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JPRS-TEP-87-005

4 MARCH 1987

Worldwide Report

EPIDEMIOLOGY

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4 MARCH 1987

WORLDWIDE REPORT
EPIDEMIOLOGY

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SWEDISH AIDS EXPERT MICHAEL KOCH PESSIMISTIC ON VACCINE

Helsinki HELSINGIN SANOMAT in Finnish 28 Dec 86 p 17

[Text] Do not believe it when African countries assure us that AIDS is no special problem for them. They are concealing information. In Central Africa AIDS is a threat to life for entire nations.

By all means stop believing that AIDS is a disease for homosexuals and drug addicts. The very greatest danger is precisely that the virus spreads into the enormous mass of the general population. Then it will be almost impossible to contain.

There is no point in any longer believing that the disease is spread only via blood transfusions, intravenous drug needles or sexual intercourse. This disease will prove more infectious than it has been believed thus far.

Do not waste your time believing that the officials and political decisionmakers will of course be able to protect a people from this infectious disease. There is scarcely any place where they have been able to.

Stop believing that even in the advanced countries decisionmakers know the extent of the problem. For example, in West Germany at least every other incidence of AIDS gets left statistically unrecorded.

Also do not believe that the medical world will discover ways to combat AIDS in the near future. It will not. Do not believe in miracle cures. According to present information the course of the disease has a clear outline: the condition of every virus bearer will worsen; each one is sooner or later threatened by the initial onset of AIDS; everyone experiencing this initial onset will develop the disease; everyone who develops the disease dies, no one has recovered from AIDS.

You can certainly believe in a society with AIDS and a world with AIDS where the avoidance of infection is a basic right of nations and individuals and this will determine the form of interaction in many instances. Get prepared for a Finland where ten thousand people have the killing virus and where tens of billions of Finnmarks are sacrificed to the study, care and prevention of AIDS.

Do not lull yourself into a feeling of security. Teach yourself to fear AIDS. If a nation were to learn to fear AIDS reasonably before it is too late it could do with deliberation that which has to be done. If this fear does not arise in time the virus may go out of control. That would drive society into an uncontrollable panic and into acting with poor judgment.

It's already too late for deliberation in many countries. Finland still has time: it is two to three years behind the worst AIDS countries of Western Europe and there is much more information about the disease than 2-3 years ago. Finland must set up an efficient testing system and bring its laws up to date but immediately and not sometime next summer.

The man behind these statements is the Swedish doctor, Michael Koch, who is one of the world's leading authorities on AIDS.

His regular occupation is as managing director at the health center of Karlsborg in southern Sweden. In 1982 he began gathering information about the new disease on his own initiative. How he has unique connections to AIDS caseworkers and scientists from all over the world and the workspace he set up in an old hay barn is considered to be one of the world's best AIDS information centers.

Michael Koch is one of those AIDS' "voices crying in the wilderness" who have, on the basis of their own, personal interest, made many Western European countries aware of the AIDS-peril. This may be the very reason why many health authorities in Sweden as well as in Finland consider his opinions to be overly alarmist. In Finland the medical specialist, Sirkka-Liisa Valle, is the best known of those who share Koch's views.

Computer Predicts Spread of AIDS

Michael Koch is at present participating in the writing of a computer program which he conceived that can be used to predict the spread of the AIDS epidemic in any country or city. It can also be used to test the efficiency of methods used to combat AIDS. This project of scientists from many countries has already been joined by approximately ten countries, and Koch plans to offer Finland a part when he comes to a physicians convention in the beginning of January.

But the program is not ready yet and Michael Koch does not yet want to predict how widely AIDS will spread in Finland. He consents to making an "informed guess," however, during the next ten years the virus may be contracted by one-third as many as have contracted the hepatitis-B virus. This would mean about 10,000 bearers of the virus and, in time, 10,000 AIDS patients also. Finland could escape with a lot less though, says Koch.

"The countries where the disease started to spread earlier will not get by with such little damage. In many African countries this estimate based on the hepatitis epidemic figures has already been exceeded, as will soon happen in the U.S. and eventually so also in France and West Germany," estimates Michael Koch.

But certain characteristics of the immunity loss causing HIV-virus make the "informed guesses" uncertain.

The HIV epidemic might not spread as widely as the hepatitis since AIDS is always fatal and it is more feared. But one who has contracted hepatitis spreads it only for about six weeks--HIV is infectious throughout the incubation and illness stages, thereby for up to ten to fifteen years. Hepatitis is most infectious when the patient is himself suffering from the illness--HIV is infectious very early, already before the bearer is even aware of it.

"In comparing it with hepatitis we run the risk of underestimating the AIDS-peril," says Michael Koch.

Neither is everything known about the HIV-virus and new information comes in all the time. Sexual intercourse and blood contact continue to be the primary ways to spread the disease but it has spread in other ways also. According to Michael Koch we are in for some bad news in the next few years: even minute amounts of the virus left on mucous membrane may cause infection.

"The virus has spread via very minor cuts, from one child to another, it has spread by way of breast feeding, from a mother caring for her child, it has presumably even spread from a kiss, it has spread from a patient to a healthy individual who has had a rash, it has been transmitted by a tested blood-donor--all of these things that were thought impossible have happened. It is more long-lived than had been thought, it has spread to the persons involved in the care of patients. The entire history of the HIV-virus is one bad batch of news. It would be stupid to assume that the bad news is over," says Michael Koch.

"These above mentioned transmissions are individual cases which are not significant in the case of an epidemic and exactly what has happened is not always even known. But they are warnings and they cannot just be swept under a rug. Above all they concern the safety of those involved in the care of patients. Studies must be made, and soon, on what damage the minute amounts of the virus that come into contact with the mucous membrane can cause."

Another item of bad news regarding the HIV-virus is that it alters its surface configuration more rapidly than has been believed and that there are many more mutations of it than has been believed. Over a thousand HIV-viruses have already been isolated and no two are alike. The efficiency of a vaccine depends precisely on the invariability of the surface configuration--that is why there will not likely be a vaccine in the near future.

It Is Hard To Find a Heterosexual Bearer of the Disease

The most important question in a country like Finland is what will happen to the vast majority of the population excluding the high risk sectors, i.e., what will happen to the ordinary heterosexual men and women who are not intravenous drug users. The greatest danger at this moment is that the virus will reach this vast majority, says Michael Koch.

The possibility of the virus reaching this majority is a giant risk if only because of the sheer numbers. If half of the intravenous drug users in Finland contracted AIDS there would be 2,000-3,000. But if only one percent of the great majority were to get the disease there would be almost 50,000 patients.

Koch reiterates that a heterosexual bearer infects a third person in addition to the sex partner: the child conceived by the intercourse often contracts AIDS. The number of AIDS infected children in the world is growing alarmingly.

"On top of that a heterosexual bearer is hard to discover. If a completely tattooed man who has needle marks where the arm bends comes to a doctor's appointment the doctor immediately thinks of AIDS. But such suspicions are not aroused by an ordinary woman whose husband has contracted the disease on a business trip. If the virus reaches people like that it will be almost impossible to contain."

In Haiti and the AIDS regions of Africa the virus has reached the main population and the numbers reflect this fact. In Lusaka, Zambia every third 30-year old man and every fifth nursing staff member has been infected. One in five blood donors has the virus there so that blood transfusions there are like Russian roulette. Of the prostitutes in the AIDS region of Africa 6-9 out of ten bear the virus.

According to Michael Koch the AIDS situation in Africa is much worse than it has been presented. Just now statistical information is emerging but they reinforce the unofficial data gathered by Koch: AIDS in Africa is threatening the very existence of peoples.

In Koch's opinion the word "catastrophy" has to be used carefully but compared to the Central African nations the situation in the U.S. is MERELY catastrophic: 27,000 AIDS patients and 200,000 incubation stage patients.

For the time being it is impossible to predict what will happen to the vast majorities in industrialized nations. Perhaps future conditions could be computed from a few figures: the number of bisexuals, the number of sex partners of hemophiliacs, blood donors and recipients, and drug addicts, the number of prostitutes and their partners and customers. But no one knows how the predictions would be determined from these figures because there are still few heterosexual AIDS patients, only a few hundred even in the USA.

The fate of the great majority depends mainly on how it conducts itself. According to Koch there are no high-risk groups but only high-risk behavior.

A pyramid is often used to depict the HIV-virus bearers of the world, wherein the actually ill patients are at the apex and those who have the virus but no antibodies are at the very base. Every level is broader than the level above it and the entire pyramid continuously broadens as the infected ones climb in mass from the lower levels toward the more serious stages of the disease.

In the typical industrialized country the pyramid is made up almost exclusively of homosexuals and intravenous drug users. But immune deficiency became the "disease of homos, drug addicts and Haitians" by a coincidence of sorts.

In Africa it appeared in small rural villages in the 1960's in both men and women and they had apparently contracted it from animals.

Through the Black revolutions of the 1960's the disease moved to African cities. Many of the rural migrants to the cities became prostitutes due to conditions.

During the 1960's and 70's thousands of Haitians, most of them men, were in Africa working on projects in these developing countries, and they took the disease to Haiti. Very mobile and multi-partnered American homosexuals took sex vacations in Haiti in those days. The firmest drug connection to the U.S. East Coast, among other areas, is through the Caribbean and Haiti.

"This is how the virus reached the most active homosexuals and drug using groups who shared needles. The spreading was as efficient as if someone had spit in the fan," describes Michael Koch.

Via drug needles and bisexual men the disease spread to women, especially prostitutes. It was learned that there was cause to abandon the myth of a "disease of homos and drug addicts": the disease then spread to heterosexual men, their wives and other sex partners.

The disease found its most treacherous way to spread in the blood banks. Accident victims and hemophiliacs started to get the virus in blood bags and other blood products--and these people, without having the slightest awareness of it, in turn, infected their immediate environments.

In developed countries there has been success in decreasing the amount in the pyramid of those very people who were infected via the blood banks. The lower levels of their own pyramid are actually beginning to shrink.

The portion of the pyramid occupied by the traditional high-risk groups, especially by homosexuals, is getting comparatively smaller as the spread of the disease becomes even broader. People not in the high-risk groups

are beginning to appear in the pyramids of industrialized countries also. They are mainly in the lower levels of the pyramids.

Finland Still Has Time To Act

In Africa, Haiti, the USA, and even in some Western European countries hands are beginning to be spread as a sign of helplessness. The epidemic has breached controls, and the disease is running its course. Try what one may, there are so many virus bearers that measures to combat it have no effect.

But in a country like Finland the base edges of the pyramid will start to rise vertically already without any specific action. For three to four years AIDS incidences will increase steadily. Even in 1990 most of those who will have become ill with the disease will contract the virus before people are wise enough to be wary of it. Then the AIDS fear will take effect: people will change their behavior.

The kindling of fear is important in Koch's opinion but also difficult: "A raging plague wouldn't be a problem. Everyone notices a house burning down but its harder to get people to believe that termites have destroyed the supporting structures and the roof is about to fall down."

According to Michael Koch, Finland is in a splendid position. It is two to three years behind Western Europe, its health care system is well developed, its populace informed, the high-risk groups are small and contacts with high-risk parts of the world are small. Finland can have some effect on the shape of its pyramid.

"The most important activity is to keep people informed. The information must reach every possible transmitter and each possible victim."

"So that this could successfully be done, virus bearers must be identified. This is essential. It is only a question of time as to when all will unanimously accept this fact--unanimity will be reached when the epidemic spreads sufficiently. In Germany, France and the USA this point is about to be reached, Finland gets a head start," says Koch.

"One hears it said that there is no point in searching for the virus bearers since nothing can be done for them anyway. This is nonsense, the matter is, in fact, best thought of exactly in reverse. If we knew what to do for them we wouldn't have to find them. We could then just cure the disease when it becomes apparent. With regard to AIDS prevention is the only treatment."

In Finland there is presently discussion about how the tests for AIDS are to be developed. Any one at all can now go to free testing. All blood donors are automatically tested. Expectant mothers in Helsinki have been offered voluntary testing and in the fall this is to be offered to army conscripts. The so-called trusted doctor arrangement for anonymous testing

is being tried for homosexuals. But how should one proceed beyond that? Should the entire populace be tested or as many as possible or only the high-risk groups? Should testing be voluntary or compulsory? Or should there be no testing at all?

Finland's medical authorities want to proceed along voluntary lines. That way a trusting relationship will be maintained, which is needed when the infected person has to change his/her sexual habits--for there is no control over that.

Sirkka-Liisa Valle, for example, has demanded compulsory, universal tests. Michael Koch is also willing to give up both voluntariness and anonymity if it appears that a softer approach is not effective. "The healthy have a legal right to avoid infection. The transmission of infection is no human right. Herein the rights of the healthy are weighed against those of the bearers."

In Koch's opinion mass testing of all people won't be needed until the search will be on for "those last seventeen" disease bearers. At first the search should be for those wherein there is the greatest likelihood of finding it.

Further, "sensing organs" should be set up to discover places where the tests and defenses should next be extended. This could be done by testing those entering and exiting prisons, testing blood samples that come to hospitals, or tests could be made in dance restaurants. These kinds of tests could be fully anonymous, their purpose would be to guide the authorities to the next deliberations.

When a disease bearer is found fear of the disease is usually all it takes to stop its spread. Personal information is more effective than that done to the general public and this is exactly what it is important to find the bearers, Koch emphasizes.

But these methods do not influence a couple of small groups. These form a "remnant high-risk group", a window from the high-risk groups to the great majority.

The disease bearer may transmit the disease without knowing it. After contracting the virus a few weeks to a few months elapse before antibodies are formed in the blood stream. During this time the disease bearer tests out as uninfected. Only the general education of the public--fear of AIDS--can prevent this.

Another dangerous group is that of the "irresponsible" bearers, those who will not come for voluntary testing and those who knowingly transmit the disease. Even in the Nordic countries there are patients who have contracted the disease from persons who have known themselves to be bearers of the disease. Against such cases Koch sees no alternative but to use constraining force. "Society must have the right to protect its members from infection."

In Finland AIDS is classified as a disease that the doctor must report to the medical board of the state, but not as one of those where constraining force can be applied to stop the spread. This decision really upsets Michael Koch. "After five years there will be absolutely no excuse for that. You're going to find that out the hard way."

Those With the Greatest Abilities Must Be Convened In a Brain-trust

According to Michael Koch, the fight against AIDS will strongly characterize future societies and the world. The right to avoid HIV infection will be weighed against other rights and freedoms--the results of these considerations will determine the future form of individual societies and the world society as a whole.

Koch says that extremes are not needed. An unbearable society cannot be created that would monitor peoples activities even in bed.

In the future, there is sure to be a demand to quarantine those who are infected. "The idea of using quarantine comes easily to mind but you can forget about that too. Tens of thousands or millions of people cannot be quarantined for an indefinite time. If those infected would die even in four weeks, such a thing could be considered, but the longest known incubation period at present is thirteen years. And the virus will not prove to be so infectious that quarantining would be needed for that reason," says Koch.

Neither could an AIDS certificate be created--a certificate of non-infection that could be shown to the other before going to bed. After all that would need to be renewed in intervals of just a few months which means that the entire population would have to be tested several times a year.

But in AIDS societies tests would be compulsory as a matter of routine. In certain situations, for example upon entering a hospital or the armed forces the test would be taken for granted, predicts Koch.

The test would also be given when entering a new working place. What would an employee do with information about a bad back or rash if he did not get AIDS related information? And it is too much to expect that healthy purchasers of life insurance would finance the policies of virus bearers. After all, insurance policies are not written to pay for imminent death but to insure against unexpected risk. Disease carriers will be left without insurance unless society somehow helps them, Koch says.

Society in the future will devote large amounts of money to AIDS. Today one AIDS patient costs between one-half and one million Finnmarks in research and care expenses. The cost is many times that if the loss of work of the individual is included. Educating the public, containment of AIDS and possible new essential investments such as hospital construction and apparatus adds to the cost.

Old-fashioned values will gain acceptance in an AIDS society. Especially the way of life represented by the fundamentalist groups, objects of ridicule up until now, appear now to be sparing their members. According to Koch, AIDS will give rise to a new religious renaissance of which there already are signs in the USA.

In the AIDS world, borders will close and contact between nations will decrease. Disease-ravaged Africa will be more isolated than ever, even though it needs help now more than ever.

A country like Finland, which has a good status, has to carefully evaluate all of its contacts with high-risk areas. Some of the contact is important, of course, but if one is to just go lie in the sun and drink cheap wine one really doesn't need to go to Gambia, Michael Koch says.

It is inconceivable that in the future immigrants, refugees or development aid workers from high-risk areas would be allowed to enter the country without an AIDS test. The same would very likely apply to export salesmen, construction project workers, UN soldiers and sailors, even ordinary tourists not to even mention sex tourists.

In Koch's opinion no society will escape the virus. Through international contacts it will penetrate into even the most isolated lands, the most conservative cultures and the very tightest societies.

But the isolated, conservative and tightly controlled countries will get by comparatively well. In Europe Koch highly rates--in addition to Finland--East Germany and Albania; from outside of Europe: New Zealand.

"East Germany decided already before its first AIDS incident where patients would be cared for and how. They established an AIDS committee to which the very top experts were called. In a totalitarian country a committee has complete authority since they don't have to hold press conferences or worry about what the people might think. On top of that East Germany has a head start and the best developed hygienic standards in Eastern Europe. There are hardly any drug addicts there. The sub-culture of mobile homosexuals is completely absent--at one time homosexuals found it very easy to emigrate to the West. In the future many will envy East Germany."

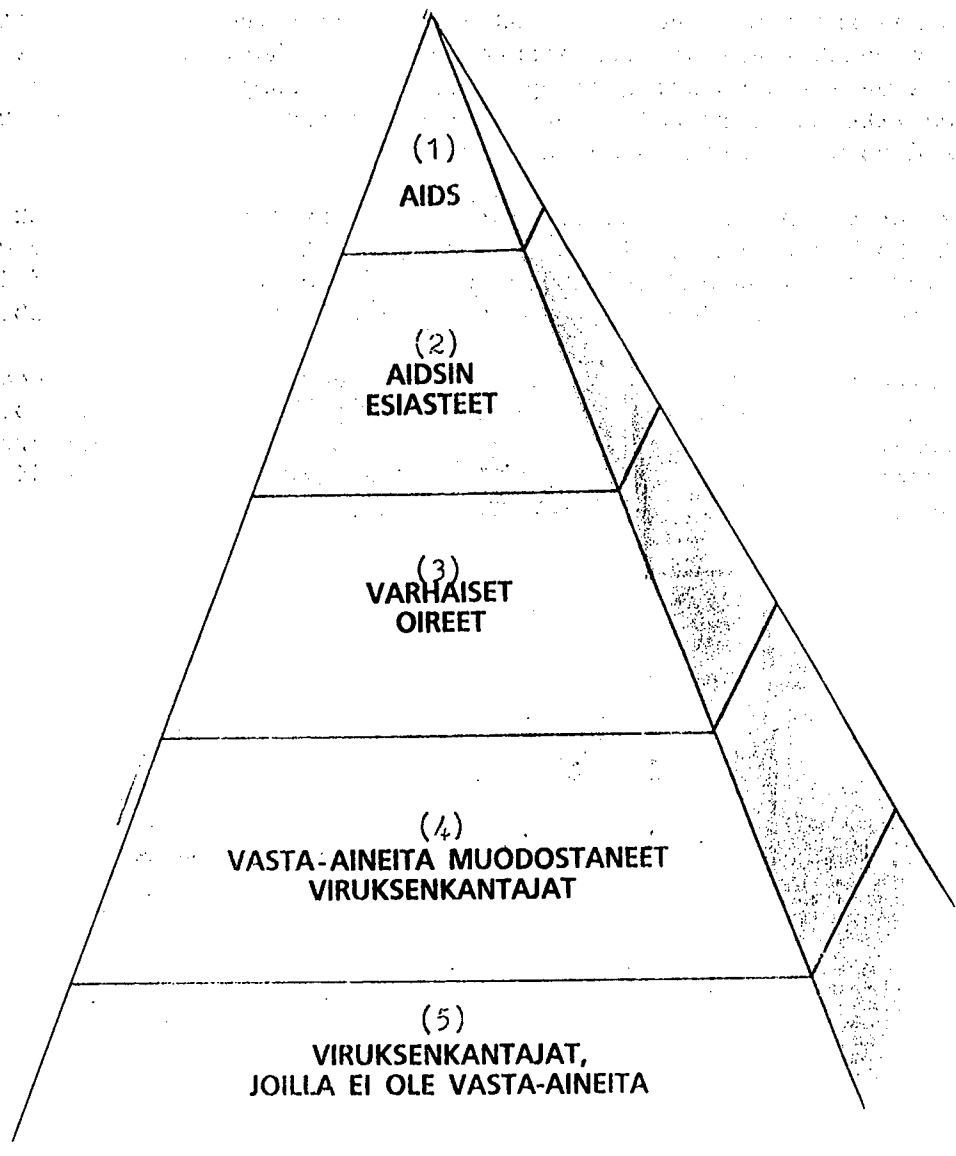
In Koch's opinion the Western countries would also do wisely to gather the sharpest minds together into a brain trust which would be given all the support it needed. Present occupational positions should not be considered during the selection. Homosexual interest groups should not be included since they will be seeking their own advantage. The brain trust could prepare the testing methods, containment measures and legislative changes for the use of the decisionmakers.

In Finland there has been convened an AIDS containment conceptualizing group in which there are representatives of authorities, doctors and the sexual equality advocating group: Seta. The composition of the group is in line with the soft policy of the Finnish medical authorities which is based on voluntariness and cooperation.

In the war against AIDS, Western style democracy has proven weak and too soft in Koch's opinion. It is slow to act, it finds it hard to make unpopular decisions and unfathomable amounts of time are wasted in convincing the decisionmakers about the peril of AIDS, says Koch.

"Of course an entire political system need not be dismantled because of one virus. The decisionmakers must be convinced one at a time as has been done. There is no need to resort to totalitarianism but individual activities by the East Germans could be used as models and applied with all due consideration."

(See Graph on following page)



KEY:

- 1 - those who suffer from the disease
- 2 - those who are experiencing the pre-disease stage
- 3 - those with the earliest symptoms
- 4 - those carriers of the virus that have developed antibodies
- 5 - those carriers without antibodies

13002/12858

CSO: 5400/2421

BRIEFS

INDIA DEPORTS AIDS CARRIERS---London---A Kenyan student has been expelled from India and three others are expected to be ordered to leave following positive tests for Aids. An Ethiopian has already been sent home and three Tanzanians are to be deported under new Indian regulations which provide for the repatriation of all foreigners with Aids. [Text] [Harare THE HERALD in English 7 Jan 87 p 1] /9274

CSO: 5400/88

HEALTH MINISTER ANNOUNCES MALARIA ERADICATION STRATEGIES

La Paz EL DIARIO in Spanish 10 Dec 86 p 5

[Text] The Ministry of Social Services and Public Health will use a different strategy to eradicate malaria. It consists in directly attacking the breeding places of the anopheles mosquitoes, according to the information provided by the minister of health, Dr Carlos Perez.

A recent study by national technicians with support from international technicians discovered that earlier actions like spraying DDT in the housing units to combat the anopheles carriers have not yielded the expected results. Therefore, a change in strategy was suggested after another study found two mosquito breeding places.

So far the main breeding places of the anopheles mosquitoes were identified as Araras (Pando Department) and Positos (Tarija Department). They were also identified as the best sites to effectively implement "antilarval" measures (elimination of breeding places, treatments with larvicides like Abate, Diesel, etc.).

Giving more details, Minister Perez emphasized that, during that study, 13 places were visited in six departments. The "anopheles darlingi" mosquito was identified as the carrier in the Pando and Beni llanos. These observations were also made by a Chinese entomological mission.

The type of mosquito found in Araras (Nueva Esperanza), Federico Roman Province, Pando, lived outside the housing units and fed outside the houses. This peculiarity was also discovered in investigations done by another mission in neighboring Rondonia State, Brazil.

It is felt that the main reason for this behavior is the fact that the inhabitants of those areas remain outside during the main hours of transmission of the disease (1800 to 2100 hours and 600 to 700 hours).

The minister indicated that, as a result of the study, the national program to eradicate malaria will implement larval control measures in Araras and Positos. Meanwhile, the entomological studies will be expanded to investigate the possibility of using the strategy of controlling breeding places in other sites in the malaria transmission area. Finally, the

Entomological Laboratory of Cochabamba will continue studies on the susceptibility of the anopheles mosquito to DDT and the carrier capacity of the "anopheles trincae" in Chapare. Concerning this last aspect, more in-depth analyses have been suggested to verify if the type of mosquito is the same (darlingy) or if it is another species (trincae).

Finally, the minister indicated that the change in strategy does not mean that spraying DDT inside the housing units in the malaria zones will be discontinued. Both actions will progress at the same time.

7717

CSO: 5400/2020

BRIEFS

POLIO, CHAGAS REGIONAL CAMPAIGN--Sucre, 8 Dec--An all-out battle against polio to completely eradicate the disease and the beginning of a regional campaign against Chagas disease were announced here by the Rotary Club governor who was in Sucre recently. He expressed his concern about diseases that afflict children and adults like Chagas disease. Enrique Urquidi, governor of Rotary District 469, came to the Sucre club to report on activities and receive information from this club. In a formal speech, he said that Polio Plus was organized in 1983 with the endorsement of the Rotary Club, thanks to an agreement signed years before with the government through the Ministry of Health. Recent official reports show that no cases of polio have been recorded in the country for 3 years. He said that this plan, which was tried first in our country, is now being used in other countries to eradicate polio completely. He also reported that the Rotary Club is now beginning a regional campaign against Chagas disease under the auspices of and with economic contributions from the Rotary Foundation. The program will initially cover countries that have this problem like Argentina, Bolivia, Uruguay, and Paraguay. He indicated that, in the next few days, he will sign an agreement in La Paz with the government, through the Ministry of Health, and Rotary Club International for technical and logistical support to carry out the campaign. In Bolivia's case, it will have greater effect in Chuquisaca and Tarija because it was discovered that about 60 percent of the population has Chagas disease. Urquidi received a very good impression of the Sucre Rotary Club because it is also committed to working with the health and education sector, according to what he was told. The Rotary governor expressed his hope that by 1995 the diseases that afflict mankind can be eradicated, especially in the sectors indicated. Throughout the world there are scientists, doctors, and other people willing to work because Rotary is service. [Text] [La Paz PRESENCIA in Spanish 9 Dec 86 p 5] 7717

TUBERCULOSIS CASES INCREASE--Cochabamba, 26 Dec--Tuberculosis has become the main health problem at the departmental level this year, according to the director of epidemiology of the Health Unit, Dr Teddy Penafiel. The director of epidemiology explained to PRESENCIA that tuberculosis was under control until 1985. However, this year there have been many cases as a result of the larger number of mineworkers in several peripheral districts of the city. The city of Cochabamba is surrounded by districts of mineworkers. Some worked inside the mines and others in the administrative department. However, all were transferred to these housing units including some workers with

tuberculosis. This factor has been decisive in increasing the tuberculosis rate. The epidemiology department is taking all measures to proceed to mass vaccination. It was also announced that a campaign is being prepared to cure those who have this disease. He emphasized that tuberculosis is curable, especially when the disease is not very advanced. All the cases that have been detected, especially in the younger population, are beginning tuberculosis.
[Text] [La Paz PRESENCIA in Spanish 28 Dec 86 sec 2 p 2] 7717

CSO: 5400/2020

BRAZIL

BRIEFS

AIDS DATA--Sao Paulo, 3 Feb (EFE)--According to WHO High Commissioner Ronald Saint John, there are nearly 120,000 carriers of the AIDS virus in Brazil.
[Summary] [Madrid EFE in Spanish 0120 GMT 4 Feb 87 PY] /6091

CSO: 5400/2026

AIDS STUDY GROUPS, LABORATORY, INCIDENCE DISCUSSED

Vancouver AZT Group Study

Vancouver THE WEEKEND SUN in English 3 Jan 87 p A6

[Article by Nancy Knickerbocker]

[Text]

One month after AZT, a promising experimental drug, was first distributed to a few Vancouver people with AIDS, a second group of people who are infected with the AIDS virus but do not have the disease are about to be treated with it.

Dr. Alastair McLeod said Friday that 12 people with AIDS are currently taking AZT, but it is too early to tell how they are responding to the treatment.

McLeod is principal investigator for B.C.'s test program on AZT, which is short for azidothymidine. The study will examine the toxicity of AZT by assessing such side-effects as anemia, headaches, confusion, nausea and anxiety.

"We haven't made anybody sick yet, which is great," McLeod said. But he added that "toxic (side) effects are not to be expected until about eight weeks" into a course of therapy.

He said a further 24 people who are infected with the virus but do not have AIDS will begin AZT treatment later in January. That study, headed by Dr. Karen Gelmon, will

attempt to establish proper dosages of the drug.

A failed anti-cancer drug developed in the 1960s, AZT was brought out of storage in 1984 to test its effectiveness in reducing the AIDS virus' ability to reproduce itself.

Bob Tivey of AIDS Vancouver said as far as he knows Vancouver is conducting the only controlled study on AZT in North America.

"In the U.S. a lot of people are using it, but they are not being monitored regularly the way people here are."

Tivey said his organization was encouraged that the federal government responded quickly after the U.S. approved the drug.

"Sometimes it can take a couple of years to get a drug approved, but with this it was only a matter of weeks. That was very encouraging for us because it showed that Ottawa is wanting to move quickly on this serious problem."

He said although some people with AIDS hesitate to take AZT because its side-effects are not known, "others are saying, 'Well, if I'm dying what do I have to lose?'"

Tivey stressed that "we have to remember this is not a cure. But we hope it can give people some extra time by slowing down the disease process."

Montreal Blood Test Laboratory

Ottawa THE OTTAWA CITIZEN in English 16 Jan 87 p A19

[Text]

MONTREAL (CP) — The Jewish General Hospital has just set up a state-of-the-art laboratory to test blood samples from AIDS victims, including those taking the experimental drug AZT.

But up to 40 per cent of qualified candidates interviewed for jobs in the laboratory refused to work there, despite advanced technology used to protect them from the deadly virus, said lab director Mark Wainberg.

"They refused on emotional grounds," he said at a news conference Thursday.

Set up with a \$320,000 federal grant, the facility is the first non-governmental laboratory of its kind in Canada, said Kim Elmslie of Ottawa's National AIDS Centre.

It is also the only lab designated to test blood samples of AIDS victims involved in a federally-financed survey to determine the

effectiveness of the new drug AZT (azidothymidine), Elmslie said.

The drug has been shown in U.S. tests to prolong the lives and ease the symptoms of some patients with the fatal acquired immunodeficiency syndrome, which has killed 437 people in Canada so far.

The drug is not considered a cure and can have harmful side effects, but experts view it as the first possible ray of hope for victims of the incurable disease.

Special equipment allows technicians to handle the blood samples behind a glass barrier and air in the lab is also separated and run through special filters so that there is no risk of a technician breathing viral-infected air, said Wainberg.

Despite such precautions, job candidates fear handling AIDS-infected blood samples.

National Incidence Figures

Toronto THE SATURDAY STAR in English 17 Jan 87 pp A1, A8

[Article by Lillian Newbery]

[Excerpts]

Toronto Star

AIDS is posing a major problem for the world.

Medical science knows how it is transmitted — mainly sexually — and how to control the spread while a cure is sought. But different lifestyles around the world hamper a uniform attack.

By 1991, the World Health Organization (WHO) predicts that from 500,000 to 3 million worldwide will have developed the fatal acquired immune deficiency syndrome and that up to 100 million people could be infected with the virus that causes

it, a condition that will lead to AIDS in an unknown number of people.

There's a widespread feeling that now is the time to act to hold the epidemic in check and WHO has drawn up a plan to involve every member country.

With AIDS developing into "a health disaster of pandemic proportions", as Dr. Hafdan Mahler, director-general of WHO recently described it, what can the world do to reduce the spread?

Experts interviewed by The Star agree:

We need a massive infusion of funds for awareness and education programs on how to prevent AIDS by reducing the number of sexual partners and using condoms;

Private foundations should get involved and supplement public funds;

Richer countries should help poorer ones set up a surveillance system to track the spread of AIDS and help protect the blood transfusion banks by screening donations.

More than 28,000 confirmed

cases of AIDS have been reported in the U. S. since 1981 and it's predicted that by 1991 there will be 270,000 cases.

As of last Monday, 835 cases have been reported in Canada since 1981, of which 437 victims have died. It's predicted there will be about 6,700 AIDS cases in Canada by 1991.

Experts believe up to 50,000 Canadians and 1.5 million Americans have been exposed to the virus that transmits AIDS. No one knows how many of these people will go on to develop AIDS.

AIDS Cases Reported in Canada by Province * (Total 835)

B.C.	182 cases or 21.8% of all AIDS cases
Alberta	46 cases or 5.5% of all AIDS cases
Sask.	9 cases or 1.1% of all AIDS cases
Manitoba	14 cases or 1.7% of all AIDS cases
Ontario	310 cases or 37.1% of all AIDS cases
Quebec	257 cases or 30.8% of all AIDS cases
N.B.	6 cases or 0.7% of all AIDS cases
N.S.	10 cases or 1.2% of all AIDS cases
P.E.I.	0 cases or 0.0% of all AIDS cases
Nfld.	1 case or 0.1% of all AIDS cases

* As of Jan. 12/87

Source: Laboratory Centre for Disease Control, Ottawa

[Text]

The big question for the future of AIDS is what is likely to happen to the several millions of people who have been exposed to the AIDS virus and are carrying the antibody in their blood. No one knows what proportion will develop AIDS.

Dr. Randall Coates is director of a University of Toronto epidemiology study which is watching the health of 245 men who were sexual partners of men who developed AIDS-related complex or AIDS. These are clearly men at high risk for AIDS. Of those who had the antibody to the virus that transmits AIDS, 8 per cent have developed AIDS in the past two years.

The U.S. National Academy of Science estimates that between 25 and 50 per cent of those infected with the virus will develop AIDS eventually.

The Centres for Disease Control in Atlanta estimate that between 10 and 30 per cent of the infected will go on to the final stage of AIDS in the next 5 to 10 years.

"I suppose it's possible" to assume that everyone who is infected will eventually succumb to AIDS," Coates said, "but it's not necessarily right."

And if so, Coates wonders, does it mean that everyone would die prematurely or that some might live on to 70 or more and then die of AIDS instead of cancer or heart disease?

Some men who have been studied at the AIDS screening clinic at Toronto General Hospital have been ill with AIDS-related complex back in 1981 and are "hale and hearty" today, Coates says.

In the U of T study, the researchers are also trying to figure out why some sexual contacts of men with AIDS became infected with the virus and others did not.

About 2 per cent of persons who have the antibody are coming down with AIDS each year, says Dr. Alastair Clayton, director-general of the Laboratory Centre for Disease Control in Ottawa.

"What we don't know is what happens to this virus" in the body, whether it possibly retreats into nerves and emerges again as a herpes virus does, perhaps years later.

The incubation period "could be a lifetime and maybe it doesn't matter so much if it's going to become active at age 70 or 80. Only time is going to give us this answer."

One reason for some of the recent gloom-and-doom over AIDS originated in a report called AIDS and the Third World by The Panos Institute, described in the British magazine *New Scientist* as a "new lobby group in London looking for a niche".

The Panos report, calling AIDS a plague that could halve the population of central Africa, was based on the notion that everyone infected with the human immunodeficiency virus would eventually develop AIDS and die.

No one denies that AIDS itself is fatal nor that the situation in Africa is particularly grim. But most scientists view Panos' numbers as pure speculation.

/9317

CSO: 5420/11

DROP IN WINDSOR-ESSEX VD CASES ATTRIBUTED TO AIDS FEAR

Windsor THE WINDSOR STAR in English 21 Jan 87 pp A3, A4

[Article by Richard Brennan]

[Text]

The AIDS scare has resulted in a decline in reported cases of venereal disease because more people are using condoms during sex, says Dr. Phil Fioret, the area's medical officer of health. "Along with the fear (of Acquired Immune Deficiency Syndrome) seems to be a trend toward safe sex practices," Fioret, of the Metro Windsor-Essex County Health Unit, said Tuesday.

Fioret said there has been a "marked decrease" in the number of reported cases of gonorrhoea, the most common form of venereal disease. All cases of venereal disease must be reported to the health unit.

In the final quarter of 1986, there were 47 reported cases of gonorrhoea, compared to 83 in the same three months of 1985. From August to September of 1986, there were 55 cases, just more than half the 105 reported cases in the same period in 1985.

Fioret said the drop is a good indication that the practise-safe-sex message is getting across to people.

"THE EARLY interpretation of those results is that people are starting to have sex in a safe manner," he said. "The message is starting to get out."

AIDS attacks the body's immune system, eventually destroying its capacity to resist infection. High-risk groups include homosexuals, drug abusers and the unborn children of AIDS carriers.

Fioret said it will be another three to four years — the incubation period of AIDS — before the health unit can see if the number of AIDS cases decrease as result of the heightened awareness of the disease.

For now, the trend in gonorrhoea, with an incubation period of only six to eight weeks, is a good sign, he said.

Since 1982 there have been 19 reported cases of AIDS in Windsor and Essex County, and 15 have died. Ninety-five per cent of reported cases were homosexuals. The ages of those infected with AIDS range from 27 to 61 years.

Fioret noted that in Britain there is a nationwide public education campaign about AIDS, and part of that is to urge people to use condoms.

"We are moving toward recognizing that these things happen and it is not unreasonable to educate people."

/9317

CSO: 5420/12

DROP REPORTED IN DEATH RATE FROM HEART DISEASE

Toronto THE GLOBE AND MAIL in English 16 Jan 87 p A10

[Article by Craig McInnes]

[Text]

The mortality rate from cardiovascular disease, the leading cause of death in Canada, has dropped dramatically in the past 35 years, a Statistics Canada report released yesterday says.

The mortality rate from heart disease, strokes and other cardiovascular diseases dropped by half in women and about a third in men, the study showed. It looked at statistics from 1951 through 1982.

The 1951 death rate for men from cardiovascular disease was 512 per 100,000. By 1982, the rate had dropped to 350 per 100,000. For women, the rate has dropped from 396 to 199 per 100,000. And since 1982, the trend has continued.

Diseases of the heart and circulatory system accounted for 46 per cent of all deaths in 1982, cancer was second, with 24 per cent, and accidents third, with 8 per cent.

About 80,000 Canadians died of cardiovascular disease in 1982. Direct hospital costs have been estimated at \$2-billion a year, the report says.

Twenty thousand more Canadians would have died in 1982, the last year of the study period, if the mortality rate had stayed the same as it was in 1951, Statistics Canada estimates.

No one knows for sure why the rate has fallen so dramatically. Certainly, medical advances have saved some lives, but the drop in mortality rate had already been

noticed before most of the modern techniques were developed, said Dr. Andy Wielgosz, a cardiologist and epidemiologist at the University of Ottawa.

Another possible reason is that efforts to prevent cardiovascular disease are paying off, he said. "Efforts to cut down on smoking and watch the diet and so on may be resulting in fewer heart attacks.

"The third possibility is that it is something else that we are not fully aware of."

Cardiovascular diseases accounted for 46 per cent of all deaths in Canada in 1982. The lowest rates are in the West, followed by Ontario and Quebec. The highest rates are in Atlantic Canada.

Will the decline in mortality rate continue?

"Certainly, that's the hope. I don't think we should be smug and assume it's going to continue to decline until it disappears," Dr. Wielgosz said.

"There are indications in other countries that the trend is either slowing down or there are indications in some countries that the trend may have stopped.

"There's no reason to believe that it will continue to decline unless we become more active participants in the process, and in order to do that I think we have to gain a better understanding of the forces behind this decline."

/9317

CSO: 5420/12

BRIEFS

SULFATHIAZOLE IN HONEY--Quebec (CP)--Quebec food inspectors have seized large shipments of honey from Ontario, Manitoba and Saskatchewan that contain sulfathiazole, a drug whose use in bees is banned in the U.S. Dr Louis Bernard, an assistant deputy agriculture minister, said the drug is "considered dangerous." The seized honey contained between 200 and 4,700 parts per billion sulfathiazole. Ottawa has no safe level for honey, but says pork may contain up to 100 parts per billion of the drug. [Text] [Toronto THE TORONTO STAR in English 9 Jan 87 p A9] /9317

CSO: 5420/13

CZECHOSLOVAKIA

BRIEFS

OFFICIAL SAYS AIDS 'VERY RARE THUS FAR'--The epidemiological situation in Czechoslovakia regarding the incidence of AIDS has been favorable thus far. (Since AIDS was discovered, a total of 4 cases of the disease and about 15 cases of clinically healthy carriers infected by the AIDS virus have been reported.) This is because the AIDS virus has been very rare in our conditions thus far. However, as a result of international travel one has to expect that it will be brought into our territory. It is necessary to do everything possible to prevent the AIDS virus from infecting our currently favorable situation and putting us, a few years down the road, in the situation in which many states already are. [Article by Doctor of Medicine Dana Zuskova, chief health officer of the Czech SR: "What We Should Know; The Current Problems Connected With AIDS Prevention"] [Excerpt] [Prague RUDE PRAVO weekend supplement HALO SOBOTA No 3 in Czech 24 Jan 87 p 5 AU] /12858

CSO: 5400/3006

ONCHOCERCIASIS CONTROL PROGRAM EXTENDED SOUTHWARD

Accra PEOPLE'S DAILY GRAPHIC in English 4 Dec 86 p 16

[Article by Kojo Sam]

[Text]

THE Onchocerciasis Control Programme (OCP) in the Northern Sector of Ghana is now to be extended to the Southern Sector beginning from Kpando in the Volta Region to the North of Goaso in the Brong-Ahafo Region.

The Extension programme which begins next year will cover the whole of the Volta Lake and other major rivers within the demarcated areas up to Goaso.

Dr A. K. Diallo, Sector Chief of Oncho Ghana, disclosed this when the

'Graphic' called on him at his office in Tamale.

He said, the sub-sector office of the OCP at Hohoe, also in the Volta Region will therefore be adequately equipped and staffed to take charge of the impending programme to control Oncho in the newly demarcated areas.

Dr. Diallo revealed that about 90 per cent of the formal area of the programme landmark of the Volta basin have so far been covered since the Central programme began in 1974.

This means that, children born in the Volta basin

since that time are free from Oncho diseases.

Dr. Diallo explained that the main objective of the OCP is to reduce the level of the blackfly population in the Volta basin.

"Our main aim is to reach a point which will ensure that Oncho will no longer be a public health problem" the sector chief declared.

He described the OCP as the biggest UN sponsored health programme in the world.

He said, the programme has been more efficient, because it cost the sponsors only one dollar a year

to treat a patient suffering from Oncho disease.

Dr. Diallo announced that a joint programme committee of the OCP will hold a meeting in Accra between December 9 and 12 to deliberate on what has been achieved so far and what ought to be done.

The original OCP covers Ghana, Côte d'Ivoire, Togo, Benin, Burkina Faso, Niger and Mali.

However, four more countries, Sierra Leone, Senegal, Guinea Bissau and the Republic of Guinea will be admitted into the programme as from next year.

/9274

CSO: 5400/92

UNIVERSITY TO IDENTIFY MASS THERAPY DRUGS FOR ONCHOCERCIASIS

Accra PEOPLE'S DAILY GRAPHIC in English 20 Dec 86 p 8

[Article by Kwaku Nehemia]

[Text]

THE Department of Pharmacology of the University of Science and Technology has initiated a research project to identify suitable drugs for the mass therapy of victims of onchocerciasis, a disease otherwise known as river blindness.

The research project was motivated

by the fact that diethylcarbamazine, a drug used for the treatment of onchocerciasis has a serious disadvantage of producing severe allergic reactions which make the drug unsuitable for mass therapy.

A comprehensive report by Prof. F. O. Kwami on the occasion of the 21st Congregation of UST published in November said the onchocerciasis research project will also carry out a thorough investigation of the pharmacological basis of the diethylcarbamazine reaction.

Recently, Ghana hosted a three-day international conference on onchocerciasis which was attended by delegates from the World Health Organisation, Food and Agriculture Organisation, African Development Bank and the European Community, among others.

Onchocerciasis is a disease caused by the filarial worm, *onchocerca volvulus*. The worm is transmitted by the female blood-sucking black fly of the genus *simulium*.

/9274

CSO: 5400/92

GREECE

BRIEFS

AIDS IN MILITARY INSTITUTES--Foreign students in Greece were either suffering from AIDS or were carriers of the disease. Indeed, according to absolutely reliable information of the EMBISTEVTIKO GRAMMA, three grantees of the Ministry of National Economy coming from Rwanda were suffering from AIDS. These students were sent home. It was also found out--and this is even more serious--that cadets from Burundi were suffering from AIDS. As soon as the Greek authorities realized that they were suffering from this disease, they saw to it that they were repatriated; their presence in the military schools did not create any danger for the other students. [Excerpt] [Athens EMBISTEVTIKO GRAMMA in Greek 17 Dec 86 p 8] /9738

CSO: 5400/2430

GUINEA

BRIEFS

CHOLERA EPIDEMIC--Conakry, 17 Dec (AGP-GUI/PANA)--A cholera epidemic which was observed in early November at Mamou (300 kilometers from Conakry) has caused 37 deaths out of the 86 cases reported. Access to the infected zone is difficult, but workers of the Prevention Service are on the spot. These workers, operating in three teams in three zones, are treating the patients and monitoring the development of the epidemic. The first team is conducting research into the origin and nature of the diarrhea while another is charged with education on environmental hygiene. The last team is in charge of the disinfection of water sources. The teams are equipped with all the materials required for the treatment of the disease, said Dr N'fanly Bangoura of the Prevention Service in Mamou. [Text] [Dakar PANA in French 1909 GMT 17 Dec 86] /8309

CSO: 5400/6

BRIEFS

MALARIA DEATHS--Georgetown, Guyana--Malaria has killed at least six miners in Guyana's gold-bearing interior within the last two months, according to unofficial reports here. One miner, Desmond Shepherd, reported that the malaria outbreak had claimed the lives of about six of his colleagues and was seriously hampering production of gold and diamonds. Most of those affected work close to the Guyana-Venezuela or Guyana-Brazil border areas. Several miners suffering from the mosquito-borne disease have moved to Georgetown for treatment and medical supplies. The ministry of health here has established medical depots in the hinterland areas to deal with malaria cases. Two months ago, officials of the Brazil, Guyana and Venezuela governments discussed how best they could deal with the problem. [Text] [Bridgetown DAILY NATION in English 8 Jan 87 p 4] /9274

CSO: 5440/058

CALCUTTA DOCTORS FALL VICTIM TO HEPATITIS B

Calcutta THE SUNDAY STATESMAN in English 28 Dec 86 p 13

[Text] Doctors in and around Calcutta are becoming more vulnerable to the dreaded Hepatitis B disease. The Hepatitis B virus is said to be blood-borne unlike the Hepatitis A virus which is carried in water. During the past two years, several junior doctors attached to leading Government hospitals in the city have suffered from the disease and at least two have died.

A renowned teacher of medicine who had set up a private laboratory after retirement fell victim to the ailment and subsequently died of it. Recently, a private practitioner of Rishra, in Hooghly district, also died of Hepatitis B. A woman medical officer of Medical College and Hospital contracted the ailment recently following which there was panic at the college hostel. Fifty blood samples collected from members of the house staff were sent over to the Virology Department of the School of Tropical Medicine for examination.

The Hepatitis B virus is considered to be much more dangerous than that of Hepatitis A because of its potential to be fatal. Death strikes as many as 20 out of every 100 victims. As it is blood-borne, the virus enters while handling syringes and needles. This is the reason why doctors are more prone to the ailment. It is felt that while injecting a patient, the doctors receive needle pricks and then develop the ailment.

It is learnt that a large section of pregnant mothers in the gynaecological wards of the hospitals suffer from the disease. It is while treating them that hospital doctors are affected. These women contract the ailment while undergoing several blood tests during their period of pregnancy.

It also goes to show that sterilization practices are not followed in the city hospitals. Under the circumstances, the only way out, according to experts, is to vaccinate the hospital doctors who are most vulnerable to the ailment. Using disposable syringes and needles is out of the question because it would result in considerable expenses.

But vaccinating a large number of hospital doctors is also a very expensive proposal. Three doses of the imported Hepatitis B vaccine would make a person resistant to the ailment for a period of three to four years cost almost Rs 2,700. Only recently has the School of Tropical Medicine received some

vaccines from a Swiss manufacturer which are cheaper and the three doses would cost Rs 600. Dr M. S. Chakrabarty of the Tropical School is conducting tests to ascertain its efficacy.

Though the medical community is trying hard to convince the West Bengal Government about the need for such a vaccine, there are reports that the Government has expressed its helplessness because the vaccination programme will require considerable funds.

Moreover, the Government is afraid that once the doctors are vaccinated, other categories of hospital staff, such as nurses and general duty attendants, might demand that they be vaccinated as well. Medical experts, however, say that in the past there has been no instance of hospital employees falling victim to the dreaded Hepatitis B disease.

/13104

CSO: 5450/0071

AIDS PHOBIA DRIVES OFF BHUTANESE STUDENT

Bombay THE TIMES OF INDIA in English 27 Dec 86 p 16

[Text] **B**ECAUSE of mental depression that the adverse publicity of being the so-called "first" AIDS victim of Bihar had brought him, Mr. Tenzing Wangdi, a fourth year student at Nalanda Mahavihar, has left for his home country, Bhutan.

According to his friends, he has left in search of peace. Mr. Wangdi had rejected the request of the state government to go in for a test for AIDS and contended that the rumour-mongers, who maligned him as a victim of the dreaded disease, should be brought to book before he agreed for such an examination.

His letter in this connection has been forwarded to the state's director-in-chief of health, Dr. Mahavir Das, by the civil surgeon of Nalanda, Dr. S. P. Singh.

Mr. Wangdi's four Bhutanese friends, who are at present staying at the international hostel of the vihar, too feel similarly chagrined since the report became public around the middle of last month.

The Bhutanese students have termed the whole affair as a "stunt" designed to malign them and drive them out of the vihar.

The mental agony of Mr. Wangdi and his compatriots is understandable. After the report became public they have been accosted time and again by inquisitive strangers and friends in and around Biharsharif. One of them, Mr. Dorje Jamthso, said he was asked embarrassing questions by strangers at Bodh Gaya where he was recognised as a Bhutanese student of the vihar during his recent visit.

Mr. Wangdi developed a virulent boil on his upper lip just below the nose around mid-November and went to a doctor in Biharsharif when the pain became unbearable. He had to be rushed to another hospital on November 22 in a rather serious condition and was admitted to the intensive care unit of the hospital.

The doctors found his case to be one

of facial cellulitis-spreading infection of subcutaneous tissue and discharged him after two days of treatment.

Meanwhile, the publicity of the case in the media attracted the attention of the doctors in the state and samples of his blood were sent to the Rajendra institute of infectious diseases at Agamkuan here and to the AIDS surveillance centre (east zone) at Calcutta.

The report of the Elisa test from Calcutta has now proved conclusively that Mr. Wangdi did not contract the disease.

The civil surgeon on Nalanda, Dr. S.P. Singh, in a report to the director-in-chief of health, has also denied any such possibility. He says since Mr. Wangdi's boil showed suppression of the immunological system, He (Wangdi) could not have recovered, as he had, had he suffered from the dreaded disease.

Dr. Singh however failed to persuade Mr. Wangdi to go with him to Patna for a recheck after he had been discharged.

The Bhutanese students at the vihar feel that the "malicious" propaganda against their friend was a part of the "game" being played by a section of the staff at the institute to get rid of them.

This section, according to them, treated them as a burden since they continued to "trouble" it with their numerous problems, including delay in the receipt of scholarships.

While a majority of the 28 inmates of the international hostel hail from foreign countries including Burma, Thailand and Bangladesh, only the six students from Bhutan and one from Bangladesh pursued their studies with the help of government scholarships. The Bhutanese students were recipients of the Indo-Bhutan cultural relationship scholarship, and the money came to them through the Bhutan section of the ministry of external affairs.

The Bhutanese students have not received their scholarships for the current year so far. The students allege that they had never received the monthly scholarship of Rs. 300 on time.

BIHAR ANNUAL TOLL FROM WATERBORNE DISEASES 16,000

New Delhi PATRIOT in English 23 Dec 86 p 5

[Text] **Patna, Dec 22 (PTI)**—Over 16,000 lives are lost in Bihar every year due to various water borne diseases like cholera, dysentery and diarrhoea, according to Dr C B Sharma, of the public health institute here.

Four years ago the figure was over 13,000 annually, Dr Sharma said in a paper submitted at the second regional seminar on environmental pollution held at Barauni recently.

He attributed the high incidence of enteric and parasitic diseases among the people in urban and rural areas to sub-standard drinking water supply.

Dr Sharma said that the decreasing per capita availability of fresh water in the country and abroad was so acute that if remedial measures were not taken timely, half of the world's population would fall ill and many of them would be genetically deformed.

Dr Sharma said that bacteriological tests on piped water supply in major towns of Bihar had revealed that drinking water was contaminated and not fit for human consumption.

The percentage of contamination in Patna was—50, Ranchi—25, Jamshedpur—42, Dhanbad—33, Bhagalpur—67, Munger—54 and Muzaffarpur—68, he said.

Dr Sharma said that contamination of drinking water was mainly due to

hazardous laying of sewerage and drinking water pipes, unauthorised domestic water connections and absence of proper chlorination of drinking water.

He said that underground water around industrial areas of the State was not suitable for drinking purpose.

Dr Sharma also said that water in the down stream of rivers like Subarnarekha and Damodar up to a distance of 12 km from the banks was not suitable for human consumption due to presence of industrial effluents. This had also resulted in the rapid decrease in good quality of fish in the Damodar.

He suggested that plants should be set up to remove iron from the drinking water in the towns and villages of north Bihar where content of iron in tubewell and hand pump water was very high.

He also suggested that wells situated in localities with nitrate concentration be replaced by hand pumps having greater depths. Besides rural areas where environmental iodine was inadequate should be provided with dug wells and supplemented by iodised salt.

He said that regular monitoring of piped water supply should also be done regularly.

/13104

CSO: 5450/0074

BRIEFS

AIDS SUSPECTS DEPORTED--Three Tanzanian students of the Thangal Kunju, Musaliar Engineering College here, suspected to be having acquired immune deficiency syndrome (AIDS) virus in their blood were sent back on Monday. The three first-year mechanical engineering students were handed over to the Tanzanian high commission officials by the college authorities. The officials arrived here on Monday. [Text] [Bombay THE TIMES OF INDIA in English 1 Jan 87 p 21] /13104

AIDS IN RAIPUR --A woman suspected to be Rampyari Bai, a prostitute suffering from AIDS and believed to have come here from Calcutta, is being kept under close watch by the police and has been tested for AIDS. The woman, however, claims that her name is Sonia Bai. The police have collected blood samples from the woman and sent them for clinical tests to ascertain whether she is suffering from AIDS or not. The woman has come here from Calcutta. The police were alerted following reports that Rampyari Bai had left Calcutta for Raipur. [Text] [Calcutta THE TELEGRAPH in English 25 Dec 86 p 4] /13104

CSO: 5450/0072

GOVERNMENT PREPARING STRATEGY TO MEET AIDS 'CRISIS'

Dublin IRISH INDEPENDENT in English 9 Jan 87 p 10

[Article by Jerome Reilly and Gordon Paterson]

[Text]

AS BRITISH health authorities predicted at least 4000 AIDS deaths there in the next three years, sources in our own Health Department confirmed yesterday that the Government's long awaited strategy to meet the AIDS crisis is to be unveiled before the end of the month.

Final details are being worked out by the Department of Health in conjunction with the Health Education Bureau this week.

A number of advertising agencies have made presentations to the department in an effort to secure the lucrative account for television, radio and newspaper advertising.

The total number of confirmed cases of infection here has risen to 521 people. Eight people have died out of the 14 who have developed the full disease.

Of 1,543 intravenous drug abusers tested for AIDS, 328, or 21 p.c., were found to have AIDS antibodies.

In Britain, Social Services Secretary Norman Fowler and Chief Medical Officer Sir Donald Acheson yesterday launched their first TV AIDS commercial.

Mr. Fowler said the World Health Organisation estimated there would be between 500,000 to 3 million AIDS deaths worldwide within the next five years.

"As far as the UK itself is concerned, whatever we do now it is likely that as many as 4,000 people will have died of AIDS in the UK by the end of this decade," he added.

The British TV advertising campaign to stop the spread of the disease will run for three weeks. It warns that AIDS now presents a threat to everyone and urges people to read the leaflets which will drop through their letter boxes over the next two to three weeks.

The TV ad will be backed up by advertising in 1,200 cinemas for one month, from January 16. Letters sent through the post will be stamped

"AIDS — don't die of ignorance".

Sir Donald said progress was being made in developing a vaccine against AIDS, but the assumption was that it would not be possible to immunise people against the virus for at least five years.

Mr. Fowler said he was discussing the public education campaign with church leaders and had already met the Archbishop of Canterbury and Cardinal Basil Hume.

"My own view is that the Government's aim of teaching prudence is complementary to the teachings of the church and other religious leaders.

Meanwhile, condom sales are soaring in Ireland because of increased fears of catching AIDS.

And more women are going into chemist shops to buy the traditional male contraceptive.

In the North, two people have died from AIDS and a further 30 people may be carrying the virus, although so far there is no sign of them developing the disease. The British campaign will also be run there.

/9317

CSO: 5440/055

DUBLIN RESEARCH CLINIC WINS CONTRACT FOR AIDS CONTROL

Dublin IRISH INDEPENDENT in English 13 Jan 87 p 2

[Article by Liam Ryan]

[Text]

A DUBLIN research clinic has won a multi-million dollar contract for managing the development of a new drug aimed at controlling the effects of the AIDS virus.

More than 60 patients have already taken part in experiments with the drug and preliminary results are reported to be "extremely encouraging," according to the head of the clinic, the Institute of Clinical Pharmacology (ICP) based at St. James's Hospital.

ICP CHAIRMAN Professor Austin Darragh said last night the drug was designed to restore to the human body the capabilities of fighting AIDS, other viruses and certain forms of cancer.

He added that there was evidence that the immunological deficiency created by AIDS was completely reversed in the short-term by the new drug, which has not yet been named.

Prof. Darragh pointed out that a team of ICP scientists in Dublin, New York and Nashville are now reviewing the latest data and preparing a report on it.

The ICP's contract is with an American pharmaceutical company and Prof. Darragh said the "importance of this project to mankind cannot be over-stated."

He said that with its chain of monitoring centres in Europe, America and the Far East now functioning, ICP was uniquely prepared to conduct this critical programme on a world-wide basis.

The ICP pointed out that tests carried out so far had been in America, but more were to be done in Europe and most probably at the ICP clinic in Dublin.

Prof. Darragh said the newly-developed drug had been used on both patients with ARC (Aids Related Complex) and AIDS victims, "with a very encouraging series of results."

But he said it must be stressed that these were short-term and in no way must it be assumed that "we are talking about a cure."

Prof. Darragh said that the drug was aimed at successfully controlling AIDS, which would allow people with AIDS to live a very normal, healthy existence for a natural length of time.

/9317

CSO: 5440/055

BRIEFS

CHOLERA CASE IN PERAK--The first cholera case in Perak was reported in Hulu Perak District on 25 January. The acting director of the state medical and health services department, Dr (Martin Hilsum), said the case involved a 59-year-old man, who had been admitted to the hospital in Ipoh. The director said that massive control and preventive measures are being carried out to prevent an outbreak of the disease. [Summary] [Kuala Lumpur Domestic Service in English 1130 GMT 27 Jan 87 BK] /9599

CSO: 5400/4325

NICARAGUA

BRIEFS

TYPHOID OUTBREAK IN OCOTAL--A doctor from an Ocotal hospital has reported that from November 1986 to 15 January 1987, a total of 9 people died as a result of the typhoid outbreak in Ocotal. Dr Eric Zepeda Zapata added that 151 cases were reported during November and December, and that 20 cases have been detected so far in January. He pointed out that hygienic conditions are bad in the neighborhoods and the hospitals require adequate laboratory equipment. [Summary] [Managua Domestic Service in Spanish 0300 GMT 16 Jan 87 PA] /12858

CSO: 3248/177

GOVERNMENT ORDERS CEREBRO-SPINAL MENINGITIS VACCINES

Kaduna NEW NIGERIAN in English 11 Dec 86 p 16

[Text]

About 800,000 dollars (1.8 million Naira) has been released by the Federal Government, for the procurement of vaccine for combating cerebro-spinal meningitis epidemic.

The vaccines, would be used for inoculations in the North where the deadly disease was most persistent.

Director of Public Health Services, Dr. E.A. Smith, told the *New Nigerian* in Lagos that the vaccines would be distributed to the ten states

and a few others.

He said the Federal Government was using UNICEF/WHO in obtaining vaccines and expressed the hope that the drugs would reach here soon.

About 500 persons died from meningitis this year.

Meanwhile, Minister of Health, Professor Olikoye Ransome-Kuti has advised those travelling to Benue State not to move around Oju Local Government area and in Cross River State around Ogoja Local Government where the yellow fever epidemic had been reported.

According to him, "people can now go to Benue and Cross River states and ensure that they did

not go to these two local governments."

Reports received from these states, he explained, were very encouraging as the yellow fever epidemic was subsiding gradually, adding that members of the task force have left for the two states with representatives of World Health Organisation (WHO) to assess the damage done so far.

"I am sorry for the inconveniences Benue State might have suffered as a result of my statement," the minister said.

The minister said "I have not received any report that there is an outbreak of cholera in Bendel State."

/9274

CSO: 5400/87

NIGERIA

BRIEFS

GASTROENTERITIS, MEASLES DEATHS, CHOLERA--About 80 persons are feared dead following an outbreak of measles and gastroenteritis in Obibi in the Ikwerre/etche local government area of Rivers State. The zonal health area officer in the area, Dr U. M. Nyemenim, told newsmen that the gastroenteritis was caused by drinking water from a polluted stream while the measles was due to the poor response to the EPI [Expanded Program on Immunization] campaign in the area. He also advised parents to send their children to the health center in the town for immunization as part of the efforts to combat the measles outbreak. An outbreak of cholera has also been reported in some parts of the Yenegoa local government area [also in River State]. The chairman of the local government, Mr Emune Fawei, describe the medical facilities in Yenegoa as inadequate to cope with the situation. [Text] [Lagos Domestic Service in English 0600 GMT 19 Jan 87] /9599

CEREBROSPINAL MENINGITIS OUTBREAK IN BAUCHI--From Bauchi State comes a report that over 10,000 doses of cerebrospinal meningitis vaccines have been procured by the government to check the spread of the disease in Gombe and Tangalayaja local government areas. The commissioner of health, Dr (Garba Bagaudu), told newsmen in Bauchi that 140 [figure as heard] additional vaccines would soon be procured for the immunization of people in the affected areas. About 70 cases of the disease were reported in Tangalayaja and 35 in Gombe. [Text] [Lagos Domestic Service in English 1500 GMT 24 Jan 87 AB] /7358

CSO: 5400/90

TYPHOID EPIDEMIC REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 30 Jan 87 p 1.

[Article by Manga Bengi]

[Text]

THREE people have died and 33 others are critically ill in an outbreak of typhoid fever in Mount Hagen.

Health authorities said those who caught the fever were mostly squatter settlers who drank, cooked and washed from contaminated creeks on the outskirts of the town.

Those admitted to the town's hospital told health authorities they first felt headaches, fever, stomach and body aches two weeks ago.

Authorities thought then that they may have had malaria and treated them for it.

When the same people returned and complained about the same sickness last week after completing their required doses, it was discovered they had typhoid.

The rate in which the fever was spreading was alarming, said acting Department of Western Highlands secretary, Mr Peter Wama.

And late yesterday, he ordered the assistant secretary for the health division, Mr Kambowa Kukuwa and the hospital medical superintendent, Dr Gagina Babona, to put an urgent educational program over Radio Western Highlands on how people could avoid the sickness.

The officers wasted no time -- they told people last night to boil water before drinking, provide good sanitation, dispose of their rubbish in proper places and many other aspects of avoiding the disease.

Tests carried out on several creeks which run through the residential area of the town showed all creeks had been polluted with human waste and other debris.

Mr Wama appealed to people who had the fever to report immediately to the hospital or their nearest health centre for treatment.

/9317

CSO: 5400/4327

SILENT INFECTION BY HEPATITIS A VIRUS

Beijing ZHONGHUA YIXUE ZAZHI [NATIONAL MEDICAL JOURNAL OF CHINA] in Chinese
Vol 66, No 9, 15 Sep 86 pp 528-530

[English abstract of article by Yang Nengyu [2799 5174 1342], Yu Peihua [0151 0160 5478], Mao Zixu [3029 1311 2485], and Zhen Nianliang [7109 1628 5328] of Zhejiang Medical Research Institute]

[Text] During an epidemic of water-borne hepatitis A, sera were collected weekly from "healthy persons" closely contacting patients with hepatitis A to test SGPT and icteric index. Then, anti-HAV IgM and anti-HAV IgG antibodies in the sera from asymptomatic, anicteric and normal SGPT "healthy persons" were determined. Of 18 "healthy persons", 12 were positive for anti-HAV IgM antibody. Two had been infected by HAV in the past and four were not infected by HAV in this epidemic. The results demonstrated that patients with silent infection exist besides patients with overt and sub-clinical infections during the epidemic of hepatitis A. The incidence of silent, subclinical and overt infection was 34.3 percent, 45.7 percent and 20.0 percent respectively. The ratio between the overt, subclinical and silent infection was 1.0:2.3:1.7. (Paper received 2 May 1985, revised 30 April 1986.)

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/6091

CSO: 5400/4113

EXPERTS DECLARE LEPROSY CONTROL UNDER WAY

OW111826 Beijing XINHUA in English 1537 GMT 11 Jan 87

[Text] Chengdu, 11 January (XINHUA)--Leading leprosy experts said that China is well on its way to bring leprosy under control by the year 2000.

Ye Ganyun, vice-chairman of the board of directors of the newly-established China Leprosy Control Society told XINHUA today that leprosy, which has been spreading in China for two thousand years, has been basically eradicated in Inner Mongolia, Beijing, Tianjin, Shanxi, Ningxia, Henan, Hebei, Heilongjiang, and Jilin; and that the focus of leprosy control will be shifted to southwest China, including Guizhou, Sichuan, Yunnan, Jiangxi, and the Tibet Autonomous Region, where the number of leprosy patients accounts for about two-thirds of the 70,000 leprosy patients in China.

Professor Ye, who has been studying leprosy control from the early 1950's, said at the end of an inspection tour of Xichang Prefecture in Sichuan that China has more than 1,100 institutions with 11,000 medical workers specializing in preventing and treating leprosy, and since 1983, a set of new methods using several chemicals simultaneously to treat lepers has been developed and proved to be effective in breaking off infection after a treatment of several days.

This, he said, has made it possible for patients to be treated at home instead of being isolated in out-of-the-way places. He said that now half of the lepers in China are receiving treatment at their homes.

China's leprosy control efforts have also had the support and aid in medicine, equipment and training from the World Health Organization and its related institutions and from Japan, the United States and the Netherlands, Belgium, Italy, Britain and Canada, he said.

/12858

CSO: 5400/4114

PEOPLE'S REPUBLIC OF CHINA

RAPID PROGRESS IN DISEASE PREVENTION DOCUMENTED

OW131432 Beijing XINHUA in English 1305 GMT 13 Jan 87

[Text] Beijing, 13 January (XINHUA)--The incidence of infantile paralysis, measles, whooping cough and diphtheria last year decreased by 30 to 60 percent compared with the 1985 figures, thanks to a national immunization program.

This was one of the TEN major achievements in China's disease prevention work listed in the current issue of HEALTH NEWS [JIANKANG BAO].

Other major advances include:

- Incidence of tuberculosis continues to drop at an annual rate of 5 percent, thanks to the establishment of over 200 tuberculosis prevention institutions and training of specialized medical workers;
- establishing the vaccine delivering cold chain network for areas with a population of more than 300 million people so that the rural areas can carry out immunization at regular intervals;
- promulgating the border health quarantine law; bringing the border quarantine work onto the orbit of legislation;
- the food hygiene law began to make its bite. About 90 percent of people engaging in food sales underwent health check-ups and more than 600,000 cases violating the food hygiene law were dealt with;
- radioactive health work were shifted from military to civilian service, with more than 100,000 x-ray technicians brought under protection;
- labor health and prevention of occupational diseases have been extended to all factories and mines above the county level, and more than 75 industrial enterprises have established industrial health archives; the number of industrial health and occupational disease prevention organizations has increased from 39 to 178 and the number of medical personnel in the field increased from 10,000 to 25,000;

-- work was done to monitor the effect of environmental factors on human beings and over 90 percent of the large and medium-sized cities were covered by potable water investigations and monitoring and over 80 percent of the public places were up to the prescribed sanitation standards;

-- progress has been made in school health and dental care of school pupils;

-- the number of health care and disease prevention organizations above the county level has increased to 3,410 and the number of professional disease prevention institutes and stations increased to 1,566 and border quarantine stations went up to 133 and more than 160,000 medical personnel are working in these organizations and stations.

/12858

CSO: 5400/4114

TUBERCULOSIS SAID SPREADING AMONG URBAN BLACKS

Cape Town THE ARGUS in English 12 Jan 87 p 5

[Text]

TUBERCULOSIS, a disease brought to Africa by the white man, is hitting black people the hardest.

Through centuries of exposure to the disease the colonists acquired a resistance to TB which the indigenous people lacked. Today the disease is rife in black communities, medical authorities say.

TB is spread rapidly in urban areas where there is overcrowding, malnutrition and poverty. It is spread mainly through sputum coughed up by infected victims.

The number of notified cases in the Western Cape has increased from 2 691 to 4 028 in the past year. Of these, 2 245 are coloured, 1 744 black and only 39 white.

Those at risk

In association with the Divisional Council of the Cape and the SA National Tuberculosis Association (Santa), The Argus has launched the Tuberculosis Crisis Fund which is accepting contributions of cash and food to help victims and those at risk of catching the disease.

The Divisional Council's medical officer of health, Dr Len Tibbit, said the aim of the

fund was to reduce the stressful conditions conducive to TB. Contributions will be used to fight hunger and malnutrition.

In times of mental and physical stress brought on by hunger, unemployment and overcrowding the body could not fight and the disease was quickly passed on in overcrowded townships.

Symptoms of TB include:

- A persistent cough lasting about three weeks;
- Heavy night sweating;
- Appetite/weight loss; and
- General lethargy and a flu-like feeling of illness.

Anyone who suspects they have TB should visit one of the council's many Health Department clinics. Treatment is free.

● Contributions to the fund should be sent to the Secretary, Cape Province Tuberculosis Council (Santa Cape Town), Mezzanine Floor, Monte Carlo Buildings, Foreshore, Cape Town 8001.

Cheques may be made out to Santa Cape Town.

Gifts of food may be delivered to any of the council collection points listed on the back page of the Argus Cladsads.

/9274
CSO: 5400/88

PARLIAMENT APPROVES TOUGH CONTAGIOUS DISEASES LAW IN AIDS FIGHT

Official Can Order Treatment

Stockholm DAGENS NYHETER in Swedish 17 Dec 86 p 15

[Article by Gun Leander: "Legislation Toughened--Compulsory Treatment of Those Infected With HIV"; first paragraph is DAGENS NYHETER introduction]

[Text] Men who go to prostitutes are obliged to seek medical treatment afterward if they suspect that the woman is infected with AIDS. This is one of the consequences of the changes in the infectious diseases law which were approved in the Riksdag on Tuesday.

If the infected person does not obey the doctor's orders the County Court can ultimately decide that he or she must be admitted to a hospital. Those admitted to a hospital are obliged to remain there and submit to necessary treatment until "there is no longer any established reason to fear" that he will spread the disease.

Changes in the infectious diseases law and the secrecy law will take effect on 1 February 1987. Last fall AIDS was classified as a venereal disease by the AIDS delegation.

That means that a person who is infected and does not follow the directions given by a doctor can be subject to compulsory measures. The changes now being made are for the purpose of further limiting the spread of infection.

Nobody who is involved with the question seriously believes, however, that a law can reduce the spread of a disease. Information and new sexual customs, of which protection with a condom is an obvious requirement, are viewed as the only ways to reduce the number of new cases of infection. Most people agree on that.

The legislation is intended to give the authorities the possibility of intervention against the few cases who do not care that they are infected, and knowingly or not spread the deadly disease further. Those who have spoken out against the legislation have been concerned that it will be misused and that patients' anonymity will be violated.

Defeated

A proposal for complete anonymity of AIDS tests was defeated in the Riksdag by 245-62, with five abstentions.

The Liberal Party [FP] and the Left-Party Communists [VPK] considered that anonymity should remain even where a test shows that a person is infected. If anonymity could be guaranteed more people would dare take the test and the doctors would have a better picture of the epidemic, they say.

On the other hand it was claimed that fighting the spread of infection is more important than having complete knowledge of the spread of the epidemic.

Jorn Svensson (VPK) introduced a compromise proposal under which anonymity would only be broken if the doctor's directions were ignored, but this idea was rejected by the majority, considering that secrecy in the treatment of the sick is already very strict.

Today those who test themselves for the HIV virus can remain anonymous.

Coded Tests

According to regulations of the National Social Welfare Board the tests will be coded so that unauthorized personnel, for example laboratory workers, will not know from which patient a certain test has been taken.

This secrecy will be broken if anyone is suspected of ignoring directions and infecting his environment. Then the doctor must contact the infectious diseases doctor.

In the new infectious diseases legislation the separation between general and venereal diseases disappears. All diseases--from dysentery to polio, diphtheria, jaundice and AIDS are called generally dangerous.

The government will decide which illnesses will fall under this legislation. The infectious diseases doctor will play a more central role than before, and his powers are increased.

Paragraph Deleted

Changes in the law include both easing and tightening. The schedule of punishments in paragraph 26 is deleted. That provided for fines or prison for a maximum of two years if the treatment orders were not obeyed and venereal disease was knowingly spread.

The reason for deleting that paragraph is that it would frighten many infected persons away from treatment. It will still be punishable to knowingly spread infection, but this will be regulated by the Penal Code.

Tightening comes in the new powers of the infectious diseases doctor. Among other things he will be able to contact with those who work in the fields of prostitution, addiction and narcotics in order to follow developments.

There will also be relaxation of secrecy within criminal treatment. When an infected person is admitted for criminal treatment the employees will be informed.

Tightened Secrecy

On the other hand secrecy is tightened for the police. What the police can know about an infected person who is being held will be kept secret according to the secrecy law. Besides a drug addict who is admitted to a hospital for compulsory treatment can be transferred to an institution for narcotics addiction for treatment.

Psychiatrist Doubts Law's Effectiveness

Stockholm DAGENS NYHETER in Swedish 20 Dec 86 p 6

[Article by Gun Leander: "Disturbed People Are Dangerous Spreaders of Disease--Strong Demand For Protection from AIDS"; first two paragraphs are DAGENS NYHETER introduction]

[Text] The new infectious diseases law says that those who knowingly continue to spread the AIDS infection will receive compulsory treatment. How will that be done? So far there has been silence about this. Psychotherapist Hans Josefsson has written to Health Minister Gertrud Sigurdson about this.

A young man has escaped from a treatment home where he was being treated for drug addiction. He is out on the town picking up girls, and doing rather well. What the girls do not know is that he is a carrier of the HIV infection.

This is an example of how the disease AIDS is being spread in Stockholm today.

"Of course one can say that the women should blame themselves, but that is not sufficient," said Psychotherapist Hans Josefsson, manager of Trollangens Treatment Home in Almunge. "AIDS means to take up the fight against death. It must not be a game of equality. We cannot stand helpless before the few cases in which deeply disturbed and troubled people continue to infect others," said Hans Josefsson.

At Trollangen Treatment Home, where he is the manager, there are still no clients who are HIV infected. But many years of experience helping people with early psychiatric disturbances should be used to counter the spread of the disease, according to Hans Josefsson, who wrote a letter to Minister Gertrud Sigurdson on this question.

Destructive

Within the group of early disturbed addicts there are individuals who cannot control their destructive impulses. Instead they live them out in compulsive actions. Such actions, which can appear incomprehensible to others, as

loaning another person an infected injection needle, or having sexual intercourse without a condom.

"AIDS is too serious to be dealt with by any special group in society," said Hans Josefsson. "It is not mainly a question of treatment of addicts, or for homosexuals, etc., It is a question of preventing the spread of infection. In that perspective, every newly infected individual is a social catastrophe-- besides being an individual catastrophe.

"It is high time to dedicate resources to taking care of this group of infected individuals who have destructive action patterns. It is not a large group, but it exists," he said.

Panic Threatens

"If we allow this development to run freely, in the future we will need to devote support resources in an atmosphere of panic. We still have a chance to act. Many of those who belong to this 'hard core' of HIV-infected persons can be helped. This is shown by experience at Trollangen where it has been successfully shown that deeply disturbed young people can have a new chance with the help of years of psychotherapy.

"Our greatest difficulty is in reaching the living child within him or her," said Hans Josefsson. "Because of an unsatisfactory state of things in early childhood the individual's emotional life has not had a chance to develop to maturity. As an adult such a person can appear well-equipped and intellectually capable, but as soon as strong feelings break through, for example in connection with a love affair or a separation, the surface is broken and a destructive pattern of behavior comes through.

"To avoid feeling unwanted and unloved, one easily turns to ways of escape, such as increased addiction. The next step, the necessary maturity, never takes place.

"The early disturbed largely live out their destructive inner thoughts. It is more seldom that 'ordinary people' are affected. But that does not mean that we should be nonplussed. Why should those who are already the most damaged be exposed to an even worse threat?" wondered Hans Josefsson, who objects to the infected and the non-infected being kept in the same treatment home.

"Then it can happen that a man is admitted to treat his alcoholism, and he comes home with a fatal illness," he said. "It is not certain that those who are admitted to get rid of some form of addiction have a sufficiently strong instinct for self-preservation to refrain from sexual intercourse with other patients."

Compulsory treatment for infected persons is regulated in the new infectious diseases law. According to the law those who continue to spread infection will be supervised by the hospital. But just what compulsory treatment should be nobody has exactly said.

No Lockup

According to Hans Josefsson there should be some form of supervision to prevent escape.

"I do not mean that one should lock people up and throw away the key. Treatment must be humanitarian. But these people must be kept isolated until they are healthy," said Hans Josefsson. "Those who knowingly or unknowingly are spreading infection should be divided into two sub-groups: those who are responsive to psychotherapy and can learn to deal with the infection in a responsible way, and those who comprise a little 'hard core' who should not be given a chance to infect others.

Experience at Trollangen shows that youths may need to be admitted to the hospital during the most destructive periods. Insufficiently clear opposition to destructive behavior leads in general to authority which is marked by sorrow, doubt and abandonment.

"This is especially fruitful if the goal of the treatment is the client's maturity," said Hans Josefsson. "We are careful to maintain contact with the clients during the difficult time in the hospital. The same should apply to those infected with AIDS who are admitted for compulsory treatment."

"We have good reason to believe that there is a positive connection between psychological support and strengthening of the immune defenses. That makes this activity more important than ever," said Hans Josefsson.

"We still have a chance to act. Many who belong to this 'hard core' can be helped. But it can take many years of hard work to create the necessary maturity in the individual. And during that time we must use methods which can appear to be drastic," said Hans Josefsson. "This includes uncompromising quarantine of those persons who either will not or can not stop spreading the disease."

AIDS Cases Doubled in 1986

Stockholm DAGENS NYHETER in Swedish 3 Jan 87 p 6

[Article by Micke Jaresand: "Number of AIDS Cases Doubled in 1986"; first paragraph is DAGENS NYHETER introduction]

[Text] In one year the number of AIDS cases in Sweden more than doubled. From January 1986 to the end of the year 48 people became ill. Now there is a total of 90 known cases.

"We are not surprised, this is entirely in accordance with our calculations," said Professor Margareta Bottiger at the National Bacteriological Laboratory (SBL).

The concentration in the big cities is still noteworthy. Of the 90 cases, 57 are reported in Stockholm, 15 in Malmo and 9 in Goteborg. The other nine are spread around the entire country.

Two-thirds of those infected are homosexual and bisexual men. So far none of the HIV-infected drug injection addicts have come down with AIDS.

The fact that the largest group of victims is among homosexual and bisexual men does not change the doctors' judgment that all persons must revise their sexual habits.

Lifelong monogamy or celibacy is, according to many doctors, the only effective way to stop the spread of AIDS.

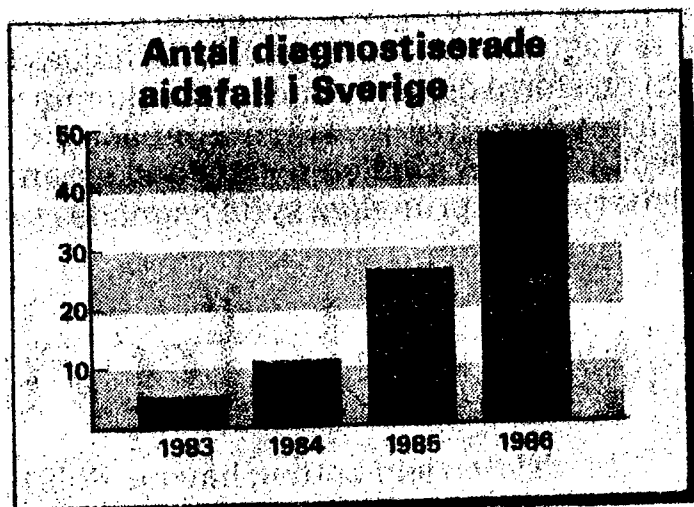
Today among the 1,298 persons who are infected with the HIV virus but who have not developed AIDS there are those who lived exclusively heterosexual lives.

"Something must be done now. Realizing that there is a delay of at least five years between infection and illness, it will be too late when the heterosexuals begin to get sick with AIDS," said Lars Moberg, physician at Roslagstull Hospital in Stockholm.

Lars Moberg does not agree that Sweden is better off than other countries.

"If, for example, the Danish figures on AIDS look worse than ours it is only because the disease came there earlier," he said.

Of the 90 Swedes who have contracted the disease, 41 have died.



Caption: Number of diagnosed AIDS cases in Sweden.

First HIV 2 Cases Discovered

Stockholm SVENSKA DAGBLADET in Swedish 10 Dec 86 p 10

[Article by Inger Atterstam: "Newly Discovered AIDS Virus Found in Swedes"; first paragraph is SVENSKA DAGBLADET introduction]

[Text] Uppsala. The first cases of AIDS victims who are infected with the newly discovered AIDS virus HIV 2 have now been confirmed in Europe, including Sweden.

HIV 2, which originally was discovered in two West Africans from Guinea-Bissau who lived in Portugal, now also has a foothold in Europe. The latest cases to be discovered are in France, West Germany, Portugal and Sweden.

In France one of the two HIV 2 infected persons was a blood donor.

"Even though there are now only a few cases in Europe, we must as soon as possible begin to test also for antibodies against HIV 2," said Professor Luc Montagnier, the leading French AIDS researcher at the Pasteur Institute in Paris. He was a guest speaker on Tuesday at the Scheele Symposium in Uppsala.

Same Symptoms

Luc Montagnier disclosed that this new test, which will include both HIV 1 and HIV 2, is being developed. It is hoped that next year these new tests will be applicable and will replace the present ones.

In his lecture Professor Montagnier reported 30 known cases of AIDS infection by HIV 2. They were patients who had been identified in Portugal and France. In 11 of these cases the virus was isolated and multiplied at the Pasteur Institute in Paris.

Of the 30, 12 were men and 18 were women. Seventeen were in the final stages of AIDS, from which seven have already died. Only 6 of the 30 were symptom free.

Investigation shows that HIV 2 produces the same symptoms as HIV 1: intense infections, the cancer illness kaposi sarcoma, and first stage illness the same as for HIV 1.

Only Heterosexuals

"The spread of the infection is the same with both AIDS viruses," said Professor Montagnier. It happens through sexual contact and blood transfusion. Dividing our HIV 2 patients by sex shows furthermore that HIV 2 has so far been spread only by heterosexuals. As far as we can tell HIV 2 has still not come into the earlier high-risk groups for HIV 1, primarily homosexual and bisexual men and drug addicts.

He believes that HIV 2 can probably only be spread by heterosexuals, and that can mean certain differences in the development of an epidemic.

"HIV 1 happened to start among very promiscuous groups of homosexuals in the big cities. This caused the virus to be spread explosively," said Professor Montagnier. "The heterosexual spread of HIV 2 can, therefore, perhaps go somewhat slower. But we do not know today.

Experience with HIV 2 has so far shown that a person infected with AIDS can be double infected with HIV 1 and HIV 2, or only infected with HIV 2. According to Professor Montagnier the majority are probably only infected with HIV 2, at least in West Africa.

As previously reported in SVENSKA DAGBLADET, several different researchers have discovered other AIDS viruses besides HIV 1--the original AIDS virus--primarily in Africa. The French researchers were the first to find the virus now called HIV 2. It appears to occur mainly in West Africa, and those who get the virus there show clear symptoms of the illness.

Thereafter American researchers under the leadership of Max Essex in Boston identified a new AIDS virus which they call HTLV 4. It was found among healthy prostitutes in Senegal, and has now been found among the customers of the prostitutes.

Furthermore Swedish researchers in Stockholm have just recently discovered one more virus, the so-called Stockholm virus, in four African AIDS patients in Sweden.

"I believe that our HIV 2 virus and the American HTLV 4 must be the same virus, even though we could not compare them exactly," asserted Luc Montagnier in Uppsala on Tuesday.

As for the Stockholm virus, the Swedish and French researchers decided to immediately begin cooperation to compare the two viruses.

Resembles Ape Virus

Another interesting aspect of HIV 2 is that it closely resembles an ape virus which is found in makak apes in West Africa. In these apes the virus produces a sickness resembling AIDS.

"This gives us the possibility to study the HIV 2 virus with the help of the makak apes," said Professor Montagnier. "That is a very important step forward, since we now have an entirely new animal model with which to study the way the virus operates, in order to test future vaccines, for example."

In the same way a virus resembling HIV 1 is found in the green apes in Africa.

Professor Montagnier also confirmed the new information that researchers could now identify an important common structure on the surface of all AIDS viruses.

"This has also proved to be the cause of the immune defenses creating antibodies against virus," said Luc Montagnier. "But unfortunately these antibodies cannot counteract the virus. That is another problem which is still unsolved, as far as we know."

Natural Defense

He also said that certain tests in the pipeline are believed to indicate that we still can have a natural defense against the AIDS virus.

"In cell cultures from people who are infected with the AIDS virus it happens in a few cases that the cells become healthy and appear to throw off the virus," he said.

"Among apes we have also seen that they seem to have an ability to neutralize and destroy the virus, and in this way avoid the illness."

He said that it is a conceivable future possibility, with the help of anti-virus means, to drastically reduce the number of infected cells in the body. When these have reached a certain minimum level the immune defenses could then be able to themselves fight the remaining viruses, eventually with the help of medicines which can raise the effectiveness of the immune defenses. That was the only bright spot in Professor Montagnier's lecture in Uppsala.

9287

CSO:5400/2423

CLAMYDIA INFECTING INCREASING NUMBER OF PREGNANT WOMEN

Stockholm DAGENS NYHETER in Swedish 18 Dec 86 p 22

[Article from TIDNINGARNAS TELEGRAMBYRA: "New Investigation--Many Pregnant Women Have Clamydia"; first paragraph is DAGENS NYHETER introduction]

[Text] The venereal disease clamydia has infected every fourth woman under 20 who is pregnant for the first time. This was disclosed by an investigation covering 1,100 women in Gavleborg County.

The investigation was headed by the chief of the Clinical Bacteriology Clinic at Gavle Hospital, Hakan Gnarpe.

"This is serious, since clamydia during pregnancy, according to American research, increases the risk of miscarriage. Furthermore the risk is great that the child will be born with a festering eye inflammation," said Hakan Gnarpe.

Clamydia is also serious for the infected woman, since it can often lead to involuntary sterility.

Easily Cured

Clamydia is, however, relatively easily cured with antibiotics when the venereal disease is discovered. The major problem is to discover clamydia. A woman can have the disease for several years before any symptoms begin to show up, usually in the form of a discharge.

Fewer Miscarriages

The investigation also shows that it is difficult to discover the illness. Only women who considered themselves healthy were included in the investigation, and of these 1,000 women seven percent had clamydia. Among women under 20 who were pregnant for the first time the figure rose to almost 25 percent.

"Clamydia is not only easy to cure, it is also easy to prevent by using a condom. If we fight clamydia we will reduce miscarriages and involuntary sterility considerably," said Hakan Gnarpe.

Researchers at Gavle Hospital hope to continue the investigation, which has now largely become a routine measure and a link in the fight against clamymdia. The only question is whether the County Council will make the necessary funds available.

9287

CSO:5400/2423

NEW 'DEADLY' VIRUS SIMILAR TO AIDS MAKES APPEARANCE

Port-of-Spain SUNDAY EXPRESS in English 11 Jan 87 p 1

[Text] A deadly virus, similar to the AIDS virus, has been identified in Trinidad.

The virus, called HTLV-1, causes leukaemia. It is spread by sexual contact and intravenous drug-use, through breastmilk, and, possibly, by mosquitoes.

The virus is also associated with neurological diseases. And, there is "strong indication" that a virus closely related to HTLV-1--"if not HTLV-1"--causes multiple sclerosis.

However, its infectivity may be low.

At the 10th Medical Update at the Trinidad Hilton, Port of Spain yesterday, Professor Courtenay Bartholomew said HTLV-1 caused a form of leukaemia, called adult T-cell lymphoma leukaemia, or ATL. So far, 32 cases of ATL had been identified at the Port of Spain and San Fernando General Hospitals. Twenty were people of African descent.

Bartholomew said the Health Ministry might have to start screening blood for the HTLV-1 virus, in addition to screening for the AIDS virus (HTLV-3).

Since 1984, Bartholomew has been studying the virus and collaborating with American Dr Robert Gallo, who first isolated the virus. (Gallo is also co-discoverer of the AIDS virus).

In a study of 1,578 randomly selected people in Trinidad and Tobago, 37 were found to be healthy carriers of the virus. But out of 448 Indians, only one was a carrier.

Geographically, the virus is clustered in the Caribbean and in South West Japan. The results of Bartholomew's studies closely resemble those for Japan.

What's the Japanese connection?

The Gallo team believes that the ancestor of the HTLV-1 virus was a virus found in African monkeys, which later jumped species--from monkey to man.

While reading the novel Shogun, Gallo had the idea that perhaps, the virus made its way to Japan via the Portuguese slave-trading trade routes.

In 1543, they sailed to the south west islands of Japan, allegedly with African crew. Bartholomew said: "We believe that the virus, like most other things, started in Africa. We all come from Africa." In 1680, the slave trade started in Trinidad.

Bartholomew said the aedes aegypti mosquito was a probable villain in the spread of the virus. In this country, the main victims are in the over-40 age group. Forty years ago there were massive mosquito eradication programmes.

Since then, until five years ago, Plymouth, Tobago, was largely mosquito free. In a recent study there, no HTLV-1 carriers were found in the 20-39 age group. But in the 40-49 age group, 16.6 percent tested positive. That matched perfectly with the eradication programmes 40 years ago in the island, Bartholomew said.

However, today pockets of aedes aegypti are found in Black Rock, Scarborough, Roxborough and Crown Point. But Plymouth and Les Coteaux were still free.

Similarly, in Japan, the aedes aegypti mosquito was eradicated about 20 years ago. Few people under 20 in Japan have HTLV-1 anti-bodies in the bloodstream.

Significantly, said Bartholomew, the aedes aegypti "belt" crossed southeast United States, the Caribbean, northern South America and southern Japan where ATL was endemic. The mosquito was found in Australia also, but, said Bartholomew, the Portuguese never went to Australia.

Environmental factors influenced the spread of the virus, said Bartholomew. Most cases were found in Port of Spain and along the East-West Corridor. That may help explain why only Africans were affected. In urban, crowded situations, the aedes aegypti (which was a domestic mosquito) would be likely to infect more people. However, Indians were less urbanised.

/9317

CSO: 5440/054

BRIEFS

HEALTH MINISTER ON AIDS--Health and Social Welfare Minister Mustafa Kalemli has said that the necessary measures are constantly being taken against AIDS in Turkey and that the situation is far from being frightening. At a news conference in Ankara, Kalemli said that a directive on AIDS will be sent to all health institutions soon and that all blood and blood products sent from abroad will be subject to a ministry permit. He said that so far only 15 cases of AIDS have been observed in Turkey, three of which ended in death. He discussed its symptoms and means of protection. He said the ministry was informed of seven cases in 1985, three cases in 1986, and five cases in 1987. The remaining 12 cases are simply carriers and do not have any clinical symptoms. The minister pointed out that three diagnostic centers have been set up in Istanbul, Ankara, and Izmir. He said that 8 of the 57 blood centers connected with the ministry can test for AIDS today, and efforts are being made to enable all 57 to do the same. He said that an AIDS council is being set up by the ministry and the universities to follow developments in the world and to recommend policies. [Summary] [Ankara Domestic Service in Turkish 1700 GMT 2 Feb 87 TA] /7358

CSO: 5400/2432

DATA ON SPREAD OF AIDS MISSED AFTER TESTS WERE SUSPENDED

London SUNDAY TELEGRAPH in English 11 Jan 87 p 3

[Article by David Wastell]

[Text]

TESTS which would have provided vital information on the spread of the Aids virus in Britain were abandoned in 1985 because of a combination of medical scruples and Government inertia.

The result, according to leading epidemiologists and the British Medical Association, is that an opportunity is being missed and lives could unnecessarily be put at risk.

Tens of thousands of blood samples could have been screened by now for the Aids virus in a process known as "prevalence testing".

Such testing is regularly run by the Public Health Laboratory Service on blood left over after other checks requested by hospitals and clinics have been completed.

It is used to monitor the prevalence of antibodies to viruses like hepatitis, whooping cough and polio in the population, thus giving an idea of the success of vaccination programmes.

The tests are undertaken without the knowledge or consent of the patients from whom the samples come. Because details of their identity other than age sex are removed they are never informed of the results.

Sources within the Public Health Laboratory Service have revealed to *The Sunday Telegraph* that similar checks were initially carried out to determine the prevalence of the Aids virus, but these were stopped in 1985 after they were "called into question."

Apparently, many doctors felt that such testing was unethical, and there was also no firm direction from the Department of Health, which funds the service.

It is only four weeks since the British Medical Association called for the introduction of prevalence testing for the Aids virus, unaware that it had previously been started but then stopped.

The revelation is bound to exacerbate the strained relations between the BMA, some parts of the profession it repre-

sents, and the Government.

The lack of firm information on the spread of the virus from "high-risk" groups into the general population was one factor that last week led the BMA to issue its controversial warning—later withdrawn—that people should not donate blood if they have had casual sex.

The BMA argues that because prevalence testing involves anonymous samples it does not raise the ethical problem of how to tell patients who do not know they have been tested that they have the virus.

But last year opposition from the Royal College of Obstetricians and Gynaecologists, whose members would provide samples from women attending ante-natal clinics, led the Department of Health's expert advisory group on Aids to postpone a decision despite agreeing that such screening would be useful.

The Government's Chief Medical Officer, Sir Donald Acheson, confirmed that the subject had been discussed but said there were practical and ethical problems which still needed to be resolved.

/9317

CSO: 5440/056

BUSINESS MANAGERS FAIL TO MAKE NHS MORE EFFICIENT

London THE DAILY TELEGRAPH in English 21 Jan 87 p 5

[Text]

GOVERNMENT attempts to make the National Health service more efficient by appointing business-style managers have failed, the Institute of Economic Affairs, the Right-wing think tank group, said yesterday.

It called for greater competition from private medicine and more funding through insurance instead of taxation to spur the health service into greater efficiency.

Dr David Green, director of a newly-formed health unit within the institute, said that criticism of the health service showed no sign of abating despite Mrs Thatcher's pronouncement that it was safe in Tory hands.

"The essential pillars of the NHS—tax financing and delivery in kind through a monopolistic service—appear set in concrete," he said.

The resignation of Mr Victor Paige, chairman of the health service management board, had signalled the failure of the Government's belief that the defects of the health service could be remedied by better management.

"The Government has yet to come up with an alternative strategy. There is grudging recognition that further reform is required, at least to strengthen incentives for efficiency," Mr Green added.

/9274

CSO: 5440/059

BRIEFS

STEPPED-UP FIGHT ON AIDS--The campaign against Aids in Britain will be stepped up, Mr Fowler, Social Services Secretary, said yesterday. He said he hoped that voluntary organisations, including homosexual groups, as well as churches, would produce their own idea. Mr Fowler, who is seeing for himself how San Francisco tackles the problem, said that an essential part of the fight to control the spread of Aids was to "educate" the public. He has been impressed by San Francisco's lead in America in establishing an efficient home-care programme for terminally-ill Aids sufferers as well as the first Aids hospice. [Text] [London THE DAILY TELEGRAPH in English 21 Jan 87 p 5] /9274

LAXATIVE'S LINK TO CANCER--A laxative currently taken by more than 400,000 people is being withdrawn from the market after animal tests suggested it could cause cancer of the liver and intestines when taken in very high doses. The drug, Dorbanex, has been on the market for 22 years and has been taken by more than five million people without any evidence of a cancer link. Its manufacturers, Riker Laboratories, said studies had shown that very high doses of the drug's main ingredient, danthron, given over a long period to rats and mice, were associated with the development of intestinal and liver tumours. The company said there was no evidence that danthron had been associated with tumours in humans but concern for the Committee on Safety of Medicines has prompted it to cease manufacturing the laxative. Pills which give the appearance of natural tan were ordered to be removed from sale by the Government yesterday because of the risk to eyesight. The decision was announced by the Department of Trade and Industry. Medical specialists say that the pills, sold under various brand names, contain canthaxanthin which can leave deposits of yellow particles in the retina of the eye. [Text] [London THE DAILY TELEGRAPH in English 21 Jan 87 p 5] /9274

CSO: 5440/059

ZINN: AIDS NO DANGER TO BREAST MILK SHARING

Harare THE HERALD in English 22 Jan 87 p 8

[Text]

THE Zimbabwe Infant Nutrition Network and 10 other regional bodies that promote breastfeeding will continue to encourage the sharing of breast milk among infants despite the Aids scare.

At a meeting in Harare yesterday, ZINN officials Odes Paklin, Munyaradzi and Nyasha Mushonga reported back to members on an African regional breastfeeding workshop they attended in Kenya recently that endorsed breast milk sharing or breast milk banks — including in Zimbabwe — to benefit babies that could not be breastfed by their mothers.

The meeting was told that of the Aids victims reported in Kenya so far, about 10 had been babies and they probably caught the disease before birth.

"It is said that the Aids virus is excreted in breastmilk but there is no evidence that proves that the disease has been caused through breastfeeding in the case of infants. The Aids virus is very weak and therefore requires repeated infections.

"Mothers tend to accept pooled breast milk if they do not know the source. Therefore, milk sharing should not be discouraged

unless proved harmful."

Zimbabwe was found to be ahead of its neighbours in giving sufficient paid leave to mothers on maternity leave.

The meeting noted that breastfeeding was on the decline in Africa because of the absence of government laws to ensure optimum care of infants or children of working mothers. The advertising industry had also influenced dietary practices.

The guest speaker at yesterday's meeting, the provincial medical officer of Mashonaland East, Dr Patson Zvandarasa, said in the rural areas babies were more likely to be breastfed if delivered at home.

He said in an institutional atmosphere, lactation was poor because of the impersonal surroundings, the use of drugs and the separation of the infant from its mother.

Adolescent girls in the rural areas had no trouble relating to breastfeeding. The ZINN should direct efforts at girls in the urban centres for whom breasts were a sex symbol rather than a means of feeding.

/9274

CSO: 5400/89

PAMPHLET ON AIDS THREAT TO BE PUBLISHED

Harare THE HERALD in English 8 Jan 87 p 1

[Text]

A PAMPHLET on Aids and Zimbabwe, prepared by a special committee, is now at the printers and will be distributed widely as soon as possible, the Secretary for Health, Dr Office Chidede, has said.

Aids has been described as the mass killer of the century but although the virus that produces the symptoms is a killer, people can avoid getting the virus.

Dr Chidede said there was a feeling that Zimbabwe was not doing much to tell the people about the danger of Aids (Acquired immune deficiency syndrome). This was not so.

The Government established a committee with

members from the Ministry of Health, the University of Zimbabwe and the Harare municipal department of health.

This committee had collected information throughout the country, had prepared a report and on the basis of that report and other information, the Government had started work on an effective awareness campaign.

The prepared pamphlet explains what Aids is, how it is contracted and how one can avoid it.

"We want the campaign done properly. We don't want people to panic. To that end we

have received and have studied vast quantities of information on Aids awareness campaigns being run by the British government, the US government, various US state governments and other European governments."

Some of these studied campaigns were extremely successful; others caused nothing but alarm without any benefit to the public. "It is those that we are avoiding."

The ministry was fully aware of the dangers of Aids and had taken steps to ensure the virus was not transmitted through blood banks or unsterilised medical equipment.

/9274

CSO: 5400/89

FOOT-AND-MOUTH DISEASE RESTRICTIONS IMPOSED

Santiago EL MERCURIO in Spanish 27 Dec 86 p C-2

[Article by Elizabeth Barrios]

[Text] Talca--Under the restrictions ordered by the SAG [Agriculture and Livestock Service] to prevent the outbreaks of foot-and-mouth disease along the Argentine border from spreading, 42 of the 154 herds that are formed yearly in the Maule region are prohibited from locating in the highland area of the Seventh Region. The disease-control restrictions will be extended for another 90 days as of this coming 7 January, the regional director of the SAG, agronomist Rodolfo Silva, announced in this city.

The director indicated that if the other herds not included in the ban are considered, the zone can accommodate some 30,000 of the more than 49,000 animals in the 42 herds that are at risk and were excluded. According to the data compiled by the SAG, the livestock prohibited from moving into the highlands district includes 15,000 head of cattle, 21,960 sheep and 12,682 goats. The SAG restrictions apply to cloven-hoofed animals; thus only horses can be brought into these areas.

The SAG maintains strict controls in the aforementioned highland areas to protect against the risk of infection. Other agencies are active there as well, such as the Carabineros, mainly to prevent animals with the disease from being smuggled into the country. In this regard, Rodolfo Silva indicated that the most recent such incident took place on the 13th of this month in the Las Vegas district in the province of Linares, where the rate of livestock smuggling and, therefore, the health risk is highest.

In light of the ban on bringing herds to graze in the highland areas, the SAG is offering local livestock raisers thorough information on other spots they can use. The steps taken by the SAG are designed, said its spokesman, to protect the Seventh Region from the dangers posed by the seven outbreaks of foot-and-mouth disease that were detected along the Argentine border and to prevent a repeat of the 1983-1984 epidemic in the Eighth Region in Trapa Trapa, when some 7,000 animals had to be sacrificed at a loss of more than 300 million pesos.

8743

CSO: 5400/2019

OVER 3,000 ANIMALS VACCINATED IN MAPUTO ANTI-RABIES CAMPAIGN

Maputo NOTICIAS in Portuguese 18 Nov 86 p 2

[Text] More than 3,800 dogs and cats were vaccinated in Maputo during the past few days during an anti-rabies campaign that has been underway in the country's capital since May. The number of vaccinations, less than that of last year's campaign, was achieved during the vaccinations made in Urban Districts Nos. 1, 2, 3 and 8, according to statements made to reporters by a source in the Veterinary Service of the Maputo Province Agricultural Bureau.

The source explained that the campaign is being conducted in all neighborhoods of the city of Maputo in order to combat the disease and thereby protect not only the health of the animals themselves, but also that of the public. In addition, it enables Agricultural Bureau personnel to check on animals that have already been vaccinated.

During the interview, the source pointed out that participation in the campaign has been very low in some of the neighborhoods of the city, even though the veterinary service is working with the neighborhood political structures to organize the effort and make a count of the animals that live in each block.

This lack of participation has contributed toward the decline in the number of animals vaccinated; another factor is that the anti-rabies campaign was not conducted on a house-to-house basis this year, the veterinary service representative said. He added that it had been possible to mount a door-to-door campaign last year because the veterinary service personnel had assistance from students from the Eduardo Mondlane University, who helped out during their June vacation. That was impossible this year because the anti-rabies campaign got started a little late. This means that the few workers available must work extra hard to ensure that all the neighborhoods of the nation's capital are covered, emphasized the source.

Our source said that the neighborhoods where it was impossible to achieve good results because of weak public support were Central "B" and "C", Chamanculo "A", Maxaquene, Polana, and Canico "A". He said that this might be due to ignorance as to the importance of vaccinating the animals, which can become rabies carriers if not vaccinated. Rabies can be fatal to humans, stressed

the official, who added that anyone bitten or scratched by a cat or dog with rabies must go immediately to the nearest hospital or clinic.

A rabid animal does not behave normally. For example, it might bark without reason, drool, or attack other animals or persons, or even its owner. Then paralysis sets in and the animal dies within a few days.

Note that cat and dog vaccinations are administered only to animals more than 3 months old. Smaller animals have a natural immunity; furthermore, they are too young to be vaccinated. Once they are 3 months old, animals should be taken to the veterinary service facilities for vaccination. People should not wait until the next annual campaign.

Today, the anti-rabies campaign will be working in the neighborhood of Bagamoyo, using three centers set up to vaccinated cats and dogs in that residential section of the capital.

12830

CSO:5600/66

NIGERIA

VET RESEARCH INSTITUTE PRODUCES NEW CATTLE VACCINE

Kaduna NEW NIGERIAN in English 3 Dec 86 p 3

[Text] The National Veterinary Research Institute, Vom, near Jos, has produced a new oil vaccine, known as adjuvant contagious bovine pleuropneumonia vaccine, for the treatment of cattle pneumonia, a principal research officer in the institute, Mr Mathias Agba, has disclosed.

Mr Agba yesterday told a correspondent of the News Agency of Nigeria (NAN) in Kano that the vaccine, which had a longer shelf-life than existing ones, was easier to administer even though it cost more and produced a slight lump at the spot of injection.

He said the institute was establishing a 10-million Naira vaccine production company to produce vaccines for "all known livestock and possibly human diseases," adding that it would be capable of meeting the country's vaccine needs with surpluses for export.

He said the company might go into operation next year as work on it had already reached an advanced stage.

He said it was unfortunate that the government spent five million Naira to import vaccines for the control of the yellow fever epidemic in Benue State "when we can manufacture them here."

"We have the facilities, manpower and know-how. All we need is to be given the chance, funds and necessary incentives," he said, adding that some of the vaccines produced by the institute were better than imported ones.

/9274

CSO: 5400/87

SASOLBURG PETS TO BE VACCINATED AGAINST RABIES

Johannesburg THE STAR in English 15 Jan 87 p 6

[Text]

The Sasolburg municipality has requested all residents to have their cats and dogs vaccinated against rabies after a case of the disease was confirmed in the town last week.

Arrangements have been made with the government veterinary surgeon to vaccinate all cats and dogs free of charge in the town next week — regardless of whether they have been vaccinated before.

A municipal spokesman said the request followed the discovery of a dead meercat in a Sasolburg suburb last week.

The free vaccinations will be given at the following centres in the town next week:

- The parking garage at the municipal offices, from Monday January 19 to Thursday January 22 between 7 am and 6 pm, as well as on Friday January 23 between 7 am and noon.

- The Dutch Reformed

Church in Keiskamma Street, Vaal Park, from Monday January 19 to Thursday January 22 between 7 am and 6 pm.

- The Zamdela Community Hall, on Friday January 23 between 1.30 pm and 4.30 pm.

Cat owners have been requested to bring their pets to the vaccination centres in orange bags or cat baskets.

People who intend to send their pets to the centres with servants or children are asked to send, in writing, their name and address, the type of cat or dog, and its name and age.

Previous vaccination certificates must also be presented for administration purposes.

The municipal spokesman warned residents the vaccinations were of utmost importance and that failure to have pets vaccinated was an offence and would lead to prosecution without warning.

/9274

CSO: 5400/88

SOUTH AFRICA

BRIEFS

RABIES APPEAL--Statistics released by the Department of Veterinary Services show that 20 out of the 48 rabid dogs in Natal belonged to Indians. Regional director of Veterinary Services Dr Bill Posthumus has called for greater cooperation to combat the disease. "It worries me that a child might be bitten by a rabid dog and regard it as an ordinary dog bite. Most important is that dogs be inoculated regularly," said Dr Posthumus. A State Health spokesman in Durban said most of the rabid dogs came from Umzinto on the South Coast while there were also cases in Port Shepstone and Stanger. [Text] [Durban POST NATAL in English 21-24 Jan 87 p 5] /9317

CSO: 5400/93

CATTLE HIT BY PARALYTIC RABIES; PEOPLE GIVEN INOCULATIONS

Port-of-Spain DAILY EXPRESS in English 17 Jan 87 p 3

[Article by Harry Partap]

[Text] A dramatic slump in the sale of beef has been reported at markets in South Trinidad following confirmation of an outbreak of paralytic rabies in the Moruga district.

Within the last week 15 cattle have suffered strokes and had to be disposed of. Both private and government veterinarians visited the affected farmers and confirmed the outbreak. It was thought that the outbreak had been confined to Moruga but reports have been coming in of cases in New Grant, Tableland and Poole. However, these have not been confirmed by the Ministry of Food Production.

Butchers at markets in Princes Town, Rio Claro, San Fernando and Penal say there is a slump in trade. Said one San Fernando butcher: "Our animals are inspected by trained food and meat inspectors. This is a regulation which is strictly observed at all abattoirs.

"The beef we sell in the markets are passed for human consumption by government inspectors." But, despite this safeguard, the butchers' spokesman said, some housewives have turned to other types of meat.

A San Fernando veterinarian has said that one could not contract the disease through eating beef. The veterinarian also said that paralytic rabies did not affect man. At any rate, he said, once the meat was cooked, there could be no risk.

Paralytic rabies is transmitted by blood-sucking vampire bats and affects cattle and domestic animals. The symptoms are paralysis and a frothing at the mouth. The law requires that all cases of paralytic rabies be reported at once to the authorities.

State-owned Caroni Ltd has beef herds of buffalypso at La Gloria in Tableland and Mora Valley in Rio Claro. So far, says the company, the disease has not been observed in its herds. However, it has increased in vigilance at both locations.

Beware of the Bat

The Ministry of Health has received four reports of rabies in cattle in the Ward of Moruga, County Victoria and health officials have begun to immunize persons at risk. Persons working on farms where animals have been infected, or who may have been in direct contact with infected animals, are being immunized.

A ministry statement added that persons engaged in night-time activities which may specially expose them to bat bites, should contact the Medical Officer of Health (MOH), County Victoria, London Street, St Joseph Village (telephone 653-5811). Persons bitten should seek immediate medical attention and the MOH should be notified.

/9317

CSO: 5440/054

BRIEFS

QUARANTINE AGAINST RABIES--The Hasarli village of Samsun's Bafra District has been placed under quarantine against the danger of rabies after a rabid dog bit a cow in the village. The livestock in the village have been placed under quarantine for 6 months. [Summary] [Ankara Domestic Service in Turkish 1700 GMT 19 Jan 87 TA] /8309

RABIES QUARANTINE--The village of Guvenlik in Sultanhisar, a district of Aydin, was placed under a 6-month quarantine after a cow was found to be rabid. Every member of the village is being vaccinated and the entry and exit of animals has been banned for 6 months. [Text] [Ankara Domestic Service in Turkish 2100 GMT 21 Jan 87] /9604

QUARANTINE IN SIVAS VILLAGE--A quarantine has been proclaimed in the village of Kimbetci in Yildizeli District of Sivas due to cases of rabies. Five villagers were bitten by a dog later identified as being rabid. A quarantine has been proclaimed as a result for 6 months. [Summary] [Ankara Domestic Service in Turkish 1100 GMT 2 Feb 87 TA] /7358

CATTLE PLAGUE VACCINATION--Cattle are being vaccinated against cattle plague in Diyarbakir and Erzurum. The governor of Diyarbakir said that the vaccination began as a result of cattle plague observed in certain neighboring countries. The campaign in Diyarbakir is being carried out by 17 teams and will end by 15 May. Some 315,000 cattle will receive shots in Diyarbakir, and some 600,000 in Erzurum. The vaccination is free and compulsory. [Summary] [Ankara Domestic Service in Turkish 1100 GMT 3 Feb 87 TA] /7358

CSO: 5400/2432

HO CHI MINH CITY COMBATS LIVESTOCK DISEASES

Ho Chi Minh City SAIGON GIAI PHONG in Vietnamese 22 Nov 86 p 1

[Article by T.C.Q.: "Promptly Stamping Out Pockets of Animal Disease"]

[Text] Due to the changing weather and the shift from the rainy to the dry season, many domestic animals in the suburban districts have been afflicted with pasteurellosis and cholera.

In Cu Chi, 144 buffaloes and cattle have contracted pasteurellosis and 92 head have died. An Nhon Tay Village had the greatest number of afflicted animals: 43 head with 23 deaths. Subward 15 of Go Vap Ward has 154 head of hogs with pasteurellosis and cholera, and 97 head have died. Previously (August 1986), in the two villages of Binh Tri Dong and Binh Hung Hoa of Binh Chanh District, 189 head of hogs contracted both cholera and paratyphoid fever. Nha Be District at the same time also had hundreds of head afflicted with the above two diseases. In all three of these locations, the diseases originated primarily from consignment stock raising families, members of hog raising corporations or livestock procurement and consignment raisers mistakenly purchasing diseased animals or not actively implementing an inoculation system.

To block the spread of these diseases, the Municipal Veterinary Station has provided support with veterinary material and medicines, sent personnel down to coordinate with the village veterinary teams to contain and inoculate for the diseases, and has instituted appropriate methods for handling the dead domestic animals and poultry. At the present time, the pockets of contagion in Cu Chi and Go Vap have been halted. The Municipal Veterinary Station is presently organizing third-phase inoculations for livestock throughout the city and is directing stock raisers in good management of the livestock herd and in active response to the inoculation phases.

The major reason for the recent situation of increased disease is that because the local veterinary stations were incorporated into stock raising corporations (or the Agricultural Product Corporation) and the organization mechanism was in turmoil, the functions of the sector were not carried out, leading to laxity in inoculation supervision and a failure to achieve the system of timely disease announcements. Therefore, the Municipal Veterinary Station proposed that the Municipal People's Committee and the Agricultural Service stimulate wards and districts in promptly restoring and urgently strengthening the incorporated veterinary stations, and in properly complying with the instructions of the Ministry of Agriculture and the Municipal People's Committee in documents 521/NN/TC and 1663/UB promulgated during May of this year in order for the stations to promptly institute disease prevention methods during the winter-spring season.

7300
CSO: 5400/4323

BORER BEETLE THREATENS TARO CROP

Suva THE FIJI TIMES in English 22 Jan 87 p 6

[Editorial Comment]

[Text]

THE re-emergence of the dreaded borer beetle, *Papuana Huebneri*, in dalo plantations in and around Veisari has raised fears about it spreading to other areas and causing havoc with dalo and other crops.

The beetle first appeared in 1984 in the same area. The Ministry of Pimary Industries was so concerned about its potential threat at the time that it placed the area under total quarantine.

It seems that while the Ministry may not have succeeded in eradicating this pest, the quarantine measure did help in keeping it confined to a limited area.

Now, the beetle has spread to Wainadoi where it has, according to some farmers there, destroyed small patches of dalo plantations.

How long will it be before this pest travels farther afield and establishes itself in the main dalo growing zones?

It could do serious damage to dalo farming which, in recent years, has become an increasingly lucrative occupation for farmers, especially with the development of an export market.

Clearly, every effort must be made, first, to contain the beetle and, second, to find ways of eradicating it.

The Ministry of Primary Industries should immediately invoke the quarantine measures similar to those it introduced in 1984. These would help to prevent the beetle spreading to other areas.

It must step up its efforts at finding an effective means of killing the beetle. Ministry officials say they are looking for a strain of virus that could be used to fight the beetle in the same way that it eradicated the rhinoceros beetle that was destroying our coconut plantations 15 years ago.

This may take long. It might, meanwhile, try using pesticides to fight out the beetle.

/9317

CSO: 5400/4326

PESTS DESTROY CASSAVA FARMS

Accra PEOPLE'S DAILY GRAPHIC in English 31 Dec 86 p 3

[Text]

A LARGE acreage of foodcrop farms at Tikobo No. 1, Allenda, Adusuazo, Eholaka and Takinta in the Nzema area has been destroyed by a swarm of variegated grasshoppers which has invaded the area.

According to the chief of Adusuazo, Nana Whajah Kpanyili IV, the insects which eat up the leaves of the crops, mostly cassava, are also destroying farms along the Tano basin in the Western Nzema Area.

He said the situation has become serious because the Ministry of Agriculture in Half Assini could not provide farmers with insecticides to spray their farms when contacted.

Meanwhile, the District Secretary for Nzema, Mr Samuel Nyanzu has inspected some of the destroyed farms and assured the people that he would contact the Ministry of Agriculture in Accra for immediate assistance.

Farmers in the area say if the situation is not arrested immediately, the area would be faced with famine since some farmers have stopped cultivating cassava and other food crops — GNA.

/9274

CSO: 5400/92

GUINEA-BISSAU

PLAGUES OF LOCUSTS DESTROY, THREATEN THOUSANDS OF CROP HECTARES

Beira DIARIO DE MOCAMBIQUE in Portuguese 30 Oct 86 p 9

[Text] More than 1 1/2 million hectares of arable land in Guinea-Bissau is seriously threatened by plagues of grasshoppers and locusts. The insects have already destroyed tens of rice fields in the areas of Gabu, Pitche, and Pirada and threaten crops in the regions of Bafata and the northern provinces.

According to a regional official in the crop protection service, the grasshoppers were also detected 3 weeks ago in 3 important agricultural villages in the central part of the country.

Experts in the Ministry of Rural and Fisheries Development reported that they had found mature grasshopper and locust larvae in the northern and eastern provinces. The FAO representative in Guinea-Bissau said the pests pose a grave danger, coming as they do on top of the current food crisis. They are spreading further and further--from southern Africa toward various points on the continent and on up to southern Europe.

Experts say that the sudden explosion of these insect populations is a result of a process that started 60 years ago in a triangle defined by a line running from the Atlantic coast to India and having its vertex in South Africa. The cause is the combination of rains and periods of heat.

Last year, grasshoppers destroyed more than half the crops in several zones of Guinea-Bissau, with the worst damage done in the northern and eastern parts of the country. The government had to seek international help as a result.

12830
CSO:5600/66

DESERT LOCUSTS THREATEN REGION

Locust Situation Monitored

Amman JORDAN TIMES in English 17 Jan 87 p 3

[Text]

AMMAN — A senior Ministry of Agriculture source on Friday said that desert locusts, which have crossed into the Arabian peninsula from Sudan, posed no potential threat to Jordan and added the Kingdom was coordinating with all concerned countries on a regular basis to gather all possible information on the movements of the swarm.

The source was commenting on a U.N. Food and Agriculture Organisation (FAO) report which said that Jordan, Syria, Iraq, Kuwait and Iran may soon be affected by waves of desert locusts which are breeding at alarming rates in Sudan.

The source told the Jordan Times that this breeding occurs every year and that the numerous

campaigns launched to combat the locusts have not managed to eradicate the swarms.

However, the report said that if the locusts get out of control, they could reach as far as India and Pakistan.

The FAO report said that 15 aircraft have sprayed wide areas of northern and western Sudan for weeks but at least 100 small swarms have not been controlled.

A locust swarm can cover more than 2.6 square kilometres with 50 million insects, each five centimetres long and capable of destroying 100 tonnes of vegetation a day.

Anti-locust teams are scrambling to control the swarms in the Saudi coastal areas before they disperse into the centre of the vast desert region, according to a report reaching the Jordan Times.

Swarms Reportedly No Longer Threaten

Amman JORDAN TIMES in English 24 Jan 87 p 3

[Rana Sabbagh]

[Text]

AMMAN — Desert locusts, which have crossed into the Arabian peninsula from Sudan, no

said that desert locusts, breeding at alarming rates in Sudan, have spread across the Red Sea to the Arabian peninsula and could threaten South Asia.

longer pose a threat to Jordan as Saudi Arabia has reported that it has brought seven swarms under control, Minister of Agriculture Marwan Al Hmoud said Friday.

In an interview with the Jordan Times, Mr. Hmoud said that he had received a cable from the U.N. Food and Agriculture Organisation (FAO) regional office in Riyadh informing Jordan that seven locust swarms had been controlled in Saudi Arabia.

A locust swarm can have an area of more than 2.6 square kilometres with 50 million insects — each five centimetres long — capable of devastating 100 tonnes of vegetation a day.

Describing the situation in Jordan as "very safe and assuring," Mr. Hmoud said the ministry was still coordinating with neighbouring countries which had been affected by the desert locusts.

Earlier reports reaching here

The report, which quoted FAO officials, warned that if locust swarms got out of control, they could reach India and Pakistan and might affect Jordan, Syria, Iraq, Iran and Kuwait.

Mr. Hmoud told the Jordan Times that locust breeding occurs every year but that numerous campaigns launched to combat the grasshoppers have not managed to eradicate the swarms completely. Jordan was first hit by desert locusts in 1957 and another time in the mid-sixties.

Replying to a query over Jordan's technical capabilities to combat locust swarms, Mr. Hmoud said Jordan only had one air spraying helicopter. However, he said that if Jordan ever needed any help in this regard, Saudi Arabia would provide assistance. According to agriculture experts, Saudi Arabia has some of the region's most advanced locust control equipment.

/9274

CSO: 5400/4509

BRIEFS

LOCUST INVASION FEARED--Large areas of Africa, the Middle East and parts of Asia are threatened by swarms of locusts now breeding on the shores of the Red Sea, the United Nations Food and Agriculture Organisation (FAO) said here Monday. The main countries liable to be affected by the outbreak, the worst since 1978, are Sudan, Chad, Niger, Mali, the Horn of Africa and as far east as Pakistan and India, the FAO said. The necessary purchases of pesticides and spraying equipment and the cost of their transport has been put at 13.5 million dollars. [Text] [Karachi BUSINESS RECORDER in English 21 Jan 87 p 2] /13104

CSO: 5400/4706

SOUTH AFRICA

BRIEFS

LOCUST PLAGUE IN AREA AVERTED--Hopes are growing that the danger of a major locust plague in the Eastern Cape and Karoo has been averted. The locust outbreak appears to have been successfully "hammered," according to Mr J. L. Vosloo, director of Soil Protection in the Department of Agriculture. Many anti-locust units have been disbanded and the remainder are on standby only. Only two small hopper bands were reported from Pearston and were destroyed within hours. "At the moment, there are very few locusts left and the campaign is virtually over," said Mr Vosloo. "Farmers did a marvellous job and were very effective in destroying locusts in the hopper stage before they had a chance to move out and damage crops." At the start of the campaign, the position was menacing and an even bigger locust outbreak than the previous year was feared. More than 200 teams in 55 magisterial districts were fighting hopper swarms at one stage. Mr Vosloo said if there were still eggs in the soil and heavy rain fell, there could be outbreaks. If the weather was dry, there might be no further outbreaks but the threat of a devastating plague seemed to have passed. [Text] [Port Elizabeth WEEKEND POST in English 10 Jan 87 p 5] /9274

CSO: 5400/88

BRIEFS

QUANG NAM-DANANG CROP PESTS--At present, some 15,300 hectares or more than one third of the winter-spring rice area in Quang Nam-Danang Province are being infested by harmful insects, diseases, and rats. The plant protection office of the province's agricultural service has sent all its technical cadres to nine major rice-growing districts to guide efforts aimed at protecting the rice crop and controlling harmful insects and diseases; and 120 metric tons of extra insecticide have been supplied to the affected districts. [Summary] [Hanoi Domestic Service in Vietnamese 1100 GMT 27 Jan 86 BK] /12913

CSO: 5400/4324

BRIEFS

MANICALAND WARNS AGAINST LOCUSTS--The Manicaland provincial anti-locust campaign committee has warned of an imminent invasion by swarms of red and African migratory locusts from Mozambique where they are reported to be breeding in the Gorongosa and Buzi swamps. Anti-locust measures to be taken by the committee include setting up of anti-locust committees at district levels and the dissemination of information, including colour posters with photographs of various types of locusts to assist with identification.--ZIS [Text] [Harare THE HERALD in English 13 Jan 87 p 1] /9317

ARMYWORM REPULSED BY PLANT EXPERTS--The armyworm attacks in some parts of the country have been dealt with and the Plant Protection Research Institute is on top of the situation, the institute chief, Dr Shadreck Mlambo, said in Harare yesterday. He said no outbreaks of the red locust have been reported yet in the country. The locust has devastated crops in other parts of Africa. Dr Mlambo said that a few pockets of armyworm sighted in the Chikurubi areas last week have been or would be wiped out by the end of the current rains "otherwise no new reports have been made yet." The institute was dealing with the outbreak of the African armyworm and the lesser armyworm in Plumtree last week. Dr Mlambo's department had carried out measures to destroy the pests. The pests were attacking crops in the Tshitshi, Manyambe and Zinyama communal lands. Dr Mlambo said the outbreak of the armyworm was not serious because it was in its solitary stage and therefore was less dangerous to crops and grazing land than in the gregarious stage. [Text] [Harare THE HERALD in English 27 Jan 87 p 11] /9317

MOSQUITOES UNDER CONTROL--The continued spraying of all open water and rivers within the Harare municipal area has ensured that mosquitoes remain under control, the city's medical officer of health, Dr Lovemore Mbengeranwa, said yesterday. He told The Herald that just before the rainy season started, extra manpower had been engaged to spray all water collection points such as small dams and streams to stop the mosquitoes breeding. "The mosquito spraying programme is an ongoing exercise...that is why the problem is well under control." [Text] [Harare THE HERALD in English 9 Jan 87 p 5] /9274

CSO: 5400/89

END