

JPRS-TEP-93-016

28 June 1993



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

AIDS

DISTRIBUTION STATEMENT B

**Approved for public release
Distribution Unlimited**

DTIC QUALITY INSPECTED 2

19971229 002

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

Epidemiology AIDS

JPRS-TEP-93-016

CONTENTS

28 June 1993

[This EPIDEMIOLOGY report contains material on AIDS.]

SUB-SAHARAN AFRICA

KENYA

- Importance of National AIDS Conference Cited
[David Maina; Nairobi THE KENYA TIMES, 22 Apr 93] 1

MOZAMBIQUE

- Blood Donations, Supply in Maputo Hospital *[Maputo NOTICIAS, 17 May 93]* 2
 Better Supervision of Blood Donors Urged *[Maputo NOTICIAS, 20 May 93]* 2

NAMIBIA

- HIV Cases Show 'Dramatic Increase'
[Christof Maletsky; Windhoek THE NAMIBIAN, 2 Apr 93] 3

SWAZILAND

- Prime Minister Declares AIDS 'National Priority'
[Vusi Sibisi; Mbabane WEEKEND OBSERVER, 5 Jun 93] 3

UGANDA

- WHO Official on AIDS' Economic Impact
[Sinikka Tarvainen; Helsinki HELSINGIN SANOMAT, 21 Apr 93] 4

CHINA

- Progress in Using Chinese Herbal Medicine To Treat AIDS
[Lu Weibo; Beijing YIYAO XINXI LUNTAN, 25 Mar 93] 6
 Near-Term Focusing Points on AIDS Control *[Zhao Lianzhou; Beijing JIAN KANG BAO, 4 Apr 93]* 6

EAST ASIA

INDONESIA

- AIDS in Jakarta Found Mostly Among Male Office Workers *[Jakarta KOMPAS, 12 Apr 93]* 8

JAPAN

- Report on New Cases of AIDS, HIV Cases in March, April *[Tokyo KYODO, 25 May 93]* 8

SOUTH KOREA

- Company Develops Gene Recombinant HIV Diagnostic Test *[Seoul YONHAP, 8 Jun 93]* 8

THAILAND

- Government Adopts National Policy on AIDS *[Bangkok BANGKOK POST, 4 Jun 93]* 9
 Drug Patent Protection, Effect on AIDS Prevention Viewed
[Bangkok THE SUNDAY POST, 20 Jun 93] 9

EAST EUROPE

ALBANIA

'No Signs' of AIDS Reported After '10,000' Tests [*Lindita Karadaku; Tirana ATA, 30 May 93*] .. 11

BULGARIA

Handling of Blood, Testing for AIDS [*Sofia OTECHESTVEN VESTNIK, 6 May 93*] 11

Numbers, Location, Average Age of AIDS Patients
[*Valeriya Marinova; Sofia KONTINENT, 17 May 93*] 12

CZECHOSLOVAKIA

Report Cites Most Recent AIDS, HIV Figures [*Prague CTK, 17 May 93*] 12

Thirty-Nine People Registered as HIV Positive
[*Bratislava HOSPODARSKE NOVINY, 9 Jun 93*] 12

HUNGARY

Health Institute Releases AIDS Statistics [*Budapest MTI, 18 Jun 93*] 12

LATIN AMERICA

REGIONAL AFFAIRS

Caribbean HIV, AIDS Infection Among Highest in World [*Bridgetown CANA, 15 Jun 93*] 13

BRAZIL

AIDS Official Not Authorized To Decide on Vaccine Tests
[*Brasilia Radio Nacional da Amazonia Network, 12 Jun 93*] 13

CHILE

AIDS Cases, Government Policies Detailed 13

Health Ministry Figures, Campaign
[*Soledad Miranda Herrera; Santiago EL MERCURIO, 11 Apr 93*] 13

Projected Cases by 2025 [*Leticia Soto; Santiago LA NACION, 14 Apr 93*] 16

Education Minister on Policy
[*Arturo Villalobos Carrasco; Santiago EL MERCURIO, 17 Apr 93*] 17

CUBA

AIDS Cases, Control Strategies Reported
[*Carmen R. Alfonso; Havana TRABAJADORES, 12 Apr 93*] 17

HONDURAS

AIDS Case Total Reaches 2,549 [*Tegucigalpa LA TRIBUNA, 3 Apr 93*] 18

JAMAICA

Health Minister Discusses Government AIDS Programs
[*Bonaire Trans World Radio, 11 Jun 93*] 19

NICARAGUA

Health Workers' Understanding of AIDS Examined
[*Sabrina Moncada Sequeira; Managua BARRICADA, 13 Apr 93*] 19

NEAR EAST & SOUTH ASIA

ISRAEL

AIDS, TB Among Ethiopian Immigrants [*Uri Sharon; Tel Aviv DAVAR, 8 Jun 93*] 21

JORDAN

Health Ministry Announces 86 AIDS Cases in Country [*Amman JORDAN TIMES, 19 May 93*] . 21

LEBANON

Health Minister Reports 190 AIDS, HIV Cases [*Paris AFP, 28 May 93*] 21

CENTRAL EURASIA

Kazakh AIDS Program Seeks Sponsors [*Almaty KAKAVAN, 8 Jan 93*] 22
Chelyabinsk Committee To Combat STDs, AIDS [*Moscow TRUD, 12 Mar 93*] 22
Latest AIDS Figures for Ukraine Reported [*Kiev URYADOVYY KURYER, 13 Apr 93*] 22
Georgia: Doctors Establish 'Anti-AIDS' Association [*Tbilisi NOVAYA GAZETA, 18 May 93*] 22
'No Outbreaks of AIDS' in Hospitals [*Lyudmila Ermakova; Moscow ITAR-TASS, 19 May 93*] 23
Republic Registers Six HIV-Infected Patients [*Feodor Angeli; Moscow ITAR-TASS, 2 Jun 93*] 23
Problems of AIDS Center; Sixteen Cases Reported
[*Tinatn Gviniashvili; Tbilisi SVOBODNAYA GRUZIYA, 5 Jun 93*] 23

WEST EUROPE

CYPRUS

Authorities Claim AIDS Not on Rise [*Nicosia THE CYPRUS WEEKLY, 4 Jun 93*] 24

DENMARK

AIDS Prevention Group: Number of HIV Cases Stable
[*Kirsten Sorrig; Copenhagen BERLINGSKE TIDENDE, 25 May 93*] 24

GERMANY

Health Minister Cites Figures on HIV Infections
[*Birgit Ulrich; Berlin BERLINGER ZEITUNG, 8 Jun 93*] 24

NORWAY

New AIDS Definition Encompasses More Patients
[*Bodil Bakkab; Oslo ARBEIDERBLADET, 22 Apr 93*] 24

SWEDEN

New Antibody Reduces HIV Risk for Babies [*Stockholm DAGENS NYHETER, 12 Mar 93*] 25
Sweden First To Try Large-Scale AIDS Vaccination
[*Kerstin Hellbom; Stockholm DAGENS NYHETER, 27 May 93*] 25
'Downward' Curve in Number of AIDS Cases
[*Benny Oinert; Stockholm DAGENS NYHETER, 27 May 93*] 26

UNITED KINGDOM

April AIDS Figures Reported [*London Hermes Database, 25 May 93*] 26
Report Predicts Spread of AIDS Among Heterosexuals [*London Hermes Database, 14 Jun 93*] 27

INTERNATIONAL

WHO Reports 14 Million Infected With HIV Worldwide [Paris AFP, 21 May 93] 28

KENYA

Importance of National AIDS Conference Cited

93WP0168C Nairobi *THE KENYA TIMES* in English
22 Apr 93 p 6

[Article by David Maina]

[Text] The first national conference on AIDS, HIV infection and sexually transmitted diseases (STDs) that opened at the Kenyatta International Conference Centre yesterday is of immense significance to Kenyans.

The reason is that Kenyans, and indeed most of sub-Saharan Africans, have been slow to accept the reality of AIDS.

Even today, after widespread public education, many still believe that AIDS is a fabrication of the media and the West. Lack of belief feeds the perpetuation of infection although an automatic change of behaviour is not a guarantee even where people accept AIDS as a reality.

The conflicting facts and figures given by different experts in Kenya about the spread of the disease notwithstanding, the implications of the spread are open for anybody's guess.

For instance, it was recently claimed that a total of 1.8 million Kenyans are currently infected with the deadly virus while over 35,000 have already died of various diseases associated with AIDS.

But a recent survey carried out by the Ministry of Health, the Kenya Medical Research Foundation (KEMRI) and the Rapid IV Project said that if unchecked, the number of those infected may shoot to 1.5 million people by the turn of the century while about one million people may die between now and then.

The same research found that the number of orphans caused by AIDS will increase from 30,000 in 1992 to about one million in the year 2000 spelling disaster for the traditional way of caring for orphans since the numbers will be overwhelming.

The AIDS epidemic will also affect the economy at both the national and family levels as it will cost the Government an estimated Sh44 billion which is equivalent to 15 percent of Kenya's annual Gross National Product (GNP).

In terms of manpower, AIDS is also slowly causing havoc to this important and most necessary cog to the wheels of development. The loss of manpower years, according to research carried out for an individual with AIDS is estimated to be 27.1 years out of the average of 36.9 years.

Data from elsewhere indicate that the 42,000 deaths resulting from AIDS in 1991 may have risen to 60,000 by December last year while nearly 1.72 million people will be HIV positive by the end of this year (1993).

Figures given by the Kenya AIDS Society estimate that an average of 90,000 Kenyans will die of AIDS annually between 1993 and 1994.

Infection, according to experts, is most prevalent among those in the sexually active ages and among infants and children through pre-natal transmission.

Another survey carried out at the Kenyatta National Hospital indicates that the HIV prevalence rate of pregnant women was 10 percent but in some places like Kisumu, the figure is, sadly, double.

The AIDS conference is significant to Kenyans because more must be done to stop the deadly march of the virus to more Kenyans than those already infected.

The rapidly expanding pool of HIV/AIDS infected and the escalating demands upon medical services have cropped up when the country's economy is at its lowest ebb ever. Health facilities just cannot cope and the Government has been forced to introduce cost-sharing in many services including health.

The situation is worse if the sufferer happens to have been the sole bread earner for his immediate and extended family as is the tradition in most African communities.

Apart from losing the income and assistance from the sufferer, the families are forced to cope with the purchase of expensive drugs and diet that the patient needs to combat opportunistic infections.

As Mrs. E. Kiereine, a former chief nursing officer, told the conference in her key-note speech, AIDS is both a medical and social problem which needs to be tackled from all fronts.

She said African governments must start including in the national budgets a vote specifically to finance AIDS related programmes in their countries if they were to make good their promise made during a Organisation of African Unity (OAU) summit last July.

The leaders at the summit while addressing the AIDS issue promised that governments would inject "political will at the highest levels" in the fight against the disease. But has this been done? Sadly not in many countries.

Socially, the HIV/AIDS infected and their families tend to live in an isolated world. Fear of stigmatisation and blame within the wider society forces them to "turn inwards" for the things denied them by the society like understanding and affection.

They tend to dread or avoid contact even with health providers who, and this is most unfortunate, share the negative attitude of the wider and ignorant society. Just visit any of the government hospitals and see the condition AIDS patients are kept in to prove me wrong or right.

On the other side of the coin, medical personnel have complained of inadequate facilities to deal with people infected with HIV and especially those patients admitted with full blown AIDS.

Rarely are there gloves, drugs or enough beds, not to mention adequate appropriate food for these special patients.

Although efforts to train health workers to deal with AIDS patients have been made, is there the will to treat these patients compassionately and with understanding just like any other patients in the hospitals?

Will the right authorities come up frequently with correct and right data for greater public awareness? The conference should ponder these points.

MOZAMBIQUE

Blood Donations, Supply in Maputo Hospital

93WE0423D Maputo NOTICIAS in Portuguese
17 May 93 p 2

[Text] Since last Saturday, the blood bank at Maputo Central Hospital has had containers available for collecting and storing that vital liquid, thanks to the arrival in Maputo of a truck carrying 7,500 collectors and the respective transfusion systems, imported under emergency from South Africa.

The arrival of this material has put an end to the crisis the blood bank faced in recent days for the collection of blood, when it did not have available collectors for that purpose. The most recent shortage in supplies of these units occurred last Thursday.

As a result of the lack of bags, the blood bank has been forced to turn away some people who had gone to the institution to donate blood.

Currently, the blood bank estimates it needs some 80 donors per day in order to cover and satisfy the needs of the various nursing wings of that hospital facility. The worsening of the malaria epidemic that has been observed not only in the city of Maputo but also in other regions of the country has caused the number of patients needing blood to grow considerably.

"There are many cases of anemia resulting from the malaria," said Jose Mondlane, a laboratory technician at the Maputo Central Hospital blood bank, adding that he receives some 100 requests daily for blood for patients suffering from malaria, 70 percent of which are from pediatricians whose child patients suffering from this disease are being treated.

We learned that currently some 60 to 100 persons per day come in to donate blood. Many of these citizens are considered depositors (people who donate blood to aid a family member).

This is the second time in less than a month that emergency imports of bags and blood transfusion systems have had to be effected to resolve the shortage of supplies of these materials.

Better Supervision of Blood Donors Urged

93WE0436A Maputo NOTICIAS in Portuguese
20 May 93 p 3

[Text] The lack of observance of blood donors' rights in some of the country's hospitals is one reason for the declining number of donations at these health facilities,

participants at the seminar in the capital on blood banks claimed. Yesterday participants learned about technical procedures necessary to ensure the quality of the blood to be transfused in order that it not constitute a danger for the recipient.

The lack of observance of donors' rights, according to laboratory technician Felisberto Afonso, who works for the Xai-Xai provincial hospital, has already resulted in a decline of 25 percent in the number of donors from 1990 to 1991, and 12 percent between 1991 and 1992. He said there is a certain disparity in the observance of donors' rights with respect to exemptions from paying for medical consultations or treatment.

A passage from the law dealing with this issue, which this newspaper possesses, states that blood donors "are exempt from paying for medical consultations or treatment in hospitals provided they can prove a minimum of two blood donations during the prior year or one donation made in the same year as the consultation or treatment."

Other provisions that the decree (number 14/88 and 16/88 Bulletin of the Republic number 51, 1st series, from 27 December), in conjunction with ministerial decree number 325/77, confers on donors include a subsidy of the total cost of prescribed medicines, a medical checkup prior to every donation, and others.

The reasons for violation of the regulation, according to laboratory technician Emilia Chemane, head of the National Blood Transfusion Service, is in most cases a lack of knowledge of the legislation on this issue.

According to her, one of the recommendations that should be made by the participants at the current seminar is that the documentation and legislation on the topic be published, to prevent violations.

The reports presented by the provinces point out the need for improvement, as well, in services provided to the donor, particularly those involving the food served which, according to what was discussed, leaves much to be desired.

The deficient communication between the blood banks and HIV-positive donors who, according to the Inhambane report, are treated like any other, was another issue raised.

"The donor is not informed about his situation, but both times we updated his record so that he would not lose his rights, waiting for the provincial department of counseling to be created," said another participant at the seminar.

Blood Is Still Needed

Statistics from last year provided by Emilia Chamane to the media, indicate that 45,185 donations would be needed annually throughout the country to be able to satisfy the constant requests, whether in cases of emergency, illness, or operations.

What occurs, according to Emilia Chemane, is that blood banks receive a greater number of depositors (who donate to save a family member) than donors, which means that hospitals do not have sufficient supplies of the liquid.

For that reason, she said, and others of an organizational nature at the banks, last year 5,150 requests were not fulfilled. She stated that she did not have statistics on how many deaths might have occurred for lack of blood.

The current seminar is aimed at defining strategies for better administration of the country's blood program, and among other things, it points to the need for greater communication with the community to overcome some problems the sector is facing.

The seminar continues today, expecting to debate the question of the link between the anti-AIDS program and the blood program, with respect to the question of quality control.

NAMIBIA

HIV Cases Show 'Dramatic Increase'

93WP0171A Windhoek THE NAMIBIAN in English
2 Apr 93 pp 1, 12

[Article by Christof Maletsky]

[Excerpt] A total of 51 percent of the 4,410 HIV cases recorded in Namibia over a seven-year period were reported in 1992 alone, showing a dramatic increase, according to figures just released by the Ministry of Health and Social Services.

HIV cases among children under five years old have shot up by 140 percent in one year, while overall the incident rate for 1992 shows a startling jump—up to 146 per 100,000 people compared to 0.3 per 100,000 in 1986.

The HIV Infection Report for 1992 reveals that the most cases of HIV infection for any one month during the seven-year period (1986-1992) were reported in December 1992 with 253 cases.

There has been an increase of 128 percent in HIV infections in the group of people aged 45 years and above.

Further, 54 percent of the cases were male, 44 percent female and two percent unknown.

HIV infection increased by 62.6 percent from 1991 to 1992 and the incident rate for HIV infection from 1992 was 146 per 100,000 people, a dramatic increase from 0.3 per 100,000 in 1986.

The report states that more deaths from AIDS are being reported probably because the Health Information System is now in operation.

Of the deaths from AIDS in 1992, 60 percent occurred in the north-west region.

HIV in Namibia has reached epidemic proportions says the report. The infection among children under five has

increased by 140 percent in one year which is described as "alarming" as those children already diagnosed HIV positive are likely to develop AIDS in the coming decade. This emphasises the fact that more and more children are born with the disease from infected mothers.

Deaths were high among the under five years age group as well as among the childbearing group and as infected parents die the State will be left to care for many orphans with the accompanying financial burden.

The Minister of Health and Social Services, Dr. Nicky Iyambo said yesterday that the figures represented "only the tip of the iceberg" because thousands of people had never been tested for HIV.

[Passage omitted]

SWAZILAND

Prime Minister Declares AIDS 'National Priority'

MB0506133193 Mbabane WEEKEND OBSERVER
in English 5 Jun 93 p 1, 3

[Report by Vusi Sibisi: PM declares AIDS a top govt priority]

[Text] Prime Minister Obed Dlamini yesterday declared AIDS a national priority with a chilling warning that any further neglect of this scourge could lead to the country's decay, undermining what it has achieved in 25 years of independence.

Mr. Dlamini said deadly signals were flashing all over in Africa where the killer syndrome has wiped out whole communities, leaving immeasurable human suffering, socio-economic decay, a trail of unwarranted graves and countless orphans.

The Premier said this when opening an "AIDS retreat for Cabinet" at the Pigg's Peak Protea Hotel and Casino, attended by cabinet ministers, health workers and educators as well as members of the diplomatic corps.

"I cannot think of any reason why AIDS should not do here what it has done in these (African) countries," he said.

He said from the manner the AIDS epidemic had and continued to unfold, it was clear that it "transcends all spheres of human existence so its impact will without doubt affect all of us gathered here one way or the other."

The retreat, he said, was being held with the backdrop of a deteriorated AIDS situation in the country where about 25,000 people are believed to have been affected by the end of last year.

Most worrying the Premier was the fact that the scourge was prevalent among the 18-50 age group who were the most sexually active and who also formed the core of the most economically active group in the Kingdom's population. Current projections show that one in every 15 in this group is afflicted with the virus.

He saw the retreat not merely as a public statement but an honest desire to discover how cabinet can help and enhance the Kingdom's ability to limit the spread of the AIDS virus.

"While it may be true that no affected country can yet claim victory against AIDS, I honestly do believe that this epidemic can be stopped," he challenged.

Mr. Dlamini warned that unless appropriate action is taken at the highest level of government, there was every danger of the scourge translating into a Swazi version of The Holocaust.

"Cost to the country in terms of premature loss of human life and financial resources will be phenomenal," warned the Premier.

Declaring the fight against AIDS a national priority, Mr. Dlamini challenged His Majesty's present and future governments to place AIDS prevention and control activities high on their priorities.

He spurred cabinet ministers to make the AIDS epidemic a gospel in all their speeches to reflect the importance and urgency of informing the populace about this deadly syndrome.

He said the real battle was however at personal and individual levels where the country can hope to win the war against AIDS.

Mr. Dlamini said there was a need for individuals to change their behavioral habits, warning that if they did not modify their behaviour patterns and attitudes towards this disease, all inputs would have been wasted.

The Premier emphasised the need to act collectively to counter the spread of AIDS, saying the private sector had an important role to play especially in these days of ever diminishing foreign donors.

He called for a unified and coordinated effort between government, private sector, interest groups, local communities and individual citizens.

Mr. Dlamini said there was also an urgent need for government to strengthen the country's health institutions to provide amongst other services, care to those who will eventually develop AIDS.

He then thanked all those who have assisted the National AIDS Programme since its inception in 1987, in particular the World Health Organisation (WHO), the European Economic Commission (EEC), the Canadian International Development Agency (CIDA), the United States Agency for International Development (USAID) and the Overseas Development Administration (ODA).

He also paid tribute to Shell Oil Swaziland for what he termed the radical position they have taken in reinvesting their profits in the youth of this country, further challenging other local companies to follow suit.

"The AIDS problem has not yet been overcome, we will therefore look forward to continued support from both local and international donor agencies," he concluded.

UGANDA

WHO Official on AIDS' Economic Impact

93WE0398A Helsinki HELSINGIN SANOMAT
in Finnish 21 Apr 93 p 13

[Article by Sinikka Tarvainen: "Ugandans Learn To Live With AIDS"]

[Text] Children are playing on the stairs of Ugandan Rose Bwanika's cement house, which stands among splashes of green from banana trees and vegetable gardens, in the residential area of Makindye in the vicinity of Kampala. The youngest of the children are only able to crawl, while those of school age are trying the balancing act of standing on their hands.

Of the eight children at Rose's, four are her own. "One is my niece; my sister's daughter. Three are orphans who lived with me at the school while I worked as a teacher," 32-year-old Rose told us.

The parents of the orphans living at the school, Rose's sister and her husband, as well as Rose's five other siblings, have all died of AIDS. "Only my old mother and I are left," said Rose. "A child of one of my siblings lives with my mother. Ten others are staying with aunts and uncles. The ones staying with their aunts spend a lot of time with my mother. Poor Mother! She brought up her children as a widow, facing hard times, and now, in her old age, she must take care of her grandchildren," she continued.

Rose's husband also died of AIDS. Rose was saved from the disease, as her husband left her a few years before his death.

Every Sixth Adult HIV-Positive

Rose is employed in a development aid project sponsored by the Free Finnish Foreign Mission, within the framework of which she is able to help more than 60 AIDS orphans with, among other things, school tuition and food. "In my neighborhood there are many people suffering from AIDS," said Rose. "They are foisting their children upon me, in the hope that I will care for them after the parents die," she continued.

According to the World Health Organization (WHO), which is under the jurisdiction of the UN, of Uganda's 16.5 million people, 1.5 million are carrying the HIV virus. Every sixth adult has the HIV virus. According to many estimates, about 230,000 Ugandans have developed AIDS. AIDS is the primary cause of death among adults.

AIDS turns children into heads of households and grandparents into providers for large families. AIDS and the aftermath of the war have left Uganda with an estimated 1.5 million orphans. The traditional system, according to which relatives will assume responsibility for orphans, is cracking under the onslaught of AIDS.

Aid organizations and local authorities are trying to place the AIDS orphans anywhere, from foster homes to boarding schools. But many have ended up on the street.

It is estimated that in Kampala, where one can see child beggars, there are 1,500 street children. The orphans also end up in dismal conditions in juvenile prisons.

AIDS Heavy Burden on Population

In part, AIDS is responsible for thwarting the Government's attempts to get the economy back on its feet. "AIDS primarily kills economically active people in the prime of life," noted Prof. Helder Martins, the WHO representative in Kampala.

"A greater proportion of educated people are felled by the disease, because their sexual behavior is freer and the men can afford prostitutes. This is a tremendous loss for a country, which even without this suffers from a shortage of educated workers," said Martins.

For instance, in the area of Rakai, where AIDS was first recorded in Africa in 1982, the disease has erased entire villages.

The Mulago Hospital's AIDS Clinic's courtyard serves as a waiting room, and the benches are full. The patients are strong and healthy looking men and women, but many of them have only a few months to live. "We can only treat illnesses caused by AIDS, such as malaria, skin diseases, and tuberculosis," Elly Katabira, a physician, told us. "The AIDS drug AZT [Azidotimidine] is a luxury which Uganda cannot afford," she added.

Other Countries Secretive

Uganda, however, does not deserve the reputation as the African country where AIDS is most widespread. "Uganda is only the best known because the country openly acknowledges the problem which many other countries are keeping secret," said Professor Martins.

Uganda's campaign against AIDS, which in part is financed through development aid, is known as one of the most successful in Africa. Everyone has been recruited to spread AIDS information, from ministers, teachers, and

theaters, to local authorities and members of the parliament. Everyone knows at least something about AIDS and how it spreads.

In many towns, AIDS information centers perform free AIDS tests. Clinics belonging to the AIDS organization, TASO [expansion not given], provide free treatment to AIDS patients. According to Professor Martins, condoms are readily available, and almost all blood available from blood banks has been tested. The home care system, which was developed because of the shortage of hospital beds and where physicians or health care workers visit the AIDS patients in their homes, covers a large portion of the country.

"There are even brothels which include condoms in the price of a room," Martins noted with some wonderment.

Uganda has developed a philosophy to help AIDS victims go on with their lives. They are encouraged to use their remaining time well, to secure the future of their children and to spread information about AIDS.

AIDS sufferers are discriminated against less and less. Spreading information also changes behavior, albeit very slowly. "This has been proven in many regional studies," said Martins. "For example, a couple intending to get married may decide to take an AIDS test before the wedding. People decrease the number of sexual partners they have," Martins continued.

"The spread of AIDS has already slowed down," said Marble Magezi, a spokesperson for TASO. He rejects the notion that polygamy would be responsible for the rapid spread of AIDS in Africa.

"Traditionally polygamy was strictly regulated," Magezi noted. "But as traditions are crumbling, it has become an excuse for free sex. The only option is for people to become monogamous. Although the Catholic Church has been against condoms, it also helps by promoting monogamy," stated Magezi.

Progress in Using Chinese Herbal Medicine To Treat AIDS

93WE0401B Beijing YIYAO XINXI LUNTAN [CHINA MEDICAL TRIBUNE] in Chinese Vol 19 No 11, 25 Mar 93 pp 1, 7

[Article by Lu Weibo [0712 4850 2672], Research Staff, Institute of Traditional Chinese Medicine: "Progress of Treating AIDS With Chinese Traditional Herbal Medicine"]

[Text] Recently, the world began to attach importance to developing traditional Chinese medicine and Chinese herbal medicine (CHM) for the treatment of AIDS. In 16 different countries and regions, including China, Hong Kong, Japan, and the United States, more than 1,000 researcher are now engaged in the research of treating AIDS with CHM. The research generally falls in the following three categories:

(1) Compound drugs study: Japanese scholar Ono and others discovered that the ancient prescription decoction of bupleurum chinense composita inhibits the activity of reverse transcriptase in 70-90 percent of the patients. In the decoction, scutellaria root is most effective. The HPLC (high pressure liquid chromatography) test indicates that the root consists of scutellarianin and scutellarianidin. Intravenous dripping of scutellarianidin can reduce the p24 antigen, and increase the counts of T₄ cells. Other CHMs such as ginseng decoction, Hongbao, prescription 89111, and compound drug red sage root liquid for injection are studied with various progress.

(2) Single-element drugs study: The greater number of studies are on CHMs for clearing away heat and toxic material as well as for invigorating qi and strengthening the spleen. For his purpose, U.S. scholar Zhang Siman [1728 0138 3341] cultured 27 different CHMs for clearing away heat and toxic material with H9 cell. He discovered that in this group of CHMs as many as 11 herbs can inhibit HIV; among which herba violae and prunella spike are outstandingly effective with indices higher than that of AZT. The immunological investigation of qi-tonic milkvetch root, ginseng, Chinese caterpillar fungus, lucid ganoderma, and licorice root disclosed that these CHMs can increase the plaque forming cell, specific rose-forming cell, interleukin-1 and interleukin-2. Some of the qi-invigorating CHMs can also inhibit HIV.

(3) Investigation of CHM effective ingredients: Yang Xianrong [2799 7359 2837] of Hong Kong and McGrath of the United States discovered that the Q-substance, a purified protein extracted from the trichosanthes root (which has been used for the second trimester abortion in China's family planning for years) can inhibit the synthesis of protein. Thus, the Q-substance can inhibit the reproduction of viruses and kill the macrophage. They further discovered that the Q-substance can selectively inhibit the macrophages infected by HIV and prevent the formation of plasmodium. They have effectively treated thousands of patients with the Q-substance; however, it caused significant side-effects and

some patients discontinued the treatment. At present, the second stage clinical trial of the Q-substance is in progress and it is hopeful that it will be officially approved in the near future. Next, Naoki Yamamoto of Japan concentrated his study more on the effect of glycyrrhizin. He found that it can inhibit many DNA and RNA viruses. During cell culturing, glycyrrhizin can inhibit the expression of HIV antigen and the formation of plasmodium. Clinically, it can delay onset of AIDS and improve patient's immune system as well as alleviate side-effects caused by AZT. In addition, he also studied balsam pear (bitter melon), hypericum chinense, and garlic, etc.

Based on the aforementioned research results, China's medical personnel in Tanzania treated 158 HIV cases with CHM (Keaike [0344 5337 0668], 801, 802, 806, pulse-activating drink, decoction of six ingredients, etc.). Among these cases, 108 patients (68.35 percent) had very serious immune deficiency and lower than 200 per cubic millimeter T₄ cell counts, and had already been placed in the AIDS category. Their symptoms were weight loss, fatigue, fever, loss of appetite, diarrhea, cough, skin rash and lymphadenectasis. After CHM treatment, the symptoms were strikingly improved. The immune deficiency of a third of these patients were improved. Especially in six cases, the antibodies in their serum turned negative with undetectable antibody in their blood. Follow-up visits found that their negative states were maintained from 10 to 15 months. These patients had a common nature: they had higher immune levels before the treatment; and the ratio of T₄/T₈ was above 0.7. This phenomenon deserves in-depth investigation. Keaike proves to be the most effective among the CHMs. Among the six cases that turned negative, two patients appeared negative after a 3-month Keaike treatment. The observation of these patients is continuing.

Near-Term Focusing Points on AIDS Control

93WE0401A Beijing JIAN KANG BAO in Chinese 4 Apr 93 p 1

[Article by Zhao Lianzhou [6392 6647 3166]: "Near-Term Focal Points To Prevent and Control AIDS in China: Strengthening Propaganda, Expanding Monitoring, and Unifying Administration"]

[Text] Up to now, 969 HIV positive cases have been identified in China, 12 of which are AIDS patients. Recently, the Ministry of Health convened in Haikou a National Work Conference on AIDS Prevention and Control to discuss China's work strategy.

According to reports of the conference, a total of 610,000 AIDS cases is now identified in 173 countries and regions. One hundred thousand of the cases occurred in China's neighboring countries, India and Thailand. In China, due to the limited area monitored, it is estimated that the actual number of people infected by HIV far exceeds the reported cases. Pinpointing this increasingly serious AIDS epidemic, the conference recommends that the AIDS control policy

should emphasize the following: "Strengthening propaganda, expanding monitoring, and unifying administration." To strengthen propaganda involves work on many different levels. It requires not only to develop leadership, but also to enhance the training of medical personnel for diagnosing and treating AIDS. Additionally, it involves the mass media educating people on AIDS prevention to enable the public to protect themselves. As far as monitoring is concerned, close watch over sexual deviates and drug addicts must continue. In the meantime, the scope of inspection of overseas returnees and blood donors must be broadened. A definitive diagnosis must be made on

each individual who is suspected of having AIDS or being HIV infected. To unify administration, the clinically-confirmed AIDS patients will be centrally admitted by contagious disease treatment facilities for quarantined treatment. The HIV infected will be confidentially tracked by public health and epidemic prevention agencies. They will be educated to take measures to reduce the risk of harming others. The AIDS diagnostic drugs will be carefully selected based on their specific property, high sensitivity, and low cost. The drugs will be centrally and systematically supplied by the public health and epidemic prevention agencies.

INDONESIA

AIDS in Jakarta Found Mostly Among Male Office Workers

93WE0412A Jakarta KOMPAS in Indonesian
12 Apr 93 p 8

[Text] Jakarta (KOMPAS)—Most of the 54 people in the Jakarta area who as of March 1993 had been recorded as suffering with AIDS or infected with AIDS were not prostitutes but male office workers.

Dr. Zubairi Djoerban, member of the AIDS Special Study Group at the FKUI/RSCM [Medical Faculty of the University of Indonesia/Cipto Mangunkusomo Hospital] revealed this to KOMPAS on Saturday, 10 April.

He said that AIDS sufferers are not limited to people whose everyday "work" is prostitution or to those who often associate with prostitutes. The disease, for which there is still no cure, can also be contracted by people who occasionally "relax" with high-risk groups like homosexuals and prostitutes. For that reason, everyone needs to be aware of the possibility of contracting this dangerous disease.

In Jakarta, 20 people with AIDS and 34 people infected with AIDS have been recorded. Most of those with AIDS have died. Some of them were cared for at the RSCM by the FKUI/RSCM AIDS Special Study Group until their deaths. Most of those who are infected with AIDS but do not yet show clinical signs of the disease are provided counseling between 1200 and 1400 hours every day. "Because of the risks they bear, we keep their identities secret," Dr. Zubairi said.

Serious Potential

Zubairi said that because many Indonesians do not know much about AIDS and how it is transmitted they ostracize people who have the disease, despite the fact that the disease is not easily transmitted. "For example, if a person with AIDS or infected with AIDS coughs near us, we will not catch the disease," he said.

He said that anyone can contract AIDS, whether a doctor, a reporter, or a person in any profession. That can happen, for example, when a person traveling out of town "relaxes" at a massage parlor or with a prostitute.

Zubairi sees serious potential for the spread of the disease in Indonesia because of the large number of homosexuals and prostitutes. At this time, very little research is being done on these groups. Furthermore, the growth of tourism has resulted in inadequate adherence to health measures in sexual activity. Because their only consideration is the economic one, they cannot always compel their sex partners to use condoms.

"We must be constantly alert to developments related to this dangerous disease. Therefore, we urge the domestic mass media to persist in providing information about AIDS, because the fate of the nation is involved," Dr. Zubairi declared.

JAPAN

Report on New Cases of AIDS, HIV Cases in March, April

OW2505145693 Tokyo KYODO in English 1359 GMT
25 May 93

[Text] Tokyo, May 25 KYODO—Seventy-four people in Japan were newly identified as AIDS patients or as HIV-positive in March and April, the Health and Welfare Ministry's AIDS surveillance committee said Tuesday [25 May].

The bimonthly figure brought the total number of those confirmed to be infected with the human immunodeficiency virus (HIV) in Japan to 1,181, the committee said.

Of the 74 new cases, 12 were suffering from AIDS itself while 62 tested positive for HIV, it said. The number of new cases in the period marked an increase after six months of declines on the bimonthly basis. In the January-February period there were 61 newly reported cases. The highest bimonthly figure ever was 100, posted for July and August last year.

The latest figure includes 30 Japanese men, five Japanese women, and 13 men and 26 women from abroad, the committee said. Of the 74, 33 people were infected through heterosexual contact, 13 men by homosexual contact, while the other 28 were not sure or were infected through nonsexual means, it said. The committee reported two cases infected through blood transfusions abroad.

Of the total 1,181 now reported to be infected, 560 or 47.4 percent caught HIV through heterosexual contacts, the panel said.

The committee urged people to use condoms to avoid being exposed to HIV, saying the pace of the infection has not yet passed its peak. Of the 12 people newly identified as AIDS patients, 10 people were directly reported as having AIDS—without being reported as HIV positive.

The patients were unaware of the infection before they became ill, the committee said. The committee cautioned that the numbers of latent AIDS patients and unaware HIV-infected people could be a lot higher.

SOUTH KOREA

Company Develops Gene Recombinant HIV Diagnostic Test

SK0806051893 Seoul YONHAP in English 0236 GMT
8 Jun 93

[Text] Seoul, June 8 (YONHAP)—A highly sensitive AIDS diagnostic kit that uses gene recombinant technology will go on sale in Korea this month, its makers announced Tuesday.

Tong-a Pharmaceutic Co. and the Gene Engineering Research Institute said their second generation elisa kit

was an in vitro enzyme immunoassay for the detection of HIV antibodies type 1 and type 2 in human serum or plasma.

The "Aidsida I, II" kits will be on sale in clinics and hospitals at prices between 1,000 won and 1,500 won.

Development of the kit, two years behind advanced countries, improves on the first-generation kit sold by Tong-a since 1988.

The test is highly accurate in detecting the presence of the human immuno-deficiency virus that causes the deadly Acquired Immune Deficiency Syndrome.

Tong-a says the use of gene recombinant technology eliminates the possibility of infection of staff with the AIDS virus in the manufacturing process.

This method reduces production costs 30 percent because it doesn't need separate safety facilities in farming the virus.

The domestic AIDS test market is worth 4 billion won (4.9 million U.S. dollars) a year, of which a half are imports, a spokesman said, adding that the new product was expected to contribute to checking HIV proliferation with its high accuracy and low cost.

THAILAND

Government Adopts National Policy on AIDS

*BK0406034193 Bangkok BANGKOK POST in English
4 Jun 93 p 6*

[Text] The Government yesterday adopted a national policy on AIDS and authorised the National Economic and Social Development Board (NESDB) to be the responsible coordinator in the execution of the AIDS preventive and control plan.

The NESDB will also be responsible for drawing up the plan and incorporating it in the 8th national development plan which is to commence in 1997.

The national policy on AIDS was yesterday approved by the National AIDS Prevention and Control Commission headed by Prime Minister Chuan Likhai.

The plan calls for, among others:

- all governmental agencies and non-governmental organisations to take part in the prevention and control of AIDS on a continuous basis in relation to the government policy which urges cooperation in the publicity campaign to educate the people about the deadly disease;
- separate budgets for governmental units at central and local levels for prevention and control of the fatal disease;
- promotion and support of research.

The committee also approved the setting up of four sub-committees on planning and policy coordination, on

technical affairs, on protection of rights of AIDS sufferers or HIV carriers and on the prevention and control of AIDS.

Public Health Permanent Secretary Dr. Phaichit Phawabut, meanwhile, reported that until May 28, there were 2,039 AIDS cases and 2,235 AIDS-related cases in Thailand.

He said 25 percent of the 404 new AIDS cases detected this year had already perished.

Drug Patent Protection, Effect on AIDS Prevention Viewed

*BK2006015293 Bangkok THE SUNDAY POST
in English 20 Jun 93 p 2*

[Text] The Public Health Ministry and nongovernmental organisations [NGOs] yesterday called on the Commerce Ministry to consider long-term adverse effects of retroactive patent protection of drugs as demanded by the United States.

At a discussion on the effect of pipeline protection on AIDS drugs, conducted by the Coordinating Committee for Primary Health Care of Thai NGOs (CCPN), the panelists expressed concern about increasing economic problems that would arise from purchases of imported drugs which would be much more expensive than estimated by the Commerce Ministry.

CCPN adviser Dr. San Hathirat said the ministry should not take sides with the United States by caring about a little gain from exports, but should consider the long-term effects on Thais.

"The Commerce Ministry should not speak as if it represented the United States concerning patent rights for drugs registered in our country," Dr. San said.

He called on the Public Health Ministry to play a more important role in demanding that the Commerce Ministry should not provide pipeline protection because it is against the ministry's policies.

Dr. Suwit Wiphunphonprasoet, director of the technical division of the Food and Drug Administration, said the Commerce Ministry had underestimated the loss at only 25 million baht through pipeline protection.

He said Thailand would lose about 3,000 million baht.

Dr. Suwit said that an increase in demand for a new drug would last for at least three to four years after it went on the market.

Rural Doctors' Association representative Prawit Lisathaphonwongsa said that if Thailand agreed to pipeline protection for new drugs, AIDS vaccines would be too expensive for most carriers in Thailand.

Prof. Chiraphon Limphananon of Chulalongkorn University's drug study group said the United States wanted pipeline protection for drugs registered in the country after 30 September 1991, which included medicines that have to be continuously used by patients.

She insisted that Thailand had not violated intellectual property rights because Thailand had its own laws on medicine. [Bangkok THE NATION in English on 20 June, in a similar story on page 2, added the following: "Chiraphon said the United States' aim is to monopolize unregistered drugs in Thailand which have already been on sale in other countries."]

"This, she said, would eventually affect the import of all of the 99 anti-AIDS drugs under research worldwide. Only importers and producers of these drugs would be entitled to sell them in the country. Many people would be unable to afford to pay for the drugs, thereby causing the further spread of AIDS."

"Chiraphon described as 'unfair' the US demand from Thailand."]

Dr. Somsit Tansuphasawatkun of Bamrungradnaradul Hospital said a tremendous amount of money has been spent on AZT medicines for HIV carriers.

He said it cost about 200,000 baht for each HIV carrier to buy AZT medicines and the patient has to take the medicine five times a day.

He said that did not cover costs to cure opportunistic infections that could result from immunity deficiencies, such as tuberculosis [TB], fungal infections and pneumonia.

In Thailand, more than half the AIDS patients suffer from TB and have to take compulsory medicine for nine months to recover and have to take medicine for the rest of their lives, Dr. Somsit said.

He said that because TB is resistant to medication, new medicines would have to be bought, which would be very expensive.

Public Health Ministry representative Ms. Atchara Wararat said the Government would have to spend more on assisting HIV carriers if pipeline, protection was provided.

Ms. Atchara said the Public Health Ministry had a budget of 33 million baht to buy medicines, whereas 52 million was required to buy AZT which would be demanded by patients of all hospitals throughout the country.

An HIV carrier whose code name was Khun Khamnung said that sometimes HIV carriers had to ask doctors to cut down the AZT prescription because it was too expensive.

The director of the AIDS Counselling Centre and Educational Support Services (Access), Chon Ungphakon, said pharmaceuticals should not be profit-oriented because it was a basic right for people throughout the world to be provided with medicine.

He said that when AZT was initially produced, it was to cure cancer.

But when it was found it could help HIV carriers the price was hiked up.

Mr. Chon said that although the price of AZT was reduced because there were similar medicines, it was still expensive and sold for profit.

Government organisations lack coordination in providing medicines especially to HIV/AIDS carriers, according to a seminar participant.

ALBANIA

'No Signs' of AIDS Reported After '10,000' Tests
*AU3005142993 Tirana ATA in English 1019 GMT
30 May 93*

[Text] Tirana, May 30 (ATA)—Lindita Karadaku writes: The developments of the recent years in Albania, its opening to the world and the mass emigration (about 500,000-600,000 emigrants out of 3.3 million inhabitants of Albania) brought about some negative phenomena such as prostitution, alcoholism, initial problems with drugs, sexual abuses, etc. One of the most dangerous questions is AIDS, which although still there are no signs of this disease after 10,000 checkups made for this purpose.

Nevertheless, in order to prevent AIDS in Albania, the Ministry of Health and Environmental Protection, with the support of the World Health Organization and its technical assistance, has specialized epidemiologists, specialists on virulency, specialists on blood donation. In the mean time the blood controls in general and that of blood donors in particular have been continuous. Through a resolution, the government adopted the introduction in the 8 form school program of sexual education.

Albanian mass media has devoted attention to preparing programs, interviews, articles, concerts contributing to this question. In October last year, the national conference for the AIDS control and fight was held in Tirana. It adopted the national combined strategy against AIDS infection in the future.

BULGARIA

Handling of Blood, Testing for AIDS

*93WE0415Q Sofia OTECHESTVEN VESTNIK
in Bulgarian 6 May 93 p 6*

[Interview with Dr. Vutkovski, chief physician at the Republic Blood Donor Center, by unidentified reporter; place and date not given: "One Lev and 50 Stotinki Per Liter of Blood"]

[Text] *Reserves currently total 1,008 units, and about 200 units are needed on a daily basis.*

"We will not catch up with France. That country has four million blood donors, almost one-tenth of the country's population. To give blood is a matter of honor both in France and in Japan. In our country, after the moral crisis that occurred, it would be excessively daring to hope that we shall make advances in this area."med

This is a quotation from Dr. Vutkovski, chief physician at the Republic Blood Donor Center. We talked to him after the latest appeal made by the journalists on television, the KLUB M periodical, and Radio Express, who appealed to others to follow their example. They donated their blood. At the present time the center has 1,008 units of blood, and the daily needs average 200 units. Useful shelf life is between 20 days to two weeks. The needs of Sofia and the

rest of the country are much greater. In 1985, voluntary blood donors in Sofia numbered 60,000 and there were 450,000 throughout the country. Today there are 35,000 blood donors in the capital and 210,000 throughout the country and their number continues to decline.

OTECHESTVEN VESTNIK: What is the price per liter of blood?

Vutkovski: One leva and 60 stotinki. The price is ridiculous. No other product in Bulgaria costs so little. Even lemonade costs eight leva and the cost of giving blood, taking into consideration inflation, is about 700 leva.

It is only after our country begins to develop normally that we would be able to speak of normal blood giving. We have become a country of pensioners and who among those 2.7 million people could give blood? Which of the 600,000 families that are suffering from the crisis would come to us?

OTECHESTVEN VESTNIK: Are there legislative reasons for this situation?

Vutkovski: This dates from 1986. According to Article 157, Paragraph 1, Item 3, blood donors are given the day off when they give blood and the next day as well. No member of the legislation has deemed it necessary to ask for the opinion of the specialists. I, for example, have another question: If we go to a shop where 100 healthy men are at work and 90 of them would like to give blood, according to this meritorious legal provision they should not work both that day and the next. The shop would be paralyzed for 48 hours. If it drops out of the assembly line, the entire combine would stop work. That is why when we go to the enterprise, the director welcomes us as follows: "If the workers do not give blood no one would fire me. But if I fail to fulfill the production plan, the workers would not be paid and I would be kicked out of the enterprise."

OTECHESTVEN VESTNIK: In your view, are the Bulgarian people confident that giving blood is a harmless procedure?

Vutkovski: I believe that not everyone knows that the entire process is sterile; the implements are used only once and then burned.

OTECHESTVEN VESTNIK: But fear of AIDS and hepatitis remains.

Vutkovski: This is because we are not given a platform from which to tell the truth. For example, the rumor was spread through some newspapers and the BTA [Bulgarian Telegraph Agency] that a hepatitis A epidemic had broken out as a result of giving blood. Once again the people withdrew; they were frightened. When we are allowed to speak on the radio and the television it is usually for 40 to 50 seconds. What could one say in such a short time?!

OTECHESTVEN VESTNIK: Do we have reliable AIDS tests?

Vutkovski: We use the tests developed by the Abbott Company. They are used in the United States and Germany. They are a 100 percent reliable.

OTECHESTVEN VESTNIK: Do you have any hopes that the center will acquire a new building?

Vutkovski: We had plans that would have cost millions of leva but all of this has remained on paper only. The Denitsa-2 furniture house was built on the lot which had been allocated for the center. Now we have a new plan for three million leva's worth of construction, but the assigned builder was the Plovdiv building organization. Who is about to leave his home and family and come and live in mobile homes for a few years! They took the lot and the money, and now we have no possibilities whatsoever.

Numbers, Location, Average Age of AIDS Patients

*93WE0415A Sofia KONTINENT in Bulgarian
17 May 93 p 3*

[Article by Valeriya Marinova: "The Average Age of the 113 Bulgarians With AIDS Is 23; There Are No Infected Drug Addicts"]

[Text] Sofia, 16 May. There are 113 HIV-positive cases, of whom 20 are sick, and 18 deceased Bulgarians and 90 HIV-positive foreigners who were extradited, according to the latest data on the spreading of AIDS. This was reported by Dr. Radka Argirova from the Central AIDS Laboratory on the occasion of the international day of struggle against that disease.

Over the past two years, in Bulgaria the disease has been transmitted mainly heterosexually, and the number of HIV-positive pregnant women is expected to increase. This is confirmed by several cases in which the newborn were natural carriers of the virus.

For the past three years there have been no "imports" of that infectious disease, professor Argirova pointed out. The disease has been localized and its biggest center is Gabrovo. Most carriers are discovered when they donate blood. The difficulties are caused by the squeamishness of the sick and the fact that AIDS tests are voluntary.

At the present time efforts are being made to introduce mandatory testing at the skin and venereal disease centers so that the most likely carriers of the disease may be tested.

Unfortunately, we cannot detect all the carriers and the sick and, in all likelihood, they are 10 times more than those on record, according to Dr. Argirova. We have still not identified a single sick drug addict but this category will soon become a problem for the physicians. The age of AIDS carriers is also steadily dropping—currently it is 23.

CZECHOSLOVAKIA

Report Cites Most Recent AIDS, HIV Figures

*AU1905133393 Prague CTK in English 1232 GMT
17 May 93*

[Text] Prague May 17 (CTK)—A total of 35 people have been diagnosed with AIDS in the Czech Republic, of whom 23 have died so far, a spokeswoman for the National Laboratory for AIDS of the State Health Care Institute told a press conference today.

The spokeswoman said 149 HIV-positive cases had been diagnosed since 1986. Three million blood samples have been analysed so far, most coming from blood donors, she said. She added that the number of AIDS cases would likely increase, as those infected with the virus in 1986-87 would soon develop the disease.

Cases of sexually-transmitted diseases are also increasing in the Czech Republic, especially among those between 15 and 20 years of age, she noted, adding that the Czech Republic had Europe's highest rate of sexually-transmitted diseases in this age category.

The World Health Organisation reported at the end of last year that 600,000 people were infected with AIDS worldwide, of which half had already died.

Thirty-Nine People Registered as HIV Positive

*AU1106195893 Bratislava HOSPODARSKE NOVINY
in Slovak 9 Jun 93 p 2*

[TA SR report: "AIDS in Slovakia"]

[Text] On 31 May 1993, 39 people in Slovakia were registered as HIV positive. Dr. D. Stanekova from the Institute of Preventive and Clinical Medicine in Bratislava made this statement yesterday in an interview for TA SR. Of this number, 25 are Slovak citizens; most of them are young people between the ages of 25 and 29. There are two women and 18 homosexual men among the infected. The disease has already developed in five of them.

HUNGARY

Health Institute Releases AIDS Statistics

*AU2106134193 Budapest MTI in English 1339 GMT
18 Jun 93*

[Text] Budapest, 18 Jun (MTI)—A total of 373 HIV infections have been registered in Hungary to date, with 124 actual illnesses, mainly men, the National Health Care Institute reported on Friday [18 Jun].

Sixty-seven people have died of AIDS so far, the officials told the press.

REGIONAL AFFAIRS

Caribbean HIV, AIDS Infection Among Highest in World

*FL1606005293 Bridgetown CANA in English
1955 GMT 15 Jun 93*

[Text] Bridgetown, Barbados, June 15, CANA—The Caribbean has earned the unpleasant distinction of having one of the highest rates world-wide of infection with HIV and the disease, AIDS, according to the Caribbean epidemiological centre (Carec).

And a 10-year review of the 4,138 AIDS cases since 1982, presented in Berlin at the ninth international AIDS conference, revealed AIDS transmission is now predominately by heterosexual contact, shifting away from largely homosexual and bisexual spread in the early years of the epidemic. Women and children are falling victim to the human immunodeficiency virus (HIV), which causes AIDS, at a rapidly increasing rate, as infected women give birth to children who later develop HIV disease. According to the review, 97 percent of HIV/AIDS children up to age 14 were infected by mother-to-child transmission of the virus.

Judging from the people who walk into the region's clinics seeking treatment for conventional, sexually-transmitted diseases (STDS), Carec suggests that more people who suffer from an STD are at a higher-than-ever risk of being infected by HIV. STDS are a known gateway to HIV disease as the virus finds an easy route into the body through genital lesions during sexual intercourse.

Heterosexual contact, which had accounted for 12 percent of Acquired Immune Deficiency Syndrome (AIDS) cases in 1985, rose to 78 percent by 1992.

"Of cases reported in 1985, 47 percent were homosexual and bisexual men," the report stated. "By 1992, this proportion had declined to 22 percent." However, Barbados, Trinidad and Tobago, and Guyana were among the countries where there is still "a significant number" of homosexual cases.

Infection with HIV caused through the sharing of intravenous drug needles is largely absent in the English-speaking Caribbean, except in Bermuda, where 30 percent of the total number of cases was linked to dirty needles, but the report added that this figure is declining. Blood transfusion accounts for less than one percent of cases, Carec said, "reflecting, in part, the widespread implementation of screening of donor blood for HIV antibody."

Said the report, co-authored by Carol Gayle of the Trinidad-based Carec: "Although these figures may appear modest by global standards, rates of HIV infection and AIDS in relation to the populations of some countries are among the highest in the world. Taken together with the influx of tourists to the region, as well as the high level of (movement by travel) of significant

portions of Caribbean population, AIDS in the Caribbean is recognised as having a potential impact far beyond the geographical boundaries of the region."

Up to the end of 1992, of the 4,138 cases of AIDS reported in the English-speaking Caribbean, 2,627 men, women, and children had died of AIDS. The Pan-American Health Organisation is forecasting that by 1995, between 27,000 and 60,000 Caribbean people will be infected with HIV.

BRAZIL

AIDS Official Not Authorized To Decide on Vaccine Tests

*PY1206135893 Brasilia Radio Nacional da Amazonia
Network in Portuguese 1000 GMT 12 Jun 93*

[Text] Lair Guerra de Macedo, coordinator of the program for sexually-transmitted diseases and AIDS, is not authorized to decide on Brazil's participation in testing anti-AIDS vaccines. This statement was made by Health Minister Jamil Haddad who expressed surprise over the World Health Organization decision to choose Brazil as one of countries where the anti-AIDS vaccines will be tested in large scale.

Minister Haddad had said that Brazilians cannot be used as guinea pigs.

CHILE

AIDS Cases, Government Policies Detailed

Health Ministry Figures, Campaign

*93WE0367A Santiago EL MERCURIO in Spanish
11 Apr 93 pp D10-12*

[Article by Soledad Miranda Herrera]

[Text] "With the AIDS epidemic, the world will experience something similar to what occurred with the black plague of the 14th century, when a third of humanity perished. This worldwide problem has practically completed its infection of the initial risk groups and is being propagated silently among heterosexuals (male-female relations), who do not realize that they are also a risk group."

This statement is by National Foundation Against AIDS (Funacs) President Dr. Juan Bernal. "Many people dismiss my view of the problem as catastrophist, but all the optimistic points of view have failed, giving credence to those who see in this epidemic the worst natural disaster that has faced humanity," says the author of the book *How To Love in the AIDS Era*.

The WHO [World Health Organization] calculates that according to the speed of growth of the disease at the world level, someone becomes infected with AIDS every 20 seconds, resulting in more than 4,000 new cases per day. In Dr. Bernal's view, "there are a million and a half cases in the world, of which 500,000 are children." On his part, Dr. Michael Merson, Director of the WHO's

Global Program Against AIDS, says, "by the end of this decade, there will be 40 million people infected around the world. This is enormous, and will explode like a nuclear bomb."

The Chilean Situation

Catastrophe or not, what is certain is that AIDS has been in Chile since 1984, when the first case was discovered. Since that time, the Health Ministry, through the National Commission Against AIDS (Conasida), states that there are now almost 700 AIDS cases and more than 1,000 carriers of HIV who will become sick within the next eight years. Of course, there is also the problem of underreporting (those who are contagious but do not report it to the health authorities), who according to the WHO, constitute as many as 70 percent of all cases in Latin America.

The Health Ministry, for its part, states that the disease in Chile is also growing. Dr. Raquel Child, Conasida Administrative Coordinator, says, "We have some six AIDS cases for every 100,000 inhabitants. It is expected that within the next three years, the disease will grow by 30 percent per year, which has been its pattern so far. Of course, long-term projections are difficult: this one could increase, depending on the number of variables that are considered."

The Education Ministry's figures indicate that the regions most heavily affected by AIDS are, in decreasing order: Metropolitan (rate of 10.93 cases for every 100,000 inhabitants), Fifth (8.33), and Second (4.34). These are followed by First (2.75), Fourth (1.84), and Eighth (1.44).

With respect to the form of transmission of the disease in Chile, the principal means is through sexual intercourse, with 87 percent of the cases. With respect to those infected, they are distributed among heterosexuals (19 percent), homosexuals (47.1 percent), bisexuals (20.6 percent), and others of lower incidence.

Nevertheless, among HIV carriers who have not yet shown symptoms of the disease, the figures show that the epidemic has spread to the heterosexual population (25 percent), and is lower among homosexuals (46.6 percent) and bisexuals (17.7 percent).

However, a victory that makes the Health Ministry proud is that since 1988 there have been no transmissions of the infection by blood transfusion, thanks to the controls established at the blood banks. But the levels of contagion via blood transmission have continued because of the increase in intravenous drug addiction.

Similarly, Conasida's statistics reveal that the disease has primarily attacked men, who constitute 93.2 percent of the cases, with a ratio to women infected by the disease of 13.5 to 1. Nevertheless, according to the figures, there has been an increasing number of women infected, thus reducing the proportion of infected men.

With respect to age, those infected are primarily between 30 and 34, and the next largest age group is from 25 to 29.

From 1984, the year when AIDS first appeared in Chile, no resources were set aside to fight the disease until 1991, when almost 36 million pesos were invested, with another 35 million the following year. In addition, during these years, Conasida took up a financial study for the WHO of some 64 million pesos, to implement the National Medium-Term Program for the Prevention and Control of AIDS in Chile. During that same period, the private sector donated almost 37 million pesos. In addition, foreign assistance is constantly being sought for the financing of national plans.

The Government Campaign

This week, millions of Chileans saw on television the second stage of a massive Government communications plan to control the impact of AIDS. The first step in the strategy began in 1990 with an opinion poll to understand Chileans' perception and level of awareness of AIDS.

As the results revealed that the issue was distant, that many were not even concerned, and had insufficient information, the first campaign was planned. This consisted of three stages: Awareness (where well-known people declared, "I am affected by AIDS"); Information ("This is how you get AIDS, this is how you do not get it, and this is how you prevent it."); and Commitment (common situations are depicted in which the family and children commit to a form of prevention).

Dr. Raquel Child explains that this campaign was evaluated and they obtained very good results, consistent with the objectives. "In two telephone surveys in the Metropolitan Region, more than 90 percent of the people were in agreement with the content and form of the campaign. Their knowledge had increased in terms of the basics, but it was necessary to give them more detailed information and tools to apply the data to their personal lives. Besides, the information and activities that the community is requesting of Conasida has increased by more than 2,000 percent."

Dr. Child evaluated the first campaign: "It was the way of initiating a public discussion on AIDS in Chile. To speak of AIDS is something that now occurs frequently, in the family, at work, at play."

That is how, in January, during the First National Meeting of Youth and AIDS, "Down with AIDS," they agreed to create the Youth Coordination for the Prevention of AIDS, to work with the issue in every environment involving youth.

The Network of Life

The new campaign is planned for six months. It is based on 45 mini-programs, of one minute each, in which situations from daily life, "as common as possible," are depicted, dominated by the dialog between children and

their parents, and solidarity with those infected. "Decreasing the AIDS epidemic is a long-term objective," explains Dr. Child.

The primary objective of the second campaign is to link the action networks all around Chile that are involved in the issue, publicizing their achievements. It also seeks to deepen the level of discussion on the issue, extending it into family conversation. A relevant point is the effort to educate the people "face to face," so that they are aware of and then adopt preventive sexual practices. Likewise, it emphasizes solidarity with those suffering from the disease, advocating for them not to be discriminated against and relegated to social banishment.

As with every campaign, this one does not aim to preach to the choir, but rather it has a target audience, comprised principally of youths from around the country, between 14 and 35, of both sexes. Members of all Chilean families, of all socio-economic strata, including the leaders, those infected with, and those suffering from AIDS.

The "Network of Life" campaign is based on television "because that is the medium that has the best results." In order to have access to the time slots with the highest demand on the air, which are the most expensive, the Health Ministry pays only half the normal rate, since the AIDS campaign is one of public interest. Nevertheless, like last year, it has not had complete acceptance on the part of the television stations. "Channel 13 and Megavision accepted half the mini-programs offered to them for an initial period, while the other stations accepted all of them," commented Dr. Child.

Raquel Child explains that Conasida's second strategy is a directed, participatory plan, in which groups of people discuss and interact on issues related to prevention and solidarity. "Personalized education undoubtedly paves the way toward safest sexual practices. The 'face to face' programs are what generate change in a participatory mode," she states.

But there are several problems that the campaign has had to face. Ever since the beginning, the Catholic Church has disagreed with the methods, since these emphasize various means of prevention, including abstinence, which is included as only one of several possibilities.

Fr Baldo Santi explains: "The focus that the Church believes to be most appropriate in the face of the challenge of AIDS is one that is not limited to thinking of the disease as exclusively a hygienic and sanitary issue, thus requiring only technical solutions, like the condom."

In Fr Santi's view, AIDS involves moral and ethical values that cannot be ignored or minimized without contributing to its blameful spread. "When one downplays the value of responsibility, obscuring it with the false illusion of safe sex, whatever that is, one opens the door wide to AIDS, extending the culture of death, which is the most powerful symptom of this disease today," he states.

Fr Baldo Santi argues about the Government's role: "It should reemphasize the subordinate role of the State

with respect to the family and all of society, and have the courage to support interdependence between ethics and economics, as demonstrated in the reign of John Paul II. It is necessary to have an open, generous, and humanistic vision of the person and also a responsible attitude by politicians, even though this could result in their losing some of their popularity."

In response to the Catholic Church's criticisms, Dr. Raquel Child explains, "We have the duty to concern ourselves with the health of Chileans, that is something we have to accomplish. In doing so, we base ourselves on the essential ethical principles of Man, such as the right to life and the right to a totally informed personal decision. In order to be a person, one needs to be able to make decisions. And to do so, one must have adequate information."

Other Initiatives

Whether or not coordinated by the National Committee Against AIDS, there is a network of 12 nongovernmental organizations that work to restrain, or at least control, the devastating epidemic. Among them is REOSS (Social Health Education and Counselling Network), headed by sociologist Max Cifuentes. Financed by WHO funds last year, it is not yet clear how it will subsist this year. This organization essentially works on three fronts: street children, young girls in the sex industry, and women with partners at high risk of infection.

Located in Conchali, the community with the highest number of AIDS cases in Chile, REOSS carries out "safe sex" workshops, provides consultations on venereal diseases, carries out AIDS testing, and provides counselling for minors, all anonymously and at no cost. Max Cifuentes explains: "Both the counselling and the recommendations are completely different for each person. We take into account their anxieties and plans for life, to propose to them a realistic prevention program, taking into account their resources for changing their way of life. One cannot just tell a sexually active person to stop overnight."

His primary target is youths from low socioeconomic classes: "The future also implies a life plan, the assumption of life as a consequence of our actions, which are values of the upper middle class. However, the farther one descends along the social scale, the more fatalistic is the attitude, of living day to day."

He is gradually making contact with street children and youths. "One gets closer to them little by little, and gradually gains their trust, until one establishes a link with the minor. In their homes there is a lack of family organization, violence, alcoholism. They run away to the streets, and in most cases survive through the sex industry," Cifuentes says.

The sociologist comments that the greatest difficulty in counselling the minors is that "they associate the risk of contracting AIDS with homosexuality, social class, and external symptoms of the disease, which is totally erroneous. The only way of knowing whether a person is infected is with the Elisa Test."

Jorge Hormazabal also works with REOSS. Together with eight friends, among them theater students, he acts out street skits depicting risky situations, for the purpose of educating the youths. The presentations are made principally in Conchali, but they are considering extending them to other areas of Santiago.

A Black Future

Although according to the Health Ministry, "Chile is still capable of resisting the epidemic's progress and controlling its effects," global projections are alarming.

The WHO calculates that by the year 2000 there will be 20 million AIDS cases in the world, with 40 million people infected. Moreover, since the disease affects precisely that group of people who are of childbearing age, "it is possible that the epidemic will succeed in decimating the labor force and irretrievably retarding the development of countries." This is in addition to the damage to families, as a total of some 10 million children under the age of 10 would be left orphans.

It is alarming to think that it is possible that, despite the desperate search for a medicine, the only things that have yet been found are formulas to treat the occasional infections, or with luck, partially reduce the patient's suffering.

Dr. Michael Merson, Director of the WHO's Global Program Against AIDS, states, "At least one million people per day will die of AIDS by the end of the decade, close to half the population of Africa and a quarter that of Asia. The death of close to one-fifth of all young and middle-aged adults and their descendents during a short period will lead to social disorder, economic disruptions and even economic destabilization in many countries."

With these semi-apocalyptic visions of our situation, it is hoped that the Chilean Health Ministry's optimism is appropriately based on reality, and that we still have time to control the advance of AIDS in Chile.

Distribution of AIDS by Region in Chile, 1984 to 1992 (per 100,000 inhabitants)

Region	Rate
I	2.75
II	4.34
III	0.99
IV	1.84
V	8.33
VI	0.45
VII	1.05
VIII	1.44
IX	0.37
X	0.85
R.M.	10.93
Country	3.59

Causes of Death Among AIDS Patients in Chile, 1984 to 1992

Cause	Proportion
Infections	55%
Bleeding	18
Tumors	8
Unknown	6
Neurological	5
Suicide	2
Hepatitis	2
Cardiovascular	2
Digestive Bleeding	2

Causes of Infection in Chile, 1984 to 1992

Cause	Proportion
Sexual	87%
Blood	6
Unknown	6
Vertical (Mother to Child)	2

Projected Cases by 2025

93WE0367B Santiago LA NACION in Spanish
14 Apr 93 p 8

[Article by Leticia Soto]

[Excerpts] [Passage omitted] According to a study carried out in the Metropolitan Region by experts from the Catholic University, based on a simulation or projection model of the disease, if there are 6,000 cases of infection and 2,000 with AIDS in the region today, the number of deaths by AIDS would be 10,000 in the year 2005 and 76,000 by 2,025. The rate would be equivalent, then, to a full National Stadium at a game between Colo Colo and the University of Chile.

The study, led by Miguel Alfaro, which takes as observation groups homosexuals, bisexuals, heterosexuals, pregnant and nonpregnant women, and prostitutes, classified by the number of times they have sex and their probable number of partners—between 10 and 13—took as its simulation period the years from 1985 to 2025.

With respect to the prevalence, if only hypothetical, of the disease among homosexuals, who are equal to 2 percent of the sexually active population, if condoms are used in 80 percent of their sexual relations from the second half of 1992, the epidemic would start to disappear in a linear trend beginning in 1995. Alfaro pointed out that this result would also hold if the population in general were to use condoms at that same rate.

He also emphasized the hypothesis that the prevalence of the disease is particularly well-established among homosexuals because they are a closed group, and that it will inevitably increase among the heterosexual population. The projected number of cases of infection in this case

would be 2,000 by the year 2020 and 18,000 deaths in the same period. This number would rise to 20,000 in the year 2025.

Catastrophe Announced

Alluding to CHRONICLE OF A DEATH FORETOLD, by [author Gabriel] Garcia Marquez, Sonia Araiz, health demographer in the Planning and Social Studies Department of the Planning and Cooperation Ministry, said that this disease is also a chronicle, but "a foretold catastrophe." [passage omitted.]

The question that arises is, Who assumes the costs of treating the infected? Araiz's reasoning is that if only 25 percent of the health costs are covered by the Isapre's [Institutes of Public Health and Preventive Medicine], the other 75 percent would inevitably fall on the public system financing the government. Since this disease is a risk to the Isapre's, and because the majority of the facilities do not cover the costs of medication, and the prices of the services would rise for the group between 25 and 40 at greatest risk of infection, then the costs for this group should also be assumed by the State.

Education Minister on Policy

93WE0367C Santiago *EL MERCURIO* in Spanish
17 Apr 93 p C7

[Article by Arturo Villalobos Carrasco]

[Excerpt] Valdivia—Education Minister Jorge Arrate said yesterday here that he is considering opening a national dialogue within the education community about the AIDS problem, emphasizing that there is no child in Chile without the right to an education.

The secretary of state responded thus to a question involving possible discrimination that a child infected with the disease had suffered in Santiago.

He noted that last Friday, with Subsecretary of Education Raul Allard, "we sent an open letter to the educational community, discussing the problems that this represents and what is our criteria with respect to the issue."

He said that he did not wish to go into more detail on the issue until the letter had been made public. "In any case," he emphasized, "the issue is extremely complex; few issues can be more complex than a new challenge for an educational system, especially because it is an issue that has to do with the rationality of our society's conduct, our society's awareness, and human values."

He indicated that he hoped that on this issue "we can open a constructive national dialogue and that Chileans will be able to have the certainty that the Education Ministry will act on this material with care and with a sense of justice, as we always try to do, making effective a basic right established in the constitution, that every Chilean has the right to be educated."

He added that "there is no child in Chile, whatever his circumstances, without the right to an education; but we

have to examine how we can make this right effective in the most efficient, democratic, and humane manner."

In the timely case of the young carrier of the disease in Santiago, the minister reiterated that the best thing would be for children infected with AIDS to be accepted in normal educational establishments, "but this is an issue that cannot be resolved with a decree. That does not make sense. What does make sense is for us to carry out a great public awareness campaign, to spread the scientific knowledge that we have, which shows that there is no risk of transmitting the disease if a child carrying it participates normally in school activities," he emphasized.

CUBA

AIDS Cases, Control Strategies Reported

93WE0360A Havana *TRABAJADORES* in Spanish
12 Apr 93 p 10

[Article by Carmen R. Alfonso]

[Text] The number of people who are HIV-positive or suffering from AIDS is increasing steadily, especially in Latin America. In Argentina, Brazil, Colombia, and Mexico alone the number of carriers was close to 2 million as of last January, Notimex has reported. And one worrisome point is that between "30 and 50 percent of the patients who have developed the disease have not been reported."

The HIV-positive rate in Cuba, however, remains at 0.009, which translates into 903 AIDS-infected persons since 1986, 102 of whom have died. Thanks to the medical care that is provided all over the country, the first and last names of each and every one of these people can be ascertained and timely treatment can be provided to them.

How is it that a small, economically underdeveloped country that is going through the most difficult situation in its history can report this fact to the world? What kind of government and people are these? What sort of humanistic policy has been pursued and how many bold, heroic decisions have been made to prevent hundreds of thousands of Cubans from contracting the virus, to provide special diets and drugs to the carriers, thus delaying death, and to care for patients until their last breath?

In a conversation with Drs. Jose Ramon Balaguer, a member of the Politburo, and Hector Terry, the deputy minister of hygiene and epidemiology at the Public Health Ministry, we briefly reviewed the strategy that the revolution has pursued to protect the right to life of the healthy population and to assure the right to medical care of those who have developed the disease.

A crucial decision of far-reaching importance was made when the first cases were detected. Faced with a disease that quickly and inevitably led to death, the country's leadership spent more than \$1.7 million in freely convertible foreign currency to purchase drugs and diagnostic equipment to tackle the situation at that juncture.

Then, those whom various tests had shown to be HIV-positive were placed on a health-maintenance regimen. What an international hubbub there was about Cuba's action! It was hypocritical to heatedly criticize the strategy of prevention and care that Cuba was pursuing thanks to the few patients, the condition of its health-care system, its adequate budget, and above all its humanist policy.

How could other countries do likewise when they had tens of thousands of HIV-positive cases and inadequate health-care budgets? How could they insure special diets and immediate medical care when they were unable to guarantee their populations other basic needs?

Here we did more than just prevent the virus from spreading into the healthy population, which needed to be protected. HIV carriers were surrounded with various kinds of specialists to prevent fatal complications and to alleviate their deep depression stemming from an awareness of their imminent death.

Once the ways in which the HIV virus are transmitted became known, a bold step was decided on: destroying 20,000 vials of plasma to prevent the contamination of those who would unavoidably need it (hemophiliacs, post-operative patients) and administering only safe blood to the people.

The strategy of prevention, treatment, and education that had been pursued from the start was honed. At the same time, the country's scientists undertook the task of combating AIDS. They developed Cuban reagents, thus cutting the cost of diagnostic exams. Then they developed the Ultramicroanalytic System (SUMA), which enabled these tests to be administered en masse. Today they are working hard to find a vaccine against the disease.

The blood of all pregnant women, hospital admittances, internationalists, and high-risk groups was able to be tested. To date, an impressive 13 million tests have been conducted in the country over the years.

We cannot help mentioning another upshot of our humane policy toward HIV carriers. Can anyone who is subject to the stresses of daily life and who is suddenly told that he is HIV-positive possess the emotional balance to keep living a normal life and protect himself from the slightest infection, which would quickly lead to death? A stay in a specialized center, without being rejected by the medical or other staff, improves one's psychological state considerably.

The population did not panic when the disease appeared. Education about the need for appropriate sexual behavior was begun. Moreover, when patients visited

their families, they were accompanied by support staff who reassured the patients themselves and society.

Today, even amid the trying economic conditions that are known to all, new centers have been built to keep patients close to their homes. The costly drugs that help the HIV-infected to survive are being purchased, and medical and dental services are still guaranteed, thus delaying death. What is more, in an effort to further hone the treatment program, certain patients whose sexual and social conduct is appropriate may receive outpatient treatment after all of their characteristics are evaluated.

How disgraceful it is to play upon the human rights of AIDS patients in an attempt to distort the meaning of their stays in sanatoriums! Isn't it the state's duty to safeguard the supreme right to life of the entire population? Isn't it also an elementary duty to provide specialized care and special diets (between 4,000 and 5,000 calories a day) to human beings who are apt to die from an infection that would not harm a healthy individual? Is it reasonable to argue against Cuba's position by hiding behind a patient's supposed right to calmly spread his disease?

Cuba is pleased with what it has accomplished. Every individual, regardless of political affiliation, religion, or social status, receives free care, which if he is HIV-positive costs \$14,000 in a sanatorium and, if he has AIDS, some \$24,000 in a hospital.

The Notimex cable mentioned above emphasized in its last few lines that "the most successful case of combating AIDS has been Cuba." The revolution's humane and heroic policy to safeguard the health of its people is a fact and its results can be displayed to the world.

HONDURAS

AIDS Case Total Reaches 2,549

93WE0391A Tegucigalpa LA TRIBUNA in Spanish
3 Apr 93 p 7

[Excerpt] With the 160 cases reported in March, the number of cases of acquired immune deficiency syndrome (AIDS) reached a total just prior to Holy Week of 2,549.

In this connection, epidemiologist Cesar Antonio Nunez said that "the preliminary report indicates that the 160 new cases do not represent a massive increase, but rather an accumulation of previously unreported cases."

The fateful figures have been increasing at an alarming rate in 1993, since in the first quarter of the year alone, 300 cases were reported, the majority of them in Cortes.

Between the time the disease first appeared in 1985 and the end of 1992, the total number of cases reported was 2,189.

Reports of AIDS cases are provided to the health regions as confidential information, and are placed in a file established for the purpose of monitoring this disease. [passage omitted].

JAMAICA

Health Minister Discusses Government AIDS Programs

*FL1106123693 Bonaire Trans World Radio in English
1100 GMT 11 Jun 93*

[Text] AIDS continues to be a scourge worldwide, affecting Caribbean islands as well. Jamaica's Health Minister Easton Douglas describes what steps are being taken in the way of prevention in Jamaica.

[Begin recording] When you are dealing with HIV and AIDS, you are dealing with something that is sometimes difficult to speak about because you are speaking about sexuality and sex, and in the Caribbean, that is still a sensitive thing to talk about. People have developed severe hostility to AIDS victims that they know about. Some of them have been burned out of their homes. They have lost their jobs. They have no means of support because they are rejected even by their families, and this is another area where we the government now have to be supporting them because many of them who have been very independent and self-sufficient before have now become totally dependent on the state just for survival—for food, for clothing, for shelter.

So we have gone through [word indistinct] schools, through churches, through nongovernmental organizations. We launched relentless public education and we have established in every parish in Jamaica a clinic to deal specifically with sexually transmitted disease and also deal with the AIDS prevention program. Our supply of blood is safe. Every drop of blood that is donated through our blood bank is tested for HIV or AIDS before it is sent on at all to be transfused to anybody. [end recording]

Easton Douglas, Jamaican minister of health.

NICARAGUA

Health Workers' Understanding of AIDS Examined

*93WE0363A Managua BARRICADA in Spanish
13 Apr 93 p 1B*

[Article by Sabrina Moncada Sequeira]

[Text] Panic gripped the doctor. She had accidentally pricked her finger with a needle when taking blood from a patient with AIDS.

The test results are still unknown, but that experience taught health workers a lesson.

Every day hundreds of blood samples are drawn in Nicaraguan hospitals and the 20,488 health workers exposed to infection do not take sufficient precautions to protect themselves.

Dr. Freddy Meinhard, director of Karl Marx Hospital, said: "No matter how much we require lab technicians, doctors, nurses, and even cleaning people to protect themselves, they do not do it."

"They consider gloves, masks, and special caps and shoes a nuisance," he added.

The problem arises when patients come in who know they have AIDS but do not say so, and are treated without the necessary precautions. Most of the staff protect themselves only when they are really suspicious.

"We have tried to persuade them to use sterilized instruments, but they will only do that when there is a major outbreak of the disease, and they will know we are the ones running the greatest risk," commented the doctor.

Asymptomatic Patients and Carriers

Since 1987, 31 AIDS cases have been reported in Nicaragua, most of them in Managua. Of these, only three are still alive. However, Pan American Health Organization (PAHO) statistics say that for each HIV-positive case, there are 50 to 100 symptom-free people who are carriers.

The MINSA [Ministry of Health] estimates there are between 1,500 and 3,000 people in Nicaragua who are still asymptomatic. This means they have the disease, but no symptoms of the virus have yet appeared.

"No interest has been shown in using the media to spread information telling people how to protect themselves from AIDS," said Meinhard, director of Karl Marx Hospital.

At Manolo Morales Hospital the head of the laboratory, Yanira Roque Trujillo, said that about five or six years ago the lab personnel protected themselves, "if possible, by using double protections, but not now."

Another problem is that the workers believe AIDS affects only people who are promiscuous, homosexuals, drug addicts, and prostitutes. "They feel immune to the disease," said the Karl Marx Hospital director.

Blanca Acuna, a lab worker at Manolo Morales Hospital, said: "Not even the doctors use gloves when taking blood, except when they know there is a probability of infection."

"Also, you are not only taking blood samples; there are other jobs to do and gloves get in the way."

Martha Montano, a lab technician at Karl Marx Hospital, confirmed that statement. "With gloves on, the test tubes tend to slip, and I lose sensitivity when taking samples. Also, the masks are not good quality," she said.

AIDS tests are not done when a patient goes to the operating room, which places the doctors, nurses, and anesthesiologists at greater risk. But "we cannot do the test without the patient's consent, and the patient can refuse a request to be tested," added the director of Karl Marx.

In addition, the Health System does not include AIDS testing among its requirements for people seeking jobs. "It would be enormously expensive to test everybody. MINSA cannot afford that," said Blanca Acuna.

This disease, with its aura of fatal illness, mystery, taboo, blame, and religious scruples, forces its carriers to keep their condition a secret to avoid discrimination. Still, they do not realize that with their silence they may be marking the lives of other people.

ISRAEL

AIDS, TB Among Ethiopian Immigrants

*TA0806150493 Tel Aviv DAVAR in Hebrew 8 Jun 93
p 5*

[Report by Uri Sharon]

[Excerpts] A medical examination of 13,934 of the 50,000 Ethiopian immigrants in Israel, has found that 243 are carrying the AIDS virus. Their condition may deteriorate and they may contract the disease. Of them, 115 are between the ages of 31 and 50. The data was presented by Professor Shim'on Pollak of Rambam Hospital at a seminar held yesterday on illnesses among the Ethiopians. [passage omitted]

Among those examined, the percentage of carriers of the virus is 1.75 percent compared to 0.04 percent among the general Israeli public. [passage omitted]

[Jerusalem Qol Yisra'el in English at 1000 GMT on 8 June reports that "some 120 cases of tuberculosis have been detected among Ethiopian immigrants in several caravan sites. Health officials say many more have apparently not been detected yet."]

JORDAN

Health Ministry Announces 86 AIDS Cases in Country

*JN1905100093 Amman JORDAN TIMES in English
19 May 93 p 3*

[Excerpt] Amman—The Health Ministry Tuesday announced that the number of people who are registered

as HIV positive or infected by the AIDS (Acquired Immune Deficiency Syndrome) virus since 1986 has reached 86.

The cases include 67 Jordanian citizens and 19 non-Jordanians, according to Sa'd Kharabishah, director of the Health Ministry's Department for Combating Diseases.

Out of the total number, 56 were infected by the virus outside Jordan and 30 inside the Kingdom, said Dr. Kharabishah at the opening of a Health Ministry-organised workshop on AIDS in Jordan.

In December 1992 Health Minister 'Arif al-Batayinah reported that the number of people registered as HIV positive in Jordan stood at 79, and noted that most of the cases resulted from blood transfusions conducted abroad. [passage omitted]

LEBANON

Health Minister Reports 190 AIDS, HIV Cases

*NC2805211893 Paris AFP in English 2025 GMT
28 May 93*

[Text] Beirut, May 28 (AFP) - Lebanon has documented 190 cases of full-blown AIDS symptoms and infections of the Human Immuno-deficiency Virus (HIV) which causes AIDS, Health Minister Marwan Hamadah told AFP Friday.

Hamadah, who called for registration of each new case, said six prison inmates were among those infected.

However, he could not say how many of the 190 sufferers had full blown AIDS, and how many were HIV positive.

He told reporters after a meeting of the government's National Committee to Combat AIDS that two new bodies had been formed, one charged with educating the public about AIDS and the other to draw up legislation dealing with the disease.

Kazakh AIDS Program Seeks Sponsors

93WE0321B Almaty KAKAVAN in Russian 8 Jan 93
p 4

[Article: "'Anti-AIDS' Is Looking for Sponsors"]

[Text] In the context of a month-long campaign associated with the struggle against and prevention of the plague of the 20th century, the Karaganda Oblast Association Anti-AIDS is planning to conduct testing of the populace with the help of local newspapers. After having first answered in more detail a number of other, related questions, the readers will be asked to answer the question, "Am I threatened by AIDS?" The association staff members have called upon their fellow citizens to avoid casual sex in order to avoid the fatal disease. After all, according to the statistics, every second AIDS patient dies.

And although only three of the republic's 18 cases of HIV infection have been recorded in Karaganda Oblast, one can understand the medical profession's alarm. After all, only a small number of citizens have undergone the testing. It's possible that among the rest of the citizenry who have not been "tapped" by the test, there may be unsuspecting HIV-infected individuals walking around. Especially since 70 Karaganda residents have had a positive reaction to the AIDS test. That's from among those tested, of course.

The new treatment-prevention base for the oblast center for the prevention of AIDS will help to correct the situation. Right now, repair work is about to be finished in the polyclinic and the hospital. A course of treatment for one patient in that hospital will cost 2,000 rubles [R]. To guarantee its patients more effective treatment, the center needs to acquire a Finnish apparatus for AIDS diagnosis. Its cost—R6 million.

The medical people don't have that kind of money. Their only hope is for help from well-to-do sponsors.

Chelyabinsk Committee To Combat STDs, AIDS

93WE0321G Moscow TRUD in Russian 12 Mar 93 p 1

[Article: "Chelyabinsk: Yet Another Misfortune"]

[Text] An interdepartmental committee to combat STDs and AIDS has been revived in Chelyabinsk. That is a result of the fact that here, in the last two months, the number of individuals with syphilis has risen fivefold. The city's chief venereal disease specialist, Lyudmila Buylanova, called the situation threatening. Specialists link the outbreak of syphilis with growing unemployment and the large number of homeless, reports the EUROPEAN-ASIATIC NEWS.

Latest AIDS Figures for Ukraine Reported

934K0994A Kiev URYADOVYY KURYER
in Ukrainian 13 Apr 93 p 8

[Unattributed report: "AIDS Knows No Borders"]

[Text] Data from the Ukrainian Center for the Prevention of and Fight Against AIDS indicate the following:

From 1987 through January 1993, 303 cases of HIV infections were discovered in Ukraine; included among these were 191 foreigners and 112 Ukrainian citizens.

Among the HIV-infected Ukrainian citizens 15 were children; nine of them caught the disease from their mothers, one child caught it from a blood transfusion containing HIV, and five caught it in connection with medical procedures.

During this same period 12 persons were discovered to be ill with AIDS; among them were five children. Nine persons died: four children and five adults.

Carriers of the virus were discovered in 21 Ukrainian oblasts, the Republic of Crimea, and the cities of Kiev and Sevastopol. The worst oblasts with regard to HIV infections were as follows: Odessa (43 cases), Donetsk (9), Dnipropetrovsk and Kharkov (6 each), Transcarpathia (5), and the city of Kiev (18). There were also persons with this infection in other regions.

There is evidence and suspicion that this epidemic process will continue to intensify. Thus, for example, beginning in 1989, there has been a yearly increase in the number of HIV infections among Ukrainian citizens: in 1989-16, in 1990-19, in 1991-21, and in 1992-30 cases.

The principal path for transmitting this infection is sexual (66 percent), from mother to child (0.8), in connection with medical procedures (7.1 percent), and in connection with blood transfusions (4.5 percent).

Among the carriers of the AIDS virus there is a predominance of persons between the ages of 20 and 39 years.

During the 1987-1992 period HIV infections were most frequently discovered among persons who had sexual contacts with persons suffering from AIDS or who had venereal diseases, but rarely among blood donors or pregnant women.

During the first quarter of this year eight HIV infections have been registered. Three of them were discovered in Kiev, and one each in Kirovgrad, Nikolayevsk, and Chernovets oblasts.

Georgia: Doctors Establish 'Anti-AIDS' Association

AU0106170193 Tbilisi NOVAYA GAZETA in Russian
No. 18 May 93 p 2

[Unattributed article: "'Anti-AIDS' in Georgia"]

[Text] Is the problem of AIDS a topical one for Georgia? It is in the view of Georgian doctors specializing in infectious diseases who have recently formed the association "Anti-AIDS."

The plague of the 20th century, as journalists like to call this disease, resembles a time bomb. The new association—whose founders, in addition to doctors, are people of other professions—intends to counter this bomb with a system of defensive measures that are mostly of a

preventive character, something which is extremely necessary today: Times of troubles have always been accompanied by infectious diseases.

'No Outbreaks of AIDS' in Hospitals

LD1905180293 Moscow *ITAR-TASS World Service*
in Russian 0924 GMT 19 May 93

[By *ITAR-TASS* parliamentary correspondent Lyudmila Ermakova]

[Text] Moscow, 19 May—To date “there have been no outbreaks of AIDS within hospitals in Russia,” according to Yevgeniy Belyayev, chief state public health officer of the Russian Federation and chairman of the State Committee for Public Health and Epidemiological Supervision. He was addressing today’s sitting of the Supreme Soviet’s Soviet of the Republic (one of the two parliament’s chambers), presenting the federal targeted program for the development of the state public health and epidemiological service in the Russian Federation in 1993-95.

Thanks to the implementation of a set of preventive measures which “have made it possible to erect a barrier preventing the spread of AIDS within hospitals, there has been no ‘upsurge’ in the HIV-infection,” Yevgeniy Belyayev said. Since the registration was started, a total of 582 cases of the HIV-positive have been registered, of which 72 have AIDS; more than 300 of these are foreigners, and they have been deported from the country. The chief public health officer said an “anti-AIDS” program is being drawn up.

Republic Registers Six HIV-Infected Patients

LD0206191893 Moscow *ITAR-TASS in English*
1751 GMT 2 Jun 93

[By *ITAR-TASS* correspondent Feodor Angeli]

[Text] Chisinau June 2 TASS—Six HIV-infected people are now registered in Moldova, after 20 foreign students, who had tested positive in AIDS examination were sent out of the country and two locals died of the disease, according to chief doctor of the republic’s centre for prevention and treatment of the Acquired Immune Deficiency Syndrome.

The parliament of Moldova passed a law on preventing and combatting this “plague of the 20th Century”. Starting this year, specialists have been administering tests worked out at the French Pasteur Institute at the central and zonal laboratories.

Some people in the republic insist that the simplification of the border crossing procedure poses a potential threat of further spread of the HIV infection in the republic. A number of physicians have spoken out for the legitimatisation of prostitution, which, according to them, could serve as an effective measure to prevent the uncontrolled spreading of AIDS because many people in the danger group would be under medical supervision.

Problems of AIDS Center; Sixteen Cases Reported

AU1506143493 Tbilisi *SVOBODNAYA GRUZIYA*
in Russian 5 Jun 93 p 3

[Tinatin Gviniashvili article: “Problem”: “Tomorrow Will Be Late”]

[Excerpts] The spread of the AIDS virus throughout our republic is rightly arousing the extreme alarm of the medical world. According to information from the Republican AIDS and Immunodeficiency Center, just over the last four years 16 people infected with the virus have been detected: Five of these were foreigners and were deported, while the remaining 11 are our compatriots. Of these two have already died while the other nine, eight of whom live in Tbilisi, are alive and in a wholly satisfactory condition. Their ages range from 23 to 45 and one is female.

In comparison with other statistics, the situation in Georgia regarding this problem does not seem, at first sight, to be so alarming. However, this is only at first sight. If we take account of the fact that each person who has not been tested for AIDS is a potential carrier of the virus....

As specialists have stated, it is somewhat difficult to determine the source of the infection, particularly if the infected person has spent a long time abroad. As for these nine persons, they contracted the infection in different ways: Two of them are drug addicts, several are bisexual, and only one has been infected parenterally (medically).

As regards the Republican AIDS and Immunodeficiency Center, it can unequivocally be said that one has to be a real hero, almost a “kamikaze” to struggle against this menacing disease in the conditions in which our medical workers have to work. It does not have its own premises but occupies part of a building where it is treated like the poor relative and where it is terribly cramped with people and apparatus and equipment literally on top of each other. Yet, the most complex processes of diagnosis and all kinds of experiments and research into the “plague of the 20th century” are being conducted there. The situation is made more complicated by the unstable economic and political situation in the republic, which creates additional difficulties regarding the procurement of essential specimens and agents. It would not be surprising if, in such conditions, the “condemned” (God forbid!) doctors were themselves to be added to the so-called “risk group.”

Nevertheless, the center is continuing its painstaking work: It keeps the AIDS patients under observation, maintains under its control a network of 29 laboratories spread throughout the republic, and conducts tests on the “risk groups” and all who want to be tested and, naturally, those who have returned from spells abroad. [passage omitted]

CYPRUS

Authorities Claim AIDS Not on Rise

NC0406081693 Nicosia THE CYPRUS WEEKLY
in English 4 Jun 93 p 5

[Text] Health authorities said yesterday they had identified two new cases of AIDS in May, but added that the trend of new cases of the disease did not appear to be on the rise.

A statement from the Ministry of Health said this did not justify complacency because the figures are believed to give only a partial indication of the real picture.

They said two new cases of AIDS involved a 49-year old Cypriot man and a foreigner who had come to the island to work.

There have been nine cases of AIDS in Cyprus so far this year—six foreigners, who have since left the island, two Cypriot men and a 39-year old Cypriot woman.

The total number of AIDS cases identified here so far is 139, 74 of whom were Cypriots, 66 men and eight women.

Of the 74 Cypriots, 10 have died from AIDS and two from other causes. Fourteen carriers live permanently abroad.

DENMARK

AIDS Prevention Group: Number of HIV Cases Stable

93WE0416A Copenhagen BERLINGSKE TIDENDE
in Danish 25 May 93 p 7

[Article by Kirsten Sorrig: "AIDS Infection Under Control"]

[Text] The spreading rate of AIDS in Denmark has stabilized. The doomsday prophecies of an uncontrollable contagion did not pan out, although 200 Danes acquire AIDS every year and every single day a new HIV-positive is found.

"It is a good sign that the number of new cases is no longer rising. Still, 200 is an unreasonably high number," said the chairman of the AIDS Foundation, Dr. Jens Ole Nielsen, yesterday at the foundation's annual meeting. At the meeting he rejected all demands for tighter registration or stiffer measures for handling the infected.

"We are tired of the constant proposals for laws and punishment. You cannot control people's sex lives with laws and punishment and there are many indications that here in Denmark we have approached the matter sensibly," he said.

"For example, there has never before been so few instances of sexual disease in Denmark. Syphilis is largely exterminated."

Nielsen criticized officialdom for having cut appropriations to AIDS research so drastically, among other

things, cutbacks in appropriations to the National Health Sciences Research Council.

GERMANY

Health Minister Cites Figures on HIV Infections

AU1406170193 Berlin BERLINER ZEITUNG
in German 8 Jun 93 p 10

[Birgit Ulrich report: "Seehofer: All-Clear Signal Unjustified!"]

[Excerpts] Berlin—At the Ninth International AIDS Congress, which opened in Berlin yesterday, FRG Health Minister Horst Seehofer (Christian Social Union) came out against any kind of compulsory tests for AIDS. [passage omitted]

Since AIDS became known about 10 years ago, about 60,000 people in Germany have been infected by the HIV virus, the German health minister reported. The disease has broken out fully in about 10,000 Germans. Half of them have already died.

The situation in the new laender is considerably more favorable: Only 0.6 percent of the German citizens infected with the deadly virus live there.

In total, however, the curve of the spreading of AIDS in Germany has been considerably "less steep" than predicted by experts in the middle and at the end of the 1980's, Seehofer said. He traced this fact back to a successful national AIDS policy. [passage omitted]

NORWAY

New AIDS Definition Encompasses More Patients

93WE0410A Oslo ARBEIDERBLADET in Norwegian
22 Apr 93 p 20

[Article by Bodil Bakken: "New AIDS Definition"—introductory paragraph in boldface as published]

[Text] **Beginning with the New Year, the definition of AIDS has been broadened. The result is that Norway and the rest of Europe now have different illness criteria than the United States.**

Tens of thousands of HIV-positive Americans will be added this year to the statistics of AIDS sufferers. The reason is that the United States has changed the diagnostic criteria of what AIDS is.

As of the New Year, the definition of AIDS has also been changed in Norway and Europe. We have not gone as far as the Americans however.

"With us, the new criteria will hardly lead to any dramatic increase in the AIDS figures," Public Health medical director Vigo Hasselvedt tells ARBEIDERBLADET.

Three HIV Groups

In this country and in other European countries, three new HIV-positive groups are affected by the new definition.

Women with cervical cancer, persons with tuberculosis of the lungs, or persons who, in the course of one year, repeatedly catch pneumonia caused by specific bacteria. Earlier, these HIV patients have not been diagnosed as having AIDS, but this is now happening.

More Difficult

The United States has gone further and has allowed the AIDS diagnosis to apply additionally to HIV-positive individuals with a low cell count, something that implies that the patient is sick and has weakened immunity defenses. It is especially this that will cause the U.S. AIDS curve to dart upwards.

"From now on, it will be more difficult to compile international AIDS statistics. With differing definitions in the United States and Europe and with a significant underreporting in African countries, it becomes intricate," says medical director Hasselvedt.

Small Effect

There are between eight and 15 HIV patients in the infectious medicine department at Ullevål Hospital at any particular time. Many of them have weakened immunity defenses and a low cell count. In the United States, they would have gotten a diagnosis of AIDS. In our country, they are "only" HIV-positive.

"If the new AIDS criteria will have any effect at all here, we probably will see this in the HIV-positive group with frequent pneumonia. This is most widespread among HIV-positive drug abusers," says Prof. Johan Brunn of the medical department at Ullevål Hospital.

Otherwise, the new demands will have little significance, he thinks.

"But for the patients, this is not favorable. It is a greater shock for a someone who is HIV-positive to be diagnosed with AIDS than pneumonia," says Brunn.

SWEDEN

New Antibody Reduces HIV Risk for Babies

93WE0388B Stockholm DAGENS NYHETER
in Swedish 12 Mar 93 p 5

[TT (Press Wire Service) report: "New Treatment Reduces HIV Infection"]

[Text] Swedish researchers have developed an antibody that reduces the amount of virus during HIV infection.

The hope in the long run is to prevent the virus from being transferred from HIV-infected mothers to their children.

"It is completely new that we can imitate an HIV antibody," says Prof. Britta Wahren at the National Bacteriological Laboratory.

However, she stresses that many questions remain to be answered before this method of treatment reaches the HIV infected.

The antibody treatment can also work for recently infected persons. Finally, the antibodies can reduce the amount of viruses late in the course of the disease for AIDS.

Sweden First To Try Large-Scale AIDS Vaccination

93WE0418B Stockholm DAGENS NYHETER
in Swedish 27 May 93 p 5

[Article by Kerstin Hellbom: "Promising Start for 'AIDS Vaccine'"]

[Text] The Southern Hospital in Stockholm has now recruited 160 of the approximately 1,000 HIV-positive individuals who are to be "vaccinated" against AIDS. Sweden will be the first to conduct large-scale vaccination tests now that the first tests on a smaller scale have yielded promising results.

"What we can say with complete certainty is that we have not harmed anyone. And it looks as though we may actually be able to influence the immune system in the right direction," says Eric Sandstrom, chief physician at the Venereal Disease Clinic at the Southern Hospital, which together with the National Bacteriological Laboratory is conducting the tests.

It has now been 19 months since the first HIV-positive individuals in Sweden were "vaccinated" against AIDS. The hope then was that it would be possible to slow the infection's development into AIDS by strengthening the body's own defenses against the virus, and so far the results have seemed promising.

The idea was to induce the immune systems of HIV-infected individuals to produce more of the antibodies and cells that attack the virus by "immunizing" those patients with protein from the surface of the virus. It sounds risky, and concern over the side effects was therefore great. For example, it was feared that the HIV infection already existing in the patients would be activated, and as a result, half of the test subjects also received doses of the inhibitory drug AZT [Azidotimidine].

Forty patients were recruited, all with relatively well-preserved immune systems—that is, with more than 400 T-helper cells per microliter of blood. Over a six-month period, they received injections of HIV's gp 160 protein once a month.

The first thing noted was that the average number of T-helper cells increased during the "immunization period" and that their number then declined to the point that after one year, it was back where it started.

It was also found that HIV antibodies—the protein produced by the immune system to fight the "enemies" in the body—multiplied in all the patients. The newly formed antibodies were also seen to be of good quality;

they attacked not only the injected gp 160 but also the HIV strains with which the patient was infected. Finally, it was found that the virus population declined.

"A very encouraging result," says Eric Sandstrom.

The result in those who had not received AZT was no worse than in the others—perhaps the opposite. The problem was, however, that after one year the patients were back where they started. Tests in which the patients were revaccinated were therefore begun four months ago, and it turns out that the T-helper cells in most of the patients are multiplying again to some extent.

"The very latest results show that the trend is not negative," says a cautious Sandstrom.

One thousand HIV-positive individuals from the Scandinavian countries will now be "vaccinated" with gp 160.

Similar large-scale tests are under way in the United States, but they have been delayed by controversies over money. This may mean that Sweden will be the first to answer the question of whether the method really works as an AIDS-inhibiting vaccine.

Another method, still at the laboratory stage, is to produce certain types of antibodies to the virus by synthetic means and then to inject them.

Antibodies have been produced, but so far no tests have been started, not even on animals.

'Downward' Curve in Number of AIDS Cases

93WE0418A Stockholm DAGENS NYHETER
in Swedish 27 May 93 p 13

[Article by Benny Oinert: "AIDS Epidemic Has Been Slowed"—introductory paragraphs in boldface as published]

[Text] **The Swedish AIDS epidemic seems to have passed its peak.**

"In 1991 there were 140 new cases, while the number fell to 130 in 1992," says state epidemiologist Margareta Bottiger. "It appears that the peak was passed last year and that the curve is now turning downward."

In all, 810 AIDS cases and 3,409 cases of HIV infection have been recorded in Sweden. The figures on AIDS cases indicate that over 50 percent of those infected in the early 1980's have now fallen ill with AIDS.

"The figure on new cases of HIV infection is holding steady at around 30 per month, but the number of infected Swedes has gradually fallen," says Bottiger.

Two-thirds of the cases now being reported are foreigners. Of the 91 cases reported during the first quarter of this year, 24 were Swedes and 47 came from Africa.

Bottiger was reporting on recent developments during a reporter's seminar held at the Caroline Institute in Stockholm on Wednesday in preparation for the international AIDS conference scheduled for Berlin at the beginning of June.

The conference will include several Swedish studies on how it may be possible in the future to strengthen the immune system both by preventive vaccination and by medication of those already infected.

While the trend seems stable in Sweden, international forecasts are all the more disturbing.

"There are big variations in forecasts," says Bottiger. "It is estimated that between 40 million and 110 million people will be infected by the year 2000."

Increase in Asia

The disease is continuing to spread most rapidly in Africa, but the number of infected individuals is expected to rise quickly in Asia, which may pass Africa around the turn of the century.

"India was once an unknown quantity in this connection, but information on how women in the untouchable class are used almost like cattle is frightening," says Bottiger.

Many girls disappear from the countryside and wind up in bordellos in the cities. Often they stay only six months in each bordello before being moved somewhere else.

According to Bottiger, the inferior status of women in many parts of the world is a strong contributing factor in the spread of infection.

At the conference in Berlin, Gunnel Biberfeld, who is a professor of clinical immunology, will report on vaccination tests conducted on monkeys.

Cautious Optimism

The results of those tests indicate that it is possible to produce protective immunity in half the cases by vaccinating individuals with a purified surface protein from the HIV-2 virus.

But since the virus can vary in different individuals, it is important to produce broader immunity in people.

By infecting four monkeys with an HIV-2 strain that multiplies for only a short time in the monkeys, researchers have been able to produce a weakened vaccine.

UNITED KINGDOM

April AIDS Figures Reported

BR0306100293 London Hermes Database in English
25 May 93

[UK press release from Scottish Office: "Latest AIDS Figures for Scotland"]

[Text] An additional seven AIDS cases were reported in Scotland during April making the cumulative total 402. The figures issued by The Scottish Office also show that six further deaths from the disease have been reported bringing the cumulative total to 272.

In the UK the number of reported cases of AIDS has risen to 7460—an increase of 119 over the March 1993

figures. The total number of deaths from the disease reached 4,675 last month compared with 4,572 in March.

Of the 402 reported cases in Scotland 46 percent are related to sexual intercourse between men and 31 percent to injecting drug use. The comparable figures for the rest of the UK are 77 percent and three percent, respectively.

Notes to News Editors

1. Details of the process of compiling this data and the categories used are available on request.
2. Epidemiological surveillance of the Acquired Immune Deficiency Syndrome (AIDS) was begun at the PHLS Communicable Disease Surveillance Centre (CDSC) in collaboration with the Communicable Diseases (Scotland) Unit (CD(S)U) in 1982. The figures announced today are the cumulative totals of cases reported. The case definitions of AIDS compiled by the U.S. Centre for Disease Control in Atlanta, Georgia are used for classifying and recording the UK case reports.
3. Because of the nature of the reporting system, the number of cases of AIDS reported each month does not accurately reflect the number of cases diagnosed during the period.
4. It should be noted however that in view of the long interval between infection with HIV and the development of AIDS, the trends of AIDS cases and deaths and their distribution between risk groups are not indicators of the current progress of spread of HIV infection.
5. News releases setting out the latest Scottish AIDS figures are issued by The Scottish Office monthly. Quarterly breakdowns of known HIV antibody positives are issued with the AIDS figures in the month which follows the quarter to which they refer.

Report Predicts Spread of AIDS Among Heterosexuals

BR1506131393 London Hermes Database in English
14 Jun 93

[UK press release from Department of Health: "Latest AIDS Predictions Vindicate Government's Approach"]

[Text] A new report predicting the spread of AIDS up to the end of 1997 was published today.

The report [Footnote] [The full report, The incidence and prevalence of AIDS and other severe HIV disease in England and Wales for 1992-1997: projections using data to the end of June 1992 is published by the Public Health Laboratory Service. Previous reports on HIV/AIDS projections for England and Wales were published in November 1988 and January 1990.] indicates that the number of AIDS cases will soon plateau among homosexual men and that HIV infection is declining among drug misusers. But the report also predicts a steady

increase in new cases of AIDS among heterosexuals, and that this will continue for at least the medium term.

Baroness Cumberlege, Parliamentary Secretary at the Department of Health, said: "This report indicates that real success has been achieved in controlling HIV and AIDS in the UK since the disease emerged in the early 1980s. The figures vindicate the policies the Government has put into place to fight the disease. The UK now has one of the lowest estimated HIV prevalence rates in Western Europe. There are around six times as many cases in France, four times as many in Spain and three times as many in Italy."

But she went on: "If we are to maintain our relatively favourable position, the UK must keep up its prevention work—both to remind existing generations and to teach new ones."

The Minister said that the strategy for dealing with the disease would be kept under review.

"With increasing knowledge of the disease and experience of dealing with it, I believe the time is right to examine elements of our strategy to ensure that we continue to meet the challenge it presents."

Key elements of that strategy will include:

- encouraging appropriate behaviour change by increased targeting of sections of the population at particular risk, including homosexual and bisexual men and drug misusers;
- sustaining and improving general public awareness, including a new "Travel Safe" campaign aimed at those travelling abroad;
- continuing to make HIV testing facilities more widely known, and encouraging health authorities to commission additional accessible HIV testing sites;
- continued funding for the voluntary sector. The Government will carry on distributing grants on a yearly basis taking into account developing health priorities and the ability of voluntary bodies to raise funds from other sources for HIV/AIDS work.

"The Government's present and future commitment to policies in this area is demonstrated by its inclusion of HIV/AIDS with sexual health—along with other health priorities such as heart disease, cancer and mental illness—as one of five key areas in 'The Health of the Nation' strategy," said Lady Cumberlege. "At the same time the Government will continue to keep its HIV/AIDS strategy under review in the light of the developing scientific and medical knowledge about the disease."

"The forecasts in Professor Day's report show clearly that the response by the Government, general public and individuals has had a positive impact in reducing the spread of AIDS and HIV. However, the long term uncertainty about the course of the disease argues strongly for continued vigilance and the need to avoid any sense of complacency. The position of some of our European neighbours shows clearly what could happen here if the momentum of our prevention effort is lost."

WHO Reports 14 Million Infected With HIV Worldwide

*AU2105100193 Paris AFP in English 0938 GMT
21 May 93*

[Text] Geneva, May 21 (AFP)—Some 14 million people worldwide are infected with the Human Immune-deficiency Virus (HIV), the precursor of AIDS, the World Health Organisation (WHO) said Friday.

Eight million of those infected live in sub-Saharan Africa.

In some towns in central and eastern Africa one in three adults is infected, the WHO said.

Meanwhile, the epidemic of Acquired Immune Deficiency Syndrome is spreading in parts of southern and south-eastern Asia as fast as in Africa.

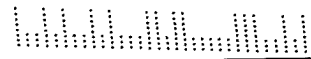
The WHO calculated that by 2000 the total number of people infected with HIV would reach 30-40 million.

NTIS
ATTN PROCESS 103
5285 PORT ROYAL RD
SPRINGFIELD VA

2

BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 352
MERRIFIELD, VA.

22161



This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, military, economic, environmental, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available sources. It should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed. Except for excluding certain diacritics, FBIS renders personal names and place-names in accordance with the romanization systems approved for U.S. Government publications by the U.S. Board of Geographic Names.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Central Eurasia, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be

provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735, or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.