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JPRS 82766

31 January 1983

Worldwide Report

EPIDEMIOLOGY

No. 309

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31 January 1983

WORLDWIDE REPORT

EPIDEMIOLOGY

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INTER-AMERICAN AFFAIRS

BRIEFS

GRENADA, NICARAGUA HEALTH PACT--The People's Revolutionary Government of Grenada and the Government of National Reconstruction of Nicaragua have signed a 5-year agreement in the field of health. The agreement was signed in the Nicaraguan capital of Managua between the Grenada's minister of health, Comrade Chris de Riggs and his Nicaraguan counterpart, Lea Guido. Under the accord, the governments have agreed to inform each other of the public health structures and the [words indistinct] relates to health which will allow for an exchange of the experiences of the respective countries. [Excerpt] [FL180015 St Georges Domestic Service in English 2300 GMT 17 Jan 83]

CSO: 5400/2038

CONTAMINATED WATER BRINGS ILLNESS TO 70 SCHOOL CHILDREN

Hamilton THE ROYAL GAZETTE in English 17 Dec 82 p 1

[Text]

More than 70 children were sent home from Dellwood School during the past week after drinking "highly contaminated" water which caused vomiting and sore eyes.

It is the second major outbreak of sickness caused by unclean water at the school. Two years ago some 200 children were taken ill after drinking contaminated water.

The Health Department then ordered the Hamilton school's water tanks to be cleaned out and chlorinated by the Public Works Department as a precautionary measure.

Yesterday, worried headmistress Mrs. Carol Bassett said children had started to

become sick last Thursday. She said the school was without water for some time last week and a new supply had to be delivered.

"To me it is very serious," Mrs. Bassett said. She added that the outbreak and its symptoms were similar to the problems at the school two years ago.

"I have had several reports from the Health people here and (the water) seems to be highly, highly contaminated," she said.

She said that as far as she knew none of the affected primary school students had needed hospital treatment but they had all suffered vomiting and watering eyes.

The school finishes term today and Mrs. Bassett said she was asking for the tanks to be emptied and cleaned during the Christmas break.

"I am not just concerned about the education of the children but their health and safety too," she said.

Last night, Dr. John Gourlay, Government's Chief Medical Officer, said he had heard about the incident but had not seen any reports on it yet from his health inspectors.

"I know there have been tests, however," Dr. Gourlay said. "There have been problems with the water there but I can assure you that our staff are working quickly to put things right."

Dr. Gourlay said it was the Public Works Department that looked after water supplies at public buildings.

Mr. Norman Thomas, Director of Public Works, said his department would look into the matter. He said he had no information on the matter yet.

MULTIVACCINATION CAMPAIGN READY TO START

San Pedro Sula LA PRENSA in Spanish 11 Dec 82 p 25

[Text] Health authorities reported yesterday that Sanitary Region Number 3, with headquarters here in San Pedro Sula, is ready to begin its multi-vaccination campaign next Monday.

The campaign will last one week, during which all communities in the Departments of Cortes, Santa Barbara, Lempira, and part of Yoro will be visited. Infant children between the ages of 2 months and 2 years will be vaccinated.

The purpose of the campaign is to prevent epidemics of measles, polio, tuberculosis, whooping cough, diphtheria, and tetanus. Officials hope the campaign will succeed in immunizing minors who for various reasons have not been offered this protection before.

The multivaccination campaign is being carried out on a national scale.

At a press conference held yesterday at sanitary region headquarters, details of the campaign were announced by Dr Jose Salomon Fajardo, assistant regional chief; Dr Jose Antonio Andino, chief of epidemiology; Dr Guillermo Octavio Flores, chief of the Dr Miguel Paz Baraona CESAMO and Mrs. Marta de Rodriguez regional chief, all of whom emphasized the vital importance of parents' cooperation, without which the project cannot succeed.

They reported that 112 vaccination stations will be installed throughout the region: 37 in San Pedro Sula, 35 in the Santa Barbara area, 14 in Puerto Cortes, 14 in Yoro, and 12 in El Progreso.

These vaccination stations will be set up in public schools and offices, while in the rural areas the operation will be organized as a campaign, with groups of nurses visiting settlements simultaneously and making unscheduled tours of the area.

Mrs Rodriguez said that the nurses are ready to begin the campaign in the spirit required to overcome any adversities that may stand in the way.

"The most difficult thing for us is to get people together. Once they are at the station, our staff knows what to do. That is why it is so important for parents to cooperate in bringing all children eligible for vaccination to the various centers," said Dr Andino.

HONDURAS

BRIEFS

MALARIA STATISTICS--The head of the Office of Vector Control in San Pedro Sula, Brigido Santiago Herrera, said yesterday that his agency has detected alarming levels of malaria here. Statistics collected by the antimalaria program in this district show that more than 7,000 persons surveyed were found to have malaria. As of October, some 15,000 individuals had been surveyed, of whom 7,090 showed positive for malaria in Santa Barbara, Cortes, and Yoro. Herrera said that the number infected represents 52 percent of the population. Health inspectors in this department have surveyed some 2,000 locales and are treating some 3,600 individuals with chloroquine. "We are alarmed," said Herrera, "because we lack government support to continue fighting malaria, which is having a powerful effect on the nation's economy." [Text] [Tegucigalpa LA TRIBUNA in Spanish 20 Nov 82 p 36] 9839

CSO: 5400/2031

PUBLIC EDUCATION PROGRAM ON IMMUNIZATION MAPPED

Kingston THE DAILY GLEANER in English 15 Dec 82 p 21

[Excerpts] ONE YEAR PUBLIC EDUCATION programme emphasising the need for immunisation was launched by Health Minister, Dr. Kenneth Baugh, last week Thursday at a press conference at New Kingston hotel.

The educational programme is being combined with the Ministry's Expanded Programme of Immunisation launched in 1981 and will include the third phase of the mass immunisation programme against poliomyelitis.

It is aimed mainly at parents and guardians of children for who the government provide immunisation against seven preventable diseases.

The objectives as outlined by the Ministry are: to have 80 per cent of children under five years old fully immunised against polio, diphtheria, tetanus and whooping cough; 80 per cent of children one to four years old fully immunised against measles; to have 80 per cent of all children immunised against tuberculosis by the age of one year; to have 80 per cent of all children five to nine years old fully immunised against diphtheria, tetanus and polio and to have 80 per cent of all girls age nine to twelve years immunised against rubella (German Measles).

A special outreach project is being developed to try and reach "the high risk children," those who are not or are partially immunised.

The Ministry is receiving support from the United Nations Children's Fund (UNICEF) and the Pan American Health Organisation (PAHO). UNICEF has provided J\$50,000 for the survey and education programme while PAHO has provided J\$40,000 for the in-service training of the health team which will be working on the immunisation programme. The government of Jamaica will be bearing the cost of the delivery of the service, supplies of vaccines, syringes, needles and cold chain equipment necessary for the storage and transportation of vaccines.

The programme is designed as an integral part of the Maternal and Child Care Programme of the Ministry of Health using the Primary Health Care delivery system, facilities, manpower and other resources. The overall project includes a survey, the upgrading of health service infrastructure, in-service training programme and the mass media programme.

The launching followed a nationwide survey carried out in September and October and an in-service training programme at the parish level involving the health team. The survey which was aimed at mothers and guardians of children up to five years old, sought to identify perceptions, fears and beliefs on immunisation and was carried out by the Ministry's Bureau of Health Education. The representatives visited some 3,000 households.

On the immunisation programme during the poliomyelitis outbreak, Dr. Deanna Ashley said that over 80 per cent of the target group of 550,000 children under 10 years were reached in the first phase but only 70 per cent in the second phase. A survey done on the effectiveness of the first phase carried out in St. James, Kingston and St. Andrew, Clarendon and Westmoreland confirmed the high immunisation coverage.

She said that one other thing found from the survey was that there was a small group of children who were only partially or never immunised before the campaign and who did not receive any vaccine during the campaign. This group represented under 30 per cent of previously non-immunised children. Special outreach programmes were being developed to try and reach such children.

The Ministry's Epidemiologist, Dr. Alma Dyer, in speaking of the decrease in diseases as a result of immunisation, said immunisation was by far the easiest and least expensive method of achieving the goal of health for all.

Turning to the decrease in diphtheria, Dr. Dyer said that in 1981 only nine cases were reported islandwide but the level of measles was high. She said the eradication of measles was an achievable goal and pointed too to the economic pressures involved in outbreaks of diseases. Time was lost from work when children suffered from diseases and mothers had to attend to them, adding that this placed tremendous pressure on the country's resources.

CSO: 5400/7521

PLANS READIED FOR NATIONAL POLIO IMMUNIZATION PROGRAM

Kingston THE DAILY GLEANER in English 15 Dec 82 p 21

[Text] A national workshop on polio, together with a comprehensive immunization programme, is to be conducted by Government early next year, as part of a drive to prevent future outbreaks of the disease.

The workshop will study the management systems to be employed in campaigns against polio and steps to prevent the recurrence of the disease in Jamaica. The immunization programme will be preceded by public education programmes.

The announcements were made by Health Minister, the Hon. Dr. Kenneth Baugh last Friday (Nov. 26), at a meeting between heads of programmes and technical officers at the Ministry of Health and the parish and regional health staff at the Calvary Baptist Education Centre in Montego Bay.

According to a J.I.S. release, Dr. Baugh emphasized that it was of paramount importance that every possible precaution be employed to avoid an epidemic outbreak in the country.

He said an epidemic outbreak disrupted, on too large a scale, the national life and not only drained the country of scarce foreign exchange by way of purchasing drugs, but also prevented foreign cash inflow because visitors kept away from the country during these outbreaks.

CSO: 5400/7521

BRIEFS

NEW SEWER SYSTEM--The Government has moved to improve and expand the capacity of the sewerage system of St Ann's Bay. A contract which provides for increasing the service capacity from 2,000 to 3,000 families, was signed by the Minister of State for Construction, the Hon Robert Marsh, at the Works Division of the Ministry, 140 Maxfield Avenue, on Thursday. Value of the contract is approximately \$725,000. The contractor is Caleb Cooper and Associates Limited. Time limit for completing the project is 10 months. The system has been designed to cater to the Marcus Garvey Secondary School, the St Ann's Bay Public Hospital and the Parish Church annex in that town, all of which, because of the inadequacy of the old system were not efficiently served, a JIS release said. [Excerpt] [Kingston THE DAILY GLEANER in English 20 Dec 82 p 10]

IMMUNIZATION PROGRAM--Another phase of the immunization programme is to be launched soon. This will be against a number of diseases such as measles, German measles, diphtheria, TB, whooping cough and tetanus, the Minister of Health Dr Ken Baugh said on Friday when he received gifts of medicine and medical equipments valued at \$100,000 on behalf of the Noel Holmes Hospital, Lucea, and the Hanover Health Department from the Lucea Rotary Club and the Rotary Club of Alma in Michigan, USA. In making the announcement about the immunisation programme, Dr Baugh said that he was hoping that the Public Health Department would get the kind of support needed from every person in the island. He mentioned that people often forget the need for immunization when there is no suffering, and drift into an attitude of complacency. Because of that we have had four epidemics of polio. The Minister thanked the health team for quickly combating the most recent polio epidemic insomuch that less than 50 persons were affected. The Minister also announced that an improvement scheme for the Noel Holmes Hospital is to begin soon. [Text] [Kingston THE DAILY GLEANER in English 20 Dec 82 p 14]

CSO: 5400/7527

SAYABOURY HOSPITAL, MALARIA TREATMENT FACILITIES DESCRIBED

Vientiane SIANG PASASON in Lao 11 Oct 82 p 2

[Article by Songdet Vangphouthon: "Sayaboury Provincial Hospital"]

[Text] Sayaboury Provincial Hospital is in the southern part of the city. Before liberation this hospital was under the control of Filipinos. It was known to the people as O B [Operation Brotherhood] Hospital.

In late 1975 after our army and the people gained full victory nationwide and advanced to the construction of the Lao People's Democratic Republic, all the Filipino doctors fled to their country, leaving only 30 Lao doctors in this hospital. These doctors were not very knowledgeable because the Filipinos did not teach them important lessons.

Under the brilliance of the LPRP which is always concerned about the health and standard of living of the people of all nationalities, the administrative revolutionary committee of Sayaboury Province was a driving force to guide, lead, and improve this hospital, and went through difficulties step by step. Up to now the patient beds have been increased to a total of 130. Before there were only 60 beds. There are as many as 71 cadres, combatants, and government employees who are carrying out their duty serving in the hospital, including 1 doctor, 10 mid-level doctors, and 47 basic-level doctors. The operation is divided into 8 sections: 1 inpatient and 2 outpatient sections, pediatrics, obstetrics, contagious diseases, medicines, and general administration. This is a solid expansion; it also has basic facilities to maintain health and suppress diseases that threaten the lives of the people of all nationalities, and to respond to the policy and plan of our party and government.

Speaking of its capability in carrying out the treatment plan, it exceeded expectation as compared with the old regime. Even though the service vehicles are lacking, and the medical cadres' knowledge and ability in techniques and science are still low, and their experience is still lacking, they decided to use all of their intellectual creativity and struggled with their revolutionary spirit to diligently and bravely serve the nation and the people. There seems to be many good and outstanding model doctors.

Mr Khamkeng of the committee responsible for this hospital pointed out in the past quarterly achievement plan from July to September 1982 that they were able to treat a total of 464 inpatients; they examined and gave out different kinds of medicines to 3,511 outpatients, and set fractures for 19 patients, and removed foreign elements from 14 patients. The outstanding work was in malaria. They examined blood samples for malaria in 1,396 people. They also saved the lives of patients who had contracted this disease as severely as the 4 plus level to be back to normal. This really pleased the people.

By carrying out the two strategic duties in the public health combat front and making disease prevention a primary and important treatment, our cadres, combatants, and government employees in Sayaboury Provincial Hospital are continuously and determinedly performing their specialized task in order to emulate each other to implement the resolutions of the Third Party Congress to become reality.

9884

CSO: 5400/4345

UN AGENCIES ASSIST IN EPIDEMIOLOGY CONFERENCE

Vientiane VIENTIANE MAI in Lao 12 Oct 82 pp 1, 4

[Article: "Second Conference on Vaccination for Disease Prevention and Dysentery Suppression Nationwide Is Opened"]

[Text] The Health and Epidemiology Institute committee held the opening ceremony for the second conference on vaccination for disease prevention and dysentery suppression nationwide in the Medical University under the chairmanship of Professor Vannalet Lasapho, Acting Minister of Public Health. This conference was assisted by the World Health Organization and UNICEF of Laos. There were 33 medical cadres from Savannakhet, Khammouan, Champassak, Louang Prabang, Vientiane, Sayaboury, Oudomsai, Phong Saly, Louang Namtha, Attapeu, Xieng Khouang, Houa Phan, and Saravane Provinces, and departments, institutes, schools, and hospitals subordinate to the Ministry of Public Health who attended the conference.

Those who attended the ceremony were representatives of WHO, UNICEF, the UN Development Program, WHO experts, and committees from many departments, institutes, schools, and hospitals around the ministry.

In this conference the studies will involve disease prevention which is included in the Public Health Project of Laos and WHO, resources procurement, cooling systems, vaccinating for disease prevention, and inspecting and evaluating disease prevention. As for dysentery suppression the attendees will study the goals and the set expectations of the dysentery project: its symptoms, epidemiology, equipment procurement, evaluation, and different problem-solving techniques.

In the ceremony, after Dr Soun Soulivong of the committee from the Health and Epidemiology Institute said in a speech that the goals and the set expectations of this conference are to promote the ability of those who are responsible for the project on vaccinating for disease prevention and dysentery controls at all levels to understand the significance of the problem, problem-solving techniques, knowing how to adopt the plan, technical guidance, and administration and project management. Then Professor Vannalet Lasapho pointed out the significance of the conference that was held for all levels of public health cadres was primarily for the provincial level, especially for those who are responsible for administering, managing, and facilitating

the projects for vaccinating for disease prevention and dysentery suppression. These two projects are part of the base level public health work. It is now considered the most important primary work that the cadres involved in these projects must determinedly carry out and put all their efforts to gradually reach the goals. Meanwhile, he also mobilized the cadres participating in this conference to determinedly study and learn from each other to make this conference successful, to apply it to disease prevention and dysentery suppression, etc., to be increasingly efficient, to maintain good health for the people of different areas, and to participate in carrying out the resolutions of the Third Party Congress to become victorious reality.

This conference will go on for 2 weeks.

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CSO: 5400/4345

CONFERENCE REPORTS MALARIA DEATHS STILL TOO NUMEROUS

Vientiane SIANG PASASON in Lao 24 Nov 82 pp 2, 3

[Article: "Conference to Summarize Malaria Suppression Is Closed"]

[Text] On the evening of 5 November the public health service of Vientiane Province closed the conference to summarize malaria suppression all over Vientiane Province. It ended gloriously and successfully after 4 days. There were 45 cadres involved from different districts. Besides these there were representatives from the World Health Organization, UNICEF, and the Vietnamese experts in our country.

After the active and thorough study and exchange of ideas concerning problems of malaria suppression in the last 3-year period, it helped the cadres to see that now the number of patients with this disease has already decreased to a low level. That is, it went from 23.3 percent in 1976 to only 2.4 percent in 1981. However, malaria still has bad effects and is still harmful in many localities, especially in faraway mountainous areas, causing many deaths each year. This has had effects on the nation's development and national defense. Moreover, the participants also accepted that malaria suppression is important and complex and will take a long time. They accepted many new techniques concerning malaria suppression. They grasped each level of the direction and malaria suppression plan in order to lead effective and highly efficient suppression work.

Moreover, the conference participants also thoroughly studied the details of the 1983 malaria suppression plan in order to carry it out successfully as planned in order to gradually and steadily eliminate this disease.

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CSO: 5400/4345

IMPORTED MALARIA CASES RISING, MEDICAL JOURNAL WARNS

Wellington THE EVENING POST in English 13 Dec 82 p 12

[Text]

DUNEDIN, Dec 11 (PA). — Malaria is an increasing hazard of tropical travel, and more New Zealanders are contracting the disease.

Suggestions for prevention and therapy are included in a study of imported malaria in Auckland adults, published in the "New Zealand Medical Journal."

The article was written by Dr C W E Palmer, an infectious disease registrar, and Dr R B Ellis-Pegler, from the infectious disease unit at Auckland Hospital.

65 cases

About 65 cases of malaria were reported to the Health Department in 1980, more than at any other time since records were first kept in 1914 — except for during and immediately after wars in which New Zealand servicemen fought in the tropics.

Malaria is increasing mainly because of lack of funds and personnel to combat the disease, resistance to insecticides and the resistance of the parasites which cause malaria to many anti-malarial tablets.

Imported malaria has risen dramatically in many Western countries during the past 10 years.

"Malaria remains a threat to travelling civilian New Zealanders in the 1980s as never before," the authors said.

Advice needed

"It is important that New Zealand doctors give appropriate advice, and seriously consider the diagnosis in those who return from the tropics and become ill.

"Even correctly taken preventive medicine is no guarantee of protection," the article stated.

CSO: 5400/9097

NEW ZEALAND

BRIEFS

HYDATIDS DEATH TOLL--Wellington (PA)--Hydatids has killed 236 New Zealanders in the last 30 years, according to the National Hydatids Council. Between 1948 and 1980, 1797 cases were admitted to hospital, the highest number in 1953 (103) and the lowest in 1979 (19), said the council's annual report. Liver-based disease was the biggest killer, followed by cases in the lung. The rate of new hydatids cases has dropped from 31.7 per million in the period 1958-61, to 6.4 cases per million in 1980. The highest rate of admissions was in the Taumarunui Hospital Board district. [Text] [Christchurch THE PRESS in English 8 Dec 82 p 36]

CSO: 5400/9097

FUNDS LACKING FOR NATIONAL DRUG CENTERS

Karachi BUSINESS RECORDER in English 5 Jan 83 p 7

[Editorial]

[Text]

THE failure of a large number of pharmaceutical companies to meet the statutory obligation of paying one per cent of their annual turnover has stalled the progress of the scheme for the setting up of national drug centres. According to a report, only 60 out of 227 pharmaceutical firms have paid a total amount of Rs. 72 lakhs since 1976 when obligatory payment towards drug centres came into force. The rest have just not cared to pay at all. It is surprising that the defaulters have not been asked to pay the arrears along with the current dues all these years by the authorities concerned. They have woken up only now. It is not known whether any specific action is being contemplated against the defaulters or the matter will be allowed to rest with the formality of merely serving legal notices on the defaulters. The non-payment of the dues must involve millions of rupees. Moreover, there is an apprehension in the relevant official circles that some of the companies not in default technically are paying less than what is due from them on this account. If there is a basis to this feeling, the best way to straighten out the matter is to initiate a process of scrutiny that inspires confidence on both sides. From this point of view, the report that the Health Ministry is considering to acquire the services of experienced cost accountants and other experts for checking the accounts of each company makes good sense. Specific cases of default apart, it will perhaps, be advisable for the authorities to seek the cooperation of the representative bodies of the pharmaceutical manufacturers in ensuring regular payment of the dues by the companies. Legal obligation is not the only argument in favour of full and regular payment. The real reason is that the proposed drug centres for which this one per cent levy is meant, when operational, will prove to be a boon to the pharmaceutical industry.

CSO: 5400/4362

ADULTERATION CASES TO BE TRIED UNDER MARTIAL LAW

Karachi BUSINESS RECORDER in English 28 Dec 82 p 3

[Text]

LAHORE, Dec. 27: The provincial Quality Drug Control Board decided to send 51 cases of violations of Drugs Act for trial under Martial Law so as to eradicate the evil practice of manufacture and sale of adulterated, spurious and substandard drugs in the province, says a hand-out.

The board which met here today under the chairmanship of Secretary Health, Brig. Manzoor Malik also decided to launch a campaign in the province for the eradication of spurious drugs. For this purpose, power to take samples from chemists and druggists shops have also been invested in the district health officers who would inspect medical stores in their respective districts.

The chairmen of all municipal committees, district councils and mayors of municipal corporations have already been conferred with

the authority of taking samples from medical stores. The members of the committee for the eradication of spurious drugs were given the authority of taking samples in any district in the province.

Drug inspectors have been issued instructions to send each at least five cases involving violations of Drug Act for trial under the military court. The board observed that the import manufacture and sale of substandard drugs should be eradicated at all costs and the persons indulging in these anti-people activities should be punished exemplarily.

The meeting was attended among others by Prof M. Hayat Zafar, Principal Nishtar Medical College, Multan, Prof M. Anees Mahju, Principal, Punjab Medical College, Faisalabad, Director Health Services, Punjab and the Secretary to the Board Dr. A. Irshad Butt.—APP.

CSO: 5400/4362

COLLECTIVE EFFORT FOR ERADICATION OF TUBERCULOSIS STRESSED

Karachi BUSINESS RECORDER in English 3 Jan 83 p 7

[Editorial: "Fighting Tuberculosis"]

[Text]

THE Sind Health and Information Minister has called for collective efforts to eradicate tuberculosis from the country. The Minister was speaking at a seminar organised by the Sind T.B. Association and during his speech he also laid stress on the need for immunising children against tuberculosis and other communicable diseases. He said that the 200 immunisation centres at present working in the province are not being utilised fully on account of ignorance. It is certainly true that illiteracy plays a big part in the perpetuation of this disease, which is persisting stubbornly in the poorer countries and is among the biggest killers in this country. Much of the success against this disease in the West was achieved before the new drugs were discovered: gained mainly through publicising the need for hygienic conditions to defeat the disease and by actual improvements in the standards of housing. Of course, other factors were also of aid, such as that malnutrition was not rampant as it is in the developing countries at the moment. In this country, however, immunisation must be depended upon as possibly the main weapon against the spread of the disease. Some doubts have been raised about the efficacy of the BCG vaccine but, despite these, the vaccine remains one of the mainstays in the fight against tuberculosis and it has been included by the World Health Organisation in its list of six major vaccines. It also has the advantage of being very cheap in itself, although delivery systems are bound to raise the cost considerably, depending on what infrastructure is available in a region. Campaigns to improve housing and hygiene conditions also need to be taken up, with specific reference to the difference it can make to the spread of tuberculosis.

CSO: 5400/4362

VICE MINISTER CALLS FOR MAJOR HEALTH REFORMS

HK120229 Beijing CHINA DAILY in English 12 Jan 83 p 1

[Text] Urgent and major reforms are needed in health services, Wang Wei, vice minister of public health, said yesterday.

The reforms, Wang, told CHINA DAILY in an exclusive interview listed the main aims as: helping medical services operated by collectives and individuals; improving management of collectively-run hospitals and clinics; spreading the responsibility system among state-owned medical institutions; perfecting the free medical service system; enacting a law on hygiene.

He said licensed private practitioners could open clinics jointly or individually or set up practices at pharmacies according to Chinese custom.

Licensed midwives and nurses should be allowed to set up their own practices, and treat people at home. Anyone who was competent and willing to treat people would be helped to do so.

Wang said there were clinics and health centers run by brigades, by barefoot doctors individually or jointly, or by county hospitals. A co-operative medical system was also operating. The multiple forms of service were welcomed by the peasants, he said.

Wang said that compared with agriculture and industry, public health had been slow to reform and eradicate leftist influences.

The reform is aimed at bringing into full play the initiative of medical workers, improving services and ending the "iron rice bowl," would totally depend on state subsidies and pay no attention to profits and losses.

The "big pot" system had seriously blocked the development of medical service, he said.

Various forms of medical services should be allowed as stipulated in the new constitution, the vice minister stressed. "In fact, collectively and individually-owned hospitals, united consulting rooms, and family clinics have appeared in the past two years in rural and urban areas as a complement to state-run medical institutions."

A responsibility system had been practised in medical services in many places, Wang said. "The system, which is akin to the responsibility system in agriculture, specifies the responsibilities of medical workers, expands their decision-making power and increases their income.

"In collectively-operated medical services," the vice minister said, "floating wages should be encouraged. That means higher pay for those who do more and better work."

Emphasis should be placed on strengthening grassroots medical services, especially in rural areas where 800 million people live and doctors and medicines are still in short supply, he said.

"Priority in rural areas should be on prevention of diseases, maternal and child hygiene, training and improving the techniques of medical workers including barefoot doctors and doctors of national minorities, as well as regular massive health campaigns," he said.

CSO: 5400/4118

STRICT PRECAUTIONS AGAINST SPREAD OF INTESTINAL INFECTIONS TAKEN

Measures Outlined

Beijing JIANKANG BAO in Chinese 5 Aug 82 p 1

[Text] Following promulgation of a "prevention first" policy in recent years, prevention and control of many infectious diseases experienced a new surge in development. However, work in the prevention of intestinal infections at present is still rather weak and beset with problems. The chief reason is that some colleagues are reluctant to face the problem head on. Some areas are slow in effecting basic practices, and "water improvement" and "manure waste disposal" measures are inadequate in others. This is particularly true where farm market activity is growing by leaps and bounds, and sanitation inspections have not kept up with it, so that food-related outbreaks are on the rise. In some places, this has become a source of infection. For this reason, related notices required by the Ministry of Health should be carried out right now to promote understanding and to strengthen the leadership for preventive work on intestinal infections.

Intestinal infections that usually occur in summer and fall are caused primarily by contaminated food or water, though they can also be caused by daily contacts and transmission by flies. Spread is rapid, the danger is great, and once the outbreak occurs, effective measures must be adopted immediately. Otherwise the outbreak will spread, and the outbreak area will grow causing an epidemic. If affected patients are not given proper care, this will also result in a higher fatality rate. Since this summer, many areas have taken preventive measures to counter an epidemic of intestinal infections, though strict control has not been achieved. Particularly at this season of high temperatures the incidence and outbreak of intestinal infections peak, which calls for strengthened leadership in prevention and control work.

To reduce the incidence of intestinal infections and to control their spread, a patriotic health movement centered around intestinal infection prevention must be effected in all seriousness. To overcome a paralyzing laxity and reluctance in face of difficulties, a new alignment of manpower, material and financial resources must be practiced to assure the smooth operation of preventive measures. Departments responsible for health and disease control, and industry, business, and administration groups must pay particular attention to food sanitation by strengthening the sanitary supervision of cold-drink stalls

and eating places in farmer markets and individual eating establishments, and forbidding the preparation and sale of unsanitary foods. Mess halls and food stores must firmly practice the "Five-Four System" of food sanitation, and not buy, sell nor process spoiled food, separate raw from cooked food, and sterilize and disinfect food utensils. Large banquets should not be planned during an epidemiologic outbreak.

Medical care and disease prevention units on all levels and grass-roots health care units must establish a healthy epidemiology reporting system that will notify and alert responsible agencies in time, when a case of intestinal infection occurs. The hospital gastrointestinal clinic must take its work seriously; by obtaining timely specimens from patients complaining of diarrhea for an early diagnosis to be made, and prevent the spread of light and atypical forms of the disease and further spread by carriers. Port health inspection measures must be improved to prevent the entry and export of intestinal infections.

We believe that through our common efforts to take a firm hold of intestinal infection prevention work, we can produce results to lower the morbidity and fatality rate, assure the people's health and allow the construction of socialist modernization to proceed without interruption.

'Four Controls, One Kill'

Beijing JIANKANG BAO in Chinese 5 Aug 82 p 1

[Text] On the basis of earlier experiences, an effective program to prevent gastrointestinal tract infections has begun on a broad scale in Zhejiang Province.

Since the beginning of spring, the "four controls" (water, human wastes, food and population) and "one kill" (flies) have become the basis of comprehensive measures focusing on the prevention of intestinal infections. To realize this goal, the city of Hangzhou sponsored courses for detecting intestinal infections, standardized laboratory methods, revised procedures for preventing and treating intestinal infections, and trained a group of sanitation personnel on the grass-roots level. The more than 27,000 personnel engaged in the sale of food and drink also underwent complete physical examination and were admonished to practice food hygiene according to the "Five-Four System." Large food establishments began using steam to sterilize utensils, and 35 village markets underwent strict sanitary control: establishing supply centers, forbidding spoiled and harmful produce to be sold, and requiring aquatic products to be approved before being allowed to enter city limits. The city officials personally promoted collaboration between the Health Department and agencies responsible for various commercial establishments and business enterprises. With active support from the masses, problems were discovered early, and resolved early. A worker at the Hangzhou Steel Plant was found selling spoiled beef on the side and was dealt with severely.

As of 1 May, medical care units on the county and town levels in the Jiaying district began operating gastrointestinal clinics which paid special attention to patients complaining of diarrhea. Specimens were taken and dispatched for laboratory examination. In some counties, such gastrointestinal clinics assumed

production brigade status, conducting stool examinations of patients and carriers identified the year before. Some teams conducted such examinations of the whole brigade. Haixian County selected 60 water sampling point where samples are being taken every two weeks.

Water improvement work is being intensified in the Zhoushan district where six small-scale waterworks have been planned, one is already completed. The other five are in various stages of construction, with completion expected by the end of the year.

Clinics Undergo Strict Inspection

Beijing JIANKANG BAO in Chinese 5 Aug 82 p 1

[Text] The Shandong Provincial Health Department recently organized health departments on various city, town, and local levels to inspect their hospital gastrointestinal clinics and to examine the status of their hepatitis prevention programs. After their inspections, they were to summarize and analyze the conditions and circulate the findings throughout the province, to stimulate improvements in the work being done.

Altogether, a total of 121 units representing hospitals on the commune, factory, county, district, and provincial levels were inspected, which meant that gastrointestinal clinics were set up in all of them. Hospitals on the county level and up had a good grasp of quick diagnostic techniques, with control teams that provided technical training and drugs and equipment in readiness. At the Qingdao People's Hospital, the Shandong Provincial People's Hospital, the Jining District Hospital etc., the gastrointestinal clinics were well-planned, with established areas for registration, physical examination, and laboratory work, and special areas for record keeping, stool examination and reporting, and isolation and disinfection. Such facilities met basic requirements for timely identification of affected patients, prevention of environmental contamination, and avoidance of disease spread. The gastrointestinal clinics at the Beizhen Medical College Hospital, the Zibo Municipal Hospital and a number of county and commune hospitals were all well-equipped.

During this inspection, a number of units were also found not to take the work of a gastrointestinal clinic seriously. Planning was poor, isolation and disinfection procedures were less than desirable, personnel were inexperienced and moved around, records were incomplete, supervision was lacking, and in the area of hepatitis prevention, there were no isolation and disinfection procedures in effect. On the basis of these deficiencies, the authorities have proposed steps to improve prevention and control of intestinal infections and hepatitis.

Summer Health Movement

Beijing JIANKANG BAO in Chinese 5 Aug 82 p 1

[Text] Since the advent of summer, to assure the health of the officers and men, the Liberation Army's Garrison No 36319 has instigated a patriotic health movement on a wide scale. This has been done to prevent any occurrence of intestinal infection and to keep the garrison's illness incidence below 0.32 per thousand.

Summer had barely arrived when the garrison mobilized its cadres and soldiers to do a thorough cleanup of spaces used for dormitories, storehouses, mess

halls, latrines and pigsties. The garrison health unit also targeted conditions, usually from the outside, which provoked high incidence of illness, and set up regular inspection visits to local communes and farms to check on disease outbreaks. Should an outbreak be discovered, this information was quickly relayed to responsible garrison authorities for preventive measures to be taken. Cadres and soldiers who travel frequently, or those who visit often with their families would undergo regular physical examinations. If a carrier of an intestinal infection were to be found, medication would be given in time. Garrison authorities also resorted to media techniques such as broadcasting, use of slides and posterboards to educate the garrison members on the prevention of hepatitis and control of dysentery etc., and to cite units and individuals for progressive and outstanding work along these lines.

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CSO: 5400/4015

ACUPUNCTURE TO TREAT BACILLARY DYSENTERY CALLED SUCCESSFUL

Lanzhou GANSU RIBAO in Chinese 21 Jul 82 p 4

[Article by Ma Lan [7456 3482]]

[Text] According to concerned departments, studies into the mechanism of acupuncture treatment for bacillary dysentery have yielded good results. Experiments on 140 animals and clinical data on 213 patients all attest to pronounced results with acupuncture over drugs for treatment of bacillary dysentery.

Acupuncture treatment of bacillary dysentery has been reported early in China's ancient medical literature, and acupuncturists over the ages have accumulated a wealth of experience. In 1956, Gansu Province began to combine modern laboratory and bacteria culture techniques to conduct drug trial and control studies. The results showed the clinical effectiveness of acupuncture in treating bacillary dysentery. To further explore the mechanism of acupuncture action in this respect, the Gansu Provincial College of Traditional Chinese Medicine, the Biochemistry Teaching and Research Section of Lanzhou University's Department of Biology, and the Institute of Biology of the Chinese Academy of Medical Sciences began a collaborative effort in 1979. On one hand, experiments using monkeys studied the clinical effectiveness and mechanism of acupuncture; on the other, clinical studies explored the effect of total blood cholesterase activity, various serum protein rations, the rate of lymphocyte transformation, and obtained convincing data.

For example, 60 cases of acute bacillary dysentery were divided into two groups; one treated only by acupuncture, and the other treated only with the drug Furazolidone. Results of treatment showed pronounced efficacy with acupuncture. The average number of days for fever to drop to normal readings, for disappearance of symptoms, and for bacterial cultures to become negative were 3 days, 4.37 days, and 5.6 days respectively, for the acupuncture group; and 3.4 days, 6.77 days, and 6.6 days respectively, for the control group. These laboratory findings and epidemiologic tests definitely show that after 2 or 3 days of acupuncture treatment, the elevated white cell count has dropped to normal levels, the lymphocyte transformation rate is stepped up, phagocyte activity is stronger, total serum proteins and glutathione content are all improved, so that regulation of the body's metabolic function and its resistance to disease is restored to normal, which is the purpose of treatment.

Recently, the Provincial Health Department called a meeting for exchange of experiences, to announce these findings and to actively promote the ancient art of acupuncture to serve more people.

LI DESHENG URGES ENDEMIC DISEASE PREVENTION

OW061138 Beijing XINHUA Domestic Service in Chinese 0737 GMT 5 Nov 82

[Text] Shenyang, 5 Nov (XINHUA) -- It is imperative to do a good job in the prevention and treatment of endemic diseases and, directed by the guidelines of the 12th party national congress, to create a new situation and make fresh headway in this work. Li Desheng, head of the CPC Central Committee's leading group for the prevention and treatment of endemic diseases, emphatically pointed this out recently after he was briefed by the leading group's office on the work progress of the group.

Li Desheng said: Emphasize efficiency in economic work and in the work of preventing and treating endemic diseases. In creating a new situation, it is unacceptable not to score results. It is necessary for us to adopt a new and magnanimous attitude, painstakingly study, draw up practical and realistic plans and take the initiative to contact the provinces, municipalities and autonomous regions in an effort to understand the situation and carry out our work still better. The local offices in charge of the prevention and treatment of endemic diseases at all levels should take the initiative to report their work to the party committees and governments in their respective areas, make suggestions and, under the leadership of the party committees at various levels and supported by the departments concerned, do a better job in endemic disease prevention and treatment.

Since the beginning of 1982, the local leading groups or offices in charge of this work have scored a number of achievements in preventing and treating endemic diseases, thanks to their understanding of the importance of this work to spiritual and material civilization. During the first half of this year, 22 provinces, municipalities and autonomous regions called meetings of their leading groups in charge of endemic disease prevention and treatment. Many leading comrades of the local party and government organizations were present to discuss how to quicken the tempo of the work. Twenty-three leading comrades from 14 provinces, municipalities and autonomous regions have conducted investigations on 27 occasions in the endemic disease-stricken areas. A dozen ministries and state commissions have volunteered to render help in solving practical problems in disease prevention and treatment.

Acting on the basis of its investigations and research work, the office of the CPC Central Committee's leading group for the prevention and treatment of endemic diseases has formulated and issued relevant standards, rules and regulations; summed up work of the prevention and treatment of diseases caused by brucellosis; and submitted recommendations on how to organize the masses in preventing endemic diseases under the new situation that has emerged in the rural areas since the institution of the production responsibility system.

Speciality training classes were also run by this office in an effort to bring up backbone forces in the prevention and treatment of endemic diseases in south China.

After hearing the briefing given him, Comrade Li Desheng praised the various localities and departments for their work in preventing and treating endemic diseases.

PERU

BRIEFS

MEASLES EPIDEMIC--Huaraz, 13 Dec--A measles epidemic that has spread throughout the village of Machashca, Huaraz Province, has killed already 30 children, 21 of them in the last 15 days. [PY252045 Lima EXPRESO in Spanish 14 Dec 82 p 6]

TYPHOID CASES--Cusco--Jose Orihuela Torres, deputy prefect of Paruro, has reported that five persons died and 40 persons are in serious condition as a result of a typhoid fever outbreak in Paccaritambo District in Paruro. [Lima EXPRESO in Spanish 9 Dec 82 p 8]

CSO: 5400/2036

PHILIPPINES

BRIEFS

COMMUNICABLE DISEASE STATISTICS REPORTED--PNEUMONIA and measles cases increased in Metrol Manila last week, while diarrhea claimed two deaths, the Ministry of Health reported yesterday. The Disease Intelligence Center, which records the occurrence of four leading communicable diseases in the San Lazaro Hospital, an index area, said measles rose to a new high of 103 cases, double than the five-year median of 51 cases. Pneumonia, which totalled 207 cases last week, also upped by nearly 50 percent of the five-year median of 140 cases, the DIC said. The weekly incidence of both diseases also rose, pneumonia by 43 cases, and measles by 14 cases, it added. Diarrhea, which no longer afflicts as many victims as it used to, claimed two deaths--one in Zamboanga City, and another in Roxas City, index areas also indicated.

CSO: 5400/4354

SOUTH AFRICA

BRIEFS

CHOLERA IMMUNIZATION QUESTIONED--IT WAS doubtful whether immunisation gave any real protection against cholera, the director-general of the Department of Health, Dr James Gilliland, said yesterday. Commenting on a Mozambique declaration of a town near Komatipoort as a cholera-infected area, Dr Gilliland said although Mozambique required visiting South Africans to have immunisation certificates, the chances of contracting the disease in Mozambique was now "far greater. "He said immunisation created a "false sense of security." Latest research showed that 40 percent of all people with immunisation against cholera had protection for just two months. Cholera-infected oysters have been found along the south-eastern Cape coast. People in the area have been warned by the Department of Health not to eat raw shell-fish. [Text] [Johannesburg THE CITIZEN in English 28 Dec 82 p 3]

CSO: 5400/120

SHIGELLA DIARRHEA WARNING ISSUED

Colombo DAILY NEWS in English 20 Dec 82 p 1

[Text] Shigella dysentery is a greater killer than cholera, Dr. K. Velayuthapillai, bacteriologist of the Epidemiology Unit, Department of Health, said on Friday.

One-hundred-and-twenty deaths from shigella dysentery have occurred in Jaffna and 59 in Kandy. Total figures from Colombo are not yet available, but the figure is 'alarming' he said.

Dr. Velayuthapillai, speaking at a seminar on shigella dysentery, organised by the Ceylon Academy of Postgraduate Medicine at the anatomy lecture hall, said that survivors of shigella dysentery developed complications such as arthritis.

Colombo North has been identified as a diarrhoea belt. It includes Mattakuliya, Modera, Grandpass, Kotahena, Sedawatte, Wellampitiya, Kolonnawa, Wattala, Hendala Ja-ela and Peliyagoda.

Dr. Velayuthapillai said this is chiefly because untreated sewage is discharged into the Kelani river, the water from which is used by people in these areas for drinking and washing their vegetables.

The simplest preventive measure is washing one's hands in soap and water, he added.

Dr. Velayuthapillai warned that in the new colonisation areas where there are no latrines, wells can easily be contaminated and cause epidemics. Any new organisms in the country will spread rapidly as Sri Lanka is diarrhoea receptive, he said.

He stressed that preventive health services must take effective measures to control the disease before it assumes epidemic proportions

Dr. D. A. Sonnadara of the Children's Hospital spoke on the successful management of shigella dysentery in children with early fluid and electrolyte replacement and judicious antibiotic therapy.

Dr. Rizwi Sheriff, lecturer in medicine, spoke on the control of shigella in Male, capital of the Maldives.

The entire resources of the city were mobilised at a national level to contain and treat the disease. Lankan doctors worked with the Maldivians and WHO experts in controlling the epidemic in Male.

Dr. Theva A. Buell presided over the seminar.

CSO: 5400/4353

EDITORIAL WARNS OF CHOLERA MENACE

Colombo DAILY NEWS in English 20 Dec 82 p 6

[Editorial]

[Text] The tragic death by cholera, of a young couple in Badulla--besides other warnings against the disease--plainly points to the fact that the public have not taken sufficient heed of its dangers.

In Badulla, the dead couple left a 4-year-old orphan also under treatment for cholera.

Sadly, we Sri Lankans seem careless about the quality and purity of our drinking water. That view is further supported by the incidence of other water-borne diseases.

In many instances, on the other hand, it is not indifference derived from recklessness. It is indifference brought on by thirst.

In the city, thousands of workers siphon off water from any running tap to quench a long thirst simply because they have no better supply. There are shops and other business establishments which do not give a damn to the food or drink available to their staff. Cafes and eating-houses outside work places are only worse.

In the heart of Colombo, eating-houses sporting pretentious names fill their glasses from the toilet tap. For that matter, in some of our very hospitals, impatient attendants may be seen carrying away urinals and other contaminated vessels and returning with mugs of fruit juice or tea in just so many seconds. Sterilization? Neither bed pan, drinking vessels nor anything else is put through that process. And, time and again, the country suffers an epidemic of cholera.

Consumers in work places and patients in hospitals seem to have surrendered to despair.

Public sanitation often eludes the attention it deserves in our land. Take our public toilets. Take the toilets in the average factory or workshop. In some State establishments, high-rise buildings, which have just sprung up to change the skyline, sadly bear a familiar stench on floors, where the toilets are located. Do not maintenance votes provide for some form of disinfectant?

In older buildings in the private sector, staff increases are rarely accompanied by any increase in the number of conveniences. Their canteens are filthy, smelly and unsightly. It could be surprising that our workers survive as they do.

Our schools are no better. Here again, the latrines even in the best of our institutions are generally nauseatingly ill-used, unclean.

In most girls' schools the only toilets that can be safely used are kept locked all day. That is the type of answer that many superior authorities, whether in schools or in business houses, come up with to meet most human problems.

Meanwhile, public health authorities do little beyond proffering sound and pious advice. Bread is carried exposed to flies and vermin, cups and glasses in wayside kiosks are washed in polluted water. No one checks. Who cares really?

Cholera is a killer. But we seem to do all in our power often to breed it.

MASSIVE ANTI MOSQUITO DRIVE LAUNCHED

Colombo SUN in English 20 Dec 82 p 6

[Article by Delrene Wijeratne]

[Text] The Colombo Municipal Council has allocated a sum of Rs. 2.9 million to eradicate the mosquito menace in the city which is now a major health hazard.

This amount is largest annual allocation made so far by the Council to tackle this problem. Although the Colombo Municipal Council has spent over Rs. 7 million for a period of four years, commencing in 1979, it has only partly succeeded in combating the mosquito bane.

The CMC is often criticized for not taking adequate measures to cope with this problem. But this is unfair, says the Mayor of Colombo Sirisena Cooray. He told 'SUN' the Council's efforts are reduced by limitations outside it's control.

The Council however feels that the citizens could take more responsibility regarding the mosquito menace by making their homes more accessible to DDT-spraying teams sent by the CMC. The Mayor said that "unless there is active public co-operation to ensure that all mosquito-breeding sources are eliminated or treated the problem would be a very difficult one to solve."

At present the Council operates a programme to provide all corporations and departments as well as public premises with a regular spraying of insecticide. This is undertaken by the Public Health Department of the CMC for a nominal fee.

Beside this programme, a house-to-house blood-filming campaign is being carried out by the council to check the spread of filaria in the city. The programme is assisted by the WHO and is already underway in many parts of the city. Several vehicles and spraying equipment has been donated by the WHO for this campaign.

CSO: 5400/4353

HEALTH PROBLEMS SPOTLIGHTED IN WEEK-LONG ACTIVITIES

Castries THE WEEKEND VOICE in English 27 Nov 82 p 3

[Text]

PUBLIC Health inspectors
Week ends here today after
a week of activities aimed at
promoting public awareness
on the role of the Public
Health Inspector in the
community.

The week of activities,
which had as its theme:
"Health — the key to
progress" began last Sunday
and included radio talks,
lectures to schools and
communities, clean up
campaigns and fogging.

As part of the awareness drive
the Environmental Health Officers
Association released their first
publication entitled: "Let The Flame
of Health burn through the 80's"

The magazine highlights the
Environmental Health Branch, its
officers and functions. It also
examines the development of health
committees in St. Lucia and gives
special attention to the problems

posed by the Aedes Aegypti
Mosquito which is a threat to St.
Lucia and the Caribbean.

Mr Cornelius Lubin, Permanent
Secretary in the Ministry for Health
told the Health Inspectors, in his
address on Sunday at the opening
ceremony, that their tasks may be
seen as simple and repetitive, but
these duties are the keys to good
health and progress.

He said: "Good Health a human
right as it impacts of the lives of the
people affects economic expansion,
progress and productivity. The
availability of adequate health
services remain a major problem
and is seen as a very serious
challenge to the world's morality
and sense of justice."

He added: "The efforts and search
to improve both economic
productivity and social services will
lead to the formulation of a strategy
resulting in making health services
available, accessible, reliable,
adequate and affordable to all the
peoples of the world". "But", he
admitted, "a clear path of growth
has not been discovered and it is
difficult to predict progress."

CSO: 5400/7522

SWAZILAND

BRIEFS

THREAT OF MALARIA--MANY thousands of people in the lowveld are in danger of a malaria outbreak in the area. A spokesman for the malaria control unit in Manzini said the outbreak of this disease was more likely due to the present high temperature in the whole of Swaziland. But, the spokesman declared that the unit was already up in arms spraying the danger areas to prevent the outbreak. He said the problems posed by the shortage of transport have been overcome. He said the unit was fully determined to maintain its record of controlling the disease from spreading. The spokesman advised the areas already sprayed not to clean their room walls or paint them for a period of six months. The effectiveness of the spray lasts for six months. Last year, he said, the unit dealt with a total of 150 cases which were successfully brought under control. [Text] [Mbabane THE TIMES OF SWAZILAND in English 5 Dec 82 p 1]

CSO: 5400/127

ZANZIBAR MALARIA CONTROL PROJECT ENTERS SECOND STAGE

Dar es Salaam DAILY NEWS in English 17 Dec 82 p 1

[Article by Robert Moshi]

[Text] THE Malaria control project in Zanzibar has entered its second stage of studying the character and behaviour of mosquitoes in order to get baseline data, the head of the project, Dr Oma Juma Hatibu, said here yesterday.

He said that melathion insecticide would be used for spraying instead of DDT which was not effective in checking the mosquito menace.

A feasibility study and survey carried out under the project showed that mosquitoes were sensitive to melathion and resistant to DDT, he said.

The five-year project was launched in September last year with a 105.93m/- loan from the United States Agency for International Development (USAID).

The Zanzibar government is also contributing 36.13m/- to the project.

The main objective of the project is to reduce malaria incidence within the five years to a level that would no longer be a public health problem, Dr. Hatibu said.

USAID contributed laboratory equipment, including vehicles, and more equipment is expected next year.

On the situation of malaria in the Isles, Dr. Hatibu said the survey carried out in some areas of Pemba had shown slight positive rate of between 80 and 95 per cent. The project was still conducting a similar survey in Zanzibar.

He appealed to the community to avoid creating conditions that facilitate mosquito breeding. Fever cases should be sent to hospital or dispensaries for treatment, he counselled.

CSO: 5400/121

BRIEFS

OFFICIAL REPORTS ON TRYPANOSOMIASIS--THE Ministry of Livestock Development has established a special section to combat tsetse flies and supervise development of pastures in areas infested by the trypanosomiasis career. The Minister for Livestock Development, Ndugu Herman Kirigini said that his ministry intends to destroy tsetse flies in a 40,000-square kilometre area in Tanga, Coast and Kagera regions, south and west of the country in the ext five years. In a speech read on his behalf by the Director of Research and Training Ndugu L. L. Mollelian when officiating at a graduation ceremony where 20 students completed a two-year diploma course in tsetse control at the Morogoro Veterinary Research and Training Centre over the weekend. Ndugu Kirigini said that sleeping sickness spread by tsetse flies kill about 500 people in the country annually. In the last five years, he said, some 16,560 cattle worth 50m/- died of trypanosomiasis, also spread by tsetse flies. He said that the government in the past two years spent 11m/- in foreign exchange to purchase equipment, preventive and curative drugs, to combat the disease. The Minister said that 60 per cent of Tanzania's land is infested by the flies making it difficult to raise livestock. [Text] [Dar es Salaam DAILY NEWS in English 13 Dec 82 p 3]

CSO: 5400/121

THAILAND

INTESTINAL PARASITES FOUND IN 70 PERCENT OF CHILDREN

Bangkok MATUPHUM in Thai 25 Nov 82 p 2

[Article: "Intestinal Parasites Found In 70 Percent of Nation's Pupils"]

[Text] It has been found that more than 70 percent of the pupils in the country have intestinal parasites. This has resulted in anemia and malnutrition. Also, 66 percent have tooth decay. Besides this, pupils suffer from skin diseases. Preparations are being made to expand public health services throughout the country.

Dr Manatsawi Unahanan, the undersecretary of the Ministry of Public Health, and Dr Amonnonthasut, the director-general of the Department of Health, discussed the results of a survey made between 1978 and 1981 concerning the health of pupils in schools throughout the country. It was found that 60-70 percent of the children had intestinal parasites. This has weakened the health of the children since the parasites suck blood from the walls of the intestines. Many of them suffer from anemia and malnutrition.

The undersecretary of public health said that, besides this, many pupils in the south are suffering from hookworms, tapeworms and "horsewhip" parasites. Examinations have also revealed that 66 percent of the students have tooth decay; 22 percent have skin diseases; 13 percent have lice; and another 8 percent have various other skin diseases. Seven percent have eye disorders and 4 percent have a disorder of the thyroid gland.

Concerning the fifth public health plan of the Department of School Health, Dr Manathsawi said that there is a program to expand public health services to the schools in all the provinces. Attention will be focused first on the provincial seats and then services will be expanded to the districts and schools.

In 1983, attention will be focused on seven provinces where things have been prepared. These seven are Chainat, Roi Et, Buriram, Phayao, Suphanburi, Krabi, Satun and Phetchabun.

An important goal of the project is to make the pupils see the importance of their health and to get them to take responsibility and help themselves. The children will be taught how to give physical examinations to each other.

Dr Prayun Klinchom, the director of the School Health Division, said that the Health Division is preparing a list of foods that should be sold to pupils. These are foods that provide the five basic nutritional requirements, that is, protein, fats, carbohydrates, salts and minerals. This list will be sent to the schools.

The types of food that should not be distributed include those with added food colors such as candy. And it has been found that cigarettes are being sold to students at some girls' schools in Bangkok. And the distribution of wholesome food is not being supervised.

11943

CSO: 5400/4350

DOCTOR SAYS EBONY EFFECTIVE AGAINST WORMS

Bangkok DAO SIAM in Thai 10 Nov 82 pp 3, 10

[Article: "Doctor Recommends Using Ebony to Make a Medicine to Kill Worms; It Is Effective and Economical"]

[Text] A Magsaysay doctor wants the people to use ebony as an anti-worm medicine in accord with traditional methods. People should not think that it is a poison or be afraid to use it.

Dr Prawet Wasi, the deputy rector for planning and development, Mahidol University, who recently received the Magsaysay award, has said that ebony is an herb that can be used to treat worms. It achieves very good results and has few, if any, side effects. At present, the other anti-worm medications may produce great side effects. But in the past 3-4 years, there have been reports that ebony is a poison that can cause blindness. Therefore, the people are not interested in using ebony to treat worms.

Thus, [we] would like to inform the people of the facts. The Department of Medical Sciences, Ministry of Public Health, has conducted careful studies on ebony and found that it does not contain any poisonous substances. And experiments with animals have shown that ebony does not cause any changes in the eyes.

As for the stories of children who supposedly went blind after ingesting ebony, Dr Prawet said that the children may have been allergic to ebony and that it may not have been administered correctly. These children may have consumed ebony that was left for too long or they may have taken too much.

Dr Prawet also said that this substance is safe and very beneficial if it is taken in the same way that it has been taken since ancient times. Up to age 20, one piece of ebony for every 1 year of age is the correct dosage (for example, if a child is 1 year old, he should be given one piece; if he is 2 years old, give two pieces). People over age 20 should take 20 pieces. It should be squeezed and taken immediately. Or it can be mixed with coconut milk. Large quantities should not be made at one time and then given to many people because the effect of the ebony might change.

Dr Prawet added that, at present, many Thais all over the country are suffering from worms. Every year, expensive medicines to treat worms must be purchased from abroad even though Thailand has herbs, such as ebony, that are highly effective in treating worms. Thus, people should grow ebony in every village and use it to treat worms. This will save much money for the country. And it will help cure people of worm infections and help keep them healthy so they can serve as an important force of the country.

11943

CSO: 5400/4350

TRINIDAD AND TOBAGO

BRIEFS

TB INCIDENCE--Tuberculosis infection is now down to eight per 100,000 people in Trinidad and Tobago. The figure is comparable to similar statistics in the United States and Canada. But the disease which was rampant three to four decades ago will be with us for centuries to come, Dr Monorajan Dan, Thoracic Medical Director of the Caura Chest Hospital said. Despite wonder drugs--Rifapacin I.N.A.H. Ethambutal and Streptomycin, he said the world will still have to reckon with the disease which mainly affects the lungs. In this country it was found that TB victims were over the 35 age group unlike previous decades when children were affected. Dr Dan said vaccines given to children over the past three decades were responsible for keeping down the spread. "There is no need to hospitalise TB patients; most of the cases are handled at the outpatients clinic," the hospital medical director said. He said there were an estimated eight cases per 100,000 head of population. At the 300-bed hospital a number of beds have been reserved for TB patients even though there is little likelihood that they will be used by patients. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 17 Dec 82 p 1]

CSO: 5400/7528

ZAIRE

BATTLE AGAINST EPIDEMIC OF DIARRHEA AND VOMITING

Lubumbashi MJUMBE in French 30 Sep 82 p 1

/Text/ Fifteen cases of diarrhea and vomiting were treated during the last week at the Evangelical Hospital of Tshiamfubu at Pweto, in the sub-region of Upper Shaba.

Three deaths were reported in the group that were examined and treated. According to local medical sources, 812 cases, in which 59 people died, has been reported at the Tshiamfubu hospital since the outbreak of the epidemic last December. There were several victims in this part of Shaba.

The same source has indicated that the Evangelical Hospital of Tshiamfubu, which is the only hospital facility in the area, currently lacks the appropriate drugs for effective control of the last throes of the epidemic of diarrhea and vomiting.

The hospital urgently needs the following drugs: Anticholera serum, tetracycline, penicillin, morphine, viquinine and chloramphenicol.

The hospital also needs pharmaceutical products for the care of several patients with leprosy and tuberculosis. Most of these patients are from the Zambian border population.

7072

CSO: 5400/123

BRIEFS

CHOLERA INCIDENCE, CONTROL MEASURES--FOUR people have been admitted to Ndola Central Hospital suffering from cholera. Provincial medical officer Dr Vinayak Ganu said in Ndola yesterday that the patients were admitted two weeks ago after it was discovered they had diarrhoea and were vomiting. Dr Ganu said the four were in satisfactory condition and were still being kept in hospital for further examinations to ensure they were safe. He said most of the people were getting cholera because of eating food brought from affected areas or by coming into direct contact with people from those places. The affected areas at the moment are Luapula and Northern provinces. "People should avoid visiting relatives and friends in the affected areas or coming into direct contact with them," he said. In some cases fishermen in affected areas gave food to people who were not affected and later became sick. Dr Ganu said suspected cases of cholera were being reported on the Copperbelt because it was close to Luapula and Northern provinces. But he assured residents not to panic because everything was under control and the province's surveillance committees were doing a recommendable job to monitor the disease. Last week, an 18-year-old boy was admitted to Kamuchanga new clinic in Mufulira suffering from cholera. His condition was described as satisfactory. In Mufulira, a woman was admitted to Kamuchanga hospital while two others were quarantined and later discharged. Earlier, four other people were admitted to Ronald Ross Hospital suffering from the disease. Early this month Health Minister Ben Kakoma led a powerful team to Zaire for talks on the control of movement of the people between the two countries in a bid to curb the spread of cholera. [Text] [Lusaka TIMES OF ZAMBIA in English 30 Dec 82 p 1]

CSO: 5400/124

BRIEFS

CHAMPASSAK DISTRICT VACCINATIONS--Since January the veterinary unit of Champon District, Savannakhet Province, has organized technical cadres to give injections for protection against disease to domestic animals of the people with determination and high responsibility. Up to now they have been able to vaccinate a total of 33,135 domestic animals, including pasteurellosis vaccinations to 11,235 buffalo and 9,019 oxen, and hoof and mouth disease vaccinations to over 7,700 buffalo and 5,181 oxen. Meanwhile, they also attentively taught and guided the correct scientific methods and techniques of animal raising for the further understanding of the people. They aimed at maintaining good health for the animals to guarantee draft labor for agricultural production to be always sufficient for what is needed. [Text] [Vientiane SIANG PASASON in Lao 11 Oct 82 pp 1, 3] 9884

VIENTIANE SUPPRESSION OF CATTLE DISEASE--There was news from the agriculture and irrigation, and agricultural co-ops service of Vientiane Province, especially the veterinary section of Vientiane Province, is attentively taking care of the domestic animals of the people in the districts subordinate to the province. After working for a period of time the people in this section successfully examined and treated over 2,430 pigs, over 5,300 oxen, and over 2,950 buffalo that had contracted hoof and mouth disease, anthrax, and pasteurellosis in 8 districts: Paksan, Thoulakom, Keo-Oudom, Phon Hong, Sanakham, Vang Vieng, Kasi, and Hom districts. Along with the treatment they also sent [missing words] to the veterinary sections in the districts that have many domestic animals, e.g., Vang Vieng, Sanakham, and Phon Hong. This is to guarantee the good health of the animals and the treatment for diseased animals in a timely fashion. The news also said that now the veterinary cadres of Vientiane Province are joining the people in the flatland area to attentively guide and lead the people to grow grass for animal husbandry and are putting their efforts into suppressing anthrax for the animals of the people in Vang Vieng District. [Text] [Vientiane VIENTIANE MAI in Lao 22 Nov 82, pp 1, 4] 9884

CSO: 5400/4345

BRIEFS

ANIMALS ACT CHANGES--A foot-and-mouth disease scare at Temuka two years ago has prompted changes to the Animals Act. Penalties for offences against laws on importing animals and failure to give notice of diseased animals will be substantially increased by the Animals Amendment Bill which was introduced to Parliament yesterday. The general penalty for an offence against animal importation provisions will be increased from \$1000 to \$5000. And veterinarians or owners who failed to notify an inspector of a diseased animal will be considered to have committed an offence, and be liable to a fine of up to \$1000 a day for every day the offence continued. The Minister of Agriculture, Mr MacIntyre said the changes which include amendments to provisions for the investigation and control of serious exotic disease were based on experience gained during the outbreak of the still unidentified disease in Temuka. The bill will also make it easier to import some animals from certain countries. The Minister of Agriculture will be given power to approve the import of certain animals and animal products without the necessity of obtaining a separate permit for each import. Mr MacIntyre said the new authority would be used for animals such as cats, dogs and horses. The bill will also bring the provisions for tuberculosis testing in farmed deer into line with those for cattle and repeal provisions for tuberculosis testing in pigs. [Excerpt] [Auckland THE NEW ZEALAND HERALD in English 20 Nov 82 p 5]

CSO: 5400/9095

BRIEFS

PIG DISEASE PREVENTION--Chenzhou Prefectural CPC Committee and administrative commissioner's office recently held a telephone meeting on strengthening the work of preventing and treating pig diseases. In the preceding period, pig diseases spread widely in the Chengzhou area and caused many deaths of pigs. This problem has drawn attention from the prefectural authorities. Some prefectural leaders personally went to make investigations in the countryside and worked out some measures for coping with this problem. They required that the leadership over the work of preventing and treating pig diseases be immediately strengthened and veterinary stations be at once restored. The responsibility system in prevention and treatment should be established and perfected. Quarantine work on markets should be intensified and the selling of pork from pigs who died from disease must be strictly forbidden. Many counties of this prefecture have now gone into action. [Changsha Hunan Provincial Service in Mandarin 1100 GMT 14 Dec 82]

CSO: 5400/4117

BRIEFS

UNKNOWN DISEASE KILLING CATTLE--Hundreds of heads of cattle have died following an outbreak of a contagious disease among cattle in the Udu Dumbara Weragantota and the surrounding areas. While the cause for this disease has not been found yet investigations and research is being carried out at the Veterinary Department assisted by the Veterinary Science Professors of the Peradeniya University. It has been revealed. They have prescribed certain medicines, that have been effective in a few cases, though the majority of the cattle continue to die. According to information given by R. M. Kalubanda Ratnayake, the president of the Weragantota Rural Development Society, the well to do farmers have succeeded in saving the lives of some of the cattle by getting medicine from the Veterinary Department Peradeniya. However the former folk have not been so fortunate. [Colombo THE ISLAND in English 21 Dec 82 p 2]

CSO: 5400/4353

BRIEFS

FINLAND WORRIED ABOUT FOOT-AND-MOUTH--Until further notice, precautions are still being taken in Finland due to foot-and-mouth disease. It is forbidden to import various goods and products from the Baltic countries. Furthermore, foreigners arriving from Estonia, Latvia, and Lithuania are not allowed to visit Finnish farms. Vehicles coming from Baltic countries as well as goods brought by travelers are still being checked and desinfected. The Veterinary Department of the Ministry of Agriculture and Forestry decided on the precautions in the end of November since foot-and-mouth disease discovered earlier in Latvia and Lithuania had also spread into Estonia. A week ago the Finnish veterinary authorities thought that they might be able to decrease precautions next Monday since the Soviet authorities had announced that the precautions will be discontinued also in Estonia at the same time. However, the Veterinary Department has considered that it is reasonable to continue to take precautions in Finland until further notice, to be on the safe side. The department is now expecting a notification from the USSR that nothing alarming has happened. Furthermore, it would like to know if the vaccination area has eventually been extended beyond the Baltic countries. In the beginning of December the Veterinary Department also recommended that no tourist trips at all should be made to the Baltic countries. The travel agencies decided, however, to continue to organize trips to the same extent as earlier. Rolf Berger, the Office Chief at the Veterinary Department, emphasizes that the core of this recommendation is that there should be no visits to the farms, especially to those with cattle. If townpeople go to towns only, there is apparently no risk involved anymore, says Mr Berger. [Text] [Helsinki HELSINGIN SANOMAT in Finnish 19 Dec 82 p 11] 12190

CSO: 5400/2507

BRIEFS

STALK-BORER DESTROYS MAIZE--Farmers who took advantage of the early rains in the Barolong are today suffering from an outbreak of stalk-borer which is devastating their young maize crops. The District Agricultural Officer, Mr Ronald Ngwenya, told BOPA recently that the stalk-borer was destroying young maize plants at the field of Mr Sentshwaraganye Tshabaesele and Mr Charles Motshegare. He expressed fear that the outbreak may spread to the adjacent fields. The two farmers experiencing these hardships ploughed their lands in mid-October. Although the situation was very serious, Mr Ngwenya said the current outbreak could easily be brought under control if insecticides and sprays were available. He added that it was easy to eradicate the outbreak since it was in its early stages. He pointed out that it would be more difficult and expensive if it was in the advance stages. At the beginning of last month (November), a Senior Agricultural Officer from Gaborone mounted a day's seminar at Good Hope on various ways of preventing and fighting stalk-borer outbreaks. The seminar was conducted as a follow-up of a stalk-borer outbreak in Barolong areas last January which destroyed large amounts of maize crops. In view of the stalk-borer outbreak last January, the Government sent one spray to that area, but Mr Ngwenya and the local farmers have already expressed their dissatisfaction. The general complaint here is that "whenever there is an outbreak of foot and mouth disease in the north of the country Government takes stringent measures to fight it, which is not the case with the south," he said. Appealing to Barolong farmers, Mr Ngwenya said people must go to the lands to engage in weeding and detect stalk-borer threats earlier. Mr Ngwenya warned farmers against the dangers of ignoring their lands after spending large sums of money on ploughing and buying farming equipment and seeds. [Text] [Gaborone DAILY NEWS in English 29 Dec 82 p 1]

CSO: 5400/132

BRIEFS

CATERPILLAR PLAGUE--Authorities of the Ministry of Agriculture are trying to control a caterpillar plague commonly known as "cipresillo" that attacks oak, poro, cas, coffee and red apple tree plantations in different parts of the central plateau. The manager of the Agricultural Extension Agency from MAG in Aserri, Leonte Llach, said the plague is affecting the areas of the southern part of Desamparados, Loma Larga, Bustamante and Santa Elena de Cartago, and this makes quick action necessary since cipresillo mainly attacks oak (used for lumber production in those areas). The official said that apart from complications in production, the existence and growth of the caterpillar creates problems for the inhabitants of the region. The cipresillo is easily provoked and its stinging nettle is strong, and if it attacks the coffee crop harvesting will be difficult. Llach said that if a person is stung, the affected part swells and later a dark spot remains on the skin. Up to now, it is estimated that there are 60 hectares affected by the plague. [Text] [San Jose LA REPUBLICA in Spanish 13 Nov 82 p 2] 9989

SIGATOKA QUARANTINE--An internal quarantine was established beginning 18 November due to black sigatoka and several plagues that affect banana plantations in Valle de La Estrella. The information was provided from that locality by Rodrigo Castro Esquivel, director of Plant Health from the Ministry of Agriculture and Livestock (MAG). He declared that with this measure it is hoped to diminish the possibility of spreading to other areas the commonly named Colaspis plagues that directly attack the bunch as do moko and black sigatoka. The declaration of internal quarantine, explained Castro will lead to the establishment of two posts that will function 24 hours a day. One is located at the Pandora bridge and the other at the Atlanta bridge. He said that specialized technicians and workers are participating in the task. The quarantine is considering also prohibiting the transport of vegetable products inside the farms, or whatever else is considered a risk for the transmission of the disease. Castro who is in the area to direct personally the operations, explained that the situation that could occur with the spread of sigatoka would have incalculable consequences for banana production in the Atlantic region. [Text] [San Jose LA NACION in Spanish 19 Nov 82 p 4A] 9989

CSO: 5400/2032

BRIEFS

CONTINUED MONKO THREAT--St George's, Grenada, Wednesday, (CANA)--The dreaded Monko disease which broke out in the Grenada banana industry in 1978 is still posing a severe threat to the industry according to pest control expert James Marrast. Mr Marrast who heads the Monko Eradication Team said that in recent weeks some 25 new cases of the disease had been discovered throughout the country. He said the efforts of his team to control the disease were being hampered by farmers who threatened to use violence against trespassers on their premises--including members of the eradication unit which was set up by the Grenada Government in 1980 to help combat the problem. Bananas is a key Grenada export. [Text] [Bridgetown ADVOCATE-NEWS in English 11 Dec 82 p 3]

CSO: 5400/7525

FIGHT AGAINST BANANA LEAF SPOT LACKS ADEQUATE SUPPLIES

Kingston THE DAILY GLEANER in English 11 Dec 82 p 10

[Text]

A number of factors beyond the control of the Banana Company has affected the Leafspot Control operations in the major banana growing areas recently.

The Company is trying its best to obtain adequate supplies for the chemical control of the disease. In the meantime there are measures the growers can adopt to alleviate the situation and bring the disease under control. As regular spraying is now being reinstated these cultural practices will not only hasten the recovery of the fields but will also to some extent prevent leafspot flareups in future.

1. Prune all heavily spotted leaves from the plants. Besides being of little use to the plant these leaves will produce more spores which will later cause spotting on

young leaves. However care should be taken in removing the leaves from plants bearing branches as it may affect further development of the bunches and may also expose the bunches to direct sunlight.

2. Fields with poor drainage are more prone to heavy leaf spot infestation. Proper trenching is necessary in all fields from which water does not flow off easily.

3. Leaf spotting is heavier in fields with a huge population density. The Banana Company recommends a planting distance of 9'x7' or 691 mats to the acre. When planting bananas in high rainfall areas this spacing should be adhered to.

4. Too many suckers in a mat as well as poor weed control will increase the humidity in the field and will favour leaf spotting. Suckers must be pruned regularly and weeds should be controlled adequately, especially during

the wetter months.

5. Acid soils are known to favour leaf spotting. Soil samples should be sent to the Research and Development Department of the Banana Company for testing to determine whether it is acidic. If so Urea must be used instead of Ammonium Sulphate as a fertilizer. Application of lime will also neutralise the acidity of the soil.

6. Poorly fertilized fields are also more susceptible to leaf spot. Apply fertilizer regularly to give plants vigour and to help them produce more leaves so as to minimise the effects of leaf spotting.

7. Abandoned banana fields soon become a source of infection to other fields. Therefore all abandoned banana fields should be cut down.

These measures if adopted can help greatly to control the leaf spot disease in bananas. — BANANA NEWS.

'BUSHYTOP' TOBACCO DISEASE REPORTED

Blantyre MALAWI NEWS in English 24-31 Dec 82 p 1

[Text]

THE TOBACCO Research Authority this week announced that "Bushytop," a disease which was observed in nurseries last month in the southern and central regions has been seen in transplanted tobacco.

The general manager of the Research Authority, Mr. B. Smith issued measures that farmers can follow to prevent the disease from destroying tobacco in many parts of the country.

He said that the disease has been spotted in Thyolo, Mangochi and Mchinji, the same areas which were reported to have early incidents of the disease soon after the first rains.

Mr. Smith said that farmers will have to spray seedbeds and transplanted tobacco in lands with Dimethoate after every one and two weeks respectively, except when an insecticide has been used.

Seedbeds should also be destroyed soon after planting, he said.

"It is suggested that a weekly field inspection should be made and all diseased plants removed," he said.

Mr. Smith added that all plants in the field that are infected with the disease should be destroyed, and advised farmers to practice field hygiene.

CSO: 5400/128

MEASURES IN USE EARLY TO PREVENT ARMYWORMS

Blantyre THIS IS MALAWI in English Dec 82 p 22

[Text]

One morning Dumbolekani of Lirangwe woke up to find the healthy maize crop behind his house gone. Not only Dumbolekani met this fate. But also people of Chileka, Lunzu, Lirangwe in Blantyre, Zomba, Salima and Mulanje last year had to plant maize a second time when hundreds of hectares of young maize were found leafless.

The leaves and the tender part of the maize stalk had been devoured by worms, rightly called armyworms because they move in a large group.

And they feed greedily. When these worms start eating they do not stop until whatever they are eating is finished.

The armyworms enjoyed themselves all right but people in these areas suffered; because the maize they planted for the second time did not do well for it started tusseling towards the end of the rainy season. As a result some people did not have enough maize.

To make sure the plight of these people does not happen again, the Ministry of Agriculture has set moth traps at Bvumbwe Research Station in Thyolo District and at Chitedze Research Station in Lilongwe to determine early a possible outbreak of armyworms.

A circular issued by the Extension Aids Branch of the Ministry of Agriculture says the traps illuminate at night to attract armyworm egg laying moths that fly at night. This nocturnal behaviour makes it difficult to monitor the imagos' (adult moth) movement pattern, the circular says.

Armyworms are among the most serious pests which devastate cereals and other crops at their early stage of germination.

They are of a matching colour and have a smooth body. They are black with green-whitish lines at the back and the abdomen is green. The head is black with a white spot and the worms are 3 centimetres long.

After their eating spree (lasting about three weeks) the armyworms pupate. After a week or more moths come out. The moths lay eggs that hatch the armyworms. And the circle is repeated.

Because of the diversity of the behaviour of the imago armyworms, the circular is appealing to the general farming public to help it in its efforts to collect data which can lead into early methods of combating the worms.

It is essential to determine an early attack of these worms in order to find means of controlling them early.

So, other traps have been set at 50 other strategic points throughout the country to help catch the moths

According to the circular when many moths are caught at each trap agriculture field advisors in the area warn farmers of a possible armyworm outbreak. The field advisers also inform the officer responsible for armyworm control at Makoka. Contact with him can be reached through writing to:- Armyworm Unit, Makoka Research Station, Private Bag 3, Thondwe.

It is difficult to recognize armyworms while they are very small but it is easy to know an attack of these worms after inspecting a maize garden which has heavily nibbled leaves, the circular says.

The circular advises farmers to report to field advisors quickly when an outbreak occurs.

Pesticides like Carbaryl and Dipterex can be used to destroy armyworms. The report recommends diluting one packet of Carbaryl (85%) in 15 litres of water and diluting 8 grams of Diptrex (95%) in 10 litres of water if the worms are very small, and 13 grams of Diptrex in 10 litres of water if the armyworms are at advanced stage and spray on the worms●

CSO: 3400/545

BRIEFS

UK PLANT BAN--London (NZPA)--Sales of New Zealand plants to the United Kingdom have been badly hit by a British Ministry of Agriculture ban on camellias and other plants because of fungus called glomerella has been found on them. The ministry has destroyed large numbers of infected camellias and has banned the sale of non-infected plants by nurseries which have bought them from New Zealand exporters. Mr John Jackman, the agriculture counsellor at the New Zealand High Commission in London, said not being able to sell them was commercially disastrous. New Zealand's plant trade with the United Kingdom has been growing, and there are hopes it will soon be worth more than £1 million (\$2.3 million) a year. Mr Jackman said glomerella was widespread in New Zealand, particularly in Auckland, but caused insignificant damage. It is also found in Britain and other countries. But a British Ministry of Agriculture spokeswoman said the glomerella found on the New Zealand plants was a severe strain. "We are treating it as a non-indigenous disease in an attempt to eradicate it," she said. "We are attempting to find a solution which will enable us to protect our own produce and enable trade to continue." New Zealand scientists have travelled to Britain to look at the plants and have also conducted tests in New Zealand. They contend that if the fungus were a virulent strain it would be causing damage to camellias in New Zealand. "And it is curious," Mr Jackman said, "that New Zealand camellia exports to other world markets have had none of these problems." The British ministry says that shipments can be resumed next year if satisfactory control measures are taken in New Zealand. But Mr Jackman said it would be commercially very difficult unless the 1982 plants were cleared by the ministry. [Excerpts] [Auckland THE NEW ZEALAND HERALD in English 20 Nov 82 p 2]

TREE-EATING MOTH--The Ministry of Agriculture and Fisheries is concerned after the discovery in Auckland of a North American moth that feeds on most deciduous trees, including fruit trees. Leaflets have been distributed in the area of Panmure where the moth was found, asking residents to inform the ministry of any further discoveries. An entomologist at the plant health diagnostic station in Mt Albert, Dr Richard Baker, said the ministry was quite worried. "Not only is the moth a threat to trees, the discovery means that someone imported it illegally." He said the moth (*Cecropia*) was from North America and could not have reached New Zealand otherwise. It is a type of silk moth which Dr Baker said could be readily bought in the United States.

The moth was found by a schoolteacher in her garden in Domain Tce. Dr Baker said officers from the ministry had combed "half of Panmure" but no moths were found. He did not think it had become established. The moth has a wingspan of between 8 and 10 centimetres and is dark brown with red and white markings. It should not be confused with the gum moth which has circles on its wings. [Text] [Auckland THE NEW ZEALAND HERALD in English 27 Nov 82 p 2]

ROSE-GRAIN APHID--An aphid new to the South Island has recently been discovered in cereal crops in mid-Canterbury. It is rose-grain aphid, scientifically known as *Metopolophium dirhodum*. The first indication that rose-grain aphid was present in Canterbury came late last year when D.S.I.R. entomologists obtained a single specimen during routine trapping studies. No field infestations of the aphid could be found at that time. Early this month the aphid was reported from an oat crop near Lincoln, according to Dr Ken Somerfield, an entomologist with the M.A.F Plant Health Diagnostic Station, Lincoln. Subsequent surveys by D.S.I.R. and M.A.F. personnel have shown that the aphid is fairly widespread in cereal crops in an area which includes Lincoln, Johns Road (Christchurch), Darfield, Norwood, Lakeside and just north of Ashburton, and it is likely to be more widespread than this. The aphid is at present most abundant in oat crops but it is also present in wheat and barley. [Excerpt] [Christchurch THE PRESS in English 26 Nov 82 p 21]

CSO: 5400/9096

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

WHEAT STRIPE RUST--The Hubei provincial crop disease forecast station recently issued a circular to all places stating that the wheat stripe rust has broken out in Yunyang, Xiangyang and Jingzhou prefectures. This is a year when wheat stripe rust in the province has broken out earliest. According to the survey in various places, the incidence of the wheat stripe rust is generally 1 to 5 percent and reaches some 10 percent in serious cases. The station has suggested that all places promptly take measures to prevent and control it. [Wuhan Hubei Provincial Service in Mandarin 1100 GMT 31 Dec 82]

CSO: 5400/4117

ARMYWORMS REPORTED IN MTWARA, MBEYA, LINDI REGIONS

Dar es Salaam DAILY NEWS in English 17 Dec 82 p 3

[Excerpt]

ARMYWORMS have been spotted in Mtwara, Mbeya and Lindi regions.

According to a forecast alarm report from the Arusha-based Tropical Pests Research Institute (TPRI) for a one-week period ending December 19, armyworms moths spotted in the three regions had a highest larva density of 74 per square metre in Nachingwea District.

The pest control services coordinator Ndugu A.M. Mushi, said in the report that the outbreak of the worms spelled destruction of additional hectares of cereal crops in the country unless urgent measures were taken.

Between last year and this year, armyworms destroyed over 6,000 hectares of crops in Iringa, Tanga, Ruvuma and Singida regions, forcing peasants to replant maize in some of the affected areas.

He said there was a high probability of armyworm

outbreak in other regions which are seasonally affected by the worms. These include Morogoro, Dodoma, Singida, Tanga, Mara, Kilimanjaro, Arusha, Shinyanga, Mwanza and Iringa.

Meanwhile, an official of the Ministry of Agriculture said yesterday that a special pest control mobilization notification had been sent to Party and government leaders in the affected regions to take possible measures to contain the outbreak.

He said armyworms could be destroyed by spraying various types of insecticides such as *Melathion*, *Femithrothian* and *Thiodan* which are normally stocked in the regions ready for use when the worms are spotted.

However, the official did not say whether or not the regions had enough stock of the insecticides to contain the outbreak.

CSO: 5400/121

END