

**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

AIDS

DISTRIBUTION STATEMENT A
Approved for public release
Distribution Unlimited

DTIC QUALITY INSPECTED 2

1997 1229 029

Epidemiology AIDS

JPRS-TEP-93-004

CONTENTS

22 February 1993

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

SUB-SAHARAN AFRICA

ANGOLA

- AIDS Researcher Discusses Trend in Country [Luanda JORNAL DE ANGOLA, 14 Oct 92] 1

BOTSWANA

- Estimates Indicate 60,000 Infected With HIV Virus
[Gaborone Radio Botswana Network, 22 Jan 93] 1
- Ministry Says All Districts Now Reporting AIDS Cases
[Gaborone Radio Botswana Network, 24 Jan 93] 2

BURUNDI

- AIDS Prevention Director Comments on Extent of Disease
[Bujumbura Radio-Television Nationale du Burundi Radio, 18 Nov 92] 2

IVORY COAST

- Report on AIDS Seminar [Leon Francis; Abidjan FRATERNITE MATIN, 17 Nov 92] 2

SOUTH AFRICA

- Health Department To Make AIDS, Tuberculosis Priorities [Johannesburg SAPA, 2 Feb 93] 3

SWAZILAND

- Nine AIDS Deaths last Quarter of 1992 [Mbabane Swazi Television, 4 Jan 93] 3

UGANDA

- Over 20,000 Registered AIDS Cases [Alma-Ata KAZAKHSTANSKAYA PRAVDA, 29 Aug 92] 3

ZAMBIA

- AIDS Cases Fill 50-70 Percent of Hospital [Lusaka TIMES OF ZAMBIA, 2 Oct 92] 3

ZIMBABWE

- AIDS Awareness Not Altering Behavior [Harare THE SUNDAY MAIL, 18 Oct 92] 4
- Government Releases 'Alarming' AIDS Statistics [Johannesburg SUNDAY TIMES, 29 Nov 92] ... 4
- Army Contests Statement on HIV Infection Rate Among Troops
[Johannesburg SAPA, 25 Jan 93] 5

CHINA

- WHO Official: Time Running Out for China To fight AIDS [Hong Kong AFP, 1 Dec 92] 6
- Worker Contracts AIDS Virus While Overseas
[Shenyang Liaoning People's Radio Network, 1 Feb 93] 6
- Ability To Control AIDS Said Inadequate [Hong Kong ZHONGGUO TONGXUN SHE, 3 Jan 93] 6

Cabinet Discusses AIDS; Economist Warns of Threat to Reform	[Hong Kong AFP, 8 Feb 93]	6
EAST ASIA		
BURMA		
Health Minister Returns From India AIDS Conference	[Rangoon Radio Burma, 14 Nov 92]	8
CAMBODIA		
Writer Discusses AIDS Awareness	[Phnom Penh PRACHEACHON, 6 Sep 92]	8
National Anti-AIDS Committee Set Up; 45 Positive Cases	[Phnom Penh SPK, 26 Nov 92]	8
INDONESIA		
Minister Discloses Anti-AIDS Budget Allocation	[Jakarta Radio Republik Indonesia Network, 2 Feb 93]	8
Irian Jaya Official Discloses AIDS Infection Figures	[Jakarta ANTARA, 8 Feb 93]	9
JAPAN		
Number of People With AIDS Or HIV Doubles in 1992	[Tokyo KYODO, 26 Jan 93]	9
Clinton, Watanabe Agree To Put AIDS on Summit Agenda	[Tokyo KYODO, 12 Feb 93]	9
Watanabe Proposes Japan-U.S. Fight Against AIDS in Asia	[Tokyo KYODO, 16 Feb 93]	9
SOUTH KOREA		
Health Ministry Reports AIDS Cases in 1992	[Seoul YONHAP, 30 Nov 92]	10
Seven New Cases of AIDS in January	[Seoul YONHAP, 30 Jan 93]	10
MALAYSIA		
Cabinet Approves Additional Funds for AIDS Prevention	[Chan Cheng Tuan and S. Kumaraguru; Kuala Lumpur NEW STRAITS TIMES, 11 Feb 93]	10
PHILIPPINES		
Foreigners To Need AIDS-Free Certification for 21-Day Stay	[Butch Franco and Regina Bengco; Quezon City MALAYA, 12 Feb 93]	11
THAILAND		
AIDS Study Focus by Risk Group	[Bangkok PHU YING NAEON, 2 Nov 92]	11
Thai Red Cross Urged To Screen Blood for New 'Deadly' Virus	[Bangkok THE NATION, 24 Nov 92]	12
Chiang Mai Hospital Treating AIDS-Infected Babies	[Bangkok THE NATION, 26 Jan]	13
Medical Official Views AIDS Problem; Provides Statistics	[Bangkok BANGKOK POST, 26 Jan 93]	13
'Conflict' Over AIDS Testing Continues Between Agencies	[Bangkok THE NATION, 27 Jan 93]	14
Doctor Addresses 'Guinea Pig' Issue on AIDS Test	[Bangkok Army Television Channel 5, 29 Jan 93]	14
Confusion Persists Over Testing AIDS Vaccine	[Bangkok BANGKOK POST, 2 Feb 93]	14
Ministry Notes Over 100 Percent Rise in AIDS Sufferers	[Bangkok BANGKOK POST, 11 Feb 93]	15
VIETNAM		
Government Issues Decree on Compulsory AIDS Testing	[Hong Kong AFP, 18 Jan 93]	15

EAST EUROPE

ROMANIA

Health Ministry Releases Data on AIDS Cases [Bucharest ROMPRES, 1 Feb 93] 16

LATIN AMERICA

REGIONAL AFFAIRS

Carec Expects 1,000 New AIDS Cases by Year End [Bridgetown CANA, 18 Nov 92] 17

CUBA

Health Minister Terry Speaks on AIDS [Havana Cuba Vision Network, 20 Jan 93] 17

HONDURAS

AIDS Cases Total 1,124 Nationwide [San Pedro Sula TIEMPO, 12 Oct 92] 18

JAMAICA

Health Minister Discusses AIDS Situation in Country [Bonaire Trans World Radio, 12 Feb 93] .. 18

PANAMA

High Incidence of AIDS Related Deaths
[Cesar Gomez Marin; Panama City LA ESTRELLA DE PANAMA, 25 Nov 92] 19

ST. LUCIA

Survey Shows Inadequate Understanding of AIDS [Bridgetown CANA, 16 Feb 93] 19
Health Ministry Reports 41 Cases of AIDS [Bridgetown CANA, 19 Jan 93] 20

NEAR EAST & SOUTH ASIA

ALGERIA

Investigation To Check Blood Supply Launched [Algiers EL WATAN, 8 Nov 92] 21
Uncertainty Over Safety of Blood Supply [Algiers LE SOIR D'ALGERIE, 21 Dec 92] 21

EGYPT

Health Minister Denies AIDS Spreading, Gives Figures [Cairo MENA, 20 Nov 92] 22
Health Official Reports AIDS Cases, Plan To Combat Spread
[Cairo AL-MUSAWWAR, 5 Feb 93] 22

INDIA

Estimated 10,000 Infected With HIV Virus in Delhi [Delhi INDIAN EXPRESS, 9 Aug 92] 22
Further Reportage on Fight Against AIDS 22
Northeastern States [Sekhar Datta; Calcutta THE TELEGRAPH, 30 Nov 92] 22
Cases in Bombay [Bombay THE TIMES OF INDIA, 4 Dec 92] 23
Africans Deported [Madras THE HINDU, 2 Dec 92] 23

IRAN

Total of 211 AIDS Cases [Tehran IRIB Television First Program Network, 22 Nov 92] 23
Imported Blood Cause of AIDS in Iran [Tehran KAYHAN INTERNATIONAL, 12 Dec 92] 23
Foreign Blood Products Main Cause of AIDS [Tehran ABRAR, 20 Dec 92] 24
Ads To Warn Public Against Threat of AIDS [London KEYHAN, 14 Jan 92] 24

Purchase of AIDS-Contaminated Blood Revealed [London KEYHAN, 21 Jan 93]	24
Health Official Reports 219 People Affected With AIDS Virus [Tehran IRNA, 25 Jan 93]	25
ISRAEL	
AIDS Rate in Israel Said 'One of the Lowest' [Jerusalem Qol Yisra'el, 26 Nov 92]	25
PAKISTAN	
NWFP Said To Lead in Number of AIDS Patients [Syed Bukhar Shah; Peshawar THE FRONTIER POST, 28 Oct 92]	26
Regional AIDS Statistics Reviewed [Mirza Naqi Zafar; Karachi DAWN, 13 Dec 92]	26
SRI LANKA	
Editorial Stresses Dangers From AIDS [Colombo DAILY NEWS, 2 Dec 92]	27
CENTRAL EURASIA	
Commentary Examines AIDS Threat, Legal Measures [Kiev Radio Ukraine World Service, 4 Aug 92] ...	29
Venereal Diseases in Soldiers [Moscow PATRIOT, 1 Sep 92]	29
AIDS in Moldova [Moscow NEZAVISIMAYA GAZETA, 15 Sep 92]	29
AIDS in Ukraine [Moscow NEZAVISIMAYA GAZETA, 15 Sep 92]	29
Ukrainian Presidential Directive on AIDS Decree [Kiev GOLOS UKRAINY, 23 Sep 92]	29
Ukrainian Statute on National AIDS Committee [Kiev GOLOS UKRAINY, 23 Sep 92]	30
Alarming Theme: AIDS Among Us [A. Shcherbytska; Kiev DEMOKRATYCHNA UKRAYINA, 24 Sep 92]	31
AIDS in Bukovina [S. Petryk; Kiev DEMOKRATYCHNA UKRAYINA, 24 Sep 92]	32
Lack of Funding Threatens AIDS Program, Research [Roza Sergaziyeva; Moscow ROSSIYSKIYE VESTI, 21 Oct 92]	33
Obstacles to AIDS Prevention Education in Lithuania [Tallinn THE BALTIC INDEPENDENT, 4-10 Dec 92]	34
Seminar Participants on AIDS Awareness [Tallinn THE BALTIC INDEPENDENT, 4-10 Dec 92]	35
Known AIDS Cases Said To Be of Unusual Type [Kiev HOLOS UKRAYINY, 23 Jan 93]	35
Official Says New Type of AIDS Discovered [Moscow INTERFAX, 27 Jan 93]	36
Compulsory AIDS Tests on Frequent Visitors [Hong Kong AFP, 28 Jan 93]	36
New Laser Blood Test Device Eliminates AIDS Risk [Veronika Romanenkova; Moscow ITAR-TASS, 28 Jan 93]	37
Government To Require All Foreigners To Pass AIDS Test [Tashkent Uzbekistan APN, 4 Feb 93]	37
Moscow, Oblast Have 27 AIDS Cases, 103 HIV-Positive [Moscow IZVESTIYA, 4 Feb 93]	37
Supreme Soviet to Discuss Bill on AIDS Preventive Measures [Moscow ITAR-TASS, 8 Feb 93]	37
WEST EUROPE	
AUSTRIA	
Latest AIDS Figures Published [Salzburg SALZBURGER NACHRICHTEN, 1 Dec 92]	38
CYPRUS	
HIV-Positive Cases Since 1986 Detailed [Nicosia CYPRUS NEWS AGENCY, 29 Jan 93]	38
DENMARK	
Pressure To Change Existing HIV Anonymity Law [Pernille Stensgaard; Copenhagen WEEKENDAVISEN, 23-29 Oct 92]	38
More Companies Drafting AIDS Policies [Lars Kaptain; Copenhagen BERLINGSKE TIDENDE, 14 Nov 92]	40
More AIDS-Related Criminal Cases Ahead [Bent Winther; Copenhagen BERLINGSKE TIDENDE, 27 Jan 93]	40

FINLAND

Paper on Debate to Criminalize Spreading HIV [*Helsinki HELSINGIN SANOMAT, 1 Oct 92*] 40

FRANCE

Judiciary Panel Views Limitation in Tainted Blood Scandal [*Paris AFP, 22 Jan 93*] 41

GERMANY

Health Minister Reports 60,000 Infected With AIDS
[*Berlin NEUES DEUTSCHLAND, 8 Feb 93*] 42

SWEDEN

Doctors: Deport Aliens Who Spread HIV [*Stockholm SVENSKA DAGBLADET, 28 Oct 92*] 42

UNITED KINGDOM

Changes in Fight Against AIDS Announced
[*David Fletcher; London THE DAILY TELEGRAPH, 17 Dec 92*] 42

TB Patients Given Secret AIDS Tests
[*Victoria Macdonald; London THE DAILY TELEGRAPH, 27 Dec 92*] 43

INTERNATIONAL

Minsk AIDS Conference [*Anton Gubankov; St. Petersburg NEVSKOYE VREMYA, 22 Jul 92*] 44

Report on International AIDS Conference
[*Anton Gubankov; St. Petersburg NEVSKOYE VREMYA, 11 Aug 92*] 44

Tunisia to Seek Compensation for Transfusion Victims
[*Moscow KOMSOMOLSKAYA PRAVDA, 1 Dec 92*] 46

ANGOLA

AIDS Researcher Discusses Trend in Country

93WE0077A Luanda JORNAL DE ANGOLA in Portuguese 14 Oct 92 p 9

[Text] The negative effects on the development and organization of the health service resulting primarily from the war and certain factors that enhanced the spread of AIDS, such as the exodus of rural people and their settlement in urban areas, and their break with the social and cultural values and codes of conduct that are respected by closed societies in rural areas, were the issues that dominated JORNAL DE ANGOLA's interview with Dr. Teresa Cohen.

Dr. Cohen, a professor at Agostinho Neto University, has been persistently and meticulously conducting research on the disease since 1987. Recently she represented Angola at the 38th International Pharmacy Congress held in Lisbon, Portugal, where she participated in a symposium on AIDS.

Also participating in that meeting were leading international experts, such as Portuguese Professor Odete Santos, who was part of the team that identified the second AIDS virus, and Elizabeth Arevalo, a Brazilian.

Dr. Cohen said that her work at the symposium focussed on aspects of "sexual behavior in Africa," which compared Angolan data with data resulting from research performed in seven (7) [as published] countries, i.e., Zaire, Tanzania, Zambia, Senegal, Uganda, and Cameroon.

"By comparing data, we were able to conclude that with the modernization of customs, one aspect of traditional family life that had changed the most was the relationship between the married couple," Teresa Cohen said.

She went on to say that today, the traditional marriage with payment of a dowry for the wife's virginity, sexual abstinence after childbirth, and having sexual relations with only one spouse, had virtually disappeared, especially in urban areas.

These aspects of traditional life have been replaced by free unions, the professor said, in which sexual relations with various partners are permitted.

Teresa Cohen also pointed out that it is the countries located in sub-Saharan Africa where the highest rates of infection from HIV-1 and HIV-2 have been found and where these viruses have been associated the most frequently.

According to Teresa Cohen, by the year 2000, this part of Africa is expected to have a total of 14 million adults infected by HIV and over 5 million cases of AIDS. "This means that over 4 million children in Africa will be born infected by HIV by the year 2000," she indicated.

Today, African governments have agreed that Africa has been severely affected by the AIDS epidemic, because it

has over half of the 10 to 12 million men, women, and children who have contracted the infection throughout the world.

In the opinion of this researcher, even though Angola only has about 450 AIDS cases, it cannot ignore the fact that this figure is below the actual numbers, because nobody knows the real magnitude of the disease throughout the country.

"We can therefore argue that the AIDS epidemic is directly linked to socio-economic and political factors," she stressed, and added that "moreover, both are also linked to the entire development of the African continent."

Teresa Cohen said that "social, economic, and political factors are the primary causes of the spread of the infection in Angola, including the aberrant (if we can use that term) sexual behavior of the people."

According to surveys conducted in Angola, the people know that AIDS exists, but they do not have a clear understanding of the consequences of the disease and of what it represents in the life of the family. "Education is therefore essential."

At the final meeting of the scientific symposium that was part of the 38th Congress of the International Federation of Pharmacy Students, organized by the Association of Pharmacy Students of the University of Lisbon, Dr. Cohen suggested that any serious initiative aimed at controlling the spread of AIDS should not only advocate "protected sex," but also indicate alternative measures that could be implemented in the communities, and particularly affecting women, such as providing employment to combat prostitution, and improvements in medical care and treatment for sexually transmitted diseases, and most importantly creating jobs in rural areas to stem the exodus to the cities. It is important to note that Teresa Cohen is a member of the international executive committee of SWAA, the Association of Women Fighting AIDS in Africa.

BOTSWANA

Estimates Indicate 60,000 Infected With HIV Virus

MB2201193193 Gaborone Radio Botswana Network in English 1610 GMT 22 Jan 93

[Text] The Ministry of Health estimates indicate that 60,000 people are infected with the HIV virus in Botswana. It says 20,000 to 40,000 orphans may be left without support by the year 2000 as a result of the impact of the AIDS epidemic.

In its AIDS update report the ministry says this year it has allocated close to 5.5 million pula for a [word indistinct] known as the reprogramming document. It says 50 percent of the budget goes to the prevention of sexually transmitted infections, and the other half is for management, blood transfusion, laboratory services, clinical management, epidemiology, and research. The

Ghanzi District has seven full-time and two part-time local professionals supported by four international staff members who have been engaged to carry out the program. It says four United Nations volunteers are to join the program and will be responsible for home-based care and social behavior.

The report says the Ministries of the Office of the President, Education, Labor and Home Affairs; and Local Government Lands and Housing have been identified as focal points for AIDS preventative activity. The four ministries are in the process of developing AIDS plans for the year. The report says the ministry intends to buy billboards to be posted in each village and town to disseminate information. They will also be set up along main roads and border posts. It says the counselling program will continue to focus on strengthening capacity in skills and manpower for support and presenting of counselling.

The report says the HIV surveillance will expand to Chobe, Kasane, Lobatse, Kweneng, Serowe, Phalapye, and Ghanzi. Currently it is in Gaborone and Francistown.

Ministry Says All Districts Now Reporting AIDS Cases

MB2401183093 Gaborone Radio Botswana Network in English 1110 GMT 24 Jan 93

[Text] A report from the Ministry of Health says all districts are now reporting AIDS cases, but because of under-reporting and delay in reporting from the districts, the real number of AIDS cases is believed to be much higher. According to the report, by early 1992 50,000 people in Botswana were believed to be infected, 353 AIDS cases had been reported and 116 deaths.

An HIV survey showed that in Gaborone 14.9 percent of pregnant women were HIV positive, in Francistown 23.7 percent tested positive, while in Maun 12.7 percent of pregnant women were found HIV positive. Most women affected by AIDS are in the 25 to 29 age group. The pitch for men is between 30 and 34 years. It is believed women are more infected with HIV as they are more susceptible to infection both biologically and socially.

BURUNDI

AIDS Prevention Director Comments on Extent of Disease

EA191115292 Bujumbura Radio-Television Nationale du Burundi Radio in French 1100 GMT 18 Nov 92

[Excerpts] The media plays a vital role in the fight against AIDS. They were invited to take part in a media and health workshop which was held today at the World Health Organization office in Bujumbura in order to make the campaign against AIDS over the next five years a success. Marie-Jose Niyonzima reports:

Niyonzima: [passage omitted] The director of the national program for the fight against AIDS and sexually transmitted diseases tells us the extent of the AIDS epidemic in Burundi.

Begin unidentified director recording: At present in Burundi we have 7,000 AIDS patients, 92,000 HIV-positive cases, and 11,000 orphans, because of AIDS. If there is [words indistinct] and new contamination during the next five years, the number of patients will increase, the number of HIV-positive cases would increase to 141,000, and the number of orphans would be around 47,000. [passage omitted] [end recording]

IVORY COAST

Report on AIDS Seminar

AB2111122592 Abidjan FRATERNITE MATIN in French 17 Nov 92 p 2

[Report by Leon Francis Lebry on opening of the AIDS seminar in Abidjan on 16 November—passages within slantlines published in boldface]

[Excerpts] [passage omitted] The first national days on AIDS, which is being given intense publicity, opened yesterday at the auditorium of the National Assembly. It is attended by high-ranking figures from the political, economic, health, social, and religious sectors. Above all, it was opened and is being chaired by the second in command in the country, National Assembly Speaker Henri Konan Bedie. All this goes to show that the country has now departed from its policy of burying its head in the sand and moved on to the stage of national mobilization. This great mobilization shows that since the National Committee Against AIDS was established five years ago—in 1987—our country has strengthened its determination to wage war against AIDS. [passage omitted]

At present, the decentralization of the fight has been taken up in parliament because the Ministry of Health and the national committee have called for a greater involvement of parliamentarians in the national struggle. As new partners, they are expected /“to make concrete decisions and even pass adequate laws to protect AIDS patients as well as all those who test positive in general.”/ [passage omitted]

Concerning the protection of AIDS victims, the promotion of human rights and the dignity of individuals—in which much more is being expected of the lawmakers—Henri Konan Bedie promised that parliament will take action; he even deemed it worth considering the possibility of /“proposing a law on therapeutic abortion for pregnant AIDS victim, or abortion for women made pregnant by seropositive men....”/ In other words, parliamentarians could legalize the termination of pregnancy if a woman has AIDS. This is a very important political stance which will certainly be translated into action very soon. [passage omitted]

SOUTH AFRICA

Health Department To Make AIDS, Tuberculosis Priorities

*MB0202162993 Johannesburg SAPA in English 1538
GMT 2 Feb 93*

[Text] Cape Town Feb 2 SAPA—Tuberculosis and AIDS would be major priorities of the Department of National Health in 1993/94, the minister, Dr. Rina Venter, announced on Tuesday [2 February]. The AIDS modelling group had projected that by the year 2010 one in five people would be infected with the HIV virus if there was no intervention, she said at a media briefing in Cape Town. The best scenario projected by the group was that, with education programmes, 40 percent partner reduction and active condom promotion programmes, one in 12 persons would be HIV positive.

As of January, 47,764 HIV positive cases had been reported, and by October last year 1,517 had developed full blown AIDS. The national budget for direct AIDS intervention for 1992/93 amounted to more than R[and]37 million.

Dr. Venter said TB also remained one of the major health problems, and its prevalence would increase as HIV infection increased. The number of notified cases of TB had doubled from 44,781 in 1972 to 73,906 in 1991. To combat the disease, the TB advisory group has developed a control programme for which the department was making additional funds available in the 1993/94 financial year.

SWAZILAND

Nine AIDS Deaths last Quarter of 1992

*MB1001174493H Mbabane Swazi Television in English
1830 GMT 4 Jan 93*

[Editorial Report]—The director of health services reports that nine people died of AIDS during the last quarter of 1992. A statement from the director said the total number of AIDS cases reported “during the last quarter of 1992 is 17, and nine of them are already dead. Two of these are children between the ages of zero to four years. The rest of the cases are between 15 and 59 years of age.” The statement says during these difficult economic circumstances locally and internationally, the costs involved in managing an AIDS patient should be absorbed. The number of AIDS cases “as of December 1992 from 1987 is 248, and of these 97 people have died from the disease.”

UGANDA

Over 20,000 Registered AIDS Cases

*93WE0193A Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 29 Aug 92 p 5*

[Article: “AIDS Breaks Records”]

[Text] More than 2,000 Uganda soldiers die daily from the acquired immunodeficiency syndrome (AIDS).

According to a statement by the country's president, Yoweri Museveni, this number significantly exceeds the losses of the National Resistance Army in 5 years of military activities against followers of the former president, Milton Obote, in the course of which close to 400 people died.

Uganda's first AIDS case was recorded in 1982. Now just the officially registered number of patients is over 20,000, and there are around 7 million carriers of the deadly virus, which is almost half of the country's inhabitants.

Although Uganda was one of the first on the continent to begin the fight against the spread of AIDS in 1987, it has nonetheless “captured the lead” in the scale of the disease's occurrence.

As we know, condoms are the simplest and most available preventive resource. However, their use was prohibited in Uganda for a long time, and it was not until 1990 that the “taboo” was finally lifted. But even to this day, many firmly believe that use of this birth control device will only lead to a drop in morality.

ZAMBIA

AIDS Cases Fill 50-70 Percent of Hospital

*93WE0095B Lusaka TIMES OF ZAMBIA in English 2
Oct 92 p 1*

[Text] A RESEARCH by the Nursing Council of Zambia has established that about 50-70 percent of the beds at the University Teaching Hospital (UTH) in Lusaka are occupied by patients with AIDS related complexes.

By July about 6,000 in Lusaka and 19,000 cases of HIV and AIDS related complexes were recorded and this prompted in council to engage in further research.

One of the researchers Mrs. Josephine Himoonga, at a one-day workshop on methods used to control and prevent AIDS among the sexually active in Lusaka said:

“After the research we realised that although people knew about AIDS and how it was transmitted, they had not tried to change their sexual behaviour.”

The research conducted among a cross-section of institutions later established that 69 percent of the populations still indulged in ritual cleansing and sexual relationships.

World Health Organisation (WHO) resident representative Mr. Wilfred Boayue hailed the nurses for taking up the challenge to research intensively into the AIDS epidemic.

He said it was encouraging to see nurses try to work out a programme to help change people's behaviour rather than wait for other researchers to do the work.

ZIMBABWE

AIDS Awareness Not Altering Behavior

93WE0100B Harare THE SUNDAY MAIL in English
18 Oct 92 p 7

[Text] WHILE the number of diagnosed AIDS cases have topped the 14,000 mark since 1987, the public seems to have caught on to the fact that the AIDS threat is for real and many are responding to awareness campaigns positively.

A recent survey conducted showed that most people are not aware of the disease although disappointingly only a few have responded to calls for behavioural changes. Despite being aware of the scourge, most people have failed to refrain from having more than one partner.

Dr. Everisto Marowa, the national co-ordinator of the National AIDS Control Programme attributed the consciousness to the intensified media coverage on the AIDS subject ever since the epidemic was first discovered. Dr. Marowa said in an interview recently that apart from media (print and electronic), people have become aware of the prevalence of the disease through direct communication with health workers, educational institutions and even from knowing or seeing a person suffering from the disease. Dr. Marowa said that the latter had become more common as the scourge took its toll.

Despite this awareness, there appeared to be no significant behaviour changes on the national scale. Dr. Marowa, however, conceded that there were cases of attitude changes in individuals and this could be evidenced through the increased use of condoms in the country.

"There is an increase in condom acceptance. People have also reduced the number of their partners. Some even have one partner. Whether these changes have made an impact on the overall transmission of the disease is another question. We would like to see changes in STD statistics and a reduction of new HIV cases, he said.

Mrs. Helen Nyamande of the AIDS Counselling Trust also said there was indeed a greater awareness of the disease among people than was the case long back. She said that some three years back most people who used to question the existence of the disease (calling it Runyoka) were now genuinely concerned about the prevalence of the epidemic. They were concerned with the health of their relations, friends and acquaintances.

Mrs. Nyamande, however, said that there was also a change in people's behaviour. People were increasingly asking questions on how the disease is contracted and on how to avoid the disease. People from all walks of life were also increasingly volunteering to help in the AIDS cause.

"People are moving away from unsafe behaviour towards safer behaviour. They are also showing changes in behaviour towards people already affected by the disease," she said.

Meanwhile, in a survey conducted in the streets of Harare, people interviewed showed an awareness of the

disease and recognised a sample of a condom they were shown. They also showed a knowledge of the role that the condom played in preventing HIV infections.

"I am aware of the disease and that it is fatal. What with all the reports in the Press and television, who would not be aware? Although we know that the condom can prevent the disease, our husbands do not want to use them," said Amai Lydia Mabikwa of Kuwadzana, adding that she regularly collected condoms at hospitals but only her sons made use of them.

Statistics made available by the NACP show that 14,023 cases of AIDS have been diagnosed in the country since 1987. Males in the 20-39 age group have been more affected by the scourge. 4,318 male cases have been diagnosed, compared to 3,544 female cases since 1987.

An alarming revelation of the statistics is the fact that children below the age of five are also being diagnosed as having the disease. Some 2,403 cases of AIDS have been diagnosed in this age group since 1987.

Since most people being diagnosed with the disease today got infected ten years ago, most organisations predicted that the numbers of those infected was not likely to decrease in the near future.

Government Releases 'Alarming' AIDS Statistics

MB2911104592 Johannesburg SUNDAY TIMES
in English 29 Nov 92 p 4X

[Article by SUNDAY TIMES reporter, Harare: "Alarm as Zimbabwe's AIDS crisis deepens"]

[Text] Despite massive AIDS awareness campaigns in Zimbabwe, more and more new cases are being diagnosed in the country.

Alarming statistics were released ahead of and during the HIV/AIDS awareness week which began on Monday.

The trend of fullblown AIDS cases recorded since the first case was identified in 1985 is: 1987—119 cases, 1988—320, 1989—1,632, 1990—5,994, 1991—10,551 and by September 1992 the figure had risen to 16,882.

However, National AIDS Control Programme coordinator Everisto Marowa said in a recent report that this figure was an underestimate and that there could be as many as 40,000 AIDS cases.

National AIDS Council chairman Dr. Macleod Chitiyo believes that for every one AIDS case reported, five others go unreported. Some of these cases, it is believed, do not go to hospital, but seek treatment from traditional healers.

The number of people infected with the HIV virus that causes AIDS rose from 54,000 in 1990 to 676,000 this

year. However, the health ministry has estimated that about 800,000 people in Zimbabwe are HIV-positive out of a population of 10-million.

The cases surfacing now, some experts say, are a result of infections five to 10 years ago.

Zimbabwe ranks fifth in Africa in terms of the number of AIDS cases reported to the World Health Organization.

Another shocking revelation by Health Minister Timothy Stamps was that 42 percent of pregnant women in one province, Masvingo, in the south of the country, tested HIV-positive in June this year.

The main method of transmission was through heterosexual sex and from infected mothers to the baby at birth.

However, there has been a significant increase in the use of condoms—60 million condoms have been used so far this year compared with 40-million used last year.

Army Contests Statement on HIV Infection Rate Among Troops

*MB2601103293 Johannesburg SAPA in English
2212 GMT 25 Jan 93*

[Text] Harare Jan 25 SAPA—The Zimbabwe National Army [ZNA] on Monday demanded the Commercial Farmers' Union [CFU] withdraw a recently published statement claiming that half Zimbabwe's soldiers are HIV positive.

A statement by the the ZNA public relations directorate said information on HIV was confidential, and since the "CFU could not have had access to such information, and since they do not have medical facilities for sampling blood, we call upon the CFU to withdraw its statement".

It added that the percentage given by the CFU was "ridiculous because it is not backed by facts. The CFU's statement is unauthentic and misleading".

The CFU's figures have also been rejected by the Zimbabwe police and by Minister of Health and Child Welfare Timothy Stamps.

WHO Official: Time Running Out for China To fight AIDS

HK0112101392 Hong Kong AFP in English 0838 GMT 1 Dec 92

[Text] Beijing, Dec 1 (AFP)—Time is running out for China to fight AIDS with changing lifestyles greatly increasing the disease's chance of spreading in the world's most populous country, the World Health Organization (WHO) said Tuesday.

"For the last three years, WHO has urged that there is still time to act. That time is rapidly running out," the United Nations body's representative in Beijing, Bernard Kean, told a gathering to mark World AIDS Day.

China has detected 932 people who carry the human immunodeficiency virus (HIV) believed to cause AIDS, most of them intravenous drug users in the southern province of Yunnan.

Only 12 people have had full-blown AIDS symptoms, five of them foreigners or overseas Chinese.

But Kean warned that with the country's fast economic development, increasing drug use and prostitution could help spread the disease, which is generally transmitted sexually or by the use of shared needles for injecting drugs.

"There is a rapidly expanding portion of the population that is mobile and affluent," he said. "Among this sector is a growing number of people who patronize prostitutes or use drugs."

"Unfortunately, the very people who are personally benefiting from economic progress may include those most at risk for HIV transmission," the representative said.

No sexually transmitted diseases were detected in China in 1979, but just 13 years later, there are more than 360,000 cases, he said. The authorities registered 148,000 drug users last year, which Kean said suggested that three times that number of people actually abused drugs.

Another official, Arthur Holcombe, resident representative of the United Nations Development Program, called on China to learn from the experience of neighboring countries to try to change the behavior of high-risk groups instead of driving them underground.

"Public policy should be based on realities, not ideals, regarding drug using and sexual behaviors, and (should) concentrate on making drug using and sexual behaviors safe," Holcombe said.

He urged the promotion of condom use among prostitute clients and supplying clean syringes and needles to drug users instead of jailing them.

But according to Western AIDS experts here, the chances are slim that the government will stop seeing homosexuals, prostitutes and drug users as criminals for the sake of disease prevention.

"The police state mentality here says you have to prosecute them, which is really an obstacle to designing education and prevention programs," one of the experts said.

Ignorance and fear about AIDS remains high in China, even among health workers. Farmers in a Beijing suburb were last year reported to have burned oil paintings they thought could spread the disease.

The government has not implemented a long-term AIDS control program, but started a three-year program in 1990 that includes limited HIV testing, training of health workers and condom production and distribution.

China is also searching its traditional herbal pharmacopeia for an AIDS cure and has reported promising results with a drug called "glyke" in tests conducted on Tanzanian subjects.

Worker Contracts AIDS Virus While Overseas

SK0202105093 Shenyang Liaoning People's Radio Network in Mandarin 2300 GMT 1 Feb 93

[Summary] The Shenyang Public Health Quarantine Bureau recently examined and diagnosed a returned worker as carrying the AIDS [Acquired Immunodeficiency Syndrome] virus.

A worker called Sun, who was a worker of a certain unit in Shenyang city, went abroad to work in December 1991 and returned home in January 1993. When entering the country, he was examined and diagnosed as carrying the AIDS virus. According to the epidemiologist's investigation he was infected with the AIDS virus while having a tooth extracted in the foreign country.

Ability To Control AIDS Said Inadequate

HK2001110693 Hong Kong ZHONGGUO TONGXUN SHE in Chinese 0921 GMT 3 Jan 93

[Text] Beijing, 3 Jan (ZHONGGUO TONGXUN SHE)—Days ago an authoritative person from the Chinese Ministry of Public Health warned that although there are scarcely 1,000 AIDS carriers on the Chinese mainland at present, the relevant experts have estimated that the figure is far beyond this because China's monitoring and control ability is inadequate.

Apart from AIDS being spread through prostitution and homosexuality, the risk of AIDS being spread through blood transfusion cannot be overlooked, because no AIDS antibody testing mechanism has been established for blood donors. In addition, the spread of AIDS virus through the common use of injection syringes by intravenous drug addicts is the most serious in China.

The relevant experts pointed out that as there are already conditions for the spread of AIDS, China's best method to control this spread is to popularize propaganda and education.

Cabinet Discusses AIDS; Economist Warns of Threat to Reform

HK0802110393 Hong Kong AFP in English 0921 GMT 8 Feb 93

[Text] Beijing, Feb 8 (AFP)—The Chinese cabinet met recently to discuss a growing AIDS threat after a report

warned that the killer disease threatened to disrupt the country's economic reforms, a newspaper said Monday.

"AIDS is the big enemy of opening and reform (and) we cannot tolerate AIDS obstructing opening and reform," prominent Chinese economist Ma Bin wrote, in a report to the central authorities, the official Health News said.

Opening and reform must continue, Ma added, but not if the price to pay was an explosion of Acquired Immune Deficiency Syndrome.

Ma, an advisor to the cabinet's Development Research Center, suggested implementing a systematic program to fight against AIDS, including stepping up measures against drug abuse, prostitution and pornography.

Premier Li Peng paid great attention to Ma's report and the cabinet met recently to specifically discuss ways to combat AIDS, the newspaper said.

Details of the meeting were not disclosed.

About 1,000 people in China are known to be infected with the AIDS virus, but the problem is expected to be far more severe than reported as drugs and prostitution rapidly spread.

The World Health Organization (WHO) warned in December that the deadly disease would spread to other parts of China along with economic development. China has yet to implement a long-term AIDS control policy.

BURMA**Health Minister Returns From India AIDS Conference**

*BK1511061292 Rangoon Radio Burma in Burmese
1330 GMT 14 Nov 92*

[Text] A Myanmar [Burmese] delegation led by Rear Admiral Than Nyunt, minister for health, arrived back in Yangon [Rangoon] by air this evening after attending the second International AIDS Conference for Asia and Pacific held in New Delhi from 8 to 12 November 1992.

The minister and delegation were welcomed back at Yangon airport by Commander Major General Myo Nyunt, minister for religious affairs; Maj. Gen. Maung Thint, minister for the development of border areas and national races; Commodore Sein Lwin, station commander of Irrawaddy Naval Station; Colonel Than Zin, deputy minister for health; Dr. U Thein Nyunt, acting resident representative of the World Health Organization in Yangon; and directors general and responsible officials from the health ministry departments.

CAMBODIA**Writer Discusses AIDS Awareness**

*93WE0036A Phnom Penh PRACHEACHON
in Cambodian 6 Sep 92 p 3*

[Text] The existence of the AIDS disease in Cambodia is a warning for us all to heed. How can we keep this disease from increasing the number of persons with the virus? What are the people infected with this disease supposed to do?

Concerning the numbers recently released by the Ministry of Health, at the present time there are in Cambodia 45 people who have the AIDS virus. This information has made a large number of Cambodian people very nervous about the invasion of our country by this disease of the century ... but we all have effective means to block this.

I am requesting that the concern of every Cambodian about the spread of this disease in our country be reported in the pages of this newspaper. The worry increases along with the number of people who have the disease and who do not know whether they must go to a hospital or continue living without any care.... A source which may be considered official has concluded that there are 17 people infected with AIDS in Phnom Penh; they are prostitutes working in Tuol Kok and Svay Pak. This is a catastrophe for our society. If we try to calculate, this number multiplied by only two will increase by how many in a day? This is the lowest multiplicand; 34 people can be infected by the AIDS virus from one girl who has the virus. How many others will there be if the place has an endless number of 'guests?' And there may be 28 others anywhere—in a bar or in a hotel!

You girls must think about curbing the spread of this disease and we are making this heartfelt request to our dear friends who make their living as prostitutes to be

most careful. This does not mean that we want to destroy the livelihood of any young woman. We only want you to understand and not create a crisis for future generations of Cambodian children. For example, if one young woman becomes a carrier of the AIDS virus from a man, then she is a carrier to other men. What terrible consequences will result? She will certainly lose her job and be very remorseful.

And what about our fellow citizens who go out and enjoy illicit sex; what should you do? In order to avoid being added to the list of people with AIDS, you must be very careful—there are 15 [infected] people in Tuol Kok and two in Phum Svay Pak—perhaps there are 28 others somewhere nearby. If you, our foolish brothers, become carriers of the AIDS virus to your innocent wives and children, will you regret it and blame us?

Therefore the Ministry of Public Health and related agencies must begin a broad education campaign especially among the women and men who want to be the players in the 'AIDS Story'. This is the most effective way to block an increase in the number of AIDS cases in our motherland.

National Anti-AIDS Committee Set Up; 45 Positive Cases

*BK2611070492 Phnom Penh SPK in French 0400 GMT
26 Nov 92*

[Text] Phnom Penh 26 Nov (SPK)—A national anti-AIDS committee has been created in compliance with a decision of the Council of Ministers of the State of Cambodia.

The committee is composed of Health Minister Yim Chhaili as chairman, Deputy Health Minister Chhea Thang as vice chairman, and Deputy Labor and Welfare Minister Suy Sem as vice chairman.

The committee is charged with the tasks of working out measures to prevent the disease, track down the suspects of the disease, and provide advice to diverse laboratories and hospitals responsible for the matter.

In a report presented to the committee's first session on 20 November, 45 positive cases of AIDS have been recorded in Cambodia so far.

INDONESIA**Minister Discloses Anti-AIDS Budget Allocation**

*BK0202034293 Jakarta Radio Republik Indonesia
Network in Indonesian 0000 GMT 2 Feb 93*

[Text] The government has allocated 2 billion rupiah to cope with the proliferation of AIDS. The high amount of allocation reflects the government's great attention to the efforts to cope with the AIDS threat.

Health Minister Adhyatma disclosed this at a hearing with the parliament's Commission VIII in Jakarta. The minister added that the government would give high priority in providing counselling to the high-risk group

so as to prevent the proliferation of the deadly disease. The AIDS situation in Indonesia shows the vulnerability of the high-risk group, as evidenced by the increasing number of patients from this group.

Irian Jaya Official Discloses AIDS Infection Figures

BK0802144993 Jakarta ANTARA in English 1114 GMT 8 Feb 93

[Text] Jayapura, Irian Jaya, Feb 8 (OANA/ANTARA)—Four Thai fishermen working at a fishing boat owned by a national company in Merauke, Irian Jaya, and two local prostitutes are assumed to have contracted the HIV (human immunodeficiency virus), which causes AIDS (Acquired Immune Deficiency Syndrome).

A team of the local health office responsible for the curbing of the deadly disease made such a report following a blood test on 300 Merauke residents belonging to the high-risk group.

Merauke Regent R. Sukarjo said Monday that the local health office had carried out a blood test on those suspected to have contracted the virus, especially the Thai fishermen.

According to the head of the team, Slamet Sumarno, there were now 1,600 Thais working as fishermen in Merauke and blood samples derived from them at random had been sent to Jakarta for further observation.

The result of the test has not been known, but there is a big possibility that there are four Thais fishermen and two local prostitutes who have positively contracted the HIV. Slamet said a similar test in Irian Jaya last year showed that there were 27 people believed to have been infected by the virus but a more thorough test in Jakarta later proved they were free from it.

JAPAN

Number of People With AIDS Or HIV Doubles in 1992

OW2601092793 Tokyo KYODO in English 0910 GMT 26 Jan 93

[Text] Tokyo, Jan. 26 KYODO—The number of newly identified people in Japan with AIDS or infected with the HIV virus in 1992 more than doubled from the previous year to 493, the Health and Welfare Ministry's AIDS Surveillance Committee said Tuesday [26 January]. The figure brings the total number of AIDS and HIV cases in Japan to 1,046, the committee said.

Clinton, Watanabe Agree To Put AIDS on Summit Agenda

OW1202024493 Tokyo KYODO in English 0219 GMT 12 Feb 93

[Text] Washington, Feb. 11 KYODO—President Bill Clinton and Japanese Foreign Minister Michio Watanabe agreed Thursday [11 February] that AIDS is a

major international problem that should be on the agenda for Tokyo summit in July.

The AIDS issue came up during bilateral talks with Clinton. Watanabe said the group of seven major industrial nations must cooperate in coping with the disease.

Clinton agreed to make AIDS a priority during his administration over the next four years, and said the disease must be confronted in concert by the United States and Japan.

It would be the first time that AIDS went on the agenda at the summit of leaders from the world's leading industrial democracies.

Watanabe Proposes Japan-U.S. Fight Against AIDS in Asia

OW1602102193 Tokyo KYODO in English 1002 GMT 16 Feb 93

[Text] Tokyo, Feb 16 KYODO—Foreign Minister Michio Watanabe proposed during his recent visit to Washington that Japan and the United States cooperate to fight the AIDS epidemic in Southeast Asia, Foreign Ministry sources revealed Tuesday [16 February].

The sources said the suggestion was made in an interview with a U.S. newspaper, but was never published.

They said Watanabe proposed that a joint Japan-U.S. project concerning AIDS be implemented in Southeast Asia, but did not say what countries would be targeted or the specific kind of project he had in mind.

A Japanese AID official is expected to visit Washington in the near future and will likely discuss the subject in more detail with U.S. counterparts.

In his talks with President Bill Clinton last Thursday Watanabe was quoted as saying it was his personal view that AIDS should be placed on the agenda of seven industrialized nations' summit in Tokyo in July.

Officials said Clinton concurred, saying the AIDS problem should be a subject for consultation among concerned countries.

Commenting on the discussion, one of the sources said, "what we can do is help developing countries in basic research and analysis of this disease and help in PR activities to give the public more information and knowledge about AIDS and its dangers."

"We all know this could be a very good area in which Japan and United States could cooperate in the future," he said.

The source said Japan has a plan to implement a technical cooperation project on its own in Thailand, but no concrete proposals are presently under active consideration with regard to joint Japan-U.S. cooperation.

Thailand has by far the severest AIDS problem among Southeast Asian countries and is reportedly already estimating a loss of 10 billion dollars in productivity by the year 2000 due to the disease.

Last December, an influential report to the government by the Council on Japan-U.S. Economic Relations urged that the two countries develop a "common strategy of coordination" to fight AIDS and other such transnational diseases.

A similar proposal was made in January in a published article by Yukio Sato, chief of the Foreign Ministry's North American Affairs Bureau.

Last Wednesday, Democratic Rep. Jim McDermott, a member of a U.S. congressional delegation visiting Tokyo told an audience at a Tokyo hotel that Japan and the U.S. should join forces in the fight against AIDS.

SOUTH KOREA

Health Ministry Reports AIDS Cases in 1992

SK3011101992 Seoul YONHAP in English 0913 GMT
30 Nov 92

[Text] Seoul, Nov. 30 (YONHAP)—Sixty-six Koreans have been affected by AIDS virus so far this year, according to the Ministry of Health and Social Affairs Monday.

Of the total, 37 suffered the infection through sexual contacts with fellow Koreans and 23 through contacts abroad.

This means that those infected through contacts with Koreans outpaced those affected abroad for the first time since 1985 when AIDS victims were first reported in Korea.

Of the six remainders, five were infected through blood transfusion and another through sexual contact with a foreigner in the country.

Last year, 16 were infected through contacts with Koreans and 18 abroad, and in 1990 25 with Koreans and 27 abroad.

Seven New Cases of AIDS in January

SK3001090093 Seoul YONHAP in English 0722 GMT
30 Jan 93

[Text] Seoul, Jan. 30 (YONHAP)—Seven people were confirmed to have contracted AIDS in January, while one man died of it, the South Korean Health and Social Affairs Ministry reported Saturday.

With the finding, a ministry source said, a total of 252 people proved to have contracted the incurable disease, of whom 29 have died and one man has left the country.

Currently, 222 people, 201 men and 21 women, are under government care, the source added.

MALAYSIA

Cabinet Approves Additional Funds for AIDS Prevention

BK1202124593 Kuala Lumpur NEW STRAITS TIMES
in English 11 Feb 93 p 4

[Article by Chan Cheng Tuan and S. Kumaraguru]

[Text] Kuala Lumpur, Wed.—The cabinet today approved an additional RM [Malaysian ringgit] 218.1 million to strengthen the prevention programmes for AIDS and sexually transmitted diseases (STD) between now and 1995.

Health Minister Datuk Lee Kim Sai said the approval was based on a 52-page report prepared by the Cabinet Committee on AIDS which looked into current prevention programmes and suggested further improvement.

He said the additional allocation would be used to upgrade prevention and control activities, treatment facilities, and laboratory services.

Previously there was no specific allocation for the prevention of AIDS and STD.

Lee said that of the total allocation, RM 37 million had been budgeted for this year, while an estimated RM 51 million and RM 128 million were for 1994 and 1995 respectively.

"With the additional allocation, the ministry is now financially strong to carry out its activities. The huge allocation also reflects the backing and commitment of the Cabinet towards AIDS prevention," he told a press conference.

Lee said the huge allocation was necessary to curb the spread of the deadly disease as the ministry estimated there would be 2,500 AIDS cases and 32,000 HIV carriers by the end of 1995.

"It is better for us to spend a huge sum now in prevention and control programmes rather than spending much more in the future on treatment," he added.

Out of the total allocation, RM 17 million would be used to fulfil the needs for additional 459 workers to strengthen the organisational structure of the AIDS/STD unit at ministerial, state, and district levels, while RM 24.3 million would be for the implementation of AIDS prevention and control programmes this year.

The rest of the allocation is for various programmes from now until 1995, including RM 30.2 million to upgrade the health education on AIDS prevention, RM 1.3 million to enhance the cooperation with non-governmental organisations (NGOs), and RM 1.5 million to expand the blood screening programme.

Others include RM 2.8 million to control the spread of AIDS and STD by prostitutes, RM 3.9 million to strengthen treatment of STD, and RM 0.7 million on AIDS prevention in dental services.

Lee said that RM 53 million more would be used for the treatment of AIDS patients and this might include setting up special wards and special training for doctors and nurses.

He said it cost RM 25,000 per year to treat an AIDS patient without the use of the AZT drug. The cost is double when using the drug.

Lee added that laboratories at hospitals and the Institute of Medical Research would also be upgraded at a cost of RM 13.6 million.

Up to the end of last month, there were 5,068 HIV carriers and 72 AIDS cases, out of which 43 persons had died.

PHILIPPINES

Foreigners To Need AIDS-Free Certification for 21-Day Stay

HK1202035893 *Quezon City MALAYA in English*
12 Feb 93 p 2

[Report by Butch Franco and Regina Bengco]

[Excerpt] Immigration chief Zafiro Respicio has required all aliens staying in the country beyond 21 days to present medical certificates at the bureau attesting that they are not afflicted with the AIDS virus and other sexually transmitted diseases.

In his Memorandum No. 009-92 signed last Dec. 2, 1992, Respicio said that aliens must also submit chest X-ray and physical examination reports, including neurological and psychological evaluation.

"This move is aimed to further prevent the proliferation of AIDS virus in the country," Respicio said.

The Department of Health [DOH], meanwhile, reacted to such a memorandum, asking why it was not consulted by the Bureau of Immigration and Deportation [BID] regarding the matter.

In his letter to Respicio dated Dec. 11, 1992, Health Secretary Juan Flavier requested for a consultative meeting between the BID and the DOH and that implementation of the Memo be temporarily withheld pending consultations.

"We regret that the DOH was not consulted regarding the matter," Flavier said. He added that the DOH must be consulted about health-related policies.

But Respicio stressed that the DOH has no jurisdiction over the aliens, citing Sec. 29 (Par A) of the Immigration Act which provides that "persons affected with a loathsome or dangerous and contagious disease shall be subject to exclusion."

"The Memorandum was issued pursuant to my authority granted by the said Act to issue rules pertaining to the admission of aliens," he said in a letter to Flavier dated Feb. 4, 1993.

Respicio said the medical certificates and other clearances required of the aliens may be obtained from any of

the following medical centers: "Intramuros Medical Clinic, Makati Medical Center, Manila Doctors' Hospital, St. Luke's Hospital, Physicians' Diagnostic Center and Cebu Doctors' Hospital.

He said the aliens must shoulder the expenses, and warned that the BID will not renew the permits of those who violate this rule.

[passage omitted]

THAILAND

AIDS Study Focus by Risk Group

93WE0127A *Bangkok PHU YING NAE0 NA in Thai*
2 Nov 92 p 3

[Excerpts] AIDS is a major public health problem in Thailand. This is because the AIDS virus is spreading rapidly in Thailand. In just the past four years, it is estimated that the number of people with the AIDS virus has reached the same number as in the United States, which has been fighting this problem for 10 years and which has a population four times larger than Thailand. [passage omitted]

Realizing the importance of this problem, The Duang Prathip Foundation, through its Project to Control AIDS in the Khlong Toei Slum Area, conducted a study entitled "The Spread of AIDS in Slums." People from the Khlong Toei slum area served as the sample group.

The purpose of this study was to obtain data about those who are at risk of contracting the AIDS virus in order to find a way to stop the spread of this disease. The people chosen to participate in this study can be divided into three groups: drug addicts, prostitutes, and those who drive motorcycles for hire.

The foundation disclosed the following details about each of these groups:

Drug addicts: In the Khlong Toei slum, this is the group that is at greatest risk of contracting the AIDS virus. Blood tests given to 170 drug addicts showed that 60 percent of the drug addicts had the AIDS virus. Drug addicts below the age of 20 had the highest incidence of AIDS, that is, 80 percent of the drug addicts in this age group had the AIDS virus. That is a very alarming figure. It is assumed that the reason why so many young drug addicts have the AIDS virus is that they do not have enough money to buy their own needles. Thus, they often share needles with friends. Also, drug addicts in this age group are young and strong and so they aren't worried about dying. Because of this, they aren't interested in protecting themselves against the AIDS virus. Besides this, young drug addicts frequently engage in sexual activities that put them at risk of contracting the AIDS virus.

As for the second group, that is, prostitutes, the Duang Prathip Foundation recently held a seminar for approximately 72 prostitutes. This seminar was not open to the

general public. That was done to ensure that the prostitutes who attended would trust the project officials of the Duang Prathip Foundation. The topics discussed at the seminar included knowledge about the spread of AIDS and the importance of using condoms. Besides this, the prostitutes were all given blood tests in order to check on the spread of this disease.

The blood tests showed that the incidence of AIDS was highest in prostitutes in the 20-24 year old age group, with 35 percent of those in this age group having the virus. This was followed by those in the 15-19 year old age group, with 23 percent having the virus, and those in the 25-29 year-old age group, with 13 percent having the virus. The AIDS virus was not found in any of the prostitutes over the age of 29.

So that this seminar could have the greatest impact possible, project officials selected a number of the prostitutes to serve as representatives in disseminating information about AIDS to other prostitutes. By using this method, project officials hoped that prostitutes would cooperate more as compared with having project officials or state officials disseminate information. However, the efforts by project officials have not achieved the results expected. This is because prostitutes frequently change work places, and those prostitutes selected to disseminate information on AIDS have not been supported by those who look after prostitutes so that other prostitutes will trust them. Moreover, those who look after prostitutes have not implemented resolute measures requiring prostitutes to ensure that their customers use condoms. That is because they are afraid of losing money. Besides this, many prostitutes still mistakenly think that those who contract AIDS can be cured of this disease and that healthy-looking men do not have the AIDS virus.

Concerning this, there are several interesting facts concerning the knowledge and understanding of prostitutes about AIDS. Of the 72 prostitutes in the sample, 95 percent said that they knew that having sexual intercourse without a condom could result in their contracting AIDS. But 68 percent still mistakenly think that mosquitoes can transmit the AIDS virus.

As for trying to get customers to use condoms, 85 percent of the 72 prostitutes in the sample said that they try to get customers who are unwilling to use condoms to start using condoms. But only 15 percent said that they are successful in getting such customers to use a condom. If a customer is unwilling to use a condom, the prostitutes must give in to the wishes of the customer, because they need the money. [passage omitted]

Thai Red Cross Urged To Screen Blood for New 'Deadly' Virus

*BK2411022792 Bangkok THE NATION in English
24 Nov 92 p B7*

[Excerpt] A medical professor and member of the Thai Red Cross's division of science said he has found evidence on the existence in Thailand of a new and deadly

virus which can be transmitted through sexual intercourse and blood transfusion like the HIV virus.

In a special interview with *The Nation*, Prof. Dr. Thirawat Hemachutha, who is also the director of Bangkok Hospital's Brain Centre, said a study by his medical team has discovered the first case of a type of human retro virus called HTLV-I in Thailand. The virus, he said was believed to be associated with a type of leukemia and is suspected also to be the cause of partial paralysis in humans.

A study published in the February issue of *THE TRANSACTIONS OF THE ROYAL TROPICAL MEDICINE AND HYGIENE* indicated that the team found the virus in blood samples taken from women working in three massage parlours in Thailand. All three parlours are owned by the same person.

"We in the medical circle believe that this virus affects the T-cell count in adults and is also the cause of leukemia. The same virus could lead to spastic paraparesis or permanent paralysis of the lower part of the body. Many studies have shown that this virus is found abundantly in the blood, spinal cord and brain of 90 percent of patients, most of whom are from Japan and the Caribbean who eventually die from either of both diseases," he said.

Dr. Thirawat said the HTLV-I virus, a genetic cousin of the AIDS-causing HIV virus, can be transmitted to another person through blood transfusion or sexual intercourse. However, the affected person might not even exhibit any symptoms of the disease for decades.

"Like AIDS there is presently no cure for this virus. Fortunately, it has not yet spread as rapidly as the HIV virus," he emphasized.

He suspects the virus to have been transmitted by Japanese males who are part of sex tour groups which frequent massage parlours where some of the women examined are employed.

Japan, he noted, has the largest number of cases for both adult T-cell leukemia and spastic paraparesis in Asia. Surveys conducted in Japan revealed almost all patients who have any of the two diseases have the virus as well.

Dr. Thirawat said he has already notified the Thai Red Cross of his findings, although he was uncertain as to what their reaction will be.

Informed sources, however, said that the Thai Red Cross does not have any plan of setting up an HTLV-I virus screening programme on donated blood, as it has done with the HIV virus, due to budgetary constraints.

"The Thai Red Cross believes that the problem is not yet serious enough to warrant the allocation of a huge amount of money to screen blood donations for this new virus," the same sources said.

But Dr. Thirawat said he would like the Thai Red Cross to immediately start a screening programme for the new

virus which he said might be transmitted to patients who receive blood from a blood bank.

"Both the Japanese and the US Red Cross have already started a screening programme for this virus. I would like the Thai Red Cross to do the same since there is a very high possibility that some customers of massage parlours, who have already caught the virus, might donate blood to blood banks. With no screening, there is no way for us to know how safe donated blood is," he stressed. [passaged omitted on other medical developments]

Chiang Mai Hospital Treating AIDS-Infected Babies

*BK2601033193 Bangkok THE NATION in English
26 Jan 93 p A2*

[Text] A Major hospital in Chiang Mai is treating 92 babies infected with the AIDS virus, more than 50 of whom have been abandoned by their mothers, an AIDS specialist in the northern province said yesterday.

In a bid to curb the increasing number of abandoned infants, the management of Maharat Nakhon Chiang Mai Hospital has instructed doctors and nurses not to inform the mothers of infected babies of their children's infection, the specialist said.

"Medical personnel have been asked to avoid telling the mothers that their babies are infected," said the source who asked not to be named. "If they are confronted with curious mothers, or if the babies show some symptoms, they are advised to say that the infants were infected with some other disease."

The specialist said a total of 92 babies are being treated at the hospital after they were born with the Human Immunodeficiency Virus (HIV) which causes the deadly Acquired Immune Deficiency Syndrome.

AIDS destroys the body's immune system, making the victim fatally vulnerable to opportunistic infections. But the HIV can stay dormant in the body for years before symptoms appear.

The source said the growing number of HIV-infected babies was causing the hospital a manpower problem. He said that, in an effort to help, many infected mothers had formed a group to assist each other and help the hospital take care of the abandoned children.

The specialist, accusing the government of returning to its former news black-out policy on AIDS, estimated that the real number of HIV carriers— those who have not yet shown symptoms—could be between 900,000 and 1,500,000.

He noted that the Public Health Ministry had stopped publicizing the number of detected AIDS carriers.

"I think this has something to do with tourism," he said.

He urged the government to pay attention to the increasing number of infected babies, "although they will find it hard to survive".

AIDS is also spreading among teenagers in Chiang Mai, especially those who come from other provinces to study here, he said.

"The students from other provinces are free to do anything—sex, drugs and even 'freelance' prostitution," he said.

Medical Official Views AIDS Problem; Provides Statistics

*BK2601022593 Bangkok BANGKOK POST in English
26 Jan 93 p 6*

[Text] The Public Health Ministry yesterday confirmed there were no vaccines approved by the World Health Organisation to contain AIDS.

Dr. Praphan Phanuphak of the Thai Red Cross Society said recently AIDS vaccines tested in some countries had proven successful and should be used in Thailand, but Public Health Minister Buntham Khaewatthana said yesterday there was no suitable vaccine yet.

Dr. Praphan said on television on January 5 the ministry was slow to decide on the use of AIDS vaccines.

AIDS victims interviewed on the same programme said they did not mind being used to test the vaccines as there was the chance they would die from the disease anyway.

Mr. Buntham said WHO reports there are now 12 candidate vaccines, but they are still in the early phases of their trials.

Communicable Diseases Department director-general Phrayun Khunason said the ministry was concerned about the people and could not permit the use of any vaccine which had not been scientifically validated and approved by WHO.

Dr. Phrayun said even willing people could not be used to test the vaccines because the medicines were not registered with the Food and Drug Administration.

It is also not sure whether they have any side effects.

"We can't be sure vaccines which were not dangerous in other countries will have the same reaction on Thai people," he said.

Dr. Phrayun said people should not lose hope and be willing to try out just any medicine, as this could hasten their death.

Deputy Permanent Secretary for Public Health Dr. Chamrun Mikhanon warned people against being taken advantage of by others who overstated the therapeutic effects of vaccines for their own benefit.

The first reference centre for AIDS will soon be opened at Sirirat Hospital.

The centre will produce vaccines once they have been developed, he said.

The ministry's Epidemiology Division put the number of AIDS victims in Thailand at the end of last year at 1,251 and the number of HIV infected at 1,588.

The report said there were only four AIDS victims in 1990, rising to 172 in 1991. The number of HIV infected people increased from six in 1990 to 178 in 1991.

In most cases, the disease was sexually transmitted and was most common among working people.

Dr. Phrayun said Thailand had been chosen by WHO to conduct a study on vaccine development and to test the effectiveness of vaccines.

'Conflict' Over AIDS Testing Continues Between Agencies

*BK2701024193 Bangkok THE NATION in English
27 Jan 93 p A2*

[Text] Renewed debate has intensified among Thailand's health personnel on the question of AIDS vaccines being tested here.

Antagonists are the Public Health Ministry, which is convinced there is no suitable, effective vaccine yet, and the Thai Red Cross Society, which argues against hesitancy at a time of emergency.

The conflict flared when it was reported on Monday that the Thai Red Cross Society's Programme on AIDS was secretly working with Japanese doctors in testing an AIDS vaccine on some 50 volunteers. The report by DAILY NEWS quoted an unidentified "highlevel" official in the Public Health Ministry.

The report coincided with remarks by senior ministry officials that Thais should not be used as "guinea pigs" although they may be willing to be tested. Communicable Diseases Control Department chief Prayun Kunason asked AIDS victims not to lose hope nor volunteer to be tested for any type of vaccine.

Dr. Praphan Phanuphak, Thai Red Cross director of the Programme on AIDS, strongly denied the DAILY NEWS report yesterday.

"It was a lie," he told reporters.

Praphan admitted that he had been approached by a Japanese doctor, Kenji Okuda, of the Yokohama University who wanted to test a vaccine on Thais.

Praphan said he found the offer interesting but his request for the ministry's permission for the programme has not yet been approved by the Public Health Ministry.

"Vaccine tests can't be done without permission from the Public Health Ministry," he said.

The Public Health Ministry insisted that there were no AIDS vaccines endorsed by the World Health Organization (WHO).

Praphan said WHO had never prohibited AIDS vaccine tests in any country.

Due to the current rivalry among vaccine producers, WHO "has to remain neutral and leave it to responsible institutions to decide [which vaccine should be used]—under supervision of officials in their respective countries", Praphan said.

What WHO can do is to "recommend a few names" of vaccines if a country wants to conduct a large-scale test, he added.

He said potential volunteers here did not consider themselves as guinea pigs.

"Or if you really want to call them so, they will accept that. It can't be helped. If Thais are guinea pigs, so are people in other countries," he said.

The Thai Red Cross Society appears to have won the support of HRH Princess Chulaphon, who has said she favours AIDS vaccine tests in Thailand. The princess, who heads the Chulaphon Research Institute and has been an active anti-AIDS campaigner, cited the large number of AIDS victims here and the readiness of Thai medical personnel to ensure safe tests.

Doctor Addresses 'Guinea Pig' Issue on AIDS Test

BK2901143393 Bangkok Army Television Channel 5 in Thai 1200 GMT 29 Jan 93

[Text] Thailand is being acutely threatened by AIDS. Apart from knowledge and self protection, vaccine is a hope for Thai people. Thai people are currently confused about testing of AIDS vaccines in their country.

Professor Praphan Phanuphak, the Thai Red Cross's AIDS director, and his delegation said that over a dozen AIDS vaccines are undergoing tests in more than eight countries, such as the United States, Canada, the UK, France, Switzerland, and Japan. Several thousand people—healthy individuals and HIV positive patients—have been vaccinated. The result is that every type of vaccine is very safe and no one has contracted AIDS from the vaccines. The resulting immunity is useful, the only difference being that certain vaccines give greater or longer lasting immunity.

To determine which vaccine is most suitable for Thai people, tests on Thai subjects will be necessary. The question which arises is that Thai people will have become guinea pigs. On this, Prof. Praphan said that this could be the case but there is no way to avoid it. If Thai people are labelled guinea pigs, Americans and French are also guinea pigs because they faced similar tests even before Thai people. In any event, safety will have to be taken into account when any test is to be conducted.

Confusion Persists Over Testing AIDS Vaccine

*BK0202022993 Bangkok BANGKOK POST in English
2 Feb 93 p 2*

[Text] Confusion over the testing of AIDS vaccines on people remains unsettled between the Public Health Ministry and Thai Red Cross Society Programme on AIDS.

Red Cross AIDS director Praphan Phanuphak told Deputy Prime Minister Banyat Banthathan in a letter dated January 28 a vaccine sent to the society by a Japanese company had been used in tests with the blood

of AIDS victims, but not yet with the patients themselves as claimed in some news reports.

He said he had received permission from Chulalongkorn University's Medical Science Department Moral Committee on June 18 last year to test the vaccine on human beings but, since the use of AIDS vaccines is a sensitive matter, he had sent a letter to the Public Health Ministry seeking its approval to test the vaccine on people as of June 30 last year.

He has still to receive a reply from the ministry.

The ministry's communicable disease director-general, Prayun Khunason said yesterday he had already replied to Dr. Praphan's request, saying he was waiting for more information regarding the vaccine from the World Health Organisation.

Food and Drug Administration [FDA] Deputy Secretary-General Mongkhon na Songkhla said any vaccines brought into the country for use in tests involving people first had to be cleared with the FDA.

Dr. Praphan said the Japanese company had wrongly believed the Red Cross had used the AIDS vaccine for testing with Thai people, but he had sent a letter to them last September clarifying the situation.

He said there were AIDS vaccines being tested on human beings in several countries around the world, and the WHO has never opposed the use of vaccines in any country.

Dr. Prayun contested that there were no vaccines which had passed both the first and second phase of testing, which means they had not been proved to be completely safe.

For this reason, his ministry has not yet approved their use.

Dr. Prayun denied he had ever said WHO did not approve the use of AIDS vaccines, but that the organisation had not recommended their use.

Ministry Notes Over 100 Percent Rise in AIDS Sufferers

BK1102042793 Bangkok BANGKOK POST in English 11 Feb 93 p 6

[Text] The number of AIDS cases rose from 408 in 1991 to 869 last year, according to a report from the Epidemiology Division of the Ministry of Public Health.

The number of cases of AIDS-related complex (ARC) increased from 398 to 896 in the same period, the report says.

Since the first AIDS case was reported in Thailand in 1984, 620 of the 1,389 people registered as AIDS carriers have died. 219 of the 1,658 people with ARC have died.

Most females with AIDS-ARC are 20-24 years of age and most males 25-29.

In 78.3 percent of the reported AIDS-ARC cases, the disease was sexually transmitted.

The report shows that the transmission of the disease from mothers to infants increased from 137 cases to the end of 1991 to 142 cases to the end of January 1992. 205 children suffering from the disease are below school age.

The largest single occupational group represented among the AIDS cases is that classed as labourers, with 1,219 cases, followed by farmers (550), civil servants (149), and housewives (54).

VIETNAM

Government Issues Decree on Compulsory AIDS Testing

BK1801132093 Hong Kong AFP in English 0949 GMT 18 Jan 93

[Text] HANOI, Jan 18 (AFP)—Foreign residents of Vietnam will face compulsory AIDS testing under a government decree published Monday that also targets prostitutes, drug addicts prisoners and homosexuals.

The December 18 decree, published by the semi-official VIETNAM INVESTMENT REVIEW, is aimed to control the explosion of acquired immune deficiency syndrome (AIDS) that has engulfed nearby countries such as Thailand. The decree stipulates that carriers of the AIDS virus will be refused permission to marry, and that a spouse's positive test result can be considered grounds for divorce.

Foreigners who register to live for more than three months in Vietnam will be tested for HIV, the virus that causes AIDS.

The decree comes despite warning from international specialists at a conference here last month that treating AIDS as a foreign phenomenon could harm efforts to prevent its inevitable spread inside the country.

Though Vietnam has reported only 79 cases of HIV, health officials acknowledge that the true number of carriers is unknown as only 140,000 people have been tested.

Vietnam so far has no facilities to test blood used in transfusions for HIV, according to Le Dinh Hong, vice chairman of the national AIDS committee.

ROMANIA**Health Ministry Releases Data on AIDS Cases**

*AU0102181493 Bucharest ROMPRES in English
1628 GMT 1 Feb 93*

[Text] Bucharest ROMPRES, 1/2/1993—2,235 grown-ups (1,300 men and 935 women) and 2,056 children were HIV-carriers according to the 31 December 1992 data from the General Direction for Preventive Care and Health Promotion of the Health Ministry. 1,585 of the children are aged between one and four, and 471 between 0 and 11 months.

REGIONAL AFFAIRS

Carec Expects 1,000 New AIDS Cases by Year End

*FL1811230292 Bridgetown CANA in English 2202
GMT 18 Nov 92*

[Text] Port of Spain, Trinidad, Nov 18, CANA—The Caribbean Epidemiology Centre (Carec) expects 1,000 new AIDS cases in the region by the end of the year, an official said.

“Since we have been monitoring AIDS cases in the Caribbean, there has been an increasing trend. In fact, the first case was reported in 1982 and since then we have over 3,000 cases reported to us at the end of 1991,” said Dr. John Farley, head of the special programme on sexually transmitted diseases at the Port-of-Spain based Carec.

“As well, we have been having an increase in the number of cases reported and in fact by the end of this year, we will have at least 1,000 new cases reported through Carec member countries.”

Dr. Farley told CANA previously gay males were the ones infected with AIDS, but it was now a one-to-one ratio of male to female. As a result, there has been an increase in the number of children infected with the fatal virus.

“This is a disturbing trend. I think we have to recognise that the disease is sexually transmitted mainly in the Caribbean and can be transmitted to mother to child. So, therefore in terms of preventing, we have to aim at everyone who has unprotected sexual activity with more than one partner or more than a steady partner and that’s the only way we’re going to get around the issue.”

Dr. Farley said care and clinical management of persons with AIDS were emerging as two of the most critical issues confronting health authorities and governments in the Caribbean. To respond to this, Carec is holding a workshop expected to end on Thursday to arrive at a consensus on appropriate and cost-effective mechanisms for the care and management of AIDS patients in the Caribbean.

CUBA

Health Minister Terry Speaks on AIDS

*FL2101154293 Havana Cuba Vision Network in
Spanish 0230 GMT 20 Jan 93*

[Editorial Report] Havana Cuba Vision Network in Spanish at 0230 GMT on 20 Jan carries its “Open Agenda” program on the accomplishments and goals of the Cuban program against AIDS. Program host [unidentified] states that the goal of this program is to dispel the people’s worries concerning AIDS.

The host asks guest Hector Terry Molinet, the vice minister for hygiene and epidemiology of the Public Health Ministry, to explain the role of Cuba’s policies—routine blood tests and interning of HIV-positive

patients—in the fight against AIDS; policies which have provoked international criticism and accusations of human rights violations.

Terry says that the Cuban program is fundamentally based on the same strategy used against all sexually transmitted diseases and that the tests are essential for epidemiology control purposes. Terry adds that, up to last week, 886 HIV-positive individuals had been identified, thanks to the over 13,430,000 million tests conducted since the beginning of the program in April 1986.

Terry adds that the Cuban average life expectancy for patients who rigorously follow treatment is 12 years, similar to the average worldwide.

The hosts relay a viewer’s question on what is the most successful medical treatment. Terry answers that the most used medicine is azidothymidine [ZDU, formerly AZT], which has yielded the best results in avoiding the onset of clinical symptoms by stopping the virus from multiplying, or in patients with AIDS, by prolonging life expectancy. He goes on to say that other products have been developed: DDI, DDC, and Interferon; and work is being conducted internationally on 14 vaccines. In response to another viewer’s question, Terry states that many countries, including Cuba, are experimenting with herbal medicine.

The host asks Terry how many people have died of AIDS in Cuba. He answers that 94 individuals have died of AIDS and 11 HIV-positive individuals have died of other causes.

Terry goes on to give statistics: 80 percent of HIV-positive females and 65 percent of HIV-positive males are under 30 years of age; of the 886 HIV-positive individuals, 257 or 28.8 percent are females; and 629 or 71.2 percent are males. The number of homosexuals has surpassed the number of heterosexuals despite the increase in heterosexual cases during 1992. There are 112 homosexual or bisexual patients.

The host plays a video interview with HIV-positive patients who stress the importance of information, monogamous behavior, and use of condoms in order to avoid infection.

Terry is asked of the dangers tourism represents with respect to AIDS. He says that like anywhere else, and like any other sexually transmitted disease, it is all related to knowledge of your partner’s behavior and that for this reason, we have to boost the education of the personnel involved in this field.

The host asks if mosquitoes or lice can transmit the HIV virus. Terry states that laboratory tests have not shown that the virus can be transmitted in this manner.

Terry states that they have worked very hard during the last ten years, but that there is no end in sight. The Cuban program has had positive results as a containment wall to avoid the massive and exponential spread of this disease. One million dollars a year is used in the AIDS program. Every AIDS patient costs 14,000 pesos

and a large amount in hard currency for medicine and food. If they are ill, the amount climbs to 24,000 pesos and also hard currency.

Terry adds that only three—out of 600—hemophiliac patients in Cuba have become HIV positive and that at one point Cuba destroyed 20,000 frozen bags of plasma to avoid the danger of infection.

Terry concludes by saying that projections for 1993 are similar to that of 1992, during which the number of cases was lower than expected and that the danger lies in homosexual behavior and for females, in heterosexual behavior.

HONDURAS

AIDS Cases Total 1,124 Nationwide

93WE0081A San Pedro Sula TIEMPO in Spanish
12 Oct 92 p 12

[Text] Tegucigalpa—A total of 60 cases of Acquired Immunodeficiency Syndrome (AIDS) occurred during September, thereby raising the number of AIDS victims to 2,124. However, there were no reports from some of the country's regions.

Dr. Enrique Zelaya, the chief of the Health Ministry's Epidemiology Division, claimed that, because of the rapid progress of the disease in the country, for each case reported there could be between 25 and 40 persons infected. Hence, it is estimated that between 50,000 and 70,000 have become infected to date.

The authorities reported 3,218 individuals infected with the Human Immunodeficiency Virus (HIV) that causes AIDS, who, nevertheless have not contracted the disease. According to Zelaya, during every passing hour over two persons become infected, in view of the fact that two new cases are reported daily.

Of the total cases (2,124), 595 have died, and 79 are under age 13, the majority infected by their mothers, and the rest by sexual relations. Zelaya cited the case of a child between 10 and 11 years old, who was raped and subsequently engaged in prostitution with homosexuals. AIDS was discovered in him at age 12.

Unlike the situation in the United States, where most of the cases are reported among homosexuals, in this country the highest percentage occurs in the heterosexual group, with 78 percent. Homosexuals and bisexuals account for only 14 percent.

Seventy-two percent of the cases are located in the northern zone, from Santa Rosa de Copan to Trujillo; 15 percent are in the capital; and the rest are in other parts of the country. San Pedro Sula remains in first place, with 865 AIDS cases, representing 41 percent.

Last year, 494 cases were reported and, during this period, 469 cases were recorded throughout the entire country. In San Pedro Sula alone, there were 181 cases last year, and 224 this year.

Because of the accelerated rise in AIDS cases, next week the World Health Organization (WHO) will send two of its officials to learn the status of the disease and to gauge the impact of HIV on the Honduran population.

In addition, they will meet with President Rafael Leonardo Callejas, Health Minister Cesar Castellanos, representatives of the news media, and other persons involved in the AIDS program.

Owing to the large number of AIDS cases reported in the country, and the imminent finalization of the aid from international agencies due next year, the health authorities have requested of the government a budget increase of 2.8 million lempiras for the campaign to control the disease. However, it has not yet been approved.

The national funds currently amount to 1.3 million lempiras, plus 1.8 million in international aid. Much of this is for reagents used in blood tests, which are becoming increasingly necessary in view of the rise in cases due to transfusions.

The ministry is obliged to invest 6 million lempiras in treatment for AIDS victims next year, because the number of cases will be larger, and the majority will be seeking medical treatment in the country's hospitals.

According to Zelaya, the economic impact of AIDS is affecting not only the government, but the people as a whole; considering the fact that the majority of AIDS victims die between ages 28 and 30, and Hondurans have an average life expectancy of 62 years.

The physician concluded by noting that, before the year 2000, approximately 30,000 or 40,000 of those now infected will have died. These persons are part of the productive force giving an impetus to the nation's economic development.

JAMAICA

Health Minister Discusses AIDS Situation in Country

FL1202132993 Bonaire Trans World Radio in English
1100 GMT 12 Feb 93

[Text] AIDS continues to be a concern in the Caribbean. Jamaica's Minister of Health Easton Douglas talks about the problem:

[Begin Douglas recording] When you're dealing with HIV and AIDS, you are dealing with something that is sometimes difficult to speak about because you are speaking about sexology 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 family and this is another area where we the government now have to be supporting them because many of them who had been very independent and self-sufficient before have now become total dependents on the state just for survival—for food, for clothing, for shelter. So we have

gone through the schools, the 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 AIDS prevention programs. 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]

Jamaican Health Minister Douglas.

PANAMA

High Incidence of AIDS Related Deaths

PA2811030292 Panama City LA ESTRELLA DE PANAMA in Spanish 25 Nov 92 p 1a

[Report by Cesar Gomez Marin—all figures as received]

[Text] AIDS continues to cause ravages in Panama. The number of AIDS cases recorded from 1984 up until 30 October, now totals 397 cases, of which 247 cases have been fatal. The number of fatal cases represents 60.7 percent of the total number of AIDS cases recorded.

It must be pointed out that a significant portion of the AIDS cases recorded have taken place in the 20-44 age group, as well as in the 45 and over age group.

On the other hand, deaths by AIDS-related causes have also been quite high in the aforementioned age groups. At least 144 men and 33 women in the 20-44 age group have died, 73.4 percent of the total number of deaths. In addition 47 men and 5 women in the 45 and older age group have died from AIDS-related causes. This represents a 21.6 percent of the total number of deaths.

According to figures disclosed by the Health Ministry Department of Supervision and Control of Transmissible Diseases and AIDS, the most common method of infection continues to be through sexual contact. Of the total number of cases recorded, 318 cases (269 men and 49 women) were infected through sexual transmission. This figure represents 80.1 percent of the total number of recorded AIDS cases. Homosexual contact follows as the main cause of infection with 38.3 percent [152 men and no women].

AIDS transmitted through heterosexual contact accounts for 96 cases among men and 49 among women. These figures represents 34.0 percent of the total number of recorded cases. It is followed closely by AIDS acquired through blood transfusions with 40 cases among men and 10 among women, or 12.6 percent of the total number. AIDS acquired through bisexual contact accounts for 31 cases among males and none among women, followed closely by AIDS cases through intravenous (I.V.) drugs with 27 cases among men and one among women.

ST. LUCIA

Survey Shows Inadequate Understanding of AIDS

FL1602192893 Bridgetown CANA in English 1751
GMT 16 Feb 93

[Text] Castries, St. Lucia, Feb 16, CANA—A survey here shows St. Lucians don't know a great deal about AIDS (Acquired Immune Deficiency Syndrome).

Director of the St. Lucia AIDS/HIV/Sexually Transmitted Diseases Prevention and Control Programme, Dr. Michel Oohms, said the survey was carried out over the last two Carnival celebrations.

She said that 93.5 percent of 150 persons interviewed had expressed a desire for further education on sexually transmitted disease, particularly during Carnival celebrations.

"Everybody had some comment to make.... Many spoke of the very low moral standard among young people ... having sex without thinking of the consequences," she remarked.

"Some people mentioned the Carnival babies, and the recent research in Trinidad and Tobago showed this is a reality. It is probably the same thing in St. Lucia."

She said that an alarming 31 percent of St. Lucians did not know what STD stood for, and that 41 percent did not feel at risk of contracting HIV that causes AIDS.

"Despite the intensive education on modes of transmission (of the AIDS virus) we noticed that a significant number ... could not list the three or four ... essential ways of transmission," she said.

Dr. Oohms said that an alarming 18 percent of those interviewed only knew of the disease being transmitted from mother to the child. "This is a big area of concern," she remarked.

She said the survey also revealed that 41 percent of St. Lucians had never used a condom in their life, with 55 percent saying yes.

"Asked how often do you use condoms during Carnival encounters, five percent said always, one percent said often, six percent said sometimes, and 31 percent never," she reported.

She said that many St. Lucians while being aware of the hotline, were not using the service.

"Some people were thinking it was open 24 hours a day ... and was for people already suffering from the disease," she said.

St. Lucia has so far recorded a total of 84 AIDS cases with 44 persons already dead from the disease, for which there is no known cure.

Health Ministry Reports 41 Cases of AIDS

*FL1901195393 Bridgetown CANA in English 1549
GMT 19 Jan 93*

[Text] Castries, St. Lucia, Jan 19, CANA—One new AIDS case and two HIV positive identifications have been reported by St. Lucia's Ministry of Health, in revised statistics for the last quarter of 1992. Statistics up to December 31 last year also show that five suspected HIV cases are still to be confirmed.

The latest figures bring to 41, the total number of cases of AIDS reported so far on the island, while there are 86 cases of HIV positive-tested individuals, director of the AIDS/Sexually Transmitted Diseases (STD's) and HIV Prevention Programme of the Ministry of Health, Doctor Michele Ohms told CANA. She said during the last quarter of 1992, there were no HIV-related deaths.

"Total HIV-related deaths remained at 39," OHMS reported. She also said during the last year, 1,294 blood

donors were tested for the HIV virus that causes AIDS, with all found to be free of the disease.

"That means that since 1988, our blood bank has been very safe," she said. 691 persons were tested for insurance purposes during 1992, with no positive identifications, Ohms added. She told CANA that during last year, the number of people visiting sexually transmitted diseases clinics for tests almost doubled to 2,219 from 1,220 in 1991.

"The number of new HIV positives in 1991 was 18, and in 1992 was 12," Ohms remarked. She also told CANA the number of new AIDS cases in 1991 was seven, and eight last year.

"That means that apparently, the situation is quite stable, but it does not mean that it will not suddenly be rising in the future," the physician said. "This means that all of us must be careful," she warned.

ALGERIA

Investigation To Check Blood Supply Launched

93WE0094A Algiers *EL WATAN* in French
8 Nov 92 p 6

[Text] "We have never used blood products for hemophiliacs from the Merieux Institute or blood from the French National Institute," said Professor Benabadji, a former administrator of the Blood Transfusion Department at the Mustapha University Hospital Center.

The French daily newspaper *LE MONDE* reported that AIDS-contaminated blood products were exported in 1985 to other European countries and the Maghreb. That revelation has raised the question: Did ENAPHARM [National Enterprise for Supplying Pharmaceuticals] import any of these products?

Neither ENAPHARM nor the health ministry have given a definitive response to that question. The health ministry has simply announced that an investigation will be made at ENAPHARM.

Professor Benabadji noted that his department used products imported from Austria and Sweden. The only products imported from the Merieux Institute, he said, were gamma globulins and albumin, which carry no risk of contamination.

However, Professor Benabadji was speaking solely for the Mustapha University Hospital Center. It remains to be seen whether the Merieux Institute exported its blood products for hemophiliacs to other university hospital centers.

The investigation at ENAPHARM appears to be the only way of obtaining a definitive answer.

Uncertainty Over Safety of Blood Supply

93WE0202B Algiers *LE SOIR D'ALGERIE* in French
21 Dec 92 p 3

[Text] The contaminated blood scandal in France has drawn a number of reactions, but above all it has revealed gaps in a defective health system.

The sequence of events finally ended in a resounding scandal, following which Michel Garretta, the director of the blood transfusion service in France, was sentenced to four years in prison without parole.

Certain political personalities whose testimony was given during the trial are also going to be tried before the High Court. These involve, among others; Georgina Dufoix, former minister of health; and Laurent Fabius, former prime minister; who will appear before the court at his own request.

It is not our intention to present an analysis of an event, which pertains more properly to French internal politics. However, it must be said that the blood transfusion scandal—and this is not a tasteless pun—makes our blood boil.

It is not known how many Algerians had surgical operations in France between 1980 and 1985. It was during these six years that the problem of tracking down the virus causing AIDS was under study.

In France a systematic search was undertaken to deal with any eventuality, whereas, as far as we in Algeria were concerned, a wait and see attitude prevailed.

However, a commission was established. It is charged with preparing a list of sick persons transferred to France for medical care who may have been contaminated while receiving blood transfusions. This commission is also charged with disseminating information. However, it must be said that, in view of the ridiculous revelations which have been made and the way things are going, pointing out inadequacies in what has been done is really a rather sad act of whimsy.

The cases of Algerians who contracted HIV from blood transfusions in France were swept under the table with painful speed whenever they were raised.

We recall that a media uproar followed involving all kinds of horrors that took place since the beginning of this affair.

A well-known lawyer even promised to defend the interests of Algerians who came down with AIDS.

Well-known personalities, apparently moved much more by their political ambitions than by humanitarian considerations, have taken public positions on this question.

Now it is a silence of death that holds our attention.

The commission referred to above still exists. However, like other organizations of its kind, it has adopted a low profile (we would be tempted to say that it is almost invisible), and the principal figures in it cannot be contacted.

And in this specific case it would apparently seem that they are counting a great deal on the census to be carried out in French hospitals to determine the identities of the Algerians who came down with AIDS.

At a time when the question is being raised in a determined way, we seem proudly to be ignoring the fact that it is sick Algerians who are involved. In fact, this matter concerns the entire credibility of the Algerian Government toward its citizens and foreign medical groups.

However, our Tunisian neighbors, who are in the same position, have not hesitated to make their position clear, and with the greatest firmness. They have decided to defend the rights of Tunisians whose blood was contaminated during surgery which they underwent in France.

Our silence threatens to cost us a great deal.

In France

Some 250 hemophiliacs have died as a result of AIDS. About 120 of them were infected through blood transfusions.

Between 3,000 and 7,000 persons have been infected with HIV through blood transfusions.

About 1,150 persons suffering from AIDS contracted the disease from blood transfusions.

In Algeria

In Algeria the statistics are still not fully available, and HIV positive persons are wandering around the country.

EGYPT

Health Minister Denies AIDS Spreading, Gives Figures

NC2011091992 Cairo MENA in Arabic 0712 GMT 20 Nov 92

[Text] Cairo, 20 Nov (MENA)—Health Minister Dr. Raghieb Duwaydar stressed that recent reports about an increase in the number of AIDS cases and a cover-up by officials are completely baseless.

In a statement to AL-AHRAM published today, the minister said that the annual number of AIDS infections in Egypt do not exceed 20 cases among Egyptians and 25 among foreigners, who are deported as soon as they are found to be affected by the disease.

Dr. Duwaydar added that no more than 180 Egyptians and 150 foreigners have been infected with the AIDS virus in the past five years, explaining that the Egyptians were infected through operations and blood transfusions they had abroad.

The health minister affirmed that the preventive measures against AIDS in Egypt are sound and efficient. He noted the availability of imported blood-testing equipment at all blood banks and that blood is not imported until after being screened for infection. He added that the widespread use of disposable syringes and an expanded information campaign on sexual relations are part of the preventive plans.

Health Official Reports AIDS Cases, Plan To Combat Spread

NC0502153493 Cairo AL-MUSAWWAR in Arabic 5 Feb 93 p 59

[Excerpt] Dr. Sayyid Sharqawi, director general of the Health Ministry's infectious diseases department, has stated that 188 people have tested positive for AIDS in Egypt. They include 128 carriers of the virus and 60 who have shown symptoms of the disease. Ninety-five persons have died from AIDS.

The cases began to appear in 1986. The affected persons had received contaminated blood in Arab states. The virus is sometimes transmitted through sexual intercourse.

The plan now to prevent the disease is to monitor the most susceptible groups, such as drug users, prisoners, and prostitutes, and test foreigners who come to work, train, or study. So far, 168 foreigners have been found to carry the AIDS virus and have been deported. Random

tests have been carried out on groups not considered at risk, such as persons with chest diseases and pregnant women, to form an idea about society in general. Not a single positive case has been discovered among these groups. [passage omitted]

INDIA

Estimated 10,000 Infected With HIV Virus in Delhi

BK2008064192 Delhi INDIAN EXPRESS in English 9 Aug 92 p 5

[Text] New Delhi—There are an estimated 10,000 people in the Capital infected with HIV, the deadly virus causing AIDS. Of these, 22 have already developed full blown AIDS.

This was disclosed at a Symposium on AIDS threat in Delhi, organised by the Indian Medical Association's East Delhi branch on Saturday. The Association also apprehended a spurt in the number of HIV infected to ten times the present, in the next five to eight years.

After prostitutes, professional blood donors comprise the worst high risk group, with at least 1.5 percent of the city's professional blood donors being found to be HIV carriers. It was however pointed out that since their number contributed to just about 2 percent of the affected populace, merely amending the Drugs and Cosmetics Act to ensure a safer blood transfusion system will not do to contain the growing threat.

It was suggested that mandatory testing of prostitutes for HIV infections and other high risk groups should be initiated along with counselling and rehabilitative services, apart from screening of all tubercular patients and those afflicted by other diseases caused by a low immunity status, for AIDS.

Other suggestions include initiating AIDS awareness among school and college students, as well as health workers. It was pointed out that a ban on professional blood donation by enacting appropriate legislation might also help in checking the spread of the virus.

The participants included Dr. A.N.Malaviya, head of the department of Medicine at the All India Institute of Medical Sciences (AIIMS) and Dr. Vasishta of the Directorate of Health Services, among others.

The organisation's president Dr. Naresh Goel delivered the welcome address, and its secretary Dr. P.K.Bhargava delivered the vote of thanks.

Further Reportage on Fight Against AIDS

Northeastern States

93WE0200A Calcutta THE TELEGRAPH in English 30 Nov 92 p 6

[Article by Sekhar Datta]

[Text] Agartala, Nov 29—At least one-fourth of the HIV carriers in the country live in the northeastern states.

This was revealed by a recent survey conducted by the Indian Council for Medical Research.

According to the survey report, among the northeastern states, Manipur tops the list in terms of having the highest number of AIDS patients.

Of the 9,797 persons whose blood samples were tested in Manipur, 1,554 were found HIV positive. Nagaland which stands second in the region in this regard, reported only 78 such cases. The other states which have been minimally affected are Assam and Mizoram. So far only 12 AIDS cases have been traced in these two states, according to the report.

The Union home ministry has decided to gear up security along the Myanmar border to prevent widespread smuggling of narcotics which is responsible for spreading the disease, apart from irregular sexual behaviour.

The thickly-wooded areas of Myanmar bordering Manipur and Nagaland have been major heroin production and processing centres in the world. The ICMR report also revealed that over 1,500 inhabitants of Manipur were confirmed drug addicts, and as they generally inject themselves they are more liable to contract the disease.

Health department sources in Manipur fear that by 1994 the number of AIDS patients in the state will cross the 2,000 mark. The disease is also spreading due to the tendency of the victims to conceal their ailment for fear of adverse public reaction and social boycott. Recently, two AIDS patients with fractures were refused admission to a hospital.

The scenario in states like Tripura, Meghalaya and Arunachal Pradesh which have so far remained free from the disease may change unless the spread of AIDS is checked.

Cases in Bombay

93WE0200B Bombay THE TIMES OF INDIA in English 4 Dec 92 p 5

[Text] Nagpur, Dec. 3 (PTI)—Bombay tops the list of AIDS cases in Maharashtra with 68 of the 97 such cases reported till October last, the minister of state for health, Ms Shalini Borse, told the state legislative council here today.

Africans Deported

93WE0200C Madras THE HINDU in English 2 Dec 92 p 4

[Text] Coimbatore, Dec. 1—Two persons from Africa who had come to attend a training programme in textile technology here were deported to their countries after they tested HIV positive.

According to sources at the zonal surveillance centre for AIDS, functioning at the Coimbatore Medical College Hospital, a Tanzanian who had come for the training a few months ago developed symptoms of encephalitis and was admitted to a private hospital here. The hospital

authorities sent his blood sample to the surveillance centre for screening and he tested HIV positive.

Later he was admitted to the Coimbatore Medical College Hospital from where the Government ordered his deportation.

Another trainee from Zambia, who reported sick during the course of the programme, was also referred to the same Hospital from a private hospital a few days ago, after he tested HIV positive. On the orders of the Union Government, he left for Bombay by flight this afternoon en route to Zambia.

The sources said the Government had ordered the screening of all foreigners, including students, who come to the country, for AIDS, within a week of their arrival and those who tested positive were ordered to leave the country immediately.

So far 20 persons, including the two African nationals and five women, tested positive during the last one year, when more than 3,200 samples were tested at the surveillance centre.

IRAN

Total of 211 AIDS Cases

LD2211202992 Tehran IRIB Television First Program Network in Persian 1530 GMT 22 Nov 92

[Excerpts] In an interview with journalists, Mr. Maleki, deputy minister for health affairs at the Ministry of Health, Treatment and Medical Training, explained issues concerning AIDS in the world and said that the best way of preventing this disease is to teach people more about preventive measures. [passage omitted] He cautioned people about scratches when using instruments on the skin, such as for piercing the ears, tattooing, venesection, and barbers' razors.

He said in conclusion that 211 cases of AIDS have been identified in Iran.

Imported Blood Cause of AIDS in Iran

93AS0359Z Tehran KAYHAN INTERNATIONAL in English 12 Dec 92 p 8

[Text] Yazd, Dec. 11 (IRNA)—Some 78 percent of AIDS victims in Iran have developed the deadly disease through transfusion of imported blood products, head of the medical center of Yazd Dr. 'Ali Najafi said here Thursday.

Among other people with the AIDS virus, 17 percent were infected through sexual contact, 2 percent got the virus from their mothers at or before birth, 1 percent are drug addicts sharing infected syringes and 2 percent through other ways, he said.

Dr. Najafi added that most AIDS carriers infected either through blood transfusion or sexual contacts are from northern and southern provinces.

He said with regard to frequent travel of Iranian nationals abroad, they must be educated on ways of protecting themselves from the killer disease.

AIDS virus destroys the immune systems of the infected people, leaving them susceptible to a wide range of diseases.

He said the most important problem existing in this regard in Iran is that the Iranian physicians are not much familiar with the clinical symptoms of AIDS and people know little about how the virus is transmitted and spread.

"The best way to fight the disease is to provide people with necessary education in this respect," he said.

Najafi put the number of people diagnosed as carrying HIV or having AIDS until Oct. 22 this year at 211. He said the first AIDS victims in Iran was identified in 1987.

The ratio of AIDS victims to population in Iran is 3.6 in every one million while the figure is 810 in the United Arab Emirates, 310 in Bahrain, 172 in Qatar and 88 in Kuwait.

Foreign Blood Products Main Cause of AIDS

93AS0449W Tehran ABRAR in Persian 20 Dec 92 p 11

[Interview with Dr. Najafi, head of the Health Center of the City of Yazd; interviewer, date and place not given]

[Text] Among the recipients of blood products from foreign countries are 78 persons afflicted with the AIDS virus.

Dr. Najafi, the head of the Health Center of the City of Yazd, said in an interview: The remaining 17 percent have been infected through sexual contact, 2 percent from mother to child, 2 percent in miscellaneous ways, and 1 percent are addicts who contracted the virus through injection.

He added: Most of the AIDS patients have contracted the disease through blood products and through sexual contact in the northern and southern provinces, respectively.

Dr. Najafi said: Given the present trend, traveling to other countries will necessitate the awareness of the passengers, and any sort of negligence shall have tragic consequences.

He mentioned the most important problem in this area to be lack of precise awareness of physicians of the AIDS symptoms and also lack of awareness of the people about the ways this deadly disease is transmitted and spread. He said: The best way to fight the spread of AIDS is to inform the people and give the necessary training in this area.

He said: Today, this disease has become a social and health problem for various countries.

He announced the number of people with the AIDS virus in Iran as 211 by 1 Aban [23 Oct 1992] of this year and

said: In 1366 [21 Mar 1987-20 Mar 1988], the first AIDS patient was identified in Iran, and every year the number of these patients increases.

He added: The number of persons infected with the AIDS virus in Iran is 3.6 persons for every 1 million people. This figure in the Persian Gulf countries, including the United Arab Emirates, is 816 persons; in Bahrain, 310 persons; in Qatar, 172 persons; and in Kuwait, 88 persons per 1 million people.

Ads To Warn Public Against Threat of AIDS

93AS0443Z London KEYHAN in Persian 14 Jan 93 p 5

[Text] The Ministry of Health, Treatment and Medical Education invited filmmakers and film script writers to cooperate with that Ministry to fight AIDS. The spokesman of the Ministry of Health, Treatment and Medical Education said: We intend, with the cooperation of the filmmakers, to send health messages to the people through television and cinema to prevent AIDS. He added: With the cooperation of professional artists, we are making several short films to be shown on television and in cinemas. Also, it has been decided to provide aid for filmmakers who include messages about AIDS and our intended slogans in their films. One of the slogans that will be heard and seen on Iranian radio and television and in cinemas is: AIDS has no cure and no vaccine and is very easy to prevent.

Purchase of AIDS-Contaminated Blood Revealed

93AS0448Z London KEYHAN in Persian 21 Jan 93 pp 1, 11

[Text] In Tehran it was announced that another AIDS patient has died. This is the second time that a patient infected with AIDS has died. However, physicians who did not want their names revealed told KEYHAN that infections with the devastating AIDS disease goes back to the years 1985-1986 when the Iran-Iraq war was constantly claiming victims and wounded personnel who were operated on became infected through the transfusion of contaminated blood, and many of them died in the nation's hospitals.

In the midst of this, it has recently been disclosed that Iran also, along with Greece, Marrakech, Tunisia, and several other countries, is among the countries that have purchased contaminated blood from France.

Physicians and experts consider the fight against the spread of AIDS, which has become alarmingly widespread in Iran, to be "extremely difficult" for technical, religious, psychological, and social reasons, and they believe that the number of AIDS victims in the country is much higher than what officials have announced.

After the official announcement that an Iranian infected with AIDS had died in Mashhad, it is now reported that another patient has died, this time in Rasht. In the scandal of the sale of blood contaminated with the AIDS virus, which is continuing now in France, Iran was not on the list of countries who have received contaminated blood from the French National Blood Transfusion

Center. However, the newspaper SALAM reports in its telephone column "Allo SALAM" (Sunday 17 January, 27 Dey) that a man who died of AIDS in Rasht had received contaminated blood brought from France.

A reader called this newspaper and gave the information that his brother-in-law, who was a "very pure and religious human being...became infected by the transfusion of blood that had been brought from France, and finally passed away."

This reader adds that the members of the family of the man who died, whose name was not mentioned, became quite disturbed psychologically. In his death file it says that he "became infected and died...as the result of the transfusion of blood in Rasht."

Health-care and nonhealth-care officials in the Islamic Republic have been silent for years about the spread of AIDS in Iran, whether through blood transfusions or sexual relations. Finally, after several years, they have broken the silence and, admitting the spread of the devastating AIDS disease, they have begun to alert the public and teach ways to prevent it.

For various reasons, including the impossibility for all physicians to make a bedside diagnosis, the unavailability of the test, fear of "loss of reputation," fear of prosecution and religious punishment, and also fear of isolation, the real number of people with AIDS or of those who are infected with the virus but are not sick is not known in Iran.

The minister of health care and treatment has announced that the number of people with AIDS is 211, but other sources have given the number 413.

However, physicians and experts believe that for the reasons given above it is almost impossible to determine the number of people who are sick or infected with this disease, but in any case the number is much higher than officials have announced.

Several physicians who did not want their names given told KEYHAN that those who contracted AIDS in Iran in the years 1985-1986 were identified and placed in treatment. They noted that the hospitals in the southern part of the country themselves witnessed the deaths of several patients infected with AIDS, all of whom were infected through blood transfusions.

In the heat of the Iran-Iraq war, in order to infuse blood to the wounded from the war fronts who were in need of surgical operations, the Islamic Republic imported blood from everywhere in the world, including the nations of Africa, which has the highest amount of contamination.

The aforementioned physicians say that at the same time in Tehran's hospitals the number of AIDS patients was alarmingly high, although in the casualty statistics AIDS deaths were not mentioned for two major reasons, first that many physicians were still unable to make a bedside AIDS diagnosis, and a patient's death was said to be the result of pneumonia, cancer, Second, the Islamic

regime was very afraid of officially announcing the extensive spread of this disease in Iran.

So far travelers returning to Iran from trips to Hong Kong, Bangkok, and Turkey who became infected with AIDS there through sexual intercourse were said to be the main source of the spread of AIDS in Iran, and although officials sometimes spoke of the spread of AIDS via blood transfusions, this is the first time France has been mentioned in the media as the sender of contaminated blood. Officials have not yet reacted officially to this alarming report.

Dr. Michel [?Garetta], who was chief of the Blood Transfusion Center in France in 1985, is now in prison serving a four-year term for carelessly selling contaminated blood to other countries and for giving it to hemophiliacs in France.

In addition to this, [?Lauren Fabius], prime minister of France and two of his ministers are also involved in this incident and the case on the scandal is not yet closed.

Health Official Reports 219 People Affected With AIDS Virus

LD2501185393 Tehran IRNA in English 1753 GMT 25 Jan 93

[Text] Tehran, Jan. 25, IRNA—About 219 persons have been affected with HIV, the virus that causes the dreaded Acquired Immune Deficiency Syndrome (AIDS), while 45 AIDS victims have already died, said head of the Committee for the Campaign Against AIDS Dr. Emami here today.

He told a one-day seminar on AIDS that if the public were not educated about preventive methods and protection devices the problem would be much greater in the future.

Emami said that restricting sex to its religiously established forms would offer the surest way for harnessing the epidemic in Iran.

He said AIDS is not now confined to any specific geographical area of the world and that the epidemic has long since found its way to new countries due to the irresponsible attitude of officials in those countries.

Emami commented that in 1992 AIDS victims in India were one million that is twice as many as they were in 1991. In Thailand, he said, one million people are affected with the HIV virus every year.

He said in Iran the Ministry of Health is not able to control and curb the epidemic all by itself, but that the media, too, have a role to play by offering systematic information to the public on preventive devices.

ISRAEL

AIDS Rate in Israel Said 'One of the Lowest'

TA2611122292 Jerusalem Qol Yisra'el in Hebrew 1100 GMT 26 Nov 92

[Text] There are 2,000 AIDS carriers in Israel. This year, 18 new patients were discovered, 10 less than last year.

Our correspondent 'Ofra Nehmad reports that the data published by the Health Ministry today, on the eve of the international AIDS day on 1 December, state that the scope of the disease in Israel is one of the lowest in the world. Health Minister Hayim Ramon said that the regulations by his ministry and the Interior and Immigrant Absorption Ministries, to prevent the entry of immigrants from the West who have AIDS as of 1 January, will not be implemented for the time being. The concerned ministers will first discuss the matter and then decide how to prepare for the absorption of immigrants with AIDS.

PAKISTAN

NWFP Said To Lead in Number of AIDS Patients

93WE0092A Peshawar *THE FRONTIER POST* in English 28 Oct 92 p 1

[Article by Syed Bukhar Shah]

[Text] Thirty AIDS patients out of a total of 200 in Pakistan have died and 55 cases in NWFP [North-West Frontier Province] have been detected so far. The actual number of AIDS patients is much higher than the detected patients as symptoms of the AIDS cannot be discovered easily.

These views were expressed by the experts during a press conference organised by Saeedul Majeed, dean Faculty of Medicine in Peshawar on Tuesday.

All the 55 patients in NWFP were healthy and had come to hospital for donating their blood, they said. These patients were ignorant of their disease as the symptoms of AIDS could be observed after 10 to 15 years. The treatment of such patients could not be done throughout the world and they had to die if once affected, they added.

They said NWFP was on top of the list of such patients as majority of the people of this province often visited other countries and had more chances to meet AIDS patients. Similarly, majority of the youths of our country go to other countries for jobs, so they are more vulnerable to this disease.

The homosexuality and transfusion of blood, they said were other major reasons for the spread of AIDS. The blood meant for transfusion is being tested only at Lady Reading Hospital and Hayat Shaheed Teaching Hospital Peshawar and if any AIDS case was detected there they said, they send it to NIH, Islamabad for confirmation.

The first AIDS patient, they said was detected in America in 1981 but keeping in view the ratio of such patients, NWFP was at the top of the list of AIDS patients.

So the Physicians Forum for Family Planning has decided to organise 20 workshops to educate the people about this disease. The association would give training to the people in this connection.

The dean of Faculty of Family Medicine, Saeedul Majeed said that they had also organised "walk for population" tomorrow (Thursday). They would start march from Peshawar Stadium at 2.15 pm which culminate near Deans Hotel.

To curb the disease, they said the general practitioners could not be ignored but the government was not consulting them on this vital issue. They asked the government to provide free plots and help them for the establishment of clinics. They deplored that the government had imposed 15 percent interest on their loans and termed it injustice.

Saeedul Majeed asked the government to privatise all the BHUs and hand over the same to general practitioners for the successful running of these BHUs. He observed that quackery had further worsened the situation and asked the government to curb this menace.

Such unqualified people, he said, were playing with the health of people. They had also organised a national conference on Family Medicine at Peshawar on Thursday and Friday, he added.

Regional AIDS Statistics Reviewed

93WE0198B Karachi *DAWN* in English 13 Dec 92 p 7

[Article by Mirza Naqi Zafar: "AIDS Prevention in Pakistan"]

[Excerpt] The Pakistan Association of Pathologists is holding its XVI Annual Conference in Karachi from December 12-14, 1992. The theme of this conference is "AIDS Prevention in Pakistan." The world recently observed the World AIDS Day on December 1. This is a day of action designed to raise public awareness of AIDS and to catalyse new and greater commitment against this dreaded disease.

Globally half a million people suffer from AIDS and 10 to 15 million people are infected by the HIV virus. In the Asia Pacific region 2,000 individuals are infected each and every day and for a number of countries a serious epidemic is already evident. In our near neighbouring region where Pakistanis are frequent travellers, the number of HIV infected and AIDS cases is rising steadily (Table I)

Table I. HIV Infections 1992

Country	Official Estimate
Bangladesh	7,000
India	500,000
Nepal	2,000
Sri Lanka	1,500
Thailand	300,000

In Pakistan no nationwide survey for HIV infection has been conducted to find the prevalence of HIV infection or AIDS patients. However, scattered surveys from some centres clearly indicate the presence of HIV infection in

Pakistan. The National Institute of Health, Islamabad has initiated a National AIDS Programme to collect and further test HIV sero-positive cases with Western Blot Technique—a final confirmatory test for HIV infection. NIH has reported 24 CASES OF CLINICAL AIDS. Of these 52 percent are Pakistanis and 48 percent foreigners. Table II shows yearly the distribution of HIV sero-positive and AIDS cases in Pakistan.

Table II

Year	HIV Sero-Positive	AIDS cases
1986	04	00
1987	12	03
1988	08	03
1989	12	07
1990	30	01
1991	34	04
1992	38	06
Total	138	24

The province-wise distribution of HIV sero-positive cases is Punjab 26%, NWFP 55%, Sindh 34%, Balochistan 0% and Federal Capital Area 15%.

Karachi, the largest metropolitan city, with a population of over 8 million people, is most vulnerable. A number of private and government laboratories have screened various populations for HIV sero-positive individuals.

Table III. HIV Sero-Positivity in Various Laboratories in Karachi

Laboratory	No. of blood donors	%Positive	Patients	Individuals
AKUH Lab.	32,000	0.003%	15,482	0.23%
Sindh Lab.	820	0.03%	425	2.3%
JPMC Lab.	15,00[as printed]	1.59%	2,050	1.6%
Karachi Lab.	1,655	0.18%		
Total%	468*	7.0%	1.3%	2.0%
* Donors + patients				

Researchers at JPMC AIDS Laboratories have screened various high and low risk populations for HIV antibody. Positive cases have been confirmed by National Institute of Health. Tables IV and V [not reproduced] give positivity rates in populations of low risk and high risk individuals.

The scene in Pakistan is clear—AIDS is here! Since unfortunately no reasonable hope exists for a cure of the

disease or vaccine or therapy, Education that will change behaviour remains the most important strategy for combating this disease.

In the context of Pakistan the challenge is clear. We must put in place effective, affordable, culturally and religiously sensitive preventive programmes as a matter of urgency. The Annual Conference of Pakistan Association of Pathologists from December 12-14, 1992 provides a forum for this discussion.

[Passage omitted]

SRI LANKA

Editorial Stresses Dangers From AIDS

93WE0224A Colombo DAILY NEWS in English 2 Dec 92 p 6

[Article: "AIDS and Us"]

[Excerpt] Some of the comfortable assumptions that many of us have about AIDS have been dispelled by Dr. G. N. Jayakuru, the director of the government's AIDS—STD (sexually transmitted diseases) Programme. In an article he wrote for this page yesterday, he said that as much as 35 percent of AIDS transmissions in this country is indigenous—that is from Lankan to Lankan. Also, the predominant mode of such transmission is by sex between men and women.

Far too many Lankas have grown complacent in the belief that AIDS is a disease brought here by foreign gays who come here for sex with our beach boys. That element may not have been entirely absent in the initial introduction of the disease, but we are now very far away from September 1986 when the first case was recorded here. Many of us also believed that heterosexuals were not at risk.

Not so, Dr. Jayakuru has said. He said in his article that homosexual transmissions (that is sex between men) and bi-sexual transmission by men who have sex with men as well as women had contributed substantially to the initial presence of AIDS here. But it has now been clearly established that as far as the future goes, sex between men and women will be the predominant mode of transmission.

This is a message that must be sounded loud and clear because, as we said at the beginning, too many Lankans have made too many comfortable assumptions; and, these being wrong, expert correction is very much in order. World AIDS Day, which fell yesterday, was an occasion for a great deal of publicity on the problem and we are glad that the media here have joined in the public education effort undertaken by both the government and NGO sectors.

We are indeed fortunate that ours is a literate population and both radio and television, along with the print medium, have a very wide reach in Sri Lanka. The health education authorities have been working hard in getting the message across and hopefully the dangers of AIDS have been adequately communicated to those who may

be at risk. Although we are still a low prevalence country, Dr. Jayakuru has warned that the position may well change by the time World AIDS Day comes around again this time next year.

The reasons for his fears are understandable. We had 36 recorded cases of HIV at the end of December 1991.

This had jumped to 61 this year. As Dr. Jayakuru has pointed out, this sudden increase could, as in other countries, be a critical point with 1992 being the year when the exponential increase of HIV infection occurred here.

[Passage omitted]

Commentary Examines AIDS Threat, Legal Measures

PM2311160592B Kiev Radio Ukraine World Service in English 0000 GMT 4 Aug 92

[Commentary by correspondent (Zhana Mishchevska) on the AIDS threat in Ukraine; all figures as heard]

[Excerpt] (Passage omitted) Unfortunately, AIDS hasn't passed over Ukraine. According to specialists' opinion, the AIDS virus was brought to Ukraine from abroad, from the African and Asian Continents. HIV-infected people from these regions came to study or work in Ukraine, but nowadays the epidemic process is neglected, and the disease spreads among the inhabitants of Ukraine irrespective of the initial source. Statistics indicate that there are about 280 HIV-infected people in Ukraine: There are 179 foreigners, 101 citizens of Ukraine, and 15 children among them. Comparing the statistic data, I have noticed that the AIDS cases is quickly rising in Ukraine. In 1991, only 21 HIV-infected people were registered in our country, and during the first half of 1992 18 people. AIDS testing at public health centers began in 1987, and since that time the number of HIV infected people increased in 16 times.

But what does the Ukrainian Government do to prevent this violent endemic disease? Nowadays, 136 diagnostic laboratories where AIDS testing are carried out function in Ukraine. In most cases, they are situated at the stations of blood transfusion, hospitals, and scientific research institute. Recently, two important legislative documents were adopted in which the main trends of prophylaxis and struggle against AIDS were determined. The first is the law on prevention of AIDS disease and social protection of population of Ukraine, and the second is the national program of AIDS prophylaxis in Ukraine. A coordinative council at the Ministry of Public Health was created for the purpose of realization of this law and the national program. Not only the leaders and specialists of the Ministry but many other scientific research institutes and the Academy of Sciences of Ukraine became the members of this coordinative council. But the specialists understand very well that, firstly, it's necessary much money for scientific investigation, AIDS testing, and treatment. (sentence as heard) It means that the national income should be revised in favor of medicine.

Venereal Diseases in Soldiers

93WE0145H Moscow PATRIOT in Russian No 35, 1 Sep 92 p 5

[Article: "Bacteriological Sex Bombs"]

[Text] Today's Russian soldier is reasonably well armed to fight an adversary, but he is absolutely defenseless against venereal diseases and AIDS, writes the army newspaper of the Volga Military District, SOLDAT OTECHESTVA.

In just two nights 18 persons from the commandant's company caught gonorrhea from a certain oversexed citizen N. at the district training center.

The checkpoint gates and fences of military units are literally plastered with prostitutes. They're not greedy as a rule—they don't demand money. But they are willing to service any number of servicemen for a few drinks and a token gift. And so it is that army doctors are compelled to fight syphilis and other venereal diseases. Military medical personnel are anxiously awaiting the appearance of AIDS in soldiers.

This is a fully realistic threat. Sexual problems are not being solved in our army yet. And it is also hard for the servicemen to protect themselves. You can't get that many condoms on a soldier's pay, and anyway, you can't find them in army stores.

AIDS in Moldova

93WE0051D Moscow NEZAVISIMAYA GAZETA in Russian 15 Sep 92 p 6

[Text] Twenty-three carriers of the AIDS virus have been registered in Moldova. Sixteen of the infected individuals are foreign citizens. Two of the persons infected with AIDS have died.

AIDS in Ukraine

93WE0051E Moscow NEZAVISIMAYA GAZETA in Russian 15 Sep 92 p 2

[Article: "Number of AIDS Patients Grows Larger"]

[Text] According to a report from the Ukrainian AIDS Prevention and Control Center in 8 months of this year 25 carriers of the human immunodeficiency virus were revealed, which is twice more than in the corresponding period of last year. Most of the infected individuals were discovered in Odessa Oblast and in Kiev. There still are "clean" oblasts in Ukraine as well—Volyn, Vinnitsa and Khmelnitskiy.

Ukrainian Presidential Directive on AIDS Decree

93WE0052A Kiev GOLOS UKRAINY in Russian 23 Sep 92 p 6

[Directive of the President of Ukraine on the Statute on the National AIDS Committee]

[Text] 1. The attached Statute on the National AIDS Committee under the President of Ukraine, and the personnel appointed to this committee and to its board, shall be approved.

2. The maximum number of workers of the administration of the National AIDS Committee shall be established at 90 units, and money to maintain the committee in 1992 shall be allocated in an amount of R4.4 million, including a wage fund of R2.1 million.

The Ukrainian Ministry of Finances shall finance the expenditures to maintain the committee out of assets from the Ukrainian state budget for the maintenance of bodies of state executive government.

3. The wages of workers of the National AIDS Committee shall be established in correspondence with wages of ministry workers.

The Ukrainian Cabinet of Ministers shall resolve the issue of treatment and health improvement services for workers of the National AIDS Committee.

4. The chairman of the National AIDS Committee and representatives of the President of Ukraine in the oblasts and in the cities of Kiev and Sevastopol shall establish regional and local AIDS committees in compliance with the Ukrainian law "On AIDS Prevention and Social Protection of the Population."

5. Together with the representative of the President of Ukraine in the city of Kiev, the chairman of the National AIDS Committee shall submit proposals to the administration of the President of Ukraine regarding establishment of a National AIDS Institute in the city of Kiev, and building space for the administration of the National Committee and this institute.

[Signed] President of Ukraine L. Kravchuk
Kiev, 16 September 1992

Ukrainian Statute on National AIDS Committee
93WE0052B Kiev GOLOS UKRAINY in Russian 23
Sep 92 p 6

[Statute on the National AIDS Committee Under the President of Ukraine]

[Text] 1. The National AIDS Committee Under the President of Ukraine (hereinafter—the National Committee) is a special body of state executive government, formed in compliance with the Ukrainian law "On AIDS Prevention and Social Protection of the Population."

2. The National Committee is subordinated and answerable to the President of Ukraine.

The Constitution of Ukraine, the Ukrainian law "On AIDS Prevention and Social Protection of the Population" and other Ukrainian legislative acts are the guidelines for activities of the National Committee.

3. The principal objectives of the National Committee are:

- providing state-level management in the area of AIDS control;
- implementing state policy in the area of AIDS control;
- providing for interdepartmental coordination on AIDS control measures;
- shaping public opinion regarding state policy in the area of AIDS control.

4. In accordance with the objectives set down for it, the National Committee:

- drafts intersector AIDS control programs and supervises their fulfillment;
- monitors implementation of AIDS control measures by the Ukrainian Ministry of Health, its bodies and institutions locally, and all other state bodies, as well as enterprises, institutions and organizations, regardless of their forms of ownership;

- coordinates the work of sector ministries and other central bodies of state executive government in matters of AIDS prevention, diagnosis and treatment;

- analyzes epidemiological monitoring of the incidence of AIDS in Ukraine, and organizes prompt reaction to change in the epidemic situation;

- organizes the conduct of fundamental and applied scientific research on the problems of surmounting human immunodeficiency virus and controlling AIDS;

- provides for expert examination of scientific research in this field, and implements measures to introduce it into the practice of treating HIV carriers and AIDS patients;

- organizes Ukraine's collaboration with the World Health Organization and other international organizations; collaborates with scientific and therapeutic institutions of foreign states in regard to AIDS;

- represents the interests of Ukraine abroad in AIDS control problems;

- participates in the writing and signing of international agreements of Ukraine in AIDS control matters;

- encourages participation of the mass media in implementing AIDS control programs;

- keeps the President of Ukraine, the government, other bodies of state executive government, bodies of local and regional self-management and the population regularly informed on the status of AIDS morbidity and progress in controlling this disease;

- participates in the writing of draft normative acts on problems of AIDS control;

- finances the expenses of AIDS control measures;

- draws up recommendations for regional and local AIDS committees.

5. The National Committee has the right:

- to obtain, from bodies of state executive power, information necessary for fulfillment of the objectives foreseen by this Statute;

- to enlist the aid of scientific research institutions, institutions of higher education, other institutions and the leading scientists and highly qualified specialists in solving problems within the competency of the National Committee;

- to convene meetings, conferences and symposiums on problems within its competency.

6. In the fulfillment of the objectives set down for it, the National Committee coordinates with central bodies of state executive government of Ukraine, the Crimean Republic, local state administrations, bodies of local and regional self-management, and the corresponding bodies of foreign states.

7. The National Committee publishes mandatory normative acts and monitors their execution.

8. The National Committee is headed by a Chairman appointed by the President of Ukraine.

The Chairman of the National Committee has deputies appointed by the President of Ukraine on the basis of the former's nominations. The Chairman distributes responsibilities among his deputies and determines the powers of structural subdivisions of the National Committee.

The Chairman of the National Committee is personally responsible for the fulfillment of objectives set down for the National Committee.

9. The National Committee is formed with a staff including the Chairman of the National Committee, deputies of the Chairman and members of the National Committee.

Members of the National Committee are persons of the following positions: director of the National AIDS Institute, the chief state public health physician of Ukraine, the chairman of the scientific council of the National Committee, the chairman of regional AIDS committees, executives of the corresponding ministries and other central bodies of state executive government, and of organizations, and the leading scientists and highly qualified specialists.

The most important problems of AIDS control, the status of scientific research in this field, practical introduction of the accomplishments of science, and the organization of the treatment of HIV carriers and AIDS patients in Ukraine are examined at meetings of the National Committee, which are held as necessary but not less than twice a year.

A board consisting of the Chairman of the National Committee (Chairman of the Board), his deputies (holding specific positions) and members of the board is established in the National Committee to examine and resolve issues of state management and interdepartmental coordination in the area of AIDS control.

The personnel appointed to the National Committee and its board are approved by the President of Ukraine as nominated by the Chairman of the National Committee.

10. The National Committee forms a scientific council that serves as the consultative expert body of the National Committee.

11. The National AIDS Institute operates under the National Committee. The institute director is appointed by the Chairman of the National Committee.

12. The maximum number of workers of the National Committee and their wage fund are approved by the President of Ukraine on the recommendation of the Chairman of the National Committee.

13. The structure and staff of the administration of the National Committee, the statute on its structural subdivisions, on the scientific council and on the National

AIDS Institute, and the personnel of the scientific council are approved by the Chairman of the National Committee.

14. The expenses of maintaining the administration of the National Committee are financed by the Ukrainian state budget.

15. The National Committee decides on the use of assets allocated from the Ukrainian state budget for the implementation of the National AIDS Prevention Program in Ukraine and scientific research in this field.

16. The National Committee is a legal person, it possesses its own balance and its clearing and other accounts in banking institutions, its own seal bearing the image of the Ukrainian State Seal, and its own name.

[Signed] Secretary of the Administration of the President of Ukraine N. Khomenko

Academician Gennadiy Kharlampiyevich Matsuka, director of the Institute of Molecular Biology and Genetics of the Ukrainian Academy of Sciences, and secretary of the Division of Biochemistry, Physiology and Molecular Biology (OBFMB) of the Ukrainian Academy of Sciences, was appointed to head the National Committee.

Alarming Theme: AIDS Among Us

93WE0151A Kiev DEMOKRATYCHNA UKRAYINA in Ukrainian 24 Sep 92 p 2

[Article by A. Shcherbytska, M.D., Director of Ukrainian Center of the Prophylaxis and Control of AIDS]

[Text] By the decree of the president of Ukraine, regulations were passed forming Presidential National Committee to Control AIDS and establishing its membership and composition of the board. The author of this article is the deputy chairperson of this Committee.

Considering global threat of this disease, a law was passed on prevention of AIDS and protection of the population, and the National Program of AIDS Prevention was approved. These acts provide for a system of measures regarding the diagnosis and prevention of HIV-infection, information and education about protective measures, specialized training for medical personnel, conducting basic and applied research, creation of a network of enterprises for manufacturing of disposable instruments, sterilization of apparatus for medical equipment, production of diagnostic test-systems for the laboratories, etc.

Presidential National Committee for the struggle against AIDS was created. This is the institution whose directives will be obligatory on all ministries and departments involved in execution of this program. For the first time, all initiatives will have guaranteed financing, starting this year. In this fashion, a series of measures were undertaken to protect Ukraine from AIDS, to prevent the epidemic spread of this horrible disease throughout

the territory. I would say, the situation is tense, although there are concrete pre-conditions for successful action against HIV infection.

I believe that everything that is happening could best be expressed by numbers reflecting the dynamics of AIDS in Ukraine. The first infection cases were noted here in 1987. Towards the end of last July, 102 cases of infected countrymen were registered, among them 15 children. Some of the newborn were infected intrauterine by their mothers. Nine individuals succumbed to AIDS, 8 died, 4 among them children. From 1987 to this date, 188 foreigners were found to be infected. All of them were deported outside our borders.

The infected individuals were found in 19 Oblasts of Ukraine, in the Crimean Republic and in the cities of Kiev and Sevastopol. During this year, three more Oblasts were added to the epidemic process: Dnipropetrovska O., Luhanska O. and Ivano-Frankivska O. The most unfortunate in respect to increased numbers of HIV infected individuals is the Odeska O. (43 cases) followed by Donetsk O. (9 cases), Zakarpatska O. (4 cases) and the city Kiev (18 cases).

The epidemic process runs quite intensively: during 1991, 21 HIV infected cases were identified, while in the seven months of 1992 - already there are 19. The principal infections occurred via the sexual route (62 cases). The number of HIV infected men and women is about the same.

And yet, it is necessary to discuss the first victims of AIDS in Ukraine - women - separately. Almost all of them became infected through their sexual partners - local or foreign. Some of these women belong to the risk group comprised of prostitutes and dope addicts. It has been shown that 36 of the HIV infected men in Ukraine were found among individuals leading a disorderly sex life. Unfortunately, quite a few women are also in this group.

As horrible as it is, there are cases of intrauterine infection with AIDS. Could there be a greater misfortune? Therefore, protection of women from this infection becomes the key issue.

The following is also noteworthy: 46% of AIDS infections occurred through contact with local HIV infected carriers. In other words, it is not right any more to blame only the foreign "AIDS-spies". This calls for a wide, intensive prophylaxis program.

The heterosexual variant of AIDS infection dominates in Ukraine; 60% of all cases were infected this way. I will not discover anything new by stressing: the principal protective barrier is the constant use of prophylactic agents. Obviously, in any case the disorderly sexual partners should be avoided. This advise is important to the very life itself and I am obliged to appeal again to human intellect. None of the prophylactic means will protect us if we will not remember this danger and will not work to avoid it.

The World Health Organization deemed it necessary to organize post-haste scientific workshop-conference in Minsk. AIDS did not disappear with liquidation of the Soviet Union. On the contrary, the question became more complex - the CIS countries very often act in disorganized fashion. Therefore, each delegation (representatives or observers of all countries that once were part of the USSR participated in this conference with exception of Georgia, Moldava and Estonia) provided the regional WHO offices with official reports citing exhaustive data on the dynamics of HIV infection in concrete epidemiological terms.

I have been designated to give such a report for Ukraine. Several of its positions attracted close attention at this conference. Ukraine is the only country in CIS in which a national AIDS prophylactic program has been set up and is being implemented. Our prophylactic concepts providing for laboratory control of all blood donors and examinations of all pregnant women have been approved. A total of 136 laboratories are involved in this operation in Ukraine, there are regional and oblast centers for the control of AIDS and separate units in sanitary epidemiological stations. Ukraine was the first among the CIS countries to abolish criminal responsibility for homosexuality. This gave the medical profession a chance to cover this risk group on a individual prophylactic basis. In contrast to other countries where only those already with AIDS are registered, we have organized an effective system of identifying the HIV infected individuals. This obviously is an important barrier to the spread of the disease.

Times demand from us aggressive actions against AIDS. Recently in Odesa, a branch of the Ukrainian Center for Prevention and Control of AIDS was established. Its aim is to provide a strong laboratory support for this complex operation in five of the southern Oblasts of Ukraine where our international ports are located and where the situation is extremely serious.

Unfortunately, the demand for latex products (i.e. prophylactics) is satisfied only to the extent of 40%. The need for ultrasound sterilization equipment for multiple use medical instruments is great and so is the need for using disposable needles. In other words, we are talking about massive scientific, organizational, educational and technical measures. The funds required for this are large but the stakes are just as great - life or death of the nation.

AIDS in Bukovina

93WE0151B Kiev DEMOKRATYCHNA UKRAYINA in Ukrainian 24 Sep 92 p 1

[Article by S. Petryk]

[Text] Bukovina residents were shaken up by the news that on its territory a carrier of AIDS virus was identified, reports the correspondent of Ukrinform service. This carrier is a citizen of one of transcaucasian republics who arrived in the Oblast to grow rich on poppy seeds which, after a prolonged ban were again permitted

to be planted in local gardens. The procurer of this narcotic was caught red handed by police and, during a routine check for drug use, the symptoms of the dangerous virus were identified in this individual.

Lack of Funding Threatens AIDS Program, Research

93WE0048A Moscow ROSSIYSKIYE VESTI in Russian 21 Oct 92 p 4

[Article by Roza Sergaziyeva: "AIDS Is Readyng Itself for a Leap"]

[Text] **A new domestic highly effective AIDS drug has been synthesized. Is the victory over the "plague of the 20th century" really close?**

"We have not one but a dozen drugs undergoing testing," Doctor of Medical Sciences Vadim Pokrovskiy, director of the Russian Scientific Methodological Center for AIDS Prevention and Control, doused my optimism. "The only thing is that we could hardly count on putting them through complete clinical testing anytime soon because of the present confusion."

Our attitude toward the AIDS problem has been under constant change. At first we observed from afar what was going on "over there." The world, in the meantime, in the early 1980's, was recoiling in fear: During the time that they were revealing new patients, and arguing about what brings on the disease, tens of millions of people were discovering themselves to be among the "unclean." We were unspeakably lucky—we were able to squeak through this first "outbreak" unscathed. The country was relatively closed, and few foreigners visited.

But then lightning struck. First they diagnosed HIV infection in foreign visitors, and then in our own. It was at this moment that, upon assessing the danger, the state machinery cranked into full steam. A diagnostic service came into being.

Since 1987, 150 million analyses have been conducted and millions of people have been subjected to testing—donors, pregnant women, and practically every seriously ill patient.

"Testing was often conducted even in the absence of signs of AIDS—doctors didn't ask for permission to examine patients. No thought was given to the expense, since no one had gotten used to counting the money when it came to public health. Even today, for some reason patients being readied for surgery are being compelled to undergo AIDS testing without legal grounds for this," is how Vadim Pokrovskiy characterizes the shortcomings of this stage.

But it seems to me that there was good reason for the "great hunt": We were able to reveal most of the carriers and patients with the help of such a dense network. But testing was not the only thing that played a role: The press went on the attack, and posters plastered the walls of the Metro. Today, however, everything has once again

died down. Unfortunate as it may be, our tradition of approaching every problem like a campaign is still alive here.

This break has come at a menacing time. While in the USA, after a decade of close to an annual doubling of the number of HIV carriers, a sorry sort of equilibrium has set in—the number of people dying from AIDS is equal to the number newly infected, in Russia and in the CIS as a whole, we are at the very beginning of a new, great leap in the number of HIV carriers. By fall of this year the number of virus carriers we recorded was as many as had been registered throughout all of last year. The increase is obvious. Consequently in another 10 years—such is the period from the moment of infection to the development of disease—we will find ourselves facing a large number of AIDS patients.

Why are we at the threshold of a leap? Vadim Pokrovskiy offers a few reasons. The influx of foreign visitors, among whom there are significant numbers of virus carriers and even AIDS patients. And the "butterflies of the night" are quite eager for hard-currency clients. The number of prostitutes is increasing in connection with the deteriorating economic situation.

Homosexuality and drug addiction are almost back to being respectable. By the way, it was not that long ago that HIV infection was discovered here for the first time (in Russia and Belarus), precisely among drug addicts. Disposable syringes aren't going to save them.

Another factor influencing the rate of growth of the number of infected individuals that Doctor Pokrovskiy names is the population's increasing interest in erotic films, which provoke behavior that can be dangerous from the standpoint of infection.

"We will come face to face with the results of our present indifference to the AIDS problem in 10 years. Today, everyone's living a day at a time, and no one wants to look a decade into the future," complains Vadim Pokrovskiy. "This is perhaps why the Russian AIDS program we have developed is loitering somewhere between the government and the Supreme Soviet, wandering through the Ministry of Finances and the Ministry of Economics in search of coordination. And since the program has not been approved, the money is flowing at a reduced rate, and it is being spent mainly on testing. Even though it is much more important to allocate it to education. The question, after all, is not whether or not the virus will spread. Of course it will. Mankind is presently powerless to do anything about it. But as for whether we will be able to reduce the number of infected individuals, that's another matter. This could be achieved through a system of sex education."

This has been a blind spot in our country for many years. Many justifications could of course be found for it—there are certain national and cultural traditions that stand in the way of such education, after all. However, the threat of losing an enormous quantity of the population could perhaps cause a break in the wall of these traditions.

Characteristically, state education was the first to take on this challenge, though with some internal resistance. A course on the ethics and psychology of family life was introduced, but it contained a great deal more psychology than physiology, and it was intended only for senior students, to whom it would be too late to explain anything anyway.

Then the problem was transferred to the shoulders of the Ministry of Health—a beautiful plan for establishing youth health centers in just about every microdistrict was developed. In these centers, youngsters could obtain the necessary advice from specialists in sexual pathology, and from gynecologists and andrologists.

But the idea died out when the ministry was reorganized. And those numerous brochures and newspapers that are available in such large numbers in pedestrian subways have little at all in common with education.

Here is the result: Among doctors, who have a relationship to AIDS and who are supposed to explain the methods of safe sex to others, only 10 percent know the correct uses of particular articles. These “goods” are lying unwanted in the pharmacies. Why? Because young people haven’t all gotten used to going there. These articles have now appeared in commercial stalls. But no one can guarantee their quality and sterility. Perhaps the example of the West, where such goods are available in every store, at the check-out counter, or still better, in the machines from which they used to sell cigarettes, could help. It is easier for many to buy such articles from a machine.

But let’s get back to education. Sex culture is a delicate matter. It should be handled by professionals. It is not something that can be taught to an entire class simultaneously. And even in secondary school, it would hardly be of any benefit to conduct such discussion so openly. In former Yugoslavia, for example, children received video cassettes containing tapes of the necessary lessons to complete as homework. They watched these tapes in private. In Moscow there are two centers for adolescent sex education, where lessons are conducted in private as well. But this is clearly not enough!

However, the AIDS problem has lost the attention of not just the state alone. Those who had been gathering to storm this fortress are leaving. For example the staff of the Russian center is only at half strength. You can understand the doctors, because their success depends on the health of patients. And when you treat a patient forever and he still dies, it’s hard to keep on. Others are unable to participate because the financing is too miserly to offer the kind of treatment they would like to provide. And so they leave the country.

The only bright spot that I can see in this problem is the work of the scientists. Their research is continuing rather successfully—at least we won’t drop below the world level, and in some places we might even rise above it. Research is financed competitively, on the basis of a system of grants. Around 300 projects were selected for grants in the Russian Academy of Medical Sciences and

the Russian Academy of Sciences. Unfortunately, however, these projects never received the promised hard-currency support. It is for this reason that most of the research ground to a halt by the end of the year.

Today, on the territory of the former USSR, statistics are also being maintained in the Baltic republics, where 783 are infected with the virus, including 297 children. One hundred four persons are already sick with AIDS. But according to Doctor Pokrovskiy’s estimates the actual number of carriers in Russia is 3,000-5,000, which people don’t even suspect. And it is from them that the “plague of the 20th century” will begin to spread over the entire country like rings over water, unless its path is blocked. This is why specialists are waiting so impatiently for the Russian AIDS program to finish its wanderings through the bureaucracy.

Obstacles to AIDS Prevention Education in Lithuania

93WE0148A Tallinn THE BALTIC INDEPENDENT
in English 4-10 Dec 92 p 9

[Text] Free condoms, explicit instructions on their use and videos showing “actual homosexual love” brought thousands of young people to last year’s “Condom Fiesta,” organised by the Lithuanian AIDS Prevention Centre, writes Matthias Lufkens in Vilnius.

This year, outraged Catholic morality ensured that the Fiesta was a more staid affair. Consequently, only hundreds attended while a 250 talonas (US \$1) entrance fee left more outside. With no free condom distribution participants had to buy the red, green or chocolate-tasting German-made latex for between 30-100 talonas. Conservative pressure ensured that the information about safe sex was toned down.

But AIDS workers are fighting much more than vocal Catholic moralists. Public awareness of the disease is poor. “I’m here because there is nothing else to do in town,” said 23-year-old Jura, who claimed not to be concerned about AIDS: “We are not in Africa,” he said.

Ignorance, fear and bureaucracy are the obstacles confronting Saulius Chaplinskas, the head of the Lithuanian AIDS Prevention Centre. Schools do not undertake AIDS education and the authorities in Lithuania and Estonia have still not changed the Soviet laws on AIDS and homosexuality.

The Vilnius centre does assure absolute confidentiality. “People are still afraid to go to venereal clinics and doctors pocket hefty bribes from their patients,” said Mr. Chaplinskas. In Latvia two people infected with the HIV virus committed suicide after being publicly exposed.

Mr. Chaplinskas now has twenty employees, and the centre has multiplied its advertising campaigns. “We have to work with prostitutes and drug users and we have to start counselling. We have so much to do we don’t

really know where to start," he said. Although 40,000 people are tested every month, no pre-test counselling is provided.

The figures seem to encourage false confidence. Lithuania, with the largest population in the Baltics, has 16 cases of HIV infections; Estonia, the least populous, has 29, perhaps due to greater contact with the West. Latvia has 19. These are only the reported cases, however, and the numbers are expected to soar.

Seminar Participants on AIDS Awareness

93WE0148B Tallinn THE BALTIC INDEPENDENT in English 4-10 Dec 92 p 9

[Text] The prognosis for AIDS awareness in the Baltic States is not encouraging. That was the verdict of medical staff and teachers attending an international AIDS seminar in Latvia in the week of November 27.

The seminar, organised by a US health organisation, aimed to promote better contacts between medical workers, teachers and the mass media in raising AIDS awareness in the Baltic region.

"People in the Baltics should think more about the AIDS problem," said Vahur Keldrima, an Estonian doctor who attended the seminar. "The problem is that we only get 30,000 kroons a year from the government."

Known AIDS Cases Said To Be of Unusual Type

AU0102084893 Kiev HOLOS UKRAYINY in Ukrainian 23 Jan 93 p 12

[Interview with Vitaliy Arnoldovych Kordyum, head of department at the Ukrainian Academy of Sciences Molecular Biology and Genetics Institute and deputy chairman of the National Committee for Combating AIDS, by Volodymyr Tarasenko; place and date not given: "The Entire Population Is in the Risk Group..."; first paragraph published in boldface]

[Text] Last December, the first scientific conference on the "Prevention of AIDS in Ukraine" was held in Kiev. Following the completion of its work, our correspondent met with V. Kordyum, head of department at the Ukrainian Academy of Sciences Molecular Biology and Genetics Institute and deputy chairman of the National Committee for Combating AIDS subordinated to Ukraine's president and asked him to answer a few questions.

Tarasenko: Vitaliy Arnoldovych, last September, on the directive of Ukraine's president, the National Committee for Combating AIDS was created. What has been done so far?

Kordyum: It is early to speak about achievements. We began to deal with this problem much later than other countries. There was no social demand. Only in the second half of 1987, the USSR Ministry of Health authorized Ukraine to diagnose AIDS. There are very few specialists with experience in such work. The majority of scientists conducted their investigations with

just a reference "regarding AIDS." The National Program for Combating AIDS functioned and the financed research has been in existence for less than one year. This year, our program must be subjected to expert analysis by the World Health Organization and be integrated into world science.

Tarasenko: It was stated at the conference that about 25 million persons had been examined for AIDS. How realistic is this estimate?

Kordyum: I can neither confirm nor deny this figure. This estimate was quoted by Ukraine's Ministry of Health. However, even if all these 25 million persons have been diagnosed, the resulting data may be erroneous.

Tarasenko: Why?

Kordyum: The diagnostic centers for revealing people infected with HIV are using the immuno-enzyme [immuno-fermentnyy] method. It was elaborated and is in wide use abroad. However, systems that are used in Ukraine are of low quality.

In addition to this, our analysis of epidemiologic and some experimental data makes it possible to assume that, in Ukraine, there is an unusual HIV strain.

Tarasenko: What is such a prognosis based upon?

Kordyum: First, more than one-half of those infected do not belong to known risk groups, and for 16 percent of those infected, the source of infection could not be established at all. Second, according to world experience, between 25 and 33 percent of AIDS sufferers develop the Kaposi sarcoma. Only one of the AIDS sufferers revealed in Ukraine—12 persons altogether—was found to have it. At the same time, no HIV was detected in several patients with the Kaposi sarcoma. Third, the behavior of the virus in cells outside the organism has specific features that differ from those described abroad.

Tarasenko: It appears that the entire population of Ukraine is within the risk group. Why?

Kordyum: It is because of a weakening of the immune system. All factors have their effect here: ecological, biological, social, economic, and so on. Ukraine seems to have no parallel in the world in terms of the extent of all the unfavorable factors acting upon a person. It is necessary to remember that we have a difficult epidemiologic situation on the whole, not only regarding AIDS. The first alarming signal is the balding of children in Chernivtsi. The causes of the disease have not been ascertained to this day. Representatives of the World Health Organization voiced an assumption that it has biological roots. If it is a new disease and a new pathogenic organism, it may take many years and the highest level of medicine to establish it. However, our medicine does not even have enough gauze or cotton wool....

Tarasenko: If an unusual HIV strain is possible in our country, then, perhaps, foreign diagnostics is not always applicable?

Kordyum: This question requires special investigation. However, work on creating our own diagnostic centers is under way. This year we already hope to receive a positive result.

Tarasenko: Are there enough specialists to conduct diagnostic tests?

Kordyum: The training of medical cadres for work with AIDS patients needs to be improved. Today, it is only the Kiev Institute for Advanced Medical Studies whose financial, organizational, and informational possibilities are very limited that trains such specialists in Ukraine.

Tarasenko: Interesting results obtained in the sphere of creating methods for the prevention and treatment of AIDS were also reported at the conference.

Kordyum: Here, work is conducted in two directions. The first of them is the elaboration of fundamentally new technologies for treatment and prevention based upon the concept of intracellular immunity. This year, it is planned to test such technologies on human cells infected with HIV.

Second, there is the chemical and biotechnical synthesis of new medicinal preparations. Several dozen potentially promising preparations are ready for testing. However, the absence of cellular strains containing HIV does make it impossible to start research. So far, we have to send new preparations for biological testing abroad.

Our own first preparation against AIDS has been obtained and begun to be used. Interferon Alpha-2 is undergoing clinical testing. Its use on patients with the Kaposi sarcoma has produced a positive result.

Tarasenko: Is cooperation with scientists in other countries being established?

Kordyum: Since we do not have proper experience, it is very important to become integrated into world science. We cannot constantly invent the wheel. Today, we feel an acute information deficit. About 10,000 medical journals are published in the world, but only about 10 of them reach us. Computerized conferences dealing with AIDS are organized abroad, as is the computerized exchange of information functions among scientists. The data bank on this problem is, so far, closed to us: There is no money.

Scientists understand that nobody will be able to put an end to AIDS—the plague of the 20th century—by one's own efforts alone. That is why they are looking for contacts.

Tarasenko: How do you evaluate the results of the scientific conference on the "Prevention of AIDS in Ukraine"?

Kordyum: The conference managed to reveal shortcomings and advantages of studies on which there are no publications at all. We must make an essential reorientation of many investigations and begin to prepare for devising a new program.

Official Says New Type of AIDS Discovered

OW2701182493 Moscow INTERFAX in English 1715 GMT 27 Jan 93

[Following item transmitted via KYODO]

[Text] Many instances of violations of the law on the prevention of the AIDS virus by the employees of medical institutes and the directors of enterprises and organisations have been uncovered in the Donetsk region by the attorney's office.

Yuriy Zaitsev, an official of the regional attorney's office, has told Interfax that the rules for sterilising instruments in childrens hospitals were being broken, as were those governing disinfection in hairdressers' salons and stomatology co-operatives. He said that 34 of the 44 registered AIDS carriers in the region were foreigners.

Vitaliy Kordium, who is the deputy chairman of the National Committee for the fight against AIDS, told the "Golos Ukrainy" ("Voice of Ukraine") newspaper that he thought that a new type of the virus existed in Ukraine. He said that, due to environmental and social and economic problems, the whole of the republic's population was at risk.

Compulsory AIDS Tests on Frequent Visitors

HK2801073693 Hong Kong AFP in English 0644 GMT 28 Jan 93

[Text] Hong Kong, Jan 28 (AFP)—China is to impose compulsory AIDS tests on all visitors who enter the country more than 12 times a year in the latest measure to combat the fatal disease, press reports said Thursday.

Those most affected by the measures, introduced this month but covering the past year, are expected to be Chinese from neighbouring Hong Kong and Macao, newspapers here said.

In the past, AIDS tests were only applicable to foreigners who planned to stay more than three months in China.

The tests, which reportedly take only a few minutes to detect whether a subject has the virus which causes AIDS, are carried out soon after visitors set foot at any of the ports of entry in the country.

A spokesman of the Health Bureau in the southern Chinese city of Guangzhou, capital of Guangdong province, said the measures had been strengthened to keep the AIDS virus from entering China.

He said that since the compulsory tests were introduced, more than 12 visitors including some from neighbouring Hong Kong had been refused entry this year.

However, a spokesman for the Hong Kong Health Department said it had not received any such notice from China.

AIDS tests are carried out voluntarily in the British colony.

Guangdong, pioneer of China's capitalist reforms, has been hit hard by the AIDS scare with 53 carriers of the virus reported by the end of last year, according to the Digest Weekly newspaper.

Twenty of the carriers were natives of the province, 13 were from other provinces and the remaining 20 were from outside China, it said.

Only nine virus carriers were found in the whole province between 1986 and 1990, but 27 carriers were found in the first 11 months of last year alone.

AIDS is also a menace in the southwestern province of Yunnan, which borders the Golden Triangle drug-producing region.

New Laser Blood Test Device Eliminates AIDS Risk

LD2801163193 Moscow ITAR-TASS in English 1442 GMT 28 Jan 93

[Article by ITAR-TASS correspondent Veronika Romanenkova]

[Text] Moscow January 28 TASS—It is impossible to catch the AIDS-related HIV virus and other diseases as a result of having a blood test with the new laser perforator "Ermed-303" which has been developed at the engineering centre of the Russian Academy of Sciences' Institute for Nuclear Research.

The device punctures the skin with the help of a narrow laser beam thus making the subcutaneous water burst and form a tiny opening in the skin. Such a contact-free method guarantees both absolute sterility and minimal damage to the fine tissues of the finger, making the procedure practically painless.

Moreover, it is possible to regulate the power of the laser beam on perforator "Ermed-303". This also enables the depth of the perforation to be altered as it should be larger in an adult than a child.

The new device weighs only 3.5 kilogrammes and is simple to use. It has already undergone clinical trials in leading medical establishments in Russia and the results have been positive. The Russian Ministry of Health has approved of it being put into operation.

Government To Require All Foreigners To Pass AIDS Test

LD0402151093 Tashkent Uzbekistan APN in Russian 1159 GMT 4 Feb 93

[Text] In the capital of Uzbekistan a program has been developed to fight AIDS—the plague of the century. Henceforth, by a decision of the Hokimiyat (Mayor's office) all foreigners arriving in Tashkent must produce a certificate of an AIDS test. This rule will also apply to local residents who have been abroad. Moreover, laboratories will be opened in the city whose purpose is to discover the HIV infection. All expenses will be paid by the city budget.

Moscow, Oblast Have 27 AIDS Cases, 103 HIV-Positive

PM0402153193 Moscow IZVESTIYA in Russian 4 Feb 93 p 1

[RIA report: "Latest Figures on Incidence of AIDS in Russia"]

[Text] From the time that the first AIDS victim was discovered in Russia in 1986 to early-February 1993, there has been a total of 611 people registered HIV-positive—92 people with AIDS, and 72 deaths. Moscow holds first place in terms of the number of people registered HIV-positive and people with AIDS (103 and 27 respectively in the oblast), then come Rostov and the oblast (105), and Kalmykia (92).

Supreme Soviet to Discuss Bill on AIDS Preventive Measures

LD0802173093 Moscow ITAR-TASS in English 1655 GMT 8 Feb 93

[By ITAR-TASS parliamentary correspondent Ivan Novikov]

[Text] Moscow February 8 TASS—The Supreme Soviet of the Russian Federation will consider a bill "on preventive measures against AIDS" in accordance with the decision made by the presidium of the Russian parliament today.

Some figures concerning this disease, which began to spread in Russia in 1987, have been given at a session of the presidium. 581 AIDS cases, including 270 children, have been registered so far. In addition, 393 foreign citizens were found HIV-positive and deported from the country. 70 HIV-carriers, including 53 children, died of this disease. AIDS was diagnosed in 86 cases.

Another aspect of the problem also causes concern: This infection has spread among the population of 47 subjects of the Russian Federation, with the number of such cases increased almost by one third over the last two years. The number of HIV-positive and AIDS-infected cases has been growing among teenagers and young people. The unstable socio-economic situation in the country, the strengthening of migration processes and a number of other reasons, including the changed sexual behaviour of the people, have become the factors intensifying the situation regarding the spread of AIDS in Russia.

As is known, since the time when the registration of this disease began in Russia, a number of standard acts have been adopted which permitted to fight against the approaching epidemic more efficiently. However, the system of prophylactic and anti-epidemic measures and social protection of HIV-positive people and AIDS-carriers require legal enacting.

A bill on AIDS, directed to parliamentary committees and commissions for the final elaboration, takes into account the experience of the world community in this sphere and relies upon the generally recognized international and legal standards of human rights.

AUSTRIA**Latest AIDS Figures Published**

*AU0112131092 Salzburg SALZBURGER
NACHRICHTEN in German 1 Dec 92 p 6*

["SN-i.b" report: "After 10 Years of AIDS Prevention: The Message Does Not Arrive"]

[Excerpt] [passage omitted] The number of HIV-infected persons continues to rise. By 20 November 1992 847 cases of AIDS were registered, 509 patients have died so far. Juergen Pelikan, head of the Ludwig-Boltzmann Institute for Medical and Health Sociology, said on Monday [30 November] that there are 4,000 registered cases of HIV-infected Austrians; probably another 8,000 persons are also infected. [passage omitted]

CYPRUS**HIV-Positive Cases Since 1986 Detailed**

*NC3001063693 Nicosia CYPRUS NEWS AGENCY in
English 1648 GMT 29 Jan 93*

[Text] Nicosia, Jan 29 (CNA)—Four new HIV virus cases were detected in Cyprus in January. Three were foreigners, who have already left the island and the fourth is a 19-year-old Cypriot, an official announcement said Friday.

The total number of HIV virus cases since October 1986 has reached 134, with Cypriots counting for 72 of the cases. The overwhelming majority of the Cypriots infected with the virus were men (65) while the most infected age group is between 20 and 29, which claims 38 cases.

The announcement added that "the main way of transmitting the virus in the recorded cases is sexual contact (51 persons). Forty-one of the 72 cases is likely to have been infected overseas while only 12 cases say their infection was likely to have taken place in Cyprus."

DENMARK**Pressure To Change Existing HIV Anonymity Law**

*92WD0097A Copenhagen WEEKENDAVISEN in
Danish 23-29 Oct 92 p 4*

[Article by Pernille Stensgaard: "My Name Is Anders and I Want To Be Tested For HIV"]

[Text] A man from Haiti and a brand-new father from Svendborg may be about to change Denmark's AIDS policy which, otherwise, has remained unchanged since 1987. The two have turned the country upside down and led the critics to speak to thunderous applause. The man from Haiti has apparently seduced droves of Danish women, even though he was tested—and found positive—back in 1985. Apparently, he did not tell the women he was infected, nor did he use condoms. Can this really be allowed to happen?

The man from Svendborg is also infected and is the father of a newborn child who underwent unnecessary and useless treatment and suffered terribly because no one at the hospital knew that its parents were sick. Can this really be allowed to happen?

The man from Haiti impressed EXTRA BLADET so much that the newspaper placed the man's picture on page one as a warning. The other man made an impression on Palle Juul Jensen of the Board of Health and this was more fatal to Denmark's AIDS policy, for the chief medical officer raised the first official criticism ever of the AIDS guidelines. In the future, if he gets his way, upon admittance to the hospital the record will state if he or she is infected—whether or not the patient wants this. The physician in charge must also be informed if the hospital receives a positive test. None of this is possible today, but very few HIV-infected people forbid it. This protection is a matter of principle. A person infected with HIV can always remain anonymous until he develops AIDS and must be treated at the hospital.

Up until now everyone involved—Folketing, the health minister, the Board of Health, the AIDS Secretariat, the National Association of Gays and Lesbians, and the Hemophilia Association—has been almost vehemently united behind the policy of voluntariness and anonymity. Otherwise, high-risk groups would go underground and the infection would spread, if people did not dare be tested. This large group of people who are in agreement are now angry because the extremely irresponsible behavior of two people may bring registration and coercion down on everyone else who is HIV-positive.

Now Jensen has opened the door and expressed doubt concerning the AIDS policy of his minister and of his own AIDS Secretariat. The minister has expressed outrage at him and the secretariat is furious, since both cases can be handled with the laws we have today. The man from Haiti has been charged under the aggravated assault law that deals with felony bodily harm and carries a sentence of up to 12 years. In the other case, the physician's oath of silence can be broken if there is a danger to the health of others. The only change in the upcoming new guidelines from the Board of Health is a clarification, rather than a change. There is no special legislation dealing with HIV and AIDS, but the guidelines are as follows:

Everyone has the right to take an HIV test anonymously from one's own doctor, from another doctor, or at the special screening clinics.

All public employees, including those working in public health, are sworn to secrecy. But if a patient refuses to tell his spouse or the person with whom he is living that he has the disease, then, in the opinion of the Board of Health, the physician has the right to do so. The oath of silence can also be waved in the interests of a child (the Svendborg case).

Personnel at one hospital cannot pass information on a patient's status to another hospital unless personnel face an occupational risk of infection.

The hospital cannot provide a patient's physician with test results and vice versa, unless the patient consents.

A physician cannot administer an HIV test without asking the patient. This is true even if it is likely that the patient is infected.

Consequently, the Aarhus physician who said last spring that he tests his patients if he thinks they are homosexual is on thin ice. Also, the HIV-infected individual who finds a large yellow mark on his record indicating infection has the right to have it removed. Hospitals are also not permitted to place distinguishing marks on rooms housing HIV-infected persons. They were permitted to do so only up until the summer of 1988. After that time they began to show reservations toward all patients, partly to improve hygiene in general and partly not to brand and isolate HIV-patients.

This is how the situation is in Denmark—for now. AIDS policy is under pressure, with Palle Juul Jensen as the most prominent and influential critic. His criticism soon brought Liberal Party politician Jorgen Winther over to his side, despite the resistance of the Health Minister. She is also a Liberal Party member. Other critics include Deputy Police Director and Liberal Party politician Gudrun Laub who, along with numerous other police, is outraged because prostitutes may be infecting their clients if they do not use condoms. Laub and others want to register prostitutes and have the legal authority to step in and forbid HIV-positive individuals from having sexual contact with other people. This is why they want to resurrect the law on sexually transmitted diseases. It was repealed in 1988. Gudrun Laub's idea caused Michael von Magnus of the Board of Health to say, "AIDS can be avoided by using condoms and that is the essence of the entire matter. The men pay for doing it without a condom. Why should the prostitutes be punished for that? That is like jumping in the water near a shark and then scolding the shark when it starts to eat you."

Call To Register HIV-Positive

At its convention last year, the Danish Housewives' Associations agreed to demand a central registry of everyone who tested HIV-positive, ostensibly to be able to help them immediately if a better form of treatment or a vaccine is discovered—but also to control the paths of infection. The Housewives' Associations also want to have the law on sexually transmitted diseases reinstated, in order to force HIV-infected people to tell their partners that they are sick.

"A law of that kind would be meaningless because we could not control what individuals say and do," Health Minister Ester Larsen told the Housewives' Association newsletter. "I do not want to live in a police state that keeps an eye on what the individual citizen does. What we can do is to advise prostitutes and their clients about safe sex. It is always the duty and the responsibility of the

individual to protect himself. Neither legislation nor registration had much impact on sexually transmitted diseases. The Folketing abolished the law because it was not effective."

Dr. Hugh Zachariae of Marselisborg Hospital is an active advocate of the Swedish model.

In Sweden AIDS has been placed under the law on infectious diseases. If a person thinks he may be infected, he must go to a doctor and be tested. HIV-positive individuals are registered. Afterwards, the person must follow the doctor's precautions, such as telling his partner or partners that he is infected, having sex only while using a condom, not sharing needles with other drug users, and no prostitution. He must also say who his partners have been and who may be carrying the virus. If the individual fails to meet these requirements, he can be forcibly isolated for an undetermined time. People he has been with will be picked up by the police if they fail to appear voluntarily.

Zachariae believes it is easier to track down the infection if there is a law on infectious diseases stating that the patient must help. The obvious counterargument is that, law or no law, it is impossible to force a person to say something he does not want to say. Anyone can "forget." Moreover, the disadvantages of such a law are greater than the advantages, since it would frighten people from ever being tested.

On one point Zachariae is on the same wavelength as those who support the present system, including AIDS Secretariat chief Michael von Magnus. This point involves tracking down the infection by probing the individual's sex life and contacting his partners. If they are infected, have they infected others? We have not done this well enough in Denmark and this may have cost lives. The apparatus simply has not been steady on its feet, even though the guidelines from the Health Board state that the physician should work actively to motivate the patient to inform his partners or get help to do it. Ultimately, however, the patient's decision must be respected, our guidelines state, while the Swedish model says that the patient must do it.

Zachariae also defends the Swedish model in this way: Relatively speaking, Sweden has given the greatest number of HIV tests in Europe and the number of those infected is lower than in Denmark.

Else Smith of the Serum Institute responds: "The critics here in this country say that there are fewer cases of HIV in Sweden, but that has been true from the start. All along, Denmark has had more cases than Sweden and Norway, but that presumably has more to do with cultural phenomena, such as which country has more homosexuals. The countries are not the same, so it is extremely difficult to compare the number of infected individuals.

"Nor is it a point in favor of their laws that they have administered more tests. We could give just as many here if we routinely offered them to large groups, such as

all expectant mothers, all immigrants, and everyone in the military. That cannot be used as evidence that their coercive laws are better.

"I believe that concepts are being confused in our debate," Smith said. "I believe we could do more in the area of tracking down the infection, but it is an economic and structural question. We need skilled people to do it. There is no reason to introduce coercion in this context, since according to all indications voluntarism works just as well and, in this way, we do not frighten people from ever being tested."

More Companies Drafting AIDS Policies

93WE0232B Copenhagen BERLINGSKE TIDENDE in Danish 14 Nov 92 p 2

[Article by Lars Kaptain: "AIDS Prejudice Can Lead to Dismissal"]

[Text] *HIV and AIDS are still taboo topics in most Danish companies. But more and more firms are introducing an AIDS policy that safeguards infected workers and permits the dismissal of prejudiced colleagues.*

No one is infected with HIV on the job. Even so, big companies are still very hesitant about HIV-infected employees and pressure from their colleagues and the management often leads infected people to quit their jobs.

In one out of 10 Danish companies it is not the infected person but his or her insecure and prejudiced colleagues who risk losing their jobs. The Public Health Administration has now been campaigning for over a year to get firms with more than 30 employees to introduce an AIDS policy that calls for the dismissal of people who refuse to work with an HIV-infected person. A recent halfway evaluation shows that every third Danish company has formulated an AIDS policy as part of its personnel program.

"We want companies to realize that it is just as unreasonable to be reluctant to work with an HIV-infected person as with a redhead, and both the Danish Federation of Trade Unions [LO] and the Danish Employers' Association [DA] have approved the proposed firing of unwilling workers," said senior clerk Henning Jorgensen of the Public Health Administration.

He stressed that the campaign will continue through 1993 or until almost all firms have taken the matter seriously.

The approximately 5,000 HIV-infected Danes are almost all in the active employment age. It has been demonstrated that it can take 10 years or more from the time of infection before AIDS breaks out, during which time the HIV-positive person is healthy and able to handle his job.

However, it requires great knowledge and understanding on the part of companies to keep an infected person from feeling pushed or frozen out.

The message in the Public Health Administration's campaign is that the HIV virus is transmitted solely through sexual contact, in large amounts of blood, or from mother to child during pregnancy.

The Public Health Administration has earmarked over 3 million kroner for the campaign, which is aimed at defusing workplace attitudes toward the dread disease via counties, labor organizations, and branch organizations.

More AIDS-Related Criminal Cases Ahead

93WE0232A Copenhagen BERLINGSKE TIDENDE in Danish 27 Jan 93 p 4

[Article by Bent Winther: "More AIDS Indictments Predicted"]

[Text] *One more HIV-infected person has now been indicted for engaging in unsafe sex although he was aware of the risk.*

The police in Vordingborg have charged a 25-year-old man with having engaged in unsafe sex even though he knew he was HIV-positive and thus capable of transmitting the virus that causes the deadly AIDS disease.

The Vordingborg case is the second of its kind in Denmark. The trial of a 34-year-old HIV-infected Haitian whom the police have accused of having sex with around 30 women although he knew he was infected will begin in a month.

Prof. Hugh Zachariae of the division of skin and venereal diseases at Marselisborg Hospital in Arhus thinks the two cases are only the beginning.

"We can expect a number of cases like this to come up now as it becomes known that the prosecuting authorities will accept them. People who have been infected by someone who knows his or her HIV status will always feel extremely angry," he said.

He foresaw great difficulty in proving that those who are indicted knew they were infected. Doctors do not turn over the records of HIV-infected people unless the police have a court order.

The police in Vordingborg have questioned five women who had slept with the accused 25-year-old man. None has been infected, according to the police who have charged the man under Paragraph 255 of the criminal code which concerns those who "endanger others in a grossly wanton or similarly reckless manner."

FINLAND

Paper on Debate to Criminalize Spreading HIV

93WE0047A Helsinki HELSINGIN SANOMAT in Finnish 1 Oct 92 p 2

[Editorial: "AIDS Peril Is Aggravating"]

[Text] The incident of the infected person who tried to conceal his infection and the more recent incident involving a HIV-positive rapist arouse feelings of fear

and helplessness. It is understandable that people doubt that current laws and disease classifications are sufficient to protect them against a fatal infection. And society must defend against the murderous disease with the best possible means.

Briefly considered, it might seem feasible to think that the peril is removed by changing the classification of AIDS from a contagious disease that must be reported, to a threat to the general public. This new classification would, theoretically, make it possible to quarantine irresponsible bearers of the virus, and to order reluctant patients to undergo compulsory treatment. Then again, AIDS does not meet the legally stipulated contagiousness criteria as do tuberculosis and polio, and, furthermore, no present cure will heal an infected person.

Must a patient spend the rest of his life in quarantine because there is no cure? Can the health boards of communities determine who is responsible and who is not? Those who have strict moral standards feel that merely being infected is already a sign of irresponsibility, and in intolerant communities this could lead to the butchering of one's rights. Who will pay for the cost if HIV-positives who would be capable of working for many years if they were to be locked up in some institution?

Threatening with reports to the police and coercion would quickly destroy Finland's defense strategy against the disease; a strategy built on voluntariness, responsibility and compassion, and a strategy that has been effective. Due to education, AIDS has spread slower than was predicted. That is why it is unnecessary to deviate from a policy that was wisely chosen initially, and that is being used by other Western countries as well. Even Sweden, which has quarantined drug addicts and prostitutes, is not satisfied with the results of forced treatment.

Likewise the WHO and EC recommend procedures that are based on education and voluntarism but the system must be improved further. In our country as well as elsewhere the insufficient training of health care personnel weakens the results. Even the current disease classification and legal code obligates the patient to report his/her observations regarding the advancement of the disease and a doctor to monitor and find care for anyone that has been infected.

The right to be a practicing doctor also includes an obligation to fulfill difficult and bothersome responsibilities, but it seems that not all professionals in this field are clear on the statutes of the law regarding contagious diseases. Doctors share the same human feelings and attitudes that the general public has. AIDS frightens surgeons as much as any other citizen unless sufficient training can remove emotion from being in the way of professional skillfulness.

The only way AIDS statistics will improve is by training doctors to take care of their duties properly so that they do not have to try to sidestep their responsibility by

protracted hiding behind the patient's right to confidentiality. In addition to medical science, social and psychological skills are needed in caring for the infected person and protecting those being exposed to risk of infection.

Despite the good results, we cannot afford to decrease AIDS education. It is wise to avoid risk of infection even though the justice system would place all culpability on the infector. The courts can sentence irresponsible HIV spreaders to incarceration as a threat to society, just like it now does to badly demented, violent criminals. It must be made possible to order testing of persons suspected of infecting others. The disease is not a crime but infecting others is.

FRANCE

Judiciary Panel Views Limitation in Tainted Blood Scandal

AU2201193093 Paris AFP in English 1922 GMT 22 Jan 93

[Text] Paris, Jan 22 (AFP)—A French judiciary panel looking into accusations that three French top government officials were involved in a tainted blood scandal met Friday [22 January] to decide whether a statute of limitation applies.

Former Prime Minister Laurent Fabius, Social Affairs Minister Georgina Dufoix and Health Minister Edmond Herve have been accused of having caused the infection with the AIDS virus in 1985, by lax supervision, ignorance or incompetence, of hundreds of haemophiliacs.

Nearly 300 of them have died so far.

Both houses of the French parliament last month voted that the three should stand trial before a special court "for failure to give assistance."

The offence is normally subject to the statute of limitations after three years.

Fabius has said he wants to be cleared by a court and that he is not seeking clearance under the statute of limitation but the judiciary commission sitting at the former royal chateau in Versailles could rule that proceedings should have been opened in 1988 at the latest.

Critics of the three officials have said that the government failed to order an automatic screening of all blood from blood donors as of mid-1985, years after the AIDS epidemic broke out and as tests were being introduced.

Fabius was prime minister from 1984 to 1986.

Should the commission rule that the accusations have come under the statute of limitation, the case would be resubmitted to parliament.

Parliament could then adopt a resolution accusing the three of involuntary manslaughter. The three-year statute of limitation would not be applied in this case as no haemophiliac has been dead for more than three years.

A commission ruling was expected for next week.

GERMANY

Health Minister Reports 60,000 Infected With AIDS

AU0902094193 Berlin NEUES DEUTSCHLAND in German 8 Feb 93 p 5

[ADN/ND report: "60,000 Citizens Are Infected"]

[Text] Bonn (ADN/ND)—With 60,000 people in Germany infected with AIDS, there is no reason for an all-clear, according to Health Minister Seehofer. Thanks to comprehensive information, the immune deficiency disease has "not" spread "as dramatically" as was feared in the eighties, but this must not lead to negligence. "AIDS is still incurable. The only weapon is precaution," the minister stressed. According to Seehofer, 4,879 people have died of AIDS in the FRG. The disease has broken out in 9,205 cases of infection. The minister said the focus must "no longer only" be "on information, but must shift to nursing."

SWEDEN

Doctors: Deport Aliens Who Spread HIV

93WE0086B Stockholm SVENSKA DAGBLADET in Swedish 28 Oct 92 p 8

[Article from TIDNINGARNAS TELEGRAMBYRA: "Deportation for Spreading HIV"]

[Text] It should be possible to deport asylum seekers who knowingly infect others with HIV. That is the view of physicians specializing in infectious diseases in Stockholm county who want the government to revise current legislation. According to the aliens law, only crimes which carry with them a prison sentence of at least one year can result in deportation. At the government chancellery building, an overhaul is underway which would also make petty repeat crimes, for example theft and shoplifting, grounds for deportation.

UNITED KINGDOM

Changes in Fight Against AIDS Announced

93WE0204 London THE DAILY TELEGRAPH in English 17 Dec 92 p 5

[Article by David Fletcher]

[Text] Pregnant women are to be offered an AIDS test as a routine part of ante-natal care in an attempt to halt further spread of the virus, the Department of Health announced yesterday.

The decision follows the finding from surveys that as many as one in 200 pregnant women is HIV positive in parts of inner London whereas the incidence is only one in 16,000 in other parts of the country.

Special testing centres are to be set up away from their traditional setting in sexually transmitted disease clinics to encourage more people to take a test.

New guidelines on testing people and the importance of tracing and informing their partners have been sent to health chiefs to make it easier to have an HIV check with a shorter waiting period for the result.

The Department of Health's AIDS budget is being increased by 15 percent to £195 million a year to cover the new arrangements.

Announcing the changes Mrs. Bottomley, Health Secretary, said all tests will be voluntary.

"The aim is to encourage people to come forward for testing if they think they may have been at risk but do not feel comfortable approaching genito-urinary medicine clinics or their own GPs.

"We are asking managers to consider setting up HIV testing centres away from conventional settings such as GUM clinics and to provide speedier results to take some tension out of the procedure.

"These decisions will be for local managements to make in the light of local circumstances, and testing will continue to be on a voluntary basis and with the informed consent of the patient," she said.

The Department said it was not promoting "widespread, indiscriminate" testing but wanted all pregnant women in areas where there is a high-risk of HIV infections—such as inner cities—to be offered a test.

Mrs. Bottomley said partner notification should be voluntary and infected people should be helped to understand the consequences.

She backed the decision by Mr. Clarke, Home Secretary, not to create a new criminal offence of knowingly spreading HIV, and announced a review of public health legislation to control the spread of communicable diseases.

Lady Cumberlege, junior health minister, told a London conference that the Association of British Insurers has agreed that a negative HIV test taken as a routine part of ante-natal care will not lead to further investigation.

"They have also agreed to ensure that insurance proposal forms allow for clear and unequivocal explanations to be given of the circumstances of HIV tests and counselling," she said.

The agreement follows difficulties experienced in getting life insurance after insurance companies had been told of an HIV test, even though the result had been negative.

The Royal College of Mid-wives welcomed testing for pregnant women as a logical follow-on from the Department's programme of anonymous testing.

According to the latest figures from the Public Health Laboratory Service, the number of cases of AIDS reached 6,684 by the end of October, of whom 4,126 have died.

TB Patients Given Secret AIDS Tests

93WE0219A London THE DAILY TELEGRAPH in
English 27 Dec 92 p 2

[Article by Victoria Macdonald: "TB Patients Given Secret AIDS Tests"]

[Text] With an epidemic of tuberculosis affecting several parts of the country, the Government has ordered doctors to test TB patients anonymously for AIDS.

Health ministers have issued the controversial instructions for blood samples to be taken from all TB sufferers—and anyone they may have infected—after being told that the disease was spreading rapidly.

Until now anonymous screening for the HIV virus, which can lead to AIDS, has been allowed only on pregnant women under strict ethical guidelines.

But ministers issued the order for a second anonymous screening programme amid fears that HIV may be responsible for the unprecedented incidence of TB.

The concern is being fuelled by an epidemic in New York which began in patients with the AIDS virus and spread to the general population.

Earlier this year the World Health Organisation's tuberculosis unit began a global TB programme after figures showed that worldwide one in three adults has been infected with the tubercle bacillus, with 10 million people a year going on to develop the disease and three million a year dying.

So far tests on AIDS patients here have found that only about six percent have TB. But experts say that, without a screening programme, they cannot rule out AIDS as a cause for the explosion of the disease.

At the same time doctors are being told to look for connections with poverty and immigration.

GPs and hospitals will have to fill in new forms when notifying the Public Health Laboratory Service of new cases, listing the TB patient's ethnic origin, occupation and social circumstances, including whether they are single mothers.

Dr. Peter Davies, consultant chest physician at Sefton General Hospital in Liverpool, said the anonymous screening had to be carried out if the causes for the outbreak were to be determined.

Until the mid-80s, TB, a largely forgotten disease associated with Victorian England, was steadily declining. But in 1987 this inexplicably changed. By the end of this year there are expected to be 5,700 new cases reported, although this is likely to be only one third of the true figures because doctors are under-reporting cases.

Dr. Davies also believes that there is a correlation between TB and social deprivation.

He said: "A recent report from Edinburgh cites the case of a 21-year-old, who tested positive with TB, living in a two-bedroomed council house with his mother and six siblings. "The entire family was infected and three of them developed the disease."

Dr. Christopher Sheldon, a senior registrar at the London Chest Hospital, said there was a general public perception that TB was a disease of the past.

The British Thoracic Society has issued doctors with a list of TB symptoms because it was going unrecognised. But Dr. Sheldon said there should be better notification procedures established, with everyone from the microbiologists to the pharmacists issuing the drugs involved.

"It is a treatable, and eradicable disease," he said. "But when people lose their vigilance it re-emerges."

Minsk AIDS Conference

93WE0051A St. Petersburg NEVSKOYE VREMYA in Russian 22 Jul 92 p 3

[Article by Anton Gubankov: "Russian AIDS: Epidemics Can Begin at Any Moment"]

[Text] The latest data on development of AIDS in the world, Europe and Russia were presented at an AIDS conference recently concluded in Minsk. Representatives of all CIS republics, directors of the Lithuanian and Latvian AIDS centers, and delegations from the European and central bureaus of the World Health Organization (WHO) participated in the conference.

According to a report by the Russian participants around 550 persons infected with AIDS have been recorded in the republic (of them, 72 are AIDS patients). There are 150 infected individuals in the rest of the republics. There are 46 carriers living in St. Petersburg; of seven patients, four have already died. The first cases of HIV infection among drug addicts were recorded within the CIS.

Sveyn Erik Ekeyd [transliteration], the director of the European bureau for the global AIDS problem, emphasized that despite the "untroubling" morbidity figures, an epidemic explosion comparable to the consequences of the Second World War can be expected at any moment in republics of the former USSR. In fact, as the Geneva representative noted, a certain lack of concern on the part of Indians for example in relation to AIDS ended in tragedy: An enormous number of urban residents are now infected.

In the opinion of specialists, republics of the former USSR are devoting inadequate attention to preventing disease among the healthy population and to solving the social problems of persons infected with the virus.

"St. Petersburg's AIDS centers must be fortified. There should be at least five of them in the city," feels Aza Rakhmanova. "But the AIDS Control Commission must be headed either by the mayor or by his deputy—that is, by a leader possessing real power over commissions and committees, and capable of uniting the efforts of many organizations and services."

The need for drawing up special AIDS programs for schoolchildren and youngsters on a multidisciplinary basis, with the assistance of infection and drug addiction specialists, venerologists and other specialists was noted at the conference in Minsk. Not only doctors but also psychologists and sociologists must work at city AIDS centers. On its part, WHO assured those in attendance that financial support will be given to the development of national AIDS programs.

Nikolay Chayka, director of the information department of the Pasteur Institute, reported that over half a million patients and around 10 million HIV carriers and persons in the initial stage of illness have been recorded in the world.

AIDS Morbidity in Some European Countries (according to WHO data from 24 June 1992)

Country	Number of Cases
France	18,926
Spain	13,261
Italy	12,754
Germany	8,277
Great Britain	5,782
Romania	1,876
Denmark	972
Yugoslavia	270
Finland	104
Hungary	99
The former USSR	72
Czechoslovakia	28
Bulgaria	13

Report on International AIDS Conference

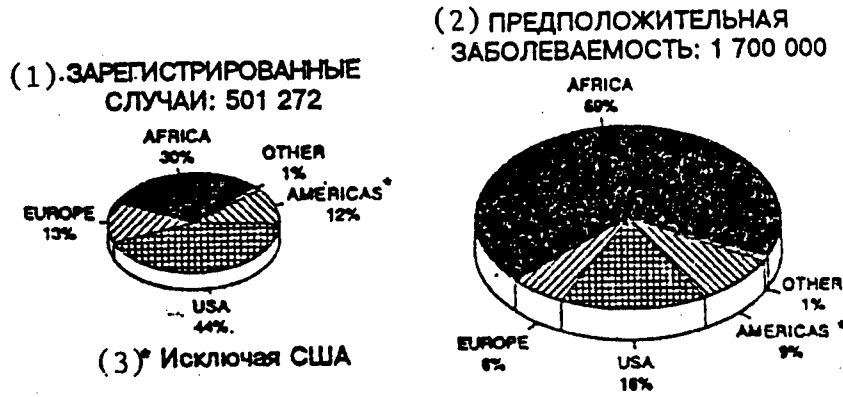
93WE0051C St. Petersburg NEVSKOYE VREMYA in Russian 11 Aug 92 p 4

[Article by Anton Gubankov: "AIDS: No Vaccine for Another Six Years"]

[Text] The regular international AIDS conference was to be held in the USA's Harvard University. Because measures of this sort are conducted not only for scientific purposes but also for information and coordination, medical personnel, biologists, sociologists and HIV carriers—everyone interested one way or another in the fastest possible solution to the "problem of the century"—were to take part in it. Presence of infected individuals at the forum demonstrates on the one hand the position of the world intellectual elite in relation to social adaptation of patients (conference chairman Dr. Jonathan Mann exchanged handshakes with a representative of HIV carriers to the applause of the audience at the meeting's conclusion), and on the other hand, it allows us to understand the problems of infected individuals better. However, a number of restrictions exist in the USA regarding visits to the country by HIV carriers. Despite the persistent appeals of the scientific community, the Americans did not repeal their rigid laws. An unprecedented decision was made: to move the Eighth International Conference to Amsterdam, and not to conduct such conferences in the USA until the discriminatory restrictions are repealed.

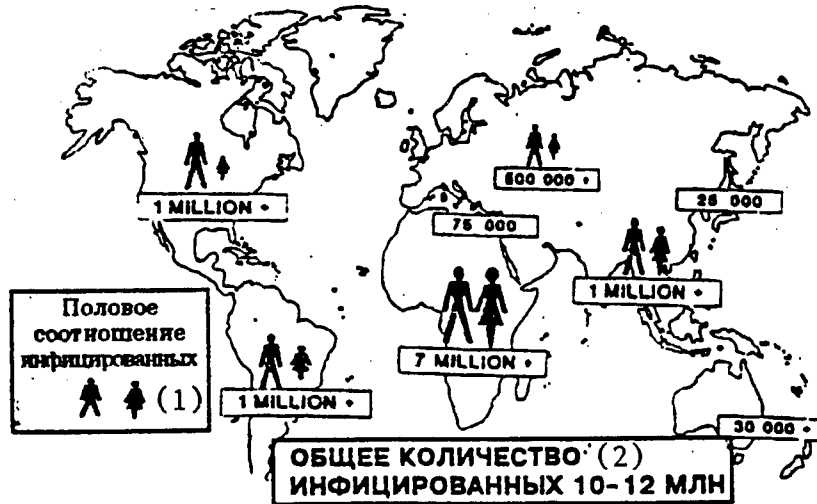
And so, Amsterdam, 1992. Over 12,000 participants, including from the former USSR. The diagrams show the latest data on AIDS morbidity. Add 1 million children to the 12 million infected adults. That makes 13—the devil's dozen. Patients have been recorded in 168 countries; moreover the geography of the virus's occurrence is changing, which promises nothing good. Two years ago there was no AIDS at all in Asia for practical purposes, but today it is credited with a fourth of the cases of

AIDS Morbidity (Data as of July 1992)



Key: 1. Registered cases: 501,272 2. Presumed morbidity: 1,700,000 3. Excluding the USA

Approximate Data on Numbers of Infected Individuals, by Region



Key: 1. Sex ratio of infected individuals 2. Total number of infected individuals 10-12 million

infection. It was ascertained at the conference that serious theories casting doubt upon the viral nature of AIDS presently do not exist. It is as yet early to talk about a "new" immunodeficiency virus, about which so much is now being written. This is not yet a sensation, but an object of research: Only a few patients with progressive immunodeficiency in the absence of HIV have been discovered.

According to the predictions of specialists, the first, partially effective vaccines may appear only in 1998. The wait is still long, but the best medical personnel and biologists of the world—such as Jonas Salk, the patriarch of the vaccine field (and the inventor of polio vaccine)—are working on a cure.

The principal result of the conference was a certain consensus on the general state of affairs in the AIDS area, and demonstration of the resolve of the best

intellectual forces in fighting the disease. All in a sense "synchronized their watches," once again pointing out that the problem is so deep that governments and politicians need to think about it seriously. In the USA, for example, the expenses of treating patients are gradually transforming into a national problem.

Can we allow ourselves to spend money in this way? Wouldn't it be better to prepare the infrastructure for AIDS prevention ahead of time? "Of course, it would be better," feels Andrey Kozlov, laboratory director at the All-Union Scientific Research Institute of Especially Pure Preparations. "We need to combine the laboratories into a single research center capable of perceiving new vaccines, a center that would finally promote an overall rise in the level of Russian medicine."

Andrey Kozlov heads Bruce Rappaport's biomedical center for the study of AIDS (Rappaport is a prominent

Swiss businessman who donated money for this noble effort). His idea has been actively supported both by scientists and by politicians—from Velikhov to Sobchak. Only some of the powers that be, who wish to “hold onto” and “control” everything according to the good old Russian habit, dislike the new institution.

Whatever the case, it looks as if the center is destined to live. To live, simply because it is very necessary, because the indefatigable Kozlov, a specialist who is widely known abroad, will be able to manage it excellently.

A purely scientific conference on viruses is to be conducted from 8 to 16 August in the USA by Robert Gallo, one of the discoverers of the AIDS virus (National Institute of Health, Washington). And in November, the traditional international AIDS conference will be held in

St. Petersburg, organized by the Bruce Rappaport Center and the All-Union Scientific Research Institute of Especially Pure Preparations.

The next international AIDS conference is scheduled in Berlin from 7 to 11 June 1993.

Tunisia to Seek Compensation for Transfusion Victims

Moscow KOMSOMOLSKAYA PRAVDA in Russian 1 Dec 92 p 1

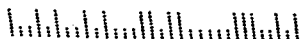
[Text] Tunisia. The republic's health minister informed the world community that the Tunisian government intends to demand compensation from France in behalf of hemophilia patients who had possibly been infected with AIDS during transfusions of blood purchased from France. According to data of the Tunisian Ministry of Public Health the human immunodeficiency virus was detected in 12 patients, three of whom have already died.

NTIS
ATTN PROCESS 103
5285 PORT ROYAL RD
SPRINGFIELD VA

2

22161

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



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.