectare paid by the National Disasters Committee and the 20,000 francs granted by the general council of Val-d'Oise, the loss of earnings by tree growers is considerable.

Thus it is estimated that if no measures had been taken in the southwest in the period 1979-1983, the disease would have caused casualty losses of 185 million francs in 5 years, resulting in an annual loss of 205 million francs and the disappearance of 1,500 jobs. The risk would be all the greater if the disease were to spread to the apple orchards and to all the fruit-growing regions.

Mastery of "bacterial fire" has become a fact through implementation of a whole series of preventive measures to combat contamination: control over orchards and tree nurseries to immediately eliminate diseased plants and parts of plants, control over sources of propagation to preserve healthy regions and, above all, abandonment of cultivation of the most susceptible species. The propagation and marketing of certain species have already been banned (hawthorns, Durondeau and winter pear trees).

Over the long term, the definitive solution rests with genetics and the creation of resistant species through hybridization and mutagenesis.

Although research in this sector is active, the obtaining of satisfactory results requires a lot of time. Of course test tube methods permit an acceleration of research; however, since testing under natural conditions is necessary, we must wait for a period of 20 years between the time we start selection of a variety and the day it can be propagated effectively.

In the meantime, we are importing varieties of pear trees from the United States and Asia. Asian pear trees are resistant to this disease; however, their fruit with its firm and crunchy flesh is quite different from the French pear.

8143
CSO: 5400/2553

RICE HISPA BEETLE ATTACKS PADDY IN NADIA

Calcutta THE SUNDAY STATESMAN in English 1 Sep 85 p 7

[Article by Santosh Biswas]

[Excerpt] Krishnagar, Aug. 31--Rice Hispa--small blue-black beetle--has seriously affected paddy plants in an extensive area in Nadia district. According to Mr S. C. Saha, principal agriculture officer, more than 30 % of the plants has been destroyed. The worst-hit areas are Chakdah, Ranaghat, Hanskhali, Santipur, Krishnagar, Nakashipara and Kaliagunj blocks. Scanty rainfall and lack of adequate protection measures are said to be responsible for the situation, Mr Saha said.

Till August, the district had only 636 mm of rain which was much below average. Last year, there were 1,070 mm during this period. This month, the district experienced 177 mm of rainfall which also compared unfavourably with the past 10 years' average of 286 mm for the month. Mr Saha said scanty rain and occasional dry spells had helped the insects proliferate. Though the District Agriculture Department advised precautionary measures, the farmers reportedly did not listen, he added.

Official sources and a large number of farmers do not share his view. According to them, the suggestions did not reach the majority of farmers. Block-level extension work was poor and field workers seldom visited the growers, they alleged. Actually, none of the farmers was advised to clip off leaf tips at the time of transplanting and use 10% BHC, the specific antidote against Rice Hispa, they said.

Mr Dhiren Pahari, a tribal of Dogachi village in Krishnagar-I block, said he had never come across any extension workers. Rice Hispa had already damaged plants on the land owned by him. Mr Nagen Pahari, Mr Samanta Sarkar and Mr Jogeswar Sarkar of the same village alleged government apathy toward plant protection. Similar complaints were made by the growers in the Chakdah area which, according to the principal agriculture officer, was the worst-hit in the district. Paddy plants on extensive areas have dried up. "How shall I survive with my wife and children?" asked a grower who has lost paddy on five bighas.

CSO: 5450/0315

BRIEFS

JUTE PEST ATTACK--Mr Kamal Guha, West Bengal Minister for Agriculture, told reporters in Calcutta on Monday that the attack of "hispa" insects on jute plants had assumed an epidemic proportion. Steps had already been taken to tackle the situation. The worst-hit was Birbhum district. Mr Abdus Sattar, leader of the Opposition, said he had sent a telegram to the Union Textile Minister during the day, informing him of the condition of the jute growers after the prices had fallen below the support price. Meanwhile, the Union Textile Secretary, Mr S.S. Verma, during his two-day visit to Calcutta, toured some jute-growing areas of the 24-Parganas and also some important jute markets to gain firsthand knowledge of the raw jute price situation in the State, according to Mr S.K. Bhattacharya, chairman and managing director of the Jute Corporation of India, on Monday. Mr Verma arrived in the city on Sunday. [Text] [Calcutta THE STATESMAN in English 10 Sep 85 p 16]

5450/0004

COCOA INDUSTRY HELPS FARMERS WITH CONTROL OF BLACK POD

Kingston THE DAILY GLEANER in English 17 Aug 85 p 22

/Text/

As part of its stepped-up programme of activities aimed at showing farmers how they can improve their cocoa crop yields, the Growers Service Unit of the Cocoa Industry Board is publishing a six-step guide to controlling Black Pod disease.

The guide will advise cocoa farmers on how they can prevent substantial loss of income each year, to a disease which could wipe out up to 80% of their crop.

The guide will point to the need to:

- **Make sure that at least 60% light gets to the cocoa plant.**
- **Put in good drainage where the land is not free draining. This way, the soil and air do not become too moist — a condition in which Black Pod thrives.**
- **Remove all branches that have cocoa pods near the ground, since these pods will become infected when rain splashes the fungus (Black Pod) upwards from the soil.**
- **Take off all pods that have Black Pod at least once a week, throw these rotton pods in a gully, or put them far away from th cocoa trees, spray with fungicide and burn when dry.**
- **Remove all old pods and dead branches from trees since these can help to spread the disease.**
- **Ask the cocoa co-operative to arrange with the Cocoa Board to spray cocoa fields which produce at least 20 pods per tree for each crop.**

The Growers Service Unit co-ordinator, Dr. Andrew Dunbar, has emphasized that, without the heavy losses to Black Pod each year, both individual farmers and the country as a whole, would see substantial increases in earnings from cocoa on an annual basis.

"What has to be remembered is that we have a proven potential to increase our cocoa output by 25 times our present yield per acre. That is the aim of the Unit's current education programme for farmers." Dr. Dunbar said.

CSO: 5440/091

APHID ATTACK THREATENS GROUNDNUT HARVEST

Kano SUNDAY TRIUMPH in English 1 Sep 85 p 1

[Article by Emmanuel Yawe]

[Text]

-DESPITE the heavy rains this year and the added attention given to agriculture by both the government and individual farmers, prospects for bumper groundnuts harvest are bleak.

The General Manager of the Nigerian Groundnuts Board, Alhaji Umaru Danfulani, told this reporter in an interview in his office during the week that a massive attack by insects known as "aphids" had marred earlier prospects and projections of a good harvest.

Alhaji Umaru said prior to the attacks by "aphids", his board had anticipated a nationwide production target of 500,000 tonnes of groundnuts this year.

He said the boards' projections were based on the facts that rainfall had been heavy and well distributed and more hectarage had been put to production. "Suddenly without notice, there were massive infestation by "aphids". The Nigerian Groundnuts Board and Kano Agricultural and Rural Development Authority (KNARDA) had a joint spraying campaign to contain the situation in Kano.

"Large farms were spread with piramor in the programme which was also extended to some states like Kaduna and Sokoto," he revealed.

According to him, the 170 hectare groundnut seed multiplication farm at Gwaram, Bauchi State, 150 hectare farm and 100 contract growers farms are well protected and are doing fine.

"So also are the 200 hectare soya beans farm in Benue and states run exclusively by the board."

He, however, regretted that a number of farms could not be reached and chemicals and the VLV sprayers had to be distributed to farmers.

Alhaji Umaru also pointed out that some farmers who were ignorant of the services offered by the board because they are living in remote areas may have their crops destroyed by "aphids' without any help.

"In view of this unfortunate incident, production prospects are being reviewed.

On the activities of his board, the general manager said it was handicapped because the government did not allow it to compete with other oil mills in the country.

CSO: 5400/200

BRIEFS

GRUBS ATTACK SUGAR CROP—White grubs are attacking Papua New Guinea's sugar cane crop in the Ramu Valley and are expected to cut the estimated sugar output this year by 3000 tonnes to 33 000 tonnes. Ramu Sugar Pty Ltd general manager Brian Awford is optimistic that the United States contract, which was for 10 000 tonnes in 1983, will be filled. [Text] [Sydney THE SOUTH SEA DIGEST 23 Aug 85 p 3]

CSO: 5400/4431

VEGETATION PROTECTION DEPARTMENT ISSUES WARNING

OW231115 Hanoi Domestic Service in Vietnamese 1100 GMT 21 Sep 85

/Text/ According to the Vegetation Protection Department's notice, due to the recent heavy rainfalls development of a number of insect species has diminished slightly, but some crop pests are likely to develop further.

In the northern provinces, rice leaf yellows have rapidly spread over the early 10th-month and main rice crops. Eggs of brown planthoppers and white-back flies /raayf luwng trawngs/ have been hatching in abundance and nests contain an average of 5-100 eggs per square meter. Army worms have continued to metamorphose into flies, which have decreased in numbers after heavy rainfalls. Moreover, stem borers, rice bugs, and rice leaf yellows have appeared in some areas.

Leaf folders, brown planthoppers, rice army worms, and leaf-eating caterpillars have continued to ravage the 10th-month rice. Due to the drought, the density of insect infestation has become smaller than in past weeks.

It is forecast that in the days ahead, army worms, brown planthoppers, and fifth-generation stem borers will continue to ravage the 10th-month rice in the northern provinces. Meanwhile, stem borers will continue to develop on abundance while brown planthoppers and white-back bugs will continue to ravage the late summer-fall and early 10th-month rice crops in the southern provinces.

The department has urged the northern localities to continue to fight waterlogging while promptly preventing and controlling crop pests; tending rice plantings, especially the 10th-month rice in areas recently affected by waterlogging; and spraying insecticides to eradicate leaf folders, rice bugs, and brown planthoppers. The southern provinces should continue the eradication of stem borers, leaf folders, and other species of insects to prevent crop pests from spreading.

CSO: 5400/4436 END