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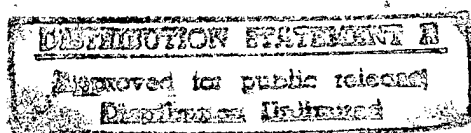


JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

JPRS-TEP-93-012

CONTENTS

21 May 1993

AFRICA

BOTSWANA

- All Districts Now Reporting AIDS Cases [BOTSWANA DAILY NEWS, 26 Jan 93] 1

GHANA

- Health Minister Discusses AIDS Crisis
[R. Ardayfio; PEOPLE'S DAILY GRAPHIC, 16 Mar 93] 1
- AIDS Spread in Central Region 'Alarming'
[James Mensah; PEOPLE'S DAILY GRAPHIC, 27 Mar 93] 1

KENYA

- About 100,000 Have AIDS; 1 Million Carriers
[Kathryn Kahiko; THE KENYA TIMES, 4 Mar 93] 2
- More Than 34,000 AIDS Cases Reported [THE KENYA TIMES, 18 Mar 93] 3

SOUTH AFRICA

- Health Department Reveals HIV Infection Rate [SAPA, 14 May 93] 3
- Parties Concerned Over AIDS Situation in Homelands [Johannesburg radio, 30 Apr 93] 3

ZAMBIA

- President Warns of AIDS Crisis Seriousness [TIMES OF ZAMBIA, 18 Mar] 4

ZIMBABWE

- Expert Estimates 55,000 Full-Blown AIDS Cases [THE HERALD, 17 Feb 93] 4
- Statistics of AIDS Among Youth Reviewed [THE HERALD, 8 Mar 93] 4

CHINA

- Report Views Yunnan Province AIDS Hot Line [ZHONGGUO XINWEN SHE, 1 May 93] 6
- Scientists Discover Anti-AIDS Drug in Marine Life [XINHUA, 21 Apr 93] 6

EAST ASIA

INDONESIA

- Health Official Notes Increase in AIDS, HIV Cases [ANTARA, 9 May 93] 7

MALAYSIA

- Minister Discloses 5,459 HIV Carriers Nationwide [Kuala Lumpur radio, 24 Apr 93] 7

SINGAPORE

- 178 HIV Positive; Heterosexual Activity Biggest Factor
[Brendan Pereira; THE STRAITS TIMES, 23 Apr 93] 7

THAILAND

AIDS Vaccine Protein GP-160 To Be Tested in Thailand	8
Debate Continues [<i>Khanittha Worasiri; KHAO PHISSET, 19-25 Feb 93</i>]	8
AIDS Control Committee Approves Vaccine Experiment [<i>Bangkok radio, 23 Apr 93</i>]	10
Doctors Predict AIDS Trends, Facility Shortages [<i>MATICHON, 14 Feb 93</i>]	10
AIDS Figures, Public Attitudes [<i>SIAM RAT, 23 Feb 93</i>]	11
AIDS Situation in Chiang Rai Reported	11
221 AIDS-Related Deaths Since 1988 [<i>THE NATION, 17 May 93</i>]	11
AIDS Cases Profiled [<i>MATICHON, 16 Feb 93</i>]	11
Cooperation with Burma on AIDS, Malaria [<i>THAI RAT, 23 Feb 93</i>]	12
AIDS Budget Reallocation [<i>NAEO NA, 22 Feb 93</i>]	12

VIETNAM

Radio Reports Nationwide Figures on HIV-Carriers	12
290 HIV-Positive Cases [<i>Hanoi radio, 19 Apr 93</i>]	12
31 HIV-Carriers Detected in Khanh Hoa [<i>Hanoi radio, 19 Apr 93</i>]	13
More HIV-Carriers in Khanh Hoa [<i>Hanoi radio, 27 Apr 93</i>]	13
Radio Gives HIV Figures for Southern Areas [<i>Hanoi radio, 11-15 May 93</i>]	13
Haiphong, Nam Ha Intensify AIDS Control Measures [<i>Hanoi radio, 3 May 93</i>]	13
Premier Vo Van Kiet Chairs Meeting on Tourism, AIDS [<i>VNA, 27 Apr 93</i>]	14

EAST EUROPE

CZECHOSLOVAKIA

Health Ministry Reports 35 AIDS Cases [<i>CTK, 21 Apr 93</i>]	15
Slovakia: Only Four AIDS Cases, 37 HIV Carriers Reported [<i>PRAVDA, 20 Apr 93</i>]	15

HUNGARY

Scientists Create New Compound Against HIV Virus [<i>MTI, 13 May 93</i>]	15
--	----

YUGOSLAVIA

AIDS Cases in Macedonia Reported [<i>L. Mincevska; NOVA MAKEDONIJA, 14 Feb 93</i>]	15
--	----

LATIN AMERICA

BERMUDA

AIDS Prevention Campaign for Schools Planned [<i>CANA, 14 May 93</i>]	17
---	----

CUBA

Alarcon Discusses Importance of Fighting AIDS [<i>Ricardo Alarcon interview; Havana radio, 14 May 93</i>]	17
--	----

DOMINICA

National Committee Releases AIDS Statistics [<i>CANA, 28 Apr 93</i>]	18
--	----

NEAR EAST/SOUTH ASIA

PALESTINIAN AFFAIRS

Doctor Assails AIDS Policy in Territories [<i>Ilyas Nasrallah; AL-SHARQ AL-AWSAT, 30 Mar 93</i>]	19
---	----

INDIA

AIDS Cases Said Rapidly Increasing [THE STATESMAN, 6 Apr 93]	19
AIDS Termed 'Time Bomb Ticking Away' in India [Arvind Kala; THE TELEGRAPH, 14 Apr 93]	20
Over 100 Soldiers Reportedly HIV Positive [THE TELEGRAPH, 27 Mar 93]	21
Defense Forces Formulate Policy on AIDS [THE TIMES OF INDIA, 18 Nov 92]	21

NEPAL

Official Warns of Impending AIDS 'Crisis' [AFP, 16 May 93]	21
--	----

PAKISTAN

AIDS Cases Continue To Increase	22
Cases Double in Less Than One Year [DAWN, 4 Mar 93]	22
AIDS Cases Spreading [THE PAKISTAN TIMES, 12 Apr 93]	22
170 Cases Reported [DAWN, 7 Apr 93]	22

CENTRAL EURASIA

Ukraine: Center for Preventing, Combating AIDS Reports Statistics [URYADOVYY KURYER, 13 Apr 93]	24
Long Way To Go Informing Population [K. Hellbom; DAGENS NYHETER, 2 Apr 93]	24
Kamchatka AIDS Center Begins Free Distribution of Condoms [NEZAVISIMAYA GAZETA, 30 Mar 93]	25

WEST EUROPE

FINLAND

AIDS Vaccination Study Supported by EC Funds [HELSINGIN SANOMAT, 28 Mar 93]	26
---	----

FRANCE

HTLV 1 Virus Detected in Donated Blood [Matine Perez; LE FIGARO, 24 Feb 93]	26
Total Social Security Coverage for AIDS Patients [Franck Nouchi; LE MONDE, 28 Feb-1 Mar 93]	27

IRELAND

Statistics Show AIDS Toll Rise to 143 [IRISH INDEPENDENT, 28 Feb 93]	28
President Told Latest Statistics on AIDS [Eugene Moloney; IRISH INDEPENDENT, 30 Mar 93]	28

UNITED KINGDOM

Health Minister Gives AIDS, Other Statistics [THE DAILY TELEGRAPH, 23 Mar 93]	29
---	----

BOTSWANA

All Districts Now Reporting AIDS Cases

93WE0383A Gaborone BOTSWANA DAILY NEWS
in English 26 Jan 93 p 5

[Article: "All Districts in Botswana Now Reporting AIDS Cases"]

[Text] All districts in Botswana are now reporting AIDS cases, but because of under-reporting and delay in reporting from districts, the real number of AIDS cases is believed to be much higher, according to an update report from the Ministry of Health.

By early 1992 about 60,000 people in Botswana were estimated to be infected, making 4.5 percent of the total population of 1.3 million or nearly 9 percent of the sexually active population now HIV positive.

It says 353 cases of AIDS have been reported, representing less than 10 per cent of the estimated adult population infected. One and sixteen deaths were reported.

It is estimated that 5 years from now, a cumulative total of 155,000 people will be HIV infected and the cumulative AIDS cases will have reached 27,000 will have died.

Demographic figures for Botswana indicate Gaborone has in the 15 to 49 age group, 36,887 males and 33,058 females HIV infected. Francistown has 12,840 males, 14,431 of the same age and Lobatse 5,957 males infected and 7,001 females.

Selebi-Phikwe recorded 14,095 males HIV positive and 12,310 females, Orapa 3,626 males and 2,020 females, Jwaneng 6,585 males infected and 3,303 females.

Tlokweng recorded 3,246 males and 3,306 females while Palapye has 4,254 males and 4,764 females. About eighteen percent of the age 0 to 4 were infected, 2.5 percent in the 5 to 14 years bracket.

An HIV sentinel survey showed Gaborone, representing urban areas had 14.9 percent pregnant women positive, Francistown, representing urban areas, 23.7 percent and Maun representing semi-urban areas at 12.7 percent.

HIV prevalence by age groups stood at 16.4 percent in the 15-19 bracket, 20.9 percent in the 20 to 24, 19.4 percent in the 25 to 29, 16.5 percent in the 30 to 34, 8 percent 35 to 39 years and 9.3 percent ages 40 to 44 years.

By early 1992, one out of seven pregnant women in "Gaborone, one out of four in Francistown and one in eight in Maun were infected."

Children aged 0 to 4 were infected, mainly due to transmission from mother to child. The peak of reported cases in females is seen in the 25 to 29 age group whereas the peak for men is the age group 30 to 34 with few cases after the age of 50.

It is assumed women are more infected with HIV than men, based on the observation that women seem to be more susceptible to HIV transmission than men both biologically and socially.

GHANA

Health Minister Discusses AIDS Crisis

93WE0370A Accra PEOPLE'S DAILY GRAPHIC
in English 16 Mar 93 pp 1, 8-9

[Article by Rosemary Ardayfio: "Screening of Blood Against HiV-antibodies Is Being Pursued—Cdre Obimpeh"]

[Excerpt] The risk of HIV infection is being minimised by ensuring that blood transfused is really essential and that the blood has been screened for HIV antibodies.

Commodore S.G. Obimpeh (rtd), Minister of Health said this when he inaugurated the Media Network on AIDS (MENA) in Accra yesterday.

He said since the spread of AIDS through blood products is a real risk due to unavoidable blood transfusion that are carried out daily, more Ghanaians should voluntarily donate blood so that a lot of the paid donors who are usually unsuitable blood donors are eliminated.

The minister urged MENA and other mass media practitioners, as one of the targeted audience that has a very crucial role to play in the educational campaign to motivate the populace to practise safer sex.

Commodore Obimpeh stressed that there is evidence to show that the HIV/AIDS situation in the country is worsening and there is the need for intensification of efforts to prevent and control its spread.

He said 5,000 AIDS cases had been officially reported as at the end of last year and most of these had died.

In parts of the country where the prevalence of the infection has been monitored in pregnant women, the rates of infection were between one and four percent and in a particular region, rates of 18 percent have been recorded, the minister said.

Commodore Obimpeh stressed that since about 70 to 80 percent of the public perceive the mass media to be their primary source of information, members of MENA should avoid simply following official lines and minimise the use of technical jargons. [passage omitted]

AIDS Spread in Central Region 'Alarming'

93WE0370B Accra PEOPLE'S DAILY GRAPHIC
in English 27 Mar 93 p 1

[Article by James Mensah, Cape Coast: "Rate of AIDS Spread Alarming in C/R"]

[Text] Dr. Frank K. Nyongator, senior medical officer in-charge of public health in the Central Region has described as alarming, the rate at which AIDS is spreading in the region.

Giving figures to support his claim, Dr. Nyongator said in 1991, 65 cases of HIV positive was recorded at the Cape Coast Hospital from a total of 1,098 blood screened while 132 out of 1,279 was recorded last year.

Dr. Nyonator was speaking at a day's education forum on AIDS organised by the regional health education committee which was sponsored by UNICEF for long distance drivers and members of the GPRTU at Cape Coast on Wednesday.

Dr. Nyonator said 24 cases of positive HIV carriers were reported by the Ahmadiyya Muslim Hospital at Agona Swedru which makes it alarming taking into consideration the unknown figures from the other 10 districts of the region.

He noted that 26 percent of the recorded HIV positive cases is made up of males with 74 percent being females while 74 percent are of people aged between 20 and 39 and three percent between 15 and 19 years.

Dr. Nyonator stressed the need for the long distance drivers to be cautious of themselves especially those who travel to the neighbouring countries.

He explained that 60 percent of the number of blood which was screened upon a request from the out-patient department (OPD) at the Cape Coast Central Hospital were samples taken from those who lived or living outside the country.

He therefore, called for the immediate revitalisation and sustenance of the advisory bodies on AIDS to tackle issues of the deadly disease from the local to the regional levels.

He also advocated the formation of a regional consultative committee on health comprising existing committees such as the committee on child survival and development of the regional and district levels.

This, he said, could be assisted with sub-committees on the various aspect of health programmes including a regional committee on AIDS.

KENYA

About 100,000 Have AIDS; 1 Million Carriers

93WE0376A Nairobi THE KENYA TIMES in English
4 Mar 93 p 12

[Article by Kathryn Kahiko]

[Excerpts] Since the first AIDS case was identified in Kenya in 1984, the scourge has continued to increase unabated in the country and now 100,000 Kenyans have the disease, according to the Kenya Medical Research Institute (KEMRI).

The figures differ with "the official" figures of AIDS cases being 30,000 people. Dr George Gachihi of Kemri says that research conducted by the institute reveals that the official figures are far off the mark and AIDS is more widespread than is believed.

"We have about 100,000 cases of AIDS in the country and about one million people who have the AIDS causing virus," says Dr Gachihi. AIDS occur when a person is infected with the HIV (Human Immunodeficiency Virus) which destroys the body's immune system.

Even more alarming is the fact that about half of the people going for general medical reasons in various hospitals have

tested positive after a routine AIDS test. A case to ponder is in the Homa Bay Hospital where 750 out of 1,500 patients tested positive for the virus. [Passage omitted]

The problem in Kenya is that the control measures are not well organised. In Uganda, for example, where there are many AIDS sufferers, the government and other private bodies have taken AIDS seriously and have a well-organised AIDS control-programme.

Even when the donor communities send a shipment of condoms which are deemed to offer 95 percent protection against AIDS, they never reach the targeted group in Kenya. They are instead misused, sold privately or even given away to other people, for personal gains.

The AIDS control programme in Kenya was initially a volunteer organisation which was taken over by the Ministry of Health. Later, it was in the process of disintegrating into pieces when the donors abandoned it altogether. They could not understand why the equipment and materials they sent which included gloves and condoms could not reach the community.

Talking of gloves, lack of them in health centre exposes the workers to risks of contacting AIDS from the patients. It has been known in several hospitals that disposable gloves are normally used again after being washed. Sometimes when the gloves are not available the patients are handled with bare hands. If a patient was infected with the HIV virus, which causes AIDS then the health worker is at a very great risk of contacting the disease.

The AIDS problem transcends and not only to few unlucky people. It hits newborns whose mothers have passed on the virus to their children and through dirty gloves and needles used in hospitals especially when both are used on all the new mothers. Some maternity hospitals also use the same razor blade to cut the umbilical cord and these can all pass the AIDS virus to uninfected people.

Statistics from KEMRI show that 10 percent of all the AIDS cases are children below 2 years of age. These children will definitely not live to be adults thus costing the country a lot in terms of future workers.

However, the problem does not rest only on children as the virus has also hit very hard on people who are in their productive years. It is most common in the people aged between 10 to 30 but also affects people in the 16-50 age bracket. These are the most productive people in the world and countries are losing on manpower at an alarming rate since these are the people needed to prop the economy.

Currently the group most affected is that of prostitutes and other sex workers. The prevalence among prostitutes is as high as 90 percent while part-time prostitutes have a 30 percent infection rate.

On the other hand, studies show that prostitutes have taken the disease seriously and are using condoms as a matter of fact. It might be that in the future, the only group that will be showing signs of reduction in AIDS prevalence [are] the prostitutes themselves.

According to Dr Gachihi, schools have shown very few cases of AIDS, but once the students go to colleges or to the universities, then AIDS starts proliferating. There are very many cases of AIDS in the universities and colleges where safe sex is not the order of the day. Other places that have been badly hit are the armed forces and the police force.

In Kenya, Mombasa has highest number of HIV positive cases closely followed by Nairobi and Nyanza provinces.

Amazingly in both Nairobi and Mombasa, Dr Gachihi says that the people most affected by the AIDS virus all originate from Nyanza Province. KEMRI has not yet found out why many sufferers originate in Nyanza and are keenly studying the situation. [Passage omitted]

Kenya is at the moment in the process of importing 15 million condoms which will "hopefully" be given to the masses. Five million have already been bought from India and the rest will follow soon.

But, it is only through the education of the people by a combination of politicians, educators, media and other public organisations that we can hopefully see a decrease in the current exponential trend of the spread of HIV and AIDS. Even if we stemmed the spread today, we will still lose 1 million people to this dreaded disease in the next 10 years!

More Than 34,000 AIDS Cases Reported

93WE0372A Nairobi THE KENYA TIMES in English
18 Mar 93 p 5

[Text] There are a total of 34,293 known Aids cases in Kenya with 36 per cent of the cases coming from Coast Province, the National Aids Control Programme team revealed in Kakamega yesterday.

According to the officials who are on a one-week tour of Western Province to monitor and appraise the Aids situation, Nyanza Province constitutes 24 per cent of the cases while Western Province has 4.5 per cent.

The team said hospitals in the country were already overloaded by HIV positive patients who occupy between 20-30 percent of the hospital beds where they stay for longer periods than other patients.

The team included Mr. S.J.K. Lewis, from World Health Organisation (WHO), Mr. Mark Ondicge, head of health education and Messrs. Meshack Ndolo and J. Ochieng' who are programme officers.

The officers called for intensified public education to help prevent spread of Aids.

They called on wananchi in Western Province to take precautions in their dealings with their counterparts across the border.

SOUTH AFRICA

Health Department Reveals HIV Infection Rate

MB1405142893 Johannesburg SAPA in English
1241 GMT 14 May 93

[Text] Pretoria May 14 SAPA—The Department of National Health and Population Development revealed on Friday [14 May] that a further 120,000 South Africans had tested HIV-positive since 1991, raising the national total to 322,000 victims of the virus.

According to results of the third national HIV survey amongst women attending antenatal clinics, it is estimated that 175,380 South African women are infected, with the number of infected babies put at 8,455.

The survey says Natal/kwaZulu forms the spearhead of a rate of 4.77 percent HIV-positivity in October/November 1992. This is an increase from 1.6 percent at the end of 1990 and 2.87 percent in 1991.

Venda and the Cape have the lowest rates of infection, namely 0.64 percent and 0.66 percent respectively.

However, the Transvaal shows a four-fold increase in HIV-infection since 1990, up from 0.53 percent to 2.16 percent.

Dr. H G V Kustner, director: epidemiology of the department, said it could safely be estimated that by the year 2,000, the number of HIV-infections will probably stand at about four million people unless there was a drastic change in sexual behaviour.

Dr. Kustner concluded that young South Africans were a key target audience in the AIDS education process.

"They are the future and the group most susceptible to infection through ignorance and unsafe sex practices. A coordinated effort by the government, the community, individual families and the private sector is essential to halt the spread of this disease."

To address this need, the department's AIDS programme had shifted its emphasis away from a specialist unit to a centrally administered and community-driven programme.

Parties Concerned Over AIDS Situation in Homelands

MB3004152393 Johannesburg Afrikaans Stereo Radio
Network in Afrikaans 1400 GMT 30 Apr 93

[Text] Opposition parties in Parliament have expressed concern over the fact that the extent of AIDS in the self-governing territories and the TBVC [Transkei, Bophuthatswana, Venda, Ciskei] states cannot be determined.

Mr. Mike Ellis, Democratic Party Member of Parliament for Durban North, said it is vital that the spread of AIDS be monitored but there is no information on the issue in the TBVC states in particular. He said AIDS should be made a notifiable disease in these areas.

The Conservative Party's Dr. Harold Pauw said it does not help merely warning people against AIDS, they must also be made aware of the real extent of the disease.

ZAMBIA**President Warns of AIDS Crisis Seriousness**

93WE0374D Lusaka *TIMES OF ZAMBIA* in English
18 Mar 93 p 1

[Excerpt] Government has allocated about K220m in this year's Budget for the campaign against AIDS now threatening to wipe out productive citizens, President Chiluba said yesterday.

"We are heading to a Zambia with no people, therefore, young people must join in the war against AIDS," the President said at Kara counselling centre during a conducted tour.

Mr. Chiluba said Zambians should not treat the AIDS problem lightly and prayed to God to "come and heal this nation" as human efforts alone fell far short in tackling the most daunting pandemic.

The killer disease had wrecked havoc among the 18 to 50 age group.

In a passionate appeal to keep away from social mischief, the President called for concerted efforts to combat AIDS.

He paid tribute to Kara counselling for spearheading educational campaigns and to Barclays Bank for coming up with an elaborate AIDS policy for its employees and the church.

At least 800 HIV victims had been counselled at Kara house between March last year and last month and the centre had published numerous educational publications on AIDS to primary school pupils and adults.

The President implored couples to be faithful to one another and warned against casual sex saying even the condom was not the best solution to guard against contracting AIDS.

Charts at the Kara House showed that the cases of HIV victims were higher among young females because of the "sugar daddy syndrome."

There were 24,619 HIV victims across the country with the highest number of cases in Lusaka (7,289) and the lowest in central Province (625).

But medical experts say the figure could be much higher as there was "gross under-reporting" of cases especially in rural areas.

The President later during the day launched the social sector rehabilitation programme at Matero clinic where he called on members of the public to guard against vandalism.
[passage omitted]

ZIMBABWE**Expert Estimates 55,000 Full-Blown AIDS Cases**

93WE0381A Harare *THE HERALD* in English
17 Feb 93 p 5

[Article: "Expert Estimates 55,000 Cases of Full-Blown AIDS"]

[Text] There are about 55,000 cases of full-blown AIDS in Zimbabwe.

Speaking to health programme facilitators in the transport industry at a 3-day workshop in Harare, the co-ordinator of the National AIDS Control Programme, Dr Everisto Marowa, said because of the constraints faced in reporting, it was estimated that there were 55,000 instead of the reported 28,654 full-blown AIDS cases.

Although he could not specify the number of people with HIV, it was estimated that there were over 800,000.

"In Zimbabwe a cumulative total of 18,894 full-blown AIDS cases have been reported as of end of December 1992.

"In view of the constraints in reporting, we estimate that around 55,000 cases of AIDS have already occurred in this country with hundreds of thousands of people carrying the AIDS virus," he said.

According to the latest report, there were 1,849 reported AIDS cases between September and December last year with the highest figures in the 20 to 29-year and 30 to 39-year age groups.

Harare registered the highest figure of 459 cases followed by Bulawayo which had 241 cases.

There were 4,974 AIDS-related cases during the same period and in the 20 to 39-year age group there were 1,465 cases and in the 30 to 39-year age group, 1,240.

Harare also registered the highest with 1,481 cases and was also followed by Bulawayo which had 749.

There is no possibility of a person contracting HIV through mosquito bites.

"HIV attacks human beings only. It does not want to attack a small mosquito because it cannot live in the mosquito. The virus dies immediately because a mosquito is not a conducive environment," Dr Marowa said.

"From the observation in Zimbabwe, Uganda and Zaire which have a lot of mosquitoes, it has been noted that there are two peaks, in the 0-5 years and the sexual active people between 15-45 years age groups.

"How can we explain the two peaks, if we do try? Are we saying whom mosquitoes like to bite? Looking at this alone we can rule out the possibility of transmission through mosquitoes," he said.

In dismissing the possibilities, Dr Marowa said there was no way that the mosquito proboscis could carry enough contaminated blood to infect a person.

He said even with an injection needle, the chances of contracting the virus were "very minimal."—Ziana

Statistics of AIDS Among Youth Reviewed

93WE0381B Harare *THE HERALD* in English
8 Mar 93 p 1

[Article: "420 Teenagers Diagnosed With AIDS by Last Year"]

[Text] More than 420 teenagers, over 90 percent of them girls, have been diagnosed with full-blown AIDS by the end of

last year and many more are thought to be infected with HIV since thousands of people in their 20s have been diagnosed with AIDS.

The most likely cause of most of the teenage AIDS cases and deaths is sexual abuse of youngsters coming into or just into their teens. It takes several years after the first infection with HIV for full-blown AIDS to appear at this age.

The statistics, compiled by National Public Health Laboratory, indicate that sexual contact is the most common cause of AIDS in the 15 to 19-year age group because of the overwhelming predominance of girls. Child rape and sexual abuse of girls is more common than sexual abuse of boys.

Among younger children, there are almost equal numbers of boys and girls and researchers blame transmission from an HIV-infected mother for almost all AIDS cases in very young children.

The trend of more women than men dying from AIDS continues into the 20 to 29 age group although men were starting to be hit in significant numbers and formed around 40 percent of the age groups' AIDS deaths. Generally women are sexually active sooner than men.

From 30 years and above the number of men dying from AIDS exceeds that of women. For example, in the 30 to 39 age group with a total of 5,281 cases and 688 deaths in the last 5 years, the men outnumbered women by more than 5:3.

During the same period 2,953 babies under four were diagnosed with full-blown AIDS, with slightly more boys than girls. This would be expected since just over half of all babies are boys and the method of transmission, from the mother, does not favour any particular sex.

The statistics show that of the more than 17,000 confirmed AIDS cases studied, more than 60 percent of the patients were aged 20 to 39. About 17 percent of the patients were under four and around 12 percent were aged 40 to 49.

The statistics also show the spread of the disease. In 1987 just 119 confirmed cases of AIDS had been diagnosed. By 1989 the cumulative total had risen to 1,632 and by the end of last year the cumulative total was 14,032.

Researchers consider many more people have died of AIDS-related complications without having been formally diagnosed as having full-blown AIDS.

However, the "missing" cases are unlikely to significantly affect the ratio of men and women with AIDS in each age group nor affect the distribution statistics of AIDS cases among age groups.

A 2-day workshop on how to bring home the dangers of HIV and AIDS to youths was held in Harare at the weekend.

The information, education and communication officer of the National AIDS Co-ordinating Programme, Ms Zororai Ruth Gumbie, said at the close that immediate intervention by non-governmental organisations the Government and the youths themselves was necessary if the menace was to be contained.

Considering that the incubation period the HIV infection was up to 10 years it could be deduced that many of the 5,318 people definitely known to have died of AIDS between 1987 and 1992 might have contracted the disease during their teenage years.

A programme to educate the youths had to take into account problems faced by youths during their "transition" period. "This is made worse by changing social and sexual behaviour among many young people throughout the world."

She attributed the changes to the impact of media on the youths, urbanisation, peer pressure and the disintegration of even the nuclear family.

"It is, therefore, important to make the young people aware of the potential consequences of certain sexual behaviours and help them develop skills and resources to avoid them."

The workshop, whose focus was on youth in and out of school, recommended a multi-sectoral approach to the AIDS education programme.

Participants were drawn from the Ministry of Health and Child Welfare, NGOs, print and electronic media, National AIDS Council, churches, National Arts Council and youth organisations, among others.

They also recommended the strengthening of AIDS education in schools and that parents communicate with their children about the disease and immoral behaviour.

Report Views Yunnan Province AIDS Hot Line
HK0205030693 Beijing ZHONGGUO XINWEN SHE
in English 0821 GMT 1 May 93

[Text] Kunming, May 1 (CNS)—A hotline offering counseling to AIDS-infected persons has so far received 142 calls since it began operations here earlier this year, reflecting the spread of the fatal disease in China.

Of 938 AIDS cases known, Yunnan Province accounted for 700 of them while the range of high risk groups is enlarging. Phone calls to the hotline show potential dangers for the spread of the disease. The first is in extra-marital sexual relationships with the married persons accounting for 70 percent. This risk group is growing because those involved in such relationships tend to hide their affairs.

The second is that homosexuals make up 15.2 percent of those telephoning the hotline. They are unwilling to receive education on the prevention of the disease because of their deviant sexual behaviour.

Monitoring of high risk groups is important for prevention of the spread of the disease, but the authorities find it difficult to carry out such monitoring.

Scientists Discover Anti-AIDS Drug in Marine Life
OW2104123793 Beijing XINHUA in English
1232 GMT 21 Apr 93

[Text] Beijing, April 21 (XINHUA)—Researchers from the Chinese Academy of Sciences have discovered an anti-AIDS drug in an aquatic plant in the South China Sea, and the drug appears to be effective in enhancing humoral immunity in HIV-infected patients.

With the plant discovered in seas around Hainan Island, a research group of the academy's Research Center for Eco-environmental Sciences has developed a new compound known as Kappa-Selenocarrageenan (KSC) in the laboratory. "KSC is a kind of selenium supplement and has an obvious effect of regulating human immunologic functions," said professor Tang Jiajun, head of the research group.

"Animal tests and clinical observations have shown that KSC is effective in patients with cancer and in enhancing humoral immunity," Professor Tang said.

Tang's study has been published in the international journal "BIOLOGICAL TRACE ELEMENT RESEARCH".

In the article, Tang suggested a relationship between selenium supplementation and prevention of AIDS.

"The Human Immunodeficiency Virus (HIV) is the cause of acquired Immune Deficiency Syndrome (AIDS)," the study said. "Patients with AIDS-related complexes show a lower T-lymphocyte count. It is crucial to improve and recover the body's immune functions for the prevention and therapy of AIDS."

Tang in his study suggested that selenium deficiency has important implications for the progression and pathogenesis of the disease. "Adjuvant selenium supplementation could be of considerable benefit, especially in newly HIV-infected patients or asymptomatic carriers and could prolong the disease-free interval," the study said.

"In symptomatic patients, selenium supplementation could, at minimum, result in an improvement of the quality of life and should be included in nutritional support programs," the study said.

The result of clinical observation of physiological effects of KSC on patients with senile diseases has shown that KSC has an ideal biological availability and favorable physiological effects.

"These clinical effects may be taken as an indication that KSC could be applied in HIV-infected patients and patients with AIDS and AIDS-related complexes," Professor Tang said.

Tang has sold his patent technology for preparing the drug to Brilliance Holdings Group, a Hong Kong-based international financial firm. The Hong Kong firm has provided Professor Tang and researchers from major Chinese medical universities research funds amounting to 15 million yuan.

Early this week, the Chinese Academy of Sciences and Brilliance Holdings Group started a new firm named Sino-Foreign Tian Ci Fu Biological Engineering Co. Ltd. with a planned investment of 100 million yuan, the new firm will work exclusively for the research, development and marketing of the new drug.

INDONESIA

Health Official Notes Increase in AIDS, HIV Cases
BK0905150693 Jakarta ANTARA in English 1405 GMT 9 May 93

[Text] Denpasar, May 8 (OANA/ANTARA)—Up to March 1993 there are 139 cases of acquired immune deficiency syndrome and human immunodeficiency virus cases in Indonesia, said Dr. Anak Agung Gde Munin Jaya, MPH [Master of Public Health], Head of the AIDS Information Centre, told a workshop on religious affairs and AIDS here on Saturday.

However, WHO has recently estimated that for each reported case there were a 100 unreported cases in the society, bringing the total to 13,900 cases in Indonesia, said Dr. Anak Agung Gde Munin Jaya, who is also head of the Community Epidemiological Research and Training Division of Udayana University's medical department.

The workshop featured speakers from the Muslim Council (MUI), Hindu Association (PHDI) and the Catholic Diocese in Denpasar, and was attended by local physicians and religious leaders.

Since the first AIDS case was reported in Indonesia in 1987, the country has actually entered the era of AIDS epidemic, and it was also since then that the AIDS cases reported by the ministry of health constantly increased, said Dr. Munin Jaya.

He said the number of provinces which have reported cases of AIDS and HIV also constantly increased.

The number of the provinces has this year increased to nine, viz. Jakarta, Bali, East Java, Central Java, West Java, North Sumatra, West Sumatra, West Nusatenggara and Irian Jaya, said Dr. Munin Jaya.

He said epidemiologically the spread of the incurable and fatal disease in Indonesia now belongs to type III, which means that its spread was first through sexual contact with a foreigner, both with those coming to Indonesia as tourist and with those abroad.

Since 1992 the epidemic has also reached prostitutes, and in 1992 has even started to affect housewives because of their high-risk spouses for having sex with HIV infected prostitutes, he said.

Dr. Munin Jaya said the easy spread of AIDS in Indonesia can be attributed to various factors within the society, such as blooming prostitution and free sex not only in urban centres but in the villages as well, in addition to reluctance in using condoms.

Other factors included inadequate public health care, which involved the high frequency of giving injections with unsterilised syringes, lack of screening of blood donors, counselling and enlightenment on health care matters.

MALAYSIA

Minister Discloses 5,459 HIV Carriers Nationwide
BK2404152793 Kuala Lumpur Voice of Malaysia in Malay 1300 GMT 24 Apr 93

[Text] The Health Ministry has allocated 218,000 ringgit for a 3-year program to fight AIDS. Its Minister Datuk Lee Kim Sai said the program, which begins this year, includes the holding of seminars, advertisements in printed and electronic media, lectures in schools, and dissemination of brochures on the danger of the disease.

He was speaking to reporters after closing a seminar entitled: "The Asian region and youth's action against AIDS" in Kuala Lumpur today. He said that despite the low number of AIDS incidence in Malaysia compared to other countries, it is still necessary to pay attention to the disease. At present, there are 83 AIDS patients and 5,459 carriers, while 51 persons have died from the disease.

SINGAPORE

178 HIV Positive; Heterosexual Activity Biggest Factor

BK2304155793 Singapore THE STRAITS TIMES in English 23 Apr 93 p 1

[By Brendan Pereira]

[Text] The number of Singaporeans infected with AIDS or the HIV virus is increasing, with 20 cases detected in the first 3 months of the year.

During the same period last year, 15 cases were reported. The new cases bring the total number of people infected with Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV) to 178.

The latest statistics also show that about 95 percent of the new victims were infected through sexual contact, mainly with prostitutes here and overseas.

Commenting on this, a spokesman for Action for AIDS (AFA) yesterday said the message to avoid casual sex or reduce the risk of AIDS by using condoms was not getting through.

He suggested a more concerted effort to reach the lesser-educated who may not be getting the safe sex message.

In a statement, the Ministry of Health said 19 of the 20 new victims were men. Most of them were single. The only woman among them was infected by her husband.

And, consistent with the profile of those in the most sexually-active age group, 14 of the 20 were aged between 20 and 39 years. The rest were aged 40 and above.

The statement added: "The Ministry of Health wishes to reinforce the message that the only way to avoid AIDS and the HIV virus is to keep to one mutually faithful partner and avoid casual sex."

Condoms, when used properly, may protect the user from infection, it added.

Of the 178 Singaporeans who have AIDS or the HIV virus, 119 are carriers who have not developed the symptoms of the disease, which include drastic weight loss and fatigue.

Fifty-eight others have full-blown AIDS, while another has an AIDS-related illness.

So far, 42 Singaporeans have died of AIDS.

While homosexual activity was the most common way the disease was transmitted in the five years since the first case was discovered in 1985, heterosexual activity is now the most common mode.

Between 1985 and 1989, almost 73 percent of HIV transmission was through homosexual or bisexual relations. This dropped to 20 percent in the first 3 months of 1993.

In contrast, 75 percent of HIV infection in this period was through heterosexual transmission.

The ministry urged those who are at risk to see their own doctor and undergo screening tests, and assured them that the identity of infected persons would be kept confidential.

To check the increase in the number of cases, especially those who contract the virus through sexual contact, an AFA spokesman said more should be done to encourage the use of condoms.

He also said it was possible that a large proportion of people, namely the less educated, were not getting the message despite many government campaigns.

"I think we have to go to the ground and speak dialects or whatever to get the message across. And, if need be, we have to hand out condoms and pamphlets," he said.

THAILAND

AIDS Vaccine Protein GP-160 To Be Tested in Thailand

Debate Continues

93WE0283A Bangkok *KHAO PHISSET* in Thai
19-25 Feb 93 pp 30, 31

[Article by Khanittha Worasiri]

[Text] News about the testing of an AIDS vaccine in Thailand began making the headlines when Dr. Redfield, who is with the U.S. Army, expressed the desire to test the drug Protein GP-160 in Thailand. He first contacted the Army Medical Department in 1990 about testing the drug on soldiers here. In April 1991, there were reports that Thailand was one of the six or seven countries selected by the World Health Organization as a testing ground for an AIDS vaccine. Six months later, at a conference on AIDS, the United States proposed that Uganda, Rwanda, Brazil, and Thailand serve as test sites for an AIDS vaccine.

Dr. Nat Phamonprawat, a representative for the AIDS Vaccine Research and Development Program, Mahidol University, said that there are several reasons for choosing Thailand as a test site. The main reason is that it is felt that Thailand is one of the countries where AIDS is spreading rather rapidly, and it may continue to spread rapidly.

Another thing is that we are interested in having them conduct studies, and we have scientists with sufficient experience to carry this out. Another factor is that Thailand is a stable country. In testing this vaccine, it will take 6 months or even 1 to 2 years to evaluate the results. Because of the fighting and economic problems in some countries, it would not be possible to monitor the results there. There are also several other reasons that have been taken into consideration.

In the view of Dr. Nat, Thailand is no longer viewed as a third-world country. Today, we have many vaccines, not just HIV vaccines to treat AIDS. Many of the diseases are not common to the industrialized countries. Thus, those vaccines cannot be tested in those countries, because the diseases aren't common there. Why should they expose people there to a disease unnecessarily? "I can assure you that this is a vaccine that is desperately needed here, and that it is safe based on scientific standards. We are not doing things in secret. No company has hired scientists to conduct studies without the knowledge of the Ministry of Public Health or the Food and Drug Administration. We should support the effort to carry out things in accord with scientific principles and take advantage of this opportunity to learn. Vaccine testing is a rather deep science." On the other hand, Professor Wichai Choetchiwat, who is a professor at Chulalongkorn University, feels that one of the reasons why they want to test this vaccine in Thailand is that costs are lower here than in other countries. For example, the cost of hiring volunteers may be low or they may even do it for free, and personnel costs will be low. Also, if the tests fail and people sue for damages, the Thais involved probably wouldn't sue for very much. Stated simply, the life of a Thai is worth less than that of a person in some other country.

Dr. Nat mentioned the benefits to be derived from testing this AIDS vaccine:

1. This will enable us to develop the vaccine more quickly, because it will be tested on Thais. Other places don't want to conduct tests. That may be because they haven't made much progress and don't have people with sufficient knowledge. Thailand has doctors and scientists with the capabilities to work together and conduct studies. And we will gain knowledge.
2. This will enable us to bargain with the companies that produce the vaccine. If they succeed in producing an effective vaccine, we will be able to obtain the vaccine at a reasonable price.
3. Those companies may consider producing the vaccine in Thailand if Thais volunteer to test the drug. Those concerned about the country's interests will be in a position to bargain if they put aside their personal interests.

But whenever there are advantages, there are always disadvantages, too. That is, prevention using an HIV vaccine will be difficult, because sexual activities will increase. That's because people will think that taking the vaccine will protect them. If that is the case, the chances of contracting the HIV virus will increase. Thus, people must be made to understand that the effectiveness of this vaccine is uncertain. This is a very difficult matter. It isn't like other vaccines.

In a newspaper article, Dr. Nat Phamonprawat said that there is still a general misunderstanding about conducting studies on, developing, and evaluating an AIDS vaccine. People think that it is the World Health Organization that stipulated which vaccine was to be tested. Actually, the World Health Organization has simply coordinated things and provided scientific knowledge to the countries that have been granted permission to conduct studies and test vaccines. It is the Ministry of Public Health that made the decision and authorized certain vaccines to be tested here. In doing this, it has held to three principles: 1. The vaccine to be tested must first be approved by the Food and Drug Administration in the country where it is produced. 2. The vaccine must have been tested on people in the country where it is produced. 3. The vaccine must be produced in laboratories based on the standards.

At present, there are two groups that are conducting studies in Thailand. One is the U.S. Army group, which is conducting tests on Thai soldiers who have antibodies. Phase-2 studies using the GP-160 vaccine will get underway around May. The Ministry of Public Health has already authorized this.

The other group is the Japanese research team of Mr. Kenji Okuta, a professor from Yokohama University. He contacted Professor Praphan Phanuphak, the director of the AIDS Program, Thai Red Cross. But his project has not yet been approved by the Thai Committee for Human Research. At a recent conference in the United States, Mr. Okuta said that he had already tested an AIDS vaccine in Thailand. That statement shocked the Thai director-general of the Department of Communicable Disease Control, who was at that conference.

In view of the statement made by that Japanese researcher, there are those who wonder if that vaccine actually has been tested on people in Thailand. Who has tested the vaccine, who have the guinea pigs been, and who will benefit from this? Concerning this, people have observed that the Thai Red Cross is not subordinate to the Ministry of Public Health. The Ministry of Public Health oversees only the budget of the Thai Red Cross. Other than that, the executive committee of the Thai Red Cross manages things itself. And the money donated to the Thai Red Cross belongs to the Red Cross. The problem is, in view of the fact that the AIDS problem is a major problem in Thailand and in view of the large amounts of money involved, the Ministry of Public Health wants to oversee all the units. One minister of public health once said that "we should be in control of all activities concerning this." Because of this, a conflict has arisen between the Ministry of Public Health and the Thai Red Cross, which is headed by Professor Praphan Phanuphak.

A conference was held on 3 February on the topic "Conducting Studies on, Developing, and Evaluating the Results of AIDS Vaccines in Thailand." It was concluded that three types of vaccines will be tested in Thailand. One is a preventive vaccine, which will be tested on volunteers and which entails difficulties in making people understand. A second vaccine is one to treat people with the AIDS virus. The third is a vaccine to prevent mothers from transmitting

the AIDS virus to their child. Also, an effort is being made to improve relations between the Ministry of Public Health and the Thai Red Cross on the technical front. But actually achieving results is another matter. A news source said that it's possible that the tests conducted by the Thai Red Cross might turn out better than the tests that are controlled more strictly, because the Thai Red Cross is outside the control of the Ministry of Public Health. If the tests are successful, who will reap the huge profits? KHAO PHISSET contacted Professor Praphan, the AIDS director, Thai Red Cross. He responded angrily by saying that three-four vials of vaccine have been brought in from Japan. This vaccine is now being tested in the laboratory. It has not been tested on people. He said that the laboratory testing has not been completed yet. But Japan has stopped its tests on this vaccine and is now developing a new vaccine.

At present, two vaccines used to treat AIDS, AZT and DBI, have been approved for use by the Thai Food and Drug Administration. The vaccine DDC, which has not yet been registered with the Food and Drug Administration, has been brought in by an American patient of Professor Praphan and distributed free of charge to people with the AIDS virus. Now, there is no more DDC left. One doctor said that if the vaccine is brought in in order to conduct tests or the patients can be monitored, there shouldn't be any problems. But the drug must first be approved by the Food and Drug Administration in that country.

Professor Praphan angrily said that the "Niranam Clinic and Phuan Wan Phut Community are not test sites. It must be understood that the Niranam Clinic is a place that provides information and advice to AIDS patients and others who are interested. It is not a clinic that treats people anonymously. As for the Phuan Wan Phut Community, its goal is to have members share their experiences with each other, hold seminars, and have them help each other solve the problems. It focuses on mental treatment. Meetings are held on the second and fourth Fridays of every month."

"As AIDS researchers and as a source of data available to foreign researchers, what will happen is that there will be joint research projects with other countries, and that will bring in huge sums of money. There is very little money available here for research. Perhaps a few hundred thousand at most. It would be difficult to get a million. But other countries will easily contribute 10 million, and they would pay compensation, which is very high based on rates abroad. And if we can do things in cooperation with the World Health Organization, that would be even better. Thus, from the scientific standpoint, this is a way of becoming better known and that's good. How they will try to profit from this is another issue. If they try to profit based on science, that is proper, because they will have put up the funds to do the research. You can't criticize them for that. But the method used is the problem. The Ministry of Public Health does not think that the method of the Praphan group is correct. That is, those in the ministry feel that they should be kept informed. People aren't sure if AIDS vaccines have been tested yet. Who will represent Thailand in taking responsibility for these projects, which involve two different types of vaccines? Researchers say that the GP-160 vaccine may not

be effective because it has a different scientific structure than the GP-120 vaccine. Its effectiveness has not been proven. This is a scientific dispute. As I said, the profits to be made are huge. Whoever discovers an effective vaccine will be rich. The Ministry of Public Health has already approved the GP-160 vaccine. We are now waiting for data from the United States. They are expected to announce the results of the tests done on a group of soldiers sometime next month. The question is, have tests already been conducted in Thailand? Because when injections are given here, they may tell the patients anything. They may not tell them the truth. The problem is that we can't control this. Abroad, when tests are conducted on people, they have to tell the patients what the drug is and what the effects are. People tend to think of this as stupid. But we don't tell them in advance and therefore conclude that they are stupid. There are some things that they have to be told. This may or may not be effective. What they are worried about is whether this is really effective. It's like they are being tricked. If the vaccine is ineffective but the subjects are told that the vaccine is effective, that's tantamount to tricking them. And we don't know what the side effects are. The side effects experienced by Thais may be different from those experienced by foreigners, and we don't know how long they will last. If someone dies as a result of this, who will take responsibility? Tests were conducted in Zaire in Africa (using a live virus) and the subjects died. But that was a completely different vaccine than this one. Neither one of these two vaccines should have such fatal side effects," said Professor Wichai Choetchiwasat in opposition to those who support testing the AIDS vaccine.

Dr. Praphan said that this will be strictly voluntary. There are 40-50 types of drugs used to treat this disease. They have been obtained both directly and indirectly. Those who will use the drugs must review the evidence. They have the right to make their own decision. All of the AIDS vaccines provide short-term benefits. It may be necessary to give booster shots from time to time. It does not appear that the AIDS vaccines have any negative side effects.

Today, the battle to defeat this terrible disease continues. And there are calls to stop and consider the ethics and morality of this. If someone does succeed in defeating this disease, he will definitely win fame and fortune. But they should remember to treat the AIDS patients fairly, because they are fellow human beings.

AIDS Control Committee Approves Vaccine Experiment

*BK2304033493 Bangkok Radio Thailand Network
in English 0000 GMT 23 Apr 93*

[Text] A prototype AIDS vaccine produced from protein GP-160 has been approved by the National Committee on AIDS Control and Prevention to be experimented in Thailand. Secretary of the Human Research Committee, Ministry of Public Health, Dr. Wichai Chokwatthana, says that the National Committee on AIDS Control and Prevention has given its approval for the vaccine to be tested on AIDS patients in Thailand. This will be the first ever AIDS vaccine to be experimented in this

country. The protein GP-160 AIDS vaccine has been produced under a joint project of the Royal Thai Army's Institute of Medical Science and (Water Reed) Military Hospital in the United States. It is carried out under the AIDS research program of (Micro Genesis) Company. The vaccine has been already approved for its safety in the preliminary step. It is going through the efficiency testing for the second step. Its experiment will start in late May by the Royal Thai Army's Institute of Medical Science. However, the importation of vaccine for the experiment has yet to be formally approved by the National Committee on AIDS Control and Prevention.

Doctors Predict AIDS Trends, Facility Shortages *93WE0317D Bangkok MATICHON in Thai 14 Feb 93 pp 1, 32*

[Excerpts] [passage omitted] In an interview with MATICHON, Dr. Pradit Chroenthaithawi, the rector of Mahidol University, said that when discussing the university's budget with the budget subcommittee on 29 December 1992, when the budget for procuring medical equipment to check for and treat AIDS was discussed, he informed the subcommittee of the present AIDS situation in Thailand. He told them that the AIDS situation is very alarming. At present, approximately 400,000 people have the AIDS virus. Fewer than 1,000 people have full-blown cases of AIDS. However, the efforts made by several units to control this disease have not achieved the desired results. It is believed that by the year 1997, or in just 4 more years, the number of people with full-blown cases of AIDS will reach 200,000.

"Stop and think about that. Hospitals nationwide, including community hospitals, have a total of about 90,000 beds. But there will be approximately 200,000 AIDS patients who will need treatment. What are we going to do? Will the AIDS patients be allowed to take all 90,000 beds? Are we going to turn away patients suffering from other diseases? That's impossible. How are we going to solve this problem?" said Dr. Pradit.

Dr. Pradit also mentioned the drugs used to treat AIDS patients. He said that it costs about 200,000 baht a year to treat one AIDS patient using the drug AZT. If there are 200,000 patients, that means that we will have to spend about 40 billion baht to treat these people. Where will the government get that much money to provide treatment? When the AIDS problem reaches that crisis stage, it is the community that will have to take responsibility. That is, the subdistrict or district in which the AIDS patients reside will have to take responsibility for those patients. They will have to build clinics for them, with doctors and nurses from the hospitals providing care.

"At that time, AIDS patients, whose numbers will exceed the number of hospital beds, will probably have to go to the nearest temple. The temple will be the best place to look after them during the final moments of their life," said Dr. Pradit.

Dr. Prawet Wasi, a doctor at the Sirirat hospital and a Magsaysay doctor, told MATICHON that there are now

about 300,000 people with the AIDS virus. During the next 8 years, this number is expected to increase to 4 million. All of these people will die from AIDS. [passage omitted]

AIDS Figures, Public Attitudes

93WE0317A Bangkok SIAM RAT in Thai 23 Feb 93 p 16

[Excerpt] On 22 February, Dr. Praphan Phanuphak, an AIDS expert who works at the Chulalongkorn Hospital, talked with a SIAM RAT reporter about the present number of AIDS victims in Thailand. He said that there are about 1,500-1,600 people with full-blown cases of AIDS and about 2,000 people with AIDS-related symptoms. Besides this, nationwide, there are about 500,000 people who are HIV positive and who can transmit the AIDS virus.

Dr. Praphan said that the reason why AIDS is spreading so rapidly is that people don't know the facts and they aren't interested. Some people are careless. For example, some people don't fear AIDS but they do fear denying themselves pleasures. Others believe in astrology and don't believe that they will contract AIDS. Others think that they won't contract AIDS because they are physically strong. Some think that having sex a few times won't hurt them. And others think that because their sexual partner isn't a prostitute, that person won't have the AIDS virus. [passage omitted]

AIDS Situation in Chiang Rai Reported

221 AIDS-Related Deaths Since 1988

BK1705012793 Bangkok THE NATION in English
17 May 93 p A5

[Text] Two hundred and twenty one people have died of Aids in Chiang Rai since 1988 and one-in-five diagnosed Aids sufferers in Thailand lives in the northern province, according to figures released there.

There were 756 people with full-blown Aids in the province as of April 30, acting provincial health chief Dr Chamnan Hansuthiwetkun said yesterday.

Nationally, 3,628 people are registered with full-blown Aids, he said.

Chamnan said there are 10,000 people in Chiang Rai known to be infected with the HIV virus, which leads to Aids, compared with 8,000 a year ago.

Most Aids patients are farmers, he said.

Chamnan said most patients in Chiang Rai stay at home and are visited by doctors who advise their relatives on how to take care of them. Chiang Rai hospitals do not have the space for them, he said.

Chiang Rai Witthaya Nukhro Hospital has the highest number of Aids patients in the province with 80. More than 30 field beds have been brought in to provide for them.

They have not been separated from other patients for fear of claims of discrimination. In some cases other patients did not know that their neighbour was infected with Aids, Chamnan said.

Provincial authorities had earlier worked out a project to build a hospital exclusively for Aids patients, but later scrapped the plan.

Any Aids patients whose condition improves are discharged and given advice on how to take care of themselves at home he said.

AIDS Cases Profiled

93WE0319A Bangkok MATICHON in Thai 16 Feb 93
pp 1, 29

[Excerpts] [passage omitted] Mr. Yingyong Thaoprasoet, the deputy director of the Chiang Rai Ratchaphat Institute, was one of those involved in researching the "the cultural crisis and the lifestyles of young women, a study of the effects of development on the countryside in the North" being done by the Office of the National Commission on Culture. He found that some young girls in sixth grade in Maechan District of Chiang Rai Province and Dokkhamtai District of Phayao Province dreamed of becoming prostitutes. [passage omitted]

Mr. Yingyong said that in the past the statistics for those with AIDS in Chiang Rai Province were lower than the statistics for Chiang Mai Province because the statistics for Chiang Mai Province were more developed - more organizations had come to help in Chiang Mai Province unlike Chiang Rai Province. Formerly 4 percent of the pregnant women coming for blood tests were found to have AIDS, but now this figure had reached 6 percent. In addition it was found that these women with the AIDS virus were the wives of ordinary farmers and were not from groups at risk. From questioning them it was learned that when these farmers had nothing to do, they worked in construction in the town of Chiang Rai, where there was a great deal of construction. They contracted AIDS then because there regularly was prostitution at the construction sites. [passage omitted]

Dr. Prayun Kunason, the Director of the Department of Communicable Disease Control of the Ministry of Public Health, disclosed something similar: [the statistics] for the contraction of AIDS in Chiang Rai were only estimates, and the actual numbers might be larger. In addition the estimates were based on small samples so that errors were very possible.

Dr. Prayun said that the statistics for AIDS came from many units and so it was not possible to be certain of the figures. For example if 100 people were to come for examinations and 50 were found with AIDS that would be equivalent to 50 percent. But if 1,000 were to come, there would not be 500 people found with AIDS. The discovery of that incidence of AIDS among pregnant women was not real because the latest data indicated that pregnant women had an incidence of only 3 percent out of 100 people who came to be examined. This was a decline from June 1992 when the figure was 6 percent.

He said that during the latest check for those with AIDS in Chiang Rai Province in January 1993 it was found that of the 839 people who received [as published] blood, 33 had the AIDS virus or 3.93 percent; of 17 drug addicts, seven had the virus or 41.2 percent; of 100 pregnant women, three

had the virus or 3 percent; of 100 men using prostitutes who came to be tested, 21 had the virus or 21 percent; of the 24 open prostitutes who came to be tested, 12 had the virus or 50 percent; and of 94 secret prostitutes, eight had the virus or 8.51 percent.

"It has been said that many pregnant women married to farmers have AIDS but that is to be expected because the Thai people are mostly farmers. Sometimes it was found that those with the AIDS virus had been prostitutes who had returned to their old district, acquired a family, become pregnant and then learned they had the virus," Dr. Prayun said. He added that he did not want the media to announce that in Phayao and Chiang Rai there were many prostitutes with AIDS because that would destroy the morale of the people in those provinces. That would not be appropriate.

He also said that the incidence of AIDS among male prostitutes in the five provinces where there had been checks was as follows: in Bangkok 68 were checked and three were found with the virus, in Chonburi 223 were checked and 26 were found with the virus, in Chiang Mai 57 were checked and 24 were found with the virus, in Phuket 99 were checked and 15 were found with the virus, and in Songkhla one was checked and found not to have the virus. In the two provinces where convicts were checked, Bangkok Province and Songkhla Province, the incidence was found to be 14.35 percent out of 230 checked.

A report from the Ministry of Public Health on the results of the most recent blood tests done by the epidemiology division on 10 October 1992 for target groups indicated the following: in Phatthalung 28 were checked and 20 were found to have AIDS, in Rayong 42 were checked and 27 were found to have AIDS, in Krabi 20 were checked and 12 were found to have AIDS, in Trat 23 were checked and 13 were found to have AIDS, in Chiang Mai 100 were checked and 56 were found to have AIDS, and in Ayutthaya 100 were checked and 56 were found to have AIDS. All of these were intravenous drug users.

As for open prostitutes, in Nakhon Pathom of 116 checked 78 had AIDS, in Phayao of 100 checked 66 had AIDS, in Lamphun of 237 checked 143 had AIDS, in Chiang Rai of 100 checked 57 had AIDS, and in Lampang of 255 checked 133 had AIDS.

As for secret prostitutes, in Sisaket of 79 checked 28 had AIDS, in Pathum Thani of 191 checked 53 had AIDS, in Nakhon Sawan of 100 checked 17 had AIDS, in Suphanburi of 176 checked 29 had AIDS, in Singburi of 100 checked, 14 had AIDS, and in Kanchanaburi of 100 checked 14 had AIDS.

Cooperation with Burma on AIDS, Malaria

93WE0317B Bangkok THAI RAT in Thai 23 Feb 93 p 3

[Text] After a meeting with Lieutenant Colonel Than Sin, the Burmese deputy minister of public health, Mr. Bunphan Khaeowattana, the minister of public health, said that the Burmese official had met with him to discuss the public health problems along the border. He said that he informed Burma that Thailand now has the burden of treating those wounded in the fighting between Burmese soldiers and the

minority groups, who are sent to Thai hospitals for treatment. This is in addition to the malaria problem. One of the problems is that the drugs used to treat malaria are losing their effectiveness.

Mr. Bunphan said that as for the AIDS problem, officials have been able to control the disease to a certain degree. An effort is being made to prevent more people from contracting this disease by providing correct information to the people. Burma and Thailand must cooperate on this. There could be government-to-government discussions in order to take action on this. He said that he has told Burma that Thailand is ready to cooperate and provide help to Burma on public health issues in view of the fact that we are neighboring countries.

AIDS Budget Reallocation

93WE0317C Bangkok NAE0 NA in Thai 22 Feb 93 p 3

[Excerpt] Mrs. Saisuri Chutikun, the former minister attached to the office of the Prime Minister, discussed the matter of the Extraordinary Subcommittee to Consider the 1993 Expenditure Budget cutting the AIDS control budgets of other ministries by 800 million baht out of a total budget of more than 1.1 billion baht and allotting this money to the Ministry of Public Health instead. Too many AIDS activities are being placed in the hands of the Ministry of Public Health. Other ministries should play a role in this, too. To solve the AIDS problem, the emphasis should be on controlling the spread of the disease rather than treating the disease.

Mrs. Saisuri said that the AIDS budget, which used to be under the control of the Office of the Prime Minister, has been turned over to the Ministry of Public Health because of political problems and personal conflicts. Previous governments put Mr. Michai Wirawaithaya, the former minister attached to the Office of the Prime Minister, in direct charge of this, and that generated resentment. In principle, the Office of the Prime Minister had good intentions. It is a neutral unit that can do a better job than the Ministry of Public Health. But there probably isn't anything that can be done about this. All we can do is hope that the Ministry of Public Health will use this money efficiently and recognize the role of other ministries. [passage omitted]

VIETNAM

Radio Reports Nationwide Figures on HIV-Carriers

290 HIV-Positive Cases

BK2804034193

[Editorial Report] Hanoi Voice of Vietnam in Vietnamese at 0500 GMT on 19 April carried a one-minute item on the number of HIV-carriers in Vietnam based on figure released by the National Committee for AIDS Prevention and Control.

The announcer said that "the medical authority in Nha Trang, Khanh Hoa province, recently found 31 HIV positive cases while carrying AIDS test on 32 drug addicts."

Adding this number to the total figure nationwide, "the National Committee for AIDS Prevention and Control revealed that by 16 April, the total HIV-positive cases discovered was 290, which was made up of 215 Vietnamese and 75 foreigners."

The announcer also said "the recent test result in Nha Trang proved that drug addicts were the ones who spread AIDS."

31 HIV-Carriers Detected in Khanh Hoa

BK2704075793

[Editorial Report] Hanoi Voice of Vietnam in Vietnamese at 1430 GMT on 19 April carried an item under one minute in length on the number of HIV-carriers in Khanh Hoa Province.

The announcer said: "medical authority of Khanh Hoa Province discovered 31 HIV-carriers including two females. This was the first time HIV-positive cases were detected in Khanh Hoa, and all of the HIV-carriers were drug addicts who were inmates of Tinh Thuong (Love) Rehabilitation Camp in Khanh Hoa."

More HIV-Carriers in Khanh Hoa

BK2804101493 Hanoi Voice of Vietnam Network in Vietnamese 0500 GMT 27 Apr 93

[Text] According to the AIDS Prevention and Control Committee of Khanh Hoa Province, 19 HIV-positive cases have been discovered recently. So far there are 50 HIV-carriers in Khanh Hoa, all of them drug users.

The AIDS Prevention and Control Committee of Khanh Hoa is urgently carrying out measures to prevent AIDS from spreading, especially in the area of Nha Trang city. Other responsible organs of Khanh Hoa Province are also intensifying measures to control the target groups of drug users, prostitutes, restaurants, and hotels in order to prevent the disease from spreading.

Radio Gives HIV Figures for Southern Areas

BK1705071493

[Editorial Report] The following is a compilation of reports on epidemiological developments in Vietnam carried by Hanoi Voice of Vietnam in Vietnamese, unless indicated otherwise, between 11 and 15 May. Broadcast times in GMT are given in parentheses at the end of each item.

11 May

The situation of aids infection in Vietnam is undergoing serious changes. As of 3 May, the number of Vietnamese infected with the HIV virus had reached 301. Of these, two-thirds have contracted the virus through intravenous injection of drugs and sexual contact with prostitutes. (1000 GMT)

Hue city has, for the first time, discovered five cases of HIV infection. It is reported that all the five cases have been found to involve drug addicts. (1100 GMT)

The Preventive Medical Center of Ho Chi Minh City has just discovered another 19 cases of HIV infection, bringing

to 318 the total number of HIV carriers in the southern provinces. Ho Chi Minh City alone accounts for up to 230 cases. (2300 GMT)

13 May

Two persons in Tien Giang province have tested positive for HIV. As an immediate step, Tien Giang is reorganizing its aids control commission which includes personnel from the public health service and other sectors concerned along with intensifying propaganda activities among the public to make them understand the danger of this frightful disease. (1430 GMT)

14 May

The Preventive Medical Center of Ho Chi Minh City has reported 62 more HIV carriers in tests conducted from 8 to 11 May. So far, the number of HIV-positive cases has increased to 375 in the south and 377 in the whole country. Ho Chi Minh City alone has 279 cases. (1000 GMT)

15 May

On 11 May, the Preventive Medical Center of Ho Chi Minh City diagnosed 50 HIV cases. In addition, the Pasteur Institute detected two other cases, lifting the total HIV-positive cases in Ho Chi Minh City to 265.

Nationwide, so far there have been 377 HIV-carriers identified, which was made up by 343 drug users, five prostitutes, 17 sexually transmitted cases, and the rest were infected by other causes.

The announcer also revealed that the youngest HIV-carrier was a 16 year old teenager, and so far seven people from Ho Chi Minh City had died from AIDS. (2300 GMT)

Haiphong, Nam Ha Intensify AIDS Control Measures

BK0405090393

[Editorial Report] Hanoi Voice of Vietnam Network at 1100 GMT on 3 May carries a one minute item on HIV-positive cases detected in Nam Ha Province.

The announcer says: "Together with one HIV-positive case detected in 1992, medical authorities of Nam Ha Province have discovered two more HIV-positive cases early this year, bringing the total to three known HIV-carriers in the province. All three are male."

The Nam Ha Committee for Prevention and Control of AIDS has launched three measures to curb the spread of AIDS:

1. an education campaign to help cadres and people fully understand the dangers of AIDS,
2. intensifying the attack on drug addiction and prostitution, and
3. allocating an adequate budget for these programs.

Hanoi Voice of Vietnam Network at 0500 GMT on 3 May carries a seven minute recorded interview with Ms. Nguyen Thi Bay, deputy chairman of Haiphong people's committee,

talking about measures applied in Haiphong city to prevent and control the spread of AIDS.

Answering a question about measures already applied in the city to prevent AIDS, Ms. Bay said a "combination of various activities has been launched, such as an education and propaganda program together with social and health activities."

The education program, Ms. Bay said, was carried out in many forms: "word of mouth, consultations and giving information, workshops, seminars, and use of public mass media such as Haiphong radio, television, and newspapers. At present, three consultation centers have been set up at the city's Epidemic Center, Women's Federation Office, and the Communist Youth Union office."

On the social actions, Ms. Bay said "the city has investigated, identified, and gathered drug addicts and prostitutes for treatment and vocational training." Brothel owners have been handled by the law, and hotel management has been requested to guarantee that they will not allow prostitution activities on their premises.

On the question of assistance to prostitutes and drug addicts, Ms Bay revealed that the city now has one drug rehabilitation center and 40 vocational centers which also provide a job referral service. Every year "the medical authorities, with assistance from the police and other agencies, carry out blood tests for 5,000-7,000 people in the high risk target groups."

Speaking on future tasks of the province in this field, Ms. Bay believes that the education and propaganda programs should be made more thorough along with other activities.

Health services and rehabilitation centers should also get help to enhance the quality of their equipment and technology.

Premier Vo Van Kiet Chairs Meeting on Tourism, AIDS

*BK2704072893 Hanoi VNA in English 0715 GMT
27 Apr 93*

[Text] Hanoi VNA April 27—The government has given initial approval to a development programme for tourism until the year 2000 but insisted that tourism should serve both economic and social objectives of the country.

During a regular meeting chaired by Prime Minister Vo Van Kiet from Wednesday to Friday last week the government said while developing tourism into a major economic activity, measures should be taken to ensure national security and protect cultural traditions of the nation.

A developed tourism should not be allowed to harm social and natural environment or serve as a channel for the introduction of decadent culture and diseases.

The government discussed at length a report on the AIDS situation.

It instructed the Health Ministry and the National Aids Committee to gear the anti-AIDS programme to the fight against drug addiction and prostitution.

Prevention and detection must be efficiently organised to minimize the spread of the disease, the government said.

It also said that while motivating public awareness, undue alarm should be avoided.

CZECHOSLOVAKIA

Health Ministry Reports 35 AIDS Cases

AU2304132793 Prague CTK in English 1536 GMT
21 Apr 93

[Text] Prague April 21 (CTK)—The Czech Health Ministry today announced that as of March 31, medical authorities have detected 230 positive HIV cases in the Czech Republic since the acquired immune deficiency syndrome (AIDS) first appeared locally in 1985.

Of these, 82 cases pertained to departed foreign nationals. Only 35 cases of full-blown AIDS were noted thus far, resulting in 21 deaths, the ministry spokesperson added.

Slovakia: Only Four AIDS Cases, 37 HIV Carriers Reported

AU2104134493 Bratislava PRAVDA in Slovak
20 Apr 93 p 3

[“er,lb”-signed report: “Unconfirmed AIDS Rumors”]

[Excerpts] Trebisov/Bratislava—Rumors about the incidence of the insidious AIDS disease have been spreading in and around Trebisov for several weeks. At the Institute of Hygiene and Epidemiology in Trebisov we were told that neither in the town nor in the entire district has a single carrier of the virus been identified. [passage omitted]

As Danica Stanekova, doctor of natural sciences, from the AIDS Laboratory operating under the Bratislava Institute of Preventive and Clinical Medicine told us yesterday, 37 cases of carriers of the HIV virus are on record in Slovakia at present, 23 of whom are citizens of the Slovak Republic and 14 foreign nationals. Four of the HIV carriers have full-blown AIDS. She said that no epidemic or increased incidence has been ascertained in any specific region of Slovakia. Most cases have been reported in Bratislava and the west Slovak region, which Stanekova relates to a higher concentration of the risk groups, particularly homosexuals. [passage omitted]

Doctor Stanekova said that all blood donors undergo compulsory screening for the virus. The test must also be undergone by all foreign nationals arriving in Slovakia for a longer-term sojourn. [passage omitted]

HUNGARY

Scientists Create New Compound Against HIV Virus

LD1305100893 Budapest MTI in English 0949 GMT
13 May 93

[Text] Budapest, May 13 (MTI)—Hungarian researchers have created a compound that prevents reproduction of the HIV virus.

Professor Laszlo Otvos, deputy director of the Budapest Central Chemistry Research Institute, reported this in an article in Thursday's issue of the daily “MAGYAR NEMZET.”

The agent, known as KKKI-538, was discovered while researching a drug against Herpes. In experiments, the agent prevented reproduction of the HIV virus for 30 days.

This agent is the first with such effectiveness. Experiments are carried out in test tubes, but researchers believe the chances of developing an anti-AIDS medicine are good.

However, Professor Otvos cautioned that even if the pace of research were stepped up, it would still take 2 to 3 years to develop such a medicine.

YUGOSLAVIA

AIDS Cases in Macedonia Reported

93WE0249A Skopje NOVA MAKEDONIJA
in Macedonian 14 Feb 93 p 5

[Article by L. Mincevska: “Welcome to the World of AIDS!”]

[Text] According to official data, so far six patients have been registered in our country, four of whom have already died; there are also four HIV-positive cases. Among the high-risk groups, only identified drug addicts are being kept under control, because of lack of funds.

One evening, two single young people meet in a singles bar in New York and, after spending several hours together, decide to spend the night in the girl's apartment. Waking up the next morning, the boy finds himself alone in the apartment and reads on the bathroom mirror written with lipstick: “Welcome to the world of AIDS!”

There are no singles bars in Skopje and companionship for singles is not all that easy to find. However, there is AIDS. Still, unlike the situation in other countries where AIDS is one of the most topical subjects in all the media, in our country this plague of the 20th Century is mainly whispered about. So far, in addition to physicians who are following this issue, the people of Skopje usually think about AIDS only on 7 December, which is the international day for that disease. However, things are slowly changing, and, with increasing frequency, talk in Skopje coffee shops turns to claims that one model or another, or one young businessman or another in Skopje has contracted AIDS. In order to prove the opposite, such people have started carrying with them proof of a negative test.

AIDS Test Based on Demand

According to official data, so far there have been six people with AIDS registered in Macedonia, four of whom have already died, and four cases of HIV-positive. Two of the dead were hemophiliacs, one was a homosexual and another one a heterosexual, and two of the four positive tests are those of drug addicts, according to Dr. Sotir Sotirovski, the chairman of the Republic's AIDS commission. All of them were contaminated by this virus outside Macedonia. However, based on the formula of the World Health Organization which claims that there are 100 to 150 cases of contamination for each AIDS patient, it is believed that in our country the virus is being carried by between 400 and 600 individuals. For the time being, in Macedonia the sick and the infected are found in only five opstinas—Skopje,

Bitola, Prilep, Stip, and Tetovo. Registered drug addicts in Skopje are still HIV-negative, unlike the situation in Belgrade, where 86 percent of those tested are contaminated.

That the people of Skopje are becoming increasingly aware of AIDS is indicated also by the fact that people are volunteering to take the AIDS test and are coming to the Infectious Diseases and Febrile Conditions Clinic. The test costs 5,200 denars, and in the case of individuals belonging to the high-risk groups, the test is free. "We have developed particularly good cooperation with the Bardovci Hospital," says Dr. Dimitar Dimitriev, the clinic's director, "and the drug addicts who come for treatment are tested twice annually. In the past, we also kept prostitutes, as well as inmates in Izdrizovo, under observation, in cooperation with the MVR [Ministry of Internal Affairs]. However, we no longer do so because of financing problems." The main threat comes from our people working abroad, he says, for which reason he believes that even despite the liberal control rules of the World Health Organization, our country should do something to help us to defend ourselves against individuals who may be potential carriers of the virus into our country.

Steps Taken

In our country AIDS is still not a social problem. However, the projections of its spreading are not all that rosy. Bearing in mind that from the day he contracts the disease to his death, a patient, assuming that he would live another 2 to 3 years, would cost society about \$170,000 annually, all necessary steps should be taken to maximally limit channels leading to the spreading of the virus. Most important in this

respect is promoting health-education for the population, particularly the youngest. To this effect, a program on the health education of children in grammar schools has been drafted, with a view to preventing the spreading of AIDS.

Furthermore, the health services must be maximally equipped not to spread the disease itself. In addition to the mandatory testing of each container of blood and the mandatory use of disposable syringes, the measures taken by the stomatological service are equally important. The instruction on the protection from AIDS in stomatology was drafted by a team of physicians from stomatological clinics, according to Docent Dr. Evdokija Jankulovska, and issued to all outpatient facilities in the Republic. A stomatologist may be the first to see indications of the disease in individuals and, considering that in Macedonia there are about 2.5 million procedures involving blood annually, the steps which are being taken are particularly important. However, again the problem of finance appears, related to the mandatory use of gloves, protective masks, and disposable cups.

The fact that some changes are being made in that area as well is indicated by the fact that, unlike during previous years, when funds for implementing the program for the protection from AIDS was 80 percent insured by the Health Insurance Fund, while the budget contributed 20 percent, which was not the best possible system, this year the funds will be provided in their entirety by the state. This is because only good and prompt prevention would enable the state to ensure having healthy generations and to protect itself against the tremendous cost of treating new AIDS patients.

BERMUDA

AIDS Prevention Campaign for Schools Planned

FL1405234393 Bridgetown CANA in English
1957 GMT 14 May 93

[Text] Hamilton, Bermuda, May 14, CANA—The Bermuda Government is considering a plan to distribute condoms in the island's schools.

But Health and Social Services Minister Quinton Edness said he wanted to be sure there was support for such a change.

Shadow Health Minister Nelson Bascome said the plan should be implemented only after consultation with parents and Parent-Teacher Associations.

Edness said the Advertising and Publicity Association of Bermuda was working on a scheme to encourage Bermudians, and young people in particular, to be more careful about their lifestyles and practise safe sex.

More than 170 people have died from acquired immune deficiency syndrome (AIDS) in Bermuda and Edness said he hoped a multi-media AIDS prevention campaign would be ready for the new school year in September.

CUBA

Alarcon Discusses Importance of Fighting AIDS

FL1405180793 Havana Radio Rebelde Network
in Spanish 1135 GMT 14 May 93

[Interview with Ricardo Alarcon, president of the National Assembly of the People's Government [ANPP], by reporter Guillermo Morales at ANPP Headquarters in Havana—live]

[Text] Morales: Good morning. As usual on Friday, our society is committed to facing the problem of AIDS [Acquired Immune Deficiency Syndrome]. I am convinced that we must all be committed to facing the AIDS issue. This includes everyone from the grandmothers who clean the floors to the president of the ANPP. It so happens that Ricardo Alarcon has agreed to speak to us early this morning on AIDS. Good morning, Alarcon.

Alarcon: Good morning.

Morales: Alarcon, as an individual, how do you see a person infected with the Human Immunodeficiency Virus [HIV]?

Alarcon: I believe that a carrier of the virus is a victim of an illness that is a scourge to mankind. It is a terrible illness, and many probably acquired the virus involuntarily, even though it relates to problems such as lack of sex education or incorrect conduct. I believe that to be able to confront this illness and be able to discuss it openly, it is important to see it as something that worries all of society, and where the important factors in fighting AIDS are sex education and establishing appropriate sexual habits.

In our case, we could say the greatest problem would be sexual contact. In other countries, such as in the United States where they use needles to dope themselves, drug abuse is an important factor in spreading this sickness. In other words, these factors fortunately do not exist in our society in such a depressing and general way as they do in the United States and other places.

Morales: Alarcon, if you believe that AIDS is reflective of inappropriate sexual habits, then how do you explain the fact that there are patients who have been infected from the second sexual contact in their life?

Alarcon: That depends [words indistinct] if you have sexual contact with someone infected with HIV, even though it is the first or only time in your life that you have had sex, that is all it takes to get the virus. But, there are other ways to acquire the virus. It is not exclusively through sexual contact. In our case, as I said before, there is not the generalized, mass use of drugs through inoculation as in other parts of the world, where the sanitary condition of the needle is a cause, or the problems with uncontrolled blood transfusions, which also has allowed the virus to spread massively in some countries. The causality is very complex. Someone may get HIV even though their only sexual contact is with their sexual partner who might be a carrier of the disease.

Morales: Have you visited any of the sanatoriums in the country? Have you gotten to know any HIV patients personally?

Alarcon: No, I have not met any of them in Cuba and I have not visited any of the sanatoriums. I have met AIDS patients in the United States because it is very easy to get in touch with them. There are many organizations in the United States fighting for their rights, above all demanding effective treatment from U.S. society. I have met some of the organizers of these groups, who are also infected with AIDS. Since in the United States they are out in the streets, in other words they are not in any sanatorium, it is easy to make contact with them. But here in Cuba I still have not had the opportunity to visit with them.

Morales: How have you committed yourself in the fight against AIDS?

Alarcon: Well, just like all Cubans, in the sense that I will support the program that our country is developing with respect to this matter and I will recommend, as I said before, that people take precautions and measures to avoid becoming victims of this disease. Another way is by helping to educate the people, explaining how they should behave to avoid becoming a victim.

Morales: Alarcon, we thank you for this interview. We believe everyone should be committed to fighting AIDS, from the grandmother who cleans the floors to the president of the ANPP. As we do every Friday, we continue with our section, "The Society Committed to Fighting AIDS."

DOMINICA**National Committee Releases AIDS Statistics***FL2804143593 Bridgetown CANA in English**1358 GMT 28 Apr 93*

[Text] Roseau, Dominica, April 28, CANA—An additional seven persons in Dominica have been diagnosed as carriers

of the HIV virus which causes AIDS, health authorities said. The National AIDS Committee said the new cases pushed up the number of HIV positive persons on the island to 80 from 73 a few months ago. There are 55 men carrying the virus and 25 women. The AIDS committee also reported four persons were currently being treated for full-blown AIDS which has already killed more than 20 persons here.

PALESTINIAN AFFAIRS

Doctor Assails AIDS Policy in Territories

93AF0480Z London AL-SHARQ AL-AWSAT in Arabic
30 Mar 93 p 4

[Article by Ilyas Nasrallah: "Palestinians Concerned Over Lack of AIDS Program in Occupied Territories"]

[Text] London—Dr. Umayyah Khumash, director of operations of the Union of the Palestinian Medical Assistance Councils in the occupied territories, based in Jerusalem, yesterday violently criticized the medical administration that has been established by the Israeli occupation forces in the West Bank and Gaza. He accused it of deliberate neglect in the fight against AIDS.

Dr. Khumash rejected as inaccurate allegations that cases of AIDS among the Palestinian population originated from outside, charging that these allegations were attempts to cover up Israeli medical policy in the occupied territories. He said that the Israeli authorities have not bothered to set up a program designed to combat AIDS inside the territories, thus exposing its people to the threat that this fearful disease will spread.

These accusations followed reports by Israeli medical sources that revealed that there were 24 cases of AIDS among Palestinians in the West Bank and Gaza, all resulting from contaminated blood transfusions.

Dr. Khumash said that the existence of a single case of AIDS, or any other kind of serious disease, should be enough to prompt the authorities to set up a program to fight it, let alone when the official count of the number of AIDS cases is greater than 20.

A study by Dr. Shlomo Ma'ayan, head of the AIDS Department at the Hadasa Hospital in Jerusalem—the most important center for combating AIDS in Israel—revealed that the incidence of AIDS cases was three out of every 100,000 Palestinian living inside the occupied territories, whereas the proportion for Israelis was five out of every 100,000.

According to the study, 1,207 Israelis are infected with AIDS. Also according to the study—which was made in preparation for the World Symposium on AIDS that is scheduled to be held in the United States next summer—all of the Palestinians suffering from AIDS were, without exception, outside the country being treated for various medical conditions when they received contaminated blood.

The figures relating to the number of AIDS cases among Palestinians are inaccurate, Dr. Khumash said, because there are no specialized local institutions qualified to conduct the necessary procedures, this being the result of the circumstances stemming from the occupation. Neither are the health centers in the occupied territories and Gaza able to perform specialized procedures because of the absence of an AIDS program by the central authorities.

Dr. Khumash disclosed that Israeli data concerning AIDS-infected Palestinians is inaccurate and that some of those patients had been infected inside the country, not outside.

He mentioned the case of a patient, whom he knew personally, who had been infected with AIDS while in jail. The danger of the spread of AIDS increases with the presence of tens of thousands of Palestinian workers inside Israel, mingling with Israelis who, according to Dr. Me'yan's study, suffer from a higher incidence of AIDS cases.

INDIA

AIDS Cases Said Rapidly Increasing

93WE0346A Calcutta THE STATESMAN in English
6 Apr 93 p 6

[Article: "AIDS Scenario Turning Grim"]

[Text] The AIDS scenario in India is fast becoming grim, following a sharp rise in HIV seropositive cases among prostitutes in Maharashtra, Tamil Nadu and many other States, according to sources in the Indian Council for Medical Research. While prostitutes and professional blood donors have been identified as the major high-risk groups, intravenous heroin users and foreigners are largely responsible for the spread of the HIV infection in some north-eastern States and in Andaman and Nicobar Islands, respectively.

According to ICMR sources, more than 242 full-blown AIDS cases have been reported so far in India. The first AIDS case in India was reported in 1986, the victim infected by blood-transfusion during a coronary bypass surgery in the USA. The second case, a hemophiliac, was reported a month later. The ICMR said the epidemic spread of the virus had started in 1985-1986 and by 1992, it had spread to most of the States and Union Territories of the country.

Between 1986 and 1992 more than 1.5 million people had undergone seropositivity tests. The data for all groups indicated that the HIV prevalence rate grew from 0.2 percent in 1986 to 0.7 percent in 1992. In some places like Bombay, HIV prevalence among prostitutes has jumped from two percent in 1988-89 to 40 percent last year. Studies conducted at the Christian Medical College, Vellore, on HIV infection among prostitutes and patients suffering from sexually transmitted diseases showed a 1.5-fold increase in prevalence—from about 15 per 1000 in 1986-87 to about 23 in 1992. In Manipur, the prevalence rate of HIV is about 54 percent in intravenous drug users.

While States like Manipur, Mizoram and Nagaland represent only three per cent of India's population they account for about 15 percent of the country's existing seropositive cases, according to ICMR sources. In Manipur, more than 10,000 of the 25,000 odd intravenous drug users are HIV positive, the sources said. They are fast spreading infection to prostitutes.

Recent investigation by the ICMR scientists in the Andaman and Nicobar Islands revealed that 23 percent of the Thai, three percent of the Myanmarese and one percent of the Pakistani jail inmates were infected with HIV.

AIDS Termed 'Time Bomb Ticking Away' in India
 93WE0356A Calcutta *THE TELEGRAPH* in English
 14 Apr 93 p 10

[Article by Arvind Kala: "AIDS in India, The Time Bomb Ticks Away"]

[Text] For 6 months I've worked on a book on AIDS in India and I'm appalled by how little people know about this epidemic. For instance, I hear even educated Indians asking questions like: Is it true that AIDS is spreading in India? Or is it a bogey created by the West?

The truth is that AIDS isn't visible because it usually takes 7 to 10 years for the symptoms to show up in a patient after infection. So even if hundreds of thousands of Indians are infected, we won't know it. In fact, we won't know when they start showing symptoms because most Indian doctors don't recognise AIDS-related symptoms—prolonged night sweats, sudden and unexplained weight loss, severe diarrhoea, fever that doesn't go, oral thrush, and so on.

Officially, only 306 Indians are suffering from full-blown AIDS and another 11,406 are HIV-positive. But that's the tip of the iceberg, as the cliché goes. For instance, the Indian Council of Medical Research estimates the number of carriers at 6,37,000 [as printed] in urban areas alone. It avoids speculating on HIV-incidence in rural India saying it possesses no information about the mating habits of the 95 million sexually active Indians between 15 and 45 who live in villages.

The ICMR's estimate of infected Indians is an understatement, however. Top Indian virologist Dr Jacob John says they may number 2.5 million, while the World Health Organisation estimates that India will have the largest number of carriers by the year 2000.

In recent months I've had a horrendous glimpse of how prostitution is spreading the AIDS virus. In our prudish society, prostitution is discussed neither in private nor in public. But every urban centre in India has an identifiable red-light area that has flourished for as long as anybody can remember. In Delhi's red-light area of G.B. Road, for example, hundreds of gaudily-painted women stand framed in doorways and windows calling out to males passing below.

In Bombay, they preen inside cages and on roadsides, masses and masses of them, old women, middle-aged women, girls as young as 14, servicing the countless single men who come to the cities in search of work. Go to any town in India and the story is the same.

Prostitution flourishes in India's hinterland too. Go to a village called Basai near the Taj Mahal and every woman there is a prostitute. The trade enjoys the tribe's social sanction because it has been practised for generations. Every daughter in this village practises prostitution till she gets married. Then she becomes a monogamous, home-loving wife. Other parts of India have similar prostitute villages.

The ICMR estimates the number of India's working prostitutes at one million but the figure could be ten times that. However, even if we accept the figure of one million

prostitutes and each services four clients a day, that works out to a daily total of four million sex acts. Imagine the consequences of this commercial sex!

Tens of thousands of prostitutes are getting infected by hundreds of thousands of customers, mostly poor migrants who return to their villages, infect their wives who in turn give birth to infected children. And so the AIDS virus spreads in a manner too frightening to contemplate.

Ordinarily, heterosexual sex is quite safe, studies show worldwide. The chances of an uninfected person getting HIV from an infected partner during one act of unprotected sexual intercourse is rated just one in 500 to one in 1000. But the risk goes up manifold when one or both partners suffer from a sexually transmitted disease. This is because STDs cause ulcers in a woman's vaginal tract and make her more vulnerable to passing or receiving the AIDS virus.

In India, an estimated 70 to 80 per cent of prostitutes suffer from an STD at any given point of time.

Sex with an infected prostitute is actually quite safe if clients would wear condoms, but unfortunately they don't, believing that it diminishes sexual pleasure. And prostitutes don't insist, because they are hardly aware of AIDS, and because they fear that their insistence may drive the client to another prostitute who is game for unprotected sex.

Looked at superficially, it seems easy to control an HIV epidemic. All it requires is convincing prostitutes and their clients to use a condom. Unfortunately, this isn't easy because human behaviour is hard to control. For instance, people can't be dissuaded from smoking and drinking heavily even when they know that it can ruin their health and shorten their lives. So how can men visiting brothels be made to alter their sexual behaviour? Particularly when they are illiterate coolies, rickshaw-pullers, petty vendors, and truck-drivers, who usually come to brothels drunk. The last thing on their mind is the possibility of their lust giving them a fatal infection.

In Bombay, however, Dr I.S. Gilada, founder of the Indian Health Organisation, is performing a miracle in the city's red-light areas. Daily his social workers visit brothels and tell prostitutes that in the age of AIDS, their trade can prove fatal unless they are careful. Only condoms can save them from the risk of AIDS, so they must insist that clients wear them.

To emphasize the gravity of their mission, the social workers take along boxes of condoms that they distribute to the prostitutes. The condoms are bought with money that Dr Gilada receives from foreign voluntary organisations.

Gilada's personal style of campaigning is certainly paying dividends. I accompanied his workers to several of Bombay's red-light areas and saw that his movement has proved a runaway success. I saw prostitutes beseeching his workers for free condoms. Obviously, Gilada's message of safe sex had sunk in.

Gilada's campaign, however, covers only 3,000 of Bombay's 100,000 prostitutes. In the brothels that haven't come in

touch with IHO workers, condom use is as low as 10 percent. The story is the same in the rest of India.

According to the ICMR, heterosexual sex accounts for 41.3 percent of India's HIV infections, homosexuality for 0.3 percent, blood donors and intravenous drug users for 15 percent each. The rest of the seropositives include patients on dialysis, antenatal mothers, plus recipients of blood and blood products like haemophiliacs.

"The reality is that the HIV epidemic has moved into its third and last phase in India," says Dr Gilada. "The first phase was prostitutes and blood donors getting infected. The second phase was clients of prostitutes and blood recipients getting infected. The third phase is now the general population getting infected. Because homebound, monogamous housewives are getting HIV from husbands who visit prostitutes on the sly."

Then there is the problem of blood transfusions. India has 1018 blood banks but one-third of their blood comes from poor, homeless, professional blood donors who sell their blood for money. Many of them are HIV-infected but continue to sell their blood because most of the blood banks don't have kits to screen the blood. So the infected blood ends up in the veins of unsuspecting patients needing blood transfusions. How many persons have got infected this way is a question too horrifying to contemplate.

The tragedy about AIDS is that it's so avoidable. You cannot avoid malaria because an infected mosquito bites you. Cholera and jaundice you get from infected blood. TB or flu you get from droplets in the air. But the AIDS virus you get primarily from unprotected sex.

One day, yes, India's blood supply will become as safe as it is in Europe or the US. One day our IV drug abusers may be persuaded to give up drugs or to use clean needles. But how do we get millions of sexually active people to practise safe sex? The task is formidable. But awareness and education are the only answers to AIDS.

Over 100 Soldiers Reportedly HIV Positive

93WE0346B Calcutta THE TELEGRAPH in English
27 Mar 93 p 4

[Article: "AIDS Cases Rising in Armed Forces"]

[Text] New Delhi, March 26: The incidence of AIDS is on the rise in the defence forces with three full-blown cases and 112 HIV positive cases having been detected in the Army.

Of a total of 148 HIV positive cases in the forces, the Navy has as many as 32 while the Air Force has four. All these cases have been referred to the two main Command Hospitals at Delhi and Pune.

A centralised AIDS control cell has been established at Pune to recommend remedial measures in the defence forces. The control cell will also provide guidance and maintain surveillance to combat the disease.

The spread of AIDS in the defence forces had been brought to the government's notice during the last parliamentary session. There has, however, been a marked increase in the

incidence of cases since. The latest figures, placed in the current session, have brought home the seriousness of the issue.

Seminars were organised at various centres last year to create awareness among defence personnel. Faced with an increase in AIDS cases, the government has stepped up measures to deal with the situation. Comprehensive guidelines covering all aspects of the disease, management, prevention and disposal of HIV cases, have already been issued to the centres.

Nine centres have been selected to carry out surveillance for HIV infection in the armed forces.

Defense Forces Formulate Policy on AIDS

93WE0165 Bombay THE TIMES OF INDIA
in English 18 Nov 92 p 5

[Text] Bombay, November 27—The three wings of the Indian defence force—the army, navy and the air force—were trying to formulate a common policy to combat the AIDS menace in the force, said Vice-Admiral, Kasz Raju, flag-officer commander-in-chief, Western Naval Command here today.

Addressing a press conference on the eve of the navy week celebrations here today, Vice-Admiral Raju said the navy had, as a matter of routine, screened about 25 to 30 percent of the total naval personnel for AIDS, and had found a few cases of the disease.

The policy to be formulated, the Vice-admiral said, would be in consonance with the national policy. As spreading knowledge about the evils of the disease was the best form of protection, the navy had organised a series of lectures for the sailors and their families.

On the decision to induct women in the force, the vice admiral said, already 22 women had been inducted and were undergoing training at "INS Mandovi" in Goa.

NEPAL

Official Warns of Impending AIDS 'Crisis'

BK1605134293 Hong Kong AFP in English 1318 GMT
16 May 93

[Text] Kathmandu, May 18 (AFP)—A steady increase in foreign tourists and the return home of young women from work in Indian brothels could cause AIDS cases to skyrocket in Nepal this decade, an AIDS prevention official said Sunday.

"If Nepalese, particularly those living in rural and remote areas of the country, are not alerted about AIDS, and if the infection continues unabated, the number of people infected by the deadly disease is likely to exceed 100,000 by 2000," said the official in the Nepal AIDS Prevention Pilot Project.

Officially, only 128 people in Nepal have been detected with human immuno deficiency virus (HIV), which causes acquired immune deficiency syndrome, which strips its victims of immunity from disease and is invariably fatal.

However, as those cases were detected among only 85,000 blood donations, the real number is thought to be much higher.

The official, who spoke on condition of anonymity, pointed out that a sample survey conducted by the World Health Organization in Nepal projected the number of HIV cases in Nepal at 5,000.

Many young Nepalese girls are lured into Indian brothels by false promises that they will be offered good jobs or work in that country's film industry and often return home with HIV or AIDS, the official said, adding that foreign tourists also spread the virus.

Because many of the foreigners are on treks to see the Himalayas, that has helped AIDS gain a foothold in many remote areas, he added.

Dr. Balkrishna Subedi, speaking at an anti-AIDS seminar in southwestern Nepal on Sunday, said the country's anti-AIDS campaign had to be launched on "a war footing" if Nepal was to avoid a major AIDS crisis.

PAKISTAN

AIDS Cases Continue To Increase

Cases Double in Less Than One Year

93WE0332A Karachi DAWN in English 4 Mar 93 p 3

[Article: "AIDS Cases Double in 10 Months"]

[Text] Karachi, March 3: The officially recognised number of HIV cases in Pakistan has doubled from 67 to 120 during the last 10 months, according to the statistics released by the National AIDS Control Programme.

Although the AIDS programme guards the identities and histories of these cases, it is believed that more than 20 percent of these cases are avowedly homosexual, but there is no way of knowing how many of these are really bisexual.

As far as the threat of AIDS in Pakistan is concerned, the statistics may not seem as frightening as figures available on other Asian countries, but health workers believe that officially acknowledged AIDS cases are only a fraction of the actual figure.

About 24 government-run AIDS laboratories have screened only about 2,50,000 people out of a population that is well over 110 million now.

The first four HIV positive cases detected in Pakistan included one gay male, one bisexual male and his wife and child, according to a report published in the World AIDS news magazine published from London by the Panos institute.

It said that state-run radio and TV, which have made no attempt to educate the public about AIDS in Pakistan.

Although medical experts say that the data is too scant to form an opinion 55 out of the 130 HIV cases have been detected in the NWFP [North-West Frontier Province].

There are various factors which might explain the high number of cases in NWFP. Segregation of the sexes is the most stringent in the province.

Perhaps another reason for the seemingly higher proportion of AIDS in the NWFP is that many foreigners, including journalists, aid workers, gun-runners and spies have been concentrating in the province for the last 11 years in connection with the Afghan war following the Soviet invasion of Afghanistan.—PPI

AIDS Cases Spreading

93WE0364A Lahore THE PAKISTAN TIMES
in English 12 Apr 93 p 6

[Editorial: "Combating AIDS Threat"]

[Text] At a high-level meeting chaired by the Federal Minister of Health, Syed Tasneem Nawaz Gardezi, it was revealed that out of 263,828 persons tested in the country for AIDS till December last year, 170 responded positively to HIV and AIDS. On the other hand, a WHO report predicts that the number of adults worldwide with developed cases of AIDS during the 1990s would be almost nine times greater than the previous decade. It also says that 150,000 infants were born infected with the AIDS virus in the 1980s. If the prediction holds good, the number of adults developing AIDS each year may rise from less than 100,000 in 1988 to over 500,000 in the year 2000. It is feared that if appropriate measures are not adopted in Asia to check the disease, it will turn into an 'AIDS hell' by the end of this century.

The Government of Pakistan has established 25 screening centres at various hospitals in the country for AIDS testing. Needless to say, this will not suffice. In a country where sex is still a taboo, it would be impossible to promote safe-sex, and much less to prevent the perils of spreading or contracting the killer disease. What is urgently needed is an accurate data on the subject in the country and a full-fledged campaign by the print and electronic media in all regional languages to create necessary awareness in all quarters of the society to educate the man in the street about the hard facts and risk factors of AIDS and HIV virus infection. Under the circumstances, it is imperative that the media plays an effective role in disseminating knowledge about drugs and drug abuse. This is not a matter we can leave to the government of hospitals alone to solve. Considering there is still no known cure for AIDS, and may be none for a long time to come, strict and efficient preventive measures must be enforced without any further delay. Voluntary responsibility for this lies with the literate people of the country. The need of the hour is swift action, not rhetoric or promises, however well-intentioned.

170 Cases Reported

93WE0364B Karachi DAWN in English 7 Apr 93 p 7

[Article: "170 AIDS Cases Detected." Also see JPRS-TEP-93-007, 23 April 93, pg 63]

[Text] Islamabad, April 6: The total number of HIV and AIDS cases detected by the end of 1992 are 170. Out of this

figure, 25 are AIDS cases. This was told in a high level meeting on AIDS, held here at Ministry of Health building.

The meeting was chaired by Minister for Health, Syed Tasneem Nawaz Gardezi, and attended by senior officials of the Ministry and National AIDS Programme (NAP).

The participants of the meeting reviewed in detail the progress and activities in connection with prevention and control of AIDS in Pakistan, particularly during present regime.

Dr Sarwar Habibur Rehman, Deputy Director-General Ministry of Health informed the Minister that 25 AIDS screening centres have been established throughout the country and in major hospitals.

The AIDS screening kits and materials are being provided free of cost and tests are being carried without any charge in these centres, he said.

It was told that more than 263,828 persons have been tested for AIDS till December 1992 while this number will reach around 365,000 this year.

Dr Sarwar who is also national coordinator of NAP informed that the AIDS tests have been conducted on cross sections of population including prostitutes, injectable drug users, prisoners, sailors, bisexuals, people returning from

abroad, referred cases, TB patients, blood donors, refugees and volunteers for AIDS testing.

The participants were also informed that it has been decided that AIDS free certificates will be mandatory for foreigners and sailors coming to Pakistan. Similarly these certificates are also required on all import of blood, blood products, vaccines etc.

The meeting also reviewed the steps for creating awareness among masses for the prevention and control of AIDS. It was told that various seminars and training workshops have been organised. These seminars and workshops were attended by physicians, medical practitioners, para-medical staff, nurses, mediamen, religious leaders, teachers, students, labourers, sailors and air crew people, more than 1017 participants members have been trained in 24 training workshops during last year.

The Minister for Health appreciated the work of the officials involved in National AIDS programme and urged them to further accelerate their efforts to reduce the threat of AIDS.

He said that present government gives great importance to AIDS prevention programme and assured all possible support during fiscal year. He also promised that funding required for health education material in combating AIDS would also be provided soon.—PPI

Ukraine: Center for Preventing, Combating AIDS Reports Statistics*AU2004124093 Kiev URYADOVYY KURYER
in Ukrainian 13 Apr 93 p 8*

[Unattributed report: "AIDS Recognizes No Borders"]

[Text] According to the data reported by the Ukrainian Center for Preventing and Combating AIDS:

Between 1987 and January 1993, 303 HIV-positive persons, including 191 foreigners and 112 Ukrainian citizens, were discovered in Ukraine.

There are 15 children among the Ukrainian citizens infected with AIDS. Nine of them contracted the disease from their mothers, one child during the transfusion of blood that had been tainted with HIV, and five more during medical procedures.

There are 12 persons with full-blown AIDS, among them five children. Nine persons—four children and five adults—have died.

Carriers of the virus were found in 21 Ukrainian oblasts, in the Crimean Republic, in Kiev, and in Sevastopol. The worst situation regarding AIDS was revealed in the following oblasts: Odessa (43 cases), Donetsk (9), Dnipropetrovsk (6), Kharkiv (6), Transcarpathia (5), and in the city of Kiev (18). There are also cases of AIDS in other regions.

A steady intensification of the epidemic process has been noted. Thus, starting in 1989, the number of HIV-positive citizens of Ukraine has been increasing from year to year: 16 in 1989; 19 in 1990; 21 in 1991; and 30 in 1992.

The main channels for transferring the infection are sexual (66 percent), from mother to child (0.8 percent), during medical procedures (7.1 percent), and during blood transfusions (4.5 percent). In 14.3 percent of the cases, the cause of infection could not be established.

Persons in the age group between 20 and 39 years prevail among carriers of the AIDS virus.

During the period between 1987 and 1992, HIV-positive persons were most frequently revealed among those who had had sexual contacts with AIDS sufferers or irresponsible sexual relations and also among persons with venereal diseases, but rarely among blood donors or pregnant women.

During the first quarter of the current year, eight HIV-positive persons were registered. Three of them were found in the Crimea, one in the city of Kiev, one in Kiev Oblast, one in Kirovohrad Oblast, one in Nikolayev Oblast, and one in Chernivtsi Oblast.

Long Way To Go Informing Population*93WE0345A Stockholm DAGENS NYHETER
in Swedish 2 Apr 93 p 8*

[Article by Kerstin Hellbom: "A Social Catastrophe"—first paragraph is DAGENS NYHETER introduction]

[Text] In Latvia, to have it known that you are sick with AIDS or are HIV-positive means losing your job, family,

friends—your whole existence falls apart. And yet, Latvia is one of the countries in East and Central Europe which has made the most strides in changing its attitudes about the HIV-infected.

Riga has therefore been chosen for the World Health Organization's conference "Investing in Health," which began today. Guidelines will be drawn up for how the spreading of the infection can be stopped in East and Central Europe.

In Latvia today, there are only three people officially recognized with AIDS and 12 HIV-positive individuals.

Only a Third

"All the AIDS cases have been identified, but we believe that we are aware of only about 30 percent of the HIV-positives. The spreading of the infection so far is very small in Latvia," said Juris Zalcmanis, who is in charge of Latvia's national AIDS program.

He is also the director of Riga's AIDS center, ensconced in a 101-year-old hospital for infectious diseases on the edge of the city. When DAGENS NYHETER came calling, all of the HIV-positives stayed out of sight. None of them have volunteered to be interviewed because to be "revealed" would mean social catastrophe.

"The feeling in Latvia is that only very despicable people become infected with HIV. Prostitutes, drug addicts, homosexuals. Anyone who is infected has done something that is not acceptable."

Enormous Ignorance

"Ignorance about how one becomes infected is enormous and with it there is an unwarranted fear of the infected. I can believe that half the population still thinks that you can be infected by being in the same room with an HIV-positive. Doctors and dentists earlier refused to treat HIV-positives, but we are beginning to see a change in this," said Zalcmanis.

He showed us around the infectious diseases hospital, a very rundown place with grim brick buildings and provisional barracks which together hold 360 beds.

Breeding Grounds for Bacteria

In one room measuring perhaps 3 by 5 meters lie seven men with hepatitis A, jaundice, which they contracted through unboiled tap water. In another room, women with salmonella from eating bad food. In one room, there is a 15-year-old girl with bruised infected skin all over her body—measles. She was apparently vaccinated at age seven, but the vaccine—from Moscow—was worthless. Today Latvia gets its measles vaccine from France.

During the tour around the hospital compound, we had to hop over large pools of water which Zalcmanis pointed out and said were full of all kinds of viruses and bacteria. The sewer system had broken down and there was no money to repair it.

Inside the AIDS center, a large, well-scrubbed unit with a staff of 25, Zalcmanis proudly showed off all of the labels,

posters, and splashy condom packages that would in conjunction with the conference be dispensed to youths.

One cannot help wondering if this is really what Latvia should be investing in while the spreading of the HIV disease is still so minimal compared to other health problems.

"Yes, we must. Now is when we have a chance to do something. If we do not stop the spread of the infection now, we will have the same problem as in western Europe, including the considerable costs of an AIDS hospital ward. We do not have money for that."

Isolated

Latvia is seeking information, training, testing, counseling, and care. Formerly, in the Soviet-run Latvia, HIV-positive cases were identified—or "caught" as Zalcmanis expresses it—and isolated from society. Today, the policy is that they should be able to live in the society with support from the center.

There is a "hotline" with a physician who answers questions on AIDS, a gynecology room, other examination rooms, an isolation room, and a room for those who wish to be tested, *proceduro kabinets* it says on the doors.

Formerly, everyone was HIV tested without being informed whenever they visited the hospital. In 1991, 800,000 such tests were performed, 32,000 on pregnant women. Today, the test is voluntary and anonymous and done with the informed consent of the individual being tested.

In Riga there is a blood bank with HIV-tested blood for transfusions. That is where the nation's hospitals turn when they need blood. If the bank is empty, which it often is, there is a net of blood donors around the country. They are tested

at intervals, although there is no guarantee that they have not recently been infected when they are called in an emergency to donate blood.

"Increased Tolerance"

"There is a small chance, it has to be admitted, but we have to take it. The biggest problem now, the one we must work hardest on, is attitudes about HIV and AIDS. We must, in part, create a greater tolerance for the infected, in part, make people understand that this is a problem which concerns us all," said Zalcmanis.

Kamchatka AIDS Center Begins Free Distribution of Condoms

93WE0334C Moscow NEZAVISIMAYA GAZETA
in Russian 30 Mar 93 p 6

[Article by "POSTFAKTUM": "Free Distribution of Prophylactics"]

[Text] On 25 March, Vladimir Biryukov, administrative chief of Kamchatka Oblast, approved a program for the prevention of AIDS up to 1995. A total of 454 million rubles and 60,000 dollars were allocated from the oblast budget in 1993 for implementation of this program. It provides for free distribution of condoms to mentally ill people, alcoholics, prostitutes and drug addicts on the records of the relevant institutions, as well as students at secondary schools, vocational and technical schools, institutions of higher learning and visitors at the vacation facilities for fishermen and seamen on shore leave.

Eduard Loman, chief physician of the Kamchatka Center for the Prevention of AIDS, reported that the condoms will be sent to institutions and issued at health centers at the rate of 4-5 per week.

As of 25 March, two cases of AIDS with fatal outcome were recorded in Kamchatka.

FINLAND

AIDS Vaccination Study Supported by EC Funds*93WE0354A Helsinki HELSINGIN SANOMAT in Finnish 28 Mar 93 p 10*

[Unattributed article: "EC Vaccination Project To Support Tampere AIDS Study"]

[Text] Tampere—The vaccination project EVA (European Vaccine Against AIDS), which is part of the EC's AIDS research project, will support Prof. Kai Krohn's work on developing an AIDS vaccine. The support will include direct funding and also cooperation with other European laboratories in developing materials needed in the research.

Krohn's research team is operating at the Tampere University. In addition to Finns, it includes four researchers from Estonia, Ukraine, and Croatia. Researchers from the United States and England have visited the team.

Research into AIDS has been conducted in Tampere for about 10 years. During the last 4 years the Krohn team has concentrated on a Finnish developed live vaccine being tested in a diluted form on macaque monkeys.

According to Krohn the monkeys were obtained from Sweden. The second phase will involve testing the vaccine in chimpanzees and it will not be used with humans until the third phase. The tests with chimpanzees will probably be conducted in either the Netherlands or the United States. Each phase of the research will last several years.

The possibility of a live vaccine used to be considered impossible. Recent developments are changing the opinions of researchers. The results indicate that a nonlive vaccine utilizing only some part of the virus does provide some security, but is not as effective as a live vaccine.

The development of a live vaccine is based on gene technology. The virus has been genetically tamed or modified.

FRANCE

HTLV 1 Virus Detected in Donated Blood*93WE0273A Paris LE FIGARO in French 24 Feb 93 p 10*

[Article by Doctor Martine Perez: "The Other Retrovirus Detected in Blood"]

[Text] First 6-month report. More than 1.8 million donations tested since July 1991 for HTLV 1. Forty-four subsequent contaminations were averted.

Screening for HTLV 1, a virus of the same family as that of AIDS, yet much less fearsome, has been obligatory in France since 15 July 1991 in all blood donations. This measure was taken by the public authorities at the time when the "blood affair" took on its real dimensions of tragedy. This was in particular a gesture to do the utmost, with regard to the safety of blood transfusions, so that a new drama would not occur.

At that time, the decision had been criticized since some considered that the cost-effectiveness ratio was too high, and the frequency of HTLV infection was very low in

continental France. The weekly epidemiological bulletin from the Ministry of Public Health drew up the first report and the results show that, over the first 6 months of screening, 142 donations turned out to be positive, 76 of which in France and 66 in the overseas departments.

The HTLV 1 virus is the first human retrovirus to have been discovered by the Americans and the Japanese in 1980 [as published]. We are dealing here with a slow virus which can provoke two types of diseases.

On the one hand, there are leukemias and lymphomas which occur in approximately 2 percent of the people infected within a time frame of 15 to 20 years after contamination. On the other hand, neurological afflictions like a type of paralysis can also occur, but the frequency and the time frame for these to crop up are less well known.

Especially in the Overseas Departments

This virus is raging throughout the south of Japan, the Caribbean Islands, black Africa and certain regions of South America in an endemic manner. In 1982, a second virus, HTLV 2, was described, notably in the United States and Italy. The spread of this virus is thought to be linked basically with drug addiction.

Screening for these two viruses is mandatory for blood donors in the Caribbean Islands and in French Guiana since January 1989 and is recommended in continental France for all blood donors who come from endemic disease zones.

From July to December 1991, blood transfusion establishments collected 1,826,446 donations, and screening of these donations for the HTLV 1/2 virus was performed according to one of the three tests currently available. All the positive blood donations were given a confirmation test, and the patients found to be carrying the virus were called in for information and epidemiological questioning (age, sex, place of birth...).

The results showed that out of the 142 positive blood donations, 76 had been collected in continental France, one at Reunion Island, and 65 in the Antilles-French Guiana. In continental France, 71 donations were confirmed to be carriers of the virus, and this gives a prevalence of 0.4 per 10,000 donations in continental France and 1.4 per 10,000 on Reunion Island. In the Antilles-French Guiana, where all of the positive donors could not be tested again, the prevalence obtained by extrapolation would be 64 per 10,000.

Donors in France infected with HTLV 1 are mostly women (50), and the average age is 41 years. A sizeable percentage of them were born in an endemic disease zone (the Antilles, French Guiana, and Africa).

As regards the 43 people carrying the virus who were born in continental France, 27 were contaminated by heterosexual means, for three out of the 43, their only risk factor was blood transfusion, and for 13 of the 43, the method of contamination could not be determined.

"Systematic screening for anti-HTLV antibodies, which has been obligatory in France since July 1991, made it possible to detect 71 infected units of blood during one 6-month

period. Fourteen units would have been set aside because of other virological markers. For the other 57 units, 13 would have been excluded because they came from donors originating from endemic disease zones, and these donations were given a targeted screening," the authors of this work concluded.

"Consequently, the implementation of systematic screening made it possible to avoid at least 44 contaminations by HTLV 1 in recipients during this period of 6 months."

Total Social Security Coverage for AIDS Patients
93WE0273B Paris LE MONDE in French
28 Feb 93-1 Mar 93 p 8

[Article by Franck Nouchi: "Everyone Infected With the AIDS Virus Will Be Fully Covered by Social Security"]

[Text] *A set of measures announced by Mr. Bernard Kouchner.*

During a press conference, Mr. Bernard Kouchner, minister of public health and humanitarian action, announced on Friday, 26 February, that the government had decided to "offer the possibility of being fully covered by Social Security to every person whose blood is HIV-positive." He made public several measures intended to improve the safety of blood transfusions.

By deciding to assume 100 percent responsibility for all seropositive people infected with the AIDS virus, the government has therefore decided to follow the recommendations included in the Dormont Report, the contents of which we had disclosed a few days ago (LE MONDE of 24 February). At the same time, the government renounced the claim that it would assume 100 percent responsibility only for those seropositive persons whose T4 lymphocyte count was less than 500 per cubic millimeter, as had been planned at first as the result of an inter-ministerial arbitration.

Mr. Kouchner took advantage of the opportunity to announce a series of measures intended to beef up prevention and the coverage for persons contaminated by the AIDS virus or hepatitis C virus. These measures pertain to the following six points:

1. Safety in Blood Transfusions

A decree to be published at the end of March will set forth the following obligations: to inform the patient about every transfusion to be performed; to keep in the file a record of every transfusion procedure; and the obligation of the transfusion establishments to keep a record, including the identification of the recipient of the blood product which they delivered. Thus, it will no longer be possible, as happened frequently in the past, to receive a transfusion without one's knowledge during a surgical operation and, at the same time, to be unaware of the possible risk of having been infected.

Moreover, in order to improve the selection of donors, blood-transfusion establishments will receive in a few weeks a list of typical questions which should compulsorily be asked of each donor by a physician before every donation. The choice of collection sites will be carefully re-examined. In addition to collections in prison—the ban

on which was repealed by an order dated 10 February 1993—collection sites not allowing an interview of sufficient quality between the physician and the donor will be abandoned "immediately."

In conformity with the advice given by the National Agency for AIDS Research, the Consultative Commission for Blood Transfusions, and the Retrovirology Group of the National Blood Transfusion Society, the government decided after all not to implement any screening procedures for the P24 antigen in blood donations as had been planned at one time (3 February issue of LE MONDE).

2. The Definition of AIDS

The Minister of Public Health decided to modify the definition of AIDS. In contrast to the Center for Disease Control (CDC) in Atlanta, which has included biological criteria (number of CD4 lymphocytes less than 200, including in the absence of any pathology), the French public-health authorities, in their new definition, simply decided to add three new opportunistic infections (pulmonary tuberculosis, recurring pneumonias, and invasive cancer of the neck) to the previous definition.

Recalling that the associations fighting against AIDS are very divided on whether or not it is advisable to define AIDS on the basis of biological criteria, Mr. Kouchner explained that "the choice of the United States to adopt biological criteria is based particularly on considerations linked with the method for providing coverage" to patients infected with the AIDS virus and which "are not transposable to France." Furthermore, Mr. Kouchner thinks that by adopting biological criteria, "the epidemiological follow-up might wind up being sidetracked."

3. Hepatitis C

Just as he had decided to proceed with the research on persons who had received blood transfusions and who were likely to have been contaminated by the AIDS virus without their knowledge (LE MONDE of 16 December), the minister of public health decided to act in the same way for transfused patients possibly contaminated by the hepatitis C virus. Consequently, a combined HIV-HCV screening will be offered to persons who have received blood transfusions.

Moreover, Social Security will bear the costs for self-transfusion techniques before and during an operation. The screening test for the hepatitis C virus will be made available at anonymous and free-of-charge screening centers. This same screening test for HCV will be fully covered in urban areas.

4. Immunoglobulins and Hepatitis C

Mr. Kouchner indicated that the Ministry's attention had recently been focused on the possible variations in the manufacturing process (Cohn Oncley type) for immunoglobulins. Following an inspection carried out in December 1992 at six fractionation centers, it appeared that only two of them—Paris and Lille—met the required conditions. Having said this, at the same time, no immunoglobulin

produced by this method could ever be incriminated in the transmission of the hepatitis C virus.

Nevertheless, while waiting for the centers of Lyon, Montpellier, Nancy, Strasbourg, and Bordeaux to conform to the new regulations for the manufacturing of pharmaceuticals, the minister of public health decided to "suspend distribution and recall the stocks of immunoglobulins at these centers." Distribution will not be suspended only for specific immunoglobulins pertaining to rabies, tetanus, hepatitis B, and anti-D immunoglobulins.

5. The Anti-Hemophilic Factor VIII

Within the framework of the provisional measures of the Law dated 4 January 1993 with regard to the safety of blood transfusions and medicines, it was decided that the anti-hemophilic factor VIII, called monoclate P, manufactured by the Armour Company, could henceforth be distributed by blood-transfusion establishments. At the end of this temporary period, this product will be able to obtain a license to be put on the market if it is prepared on the basis of "ethical blood" (obtained from donors who receive no money) or "if the appropriate commission of experts deems that the granting of an exceptional license is justified."

As far as the recombinant factor VIII is concerned, a license to put it on the market can be delivered only within the next few weeks, after the advice of the proper European commission. While waiting for this advice, the importation of this product (called le Recombinate) is authorized "as of today" in France in view of its prescription. The same goes for the product called Hemophil M.

6. Screening

Within the next few days, every physician will receive a letter from Mr. Kouchner giving information about the new obligations regarding prenatal and pre-nuptial screening for HIV and the recommendations concerning screening for HCV. As far as dental surgeons are concerned, they will also be informed about the rules of hygiene to be observed in order to avoid all risk of transmission of any one of these two viruses.

[Box, p 8]

From 80,000 to 180,000 Seropositives

As of 31 December 1992, 22,939 cases of AIDS had been reported in France since the beginning of the epidemic. Among these cases, the percentage of deaths is thought to be 60 percent. From 1991 to 1992, the rate of growth in the number of cases was 31 percent among women and 28 percent among men. Two years ago, a report drawn up by the National Agency for AIDS Research had estimated the number of people living in France who are HIV-positive to be between 80,000 and 180,000.

According to hospital administrations, there will be in 1993 a total of almost 1 million days spent in the hospital by patients infected with the AIDS virus (i.e., a rise of 10 percent in comparison with 1992). The three French regions affected the most are the Ile-de-France (1,051 cases per million inhabitants), the Antilles-Guiana with 1,017 cases,

and the Provence-Alpes-Cote d'Azur with 732 cases. Throughout 1992, the highest rates of increase were recorded in Midi-Pyrenees (42 percent) and the Antilles-Guiana (39 percent) regions.

IRELAND

Statistics Show AIDS Toll Rise to 143

93WE0344 Dublin IRISH INDEPENDENT in English
28 Feb 93 p 3

[Text] A total of 143 people have now died of AIDS in Ireland, according to the latest statistics published by the Department of Health. Intravenous drug abusers account for 52 cases, homosexuals/bisexuals 47 and heterosexuals, 15.

Eighteen new HIV-positive cases were reported during the 2-month period up to last Friday, said a spokesman at the Department.

President Told Latest Statistics on AIDS

93WE0404A Dublin IRISH INDEPENDENT
in English 30 Mar 93 p 7

[Article by Eugene Moloney: "President Told of AIDS Deaths"]

[Text] President Mary Robinson was told yesterday how six babies whose parents were intravenous drug users had died in Ireland from AIDS or a related condition.

Mrs Robinson spoke of the importance of self help when she met the Body Positive group which had commissioned a study into the needs of those diagnosed as being HIV positive or having full blown AIDS.

Mr Hayden said the President was well informed on the Irish situation and had asked also how those diagnosed as HIV positive or those living with AIDS were coping.

He said the most recent official figures of 1,313 people who had tested as HIV positive did not include 68 new cases diagnosed since January last.

The official Department of Health figures for AIDS related deaths are made up of 52 intravenous drug users; 47 homosexuals or bisexuals; 15 heterosexuals, 13 haemophiliacs; six babies born to intravenous drug users; six homosexual/bisexual intravenous drug users and four undetermined cases.

According to the figures for the period until March, 1993, 316 people have developed AIDS including 33 heterosexuals in addition to one baby born to a heterosexual mother.

The remainder of cases includes 129 intravenous drug users, 111 homosexuals or bisexuals, 22 people living with haemophilia, eight babies born to intravenous drug users, seven homosexual or bisexual intravenous drug users and five undetermined cases.

The Body Positive group presented the President with a red ribbon to symbolise the spread of the disease together with a study of the needs of people diagnosed as being HIV positive or having full blown AIDS.

UNITED KINGDOM

Health Minister Gives AIDS, Other Statistics

93WE0337A London THE DAILY TELEGRAPH
in English 23 Mar 93 p 5

[Text] The number of cancer deaths among the under-65s could fall by nearly a quarter by 2000 if trends over the last 5 years are maintained, Mrs Bottomley, Health Secretary, said yesterday.

Survival rates were improving and there were increasing signs of hope, she said in Wimbledon at the launch of health advice leaflets produced by the Cancer Research Campaign.

"One in three people will develop cancer. One in four will die from it. Nearly 150,000 people died from cancer in England and Wales in 1990."

But the news was not all bad. Of the 24 percent reduction in deaths, she said: "This is a projection, not a prediction, but it is nevertheless encouraging. Moreover, an estimated 90,000 people recovered from cancer last year."

—The Government is unlikely to meet its target of cutting all junior doctors' hours to a maximum of 60 a week by the beginning of next month, the British Medical Association said yesterday.

Some progress had been made but there were many doctors working well in excess of that, said Dr Edwin Borman, Junior Doctors' Committee chairman.

A Health Department spokesman said it was confident most hospitals would meet the date and it would renew its efforts with the others.

—There were 150 new cases of Aids last month, bringing the total since figures were first collected in 1982 to 7,195, of whom 4,464 have died, the Public Health Laboratory Service said yesterday.

Of the new cases, six may have been caused by treatment with blood products and five through blood or tissue transfers.

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