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JPRS Report

Epidemiology

AIDS

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CONTENTS

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

LATIN AMERICA

COSTA RICA

PERU

SOVIET UNION

WEST EUROPE

FRANCE

GREECE

REGIONAL AFFAIRS

Leading Johannesburg Banker on AIDS Impact

91WE0237A Stockholm DAGENS NYHETER in Swedish 21 Feb 91 p C4

[Article by Sven-Ivan Sundqvist: "AIDS Wrecks Progress"]

[Text] Johannesburg—Edward Osborn of the commercial bank, Nedbank, in Johannesburg, South Africa, maintains that the AIDS epidemic must be considered the most important economic factor in all long-term planning for southern Africa.

"Take for instance South Africa. The great political agreement between the whites and the blacks is about democracy, about poverty and unemployment, about a mixed economy, or a fully forged market economy. Those are trifles compared to the looming AIDS problem," says Osborn.

He bases his figures on statistics from the large insurance company, Old Mutual.

These figures, first published in August 1990, indicate that the number of deaths from AIDS in South Africa will culminate around the year 2008 with over a million deaths per year.

Controversial Question

Compare this to a little more than 100,000 deaths annually from other causes. Those statistics also lead to the conclusion that the adult HIV- negative population—the "healthy" part which today numbers around 20 million—will be reduced to 13 million in the year 2000 and will remain at that level during the first decade of the twenty-first century.

That would be similar to 5 million adult, healthy Swedes being reduced to 3.25 million by the turn of the century.

"You could argue the time for doubling the number of HIV-positive people in South Africa," says Osborn. "But it is definitely important for all future planning, if, in the year 2000, South Africa has an adult population of 21 million, of which 6 million are HIV-infected and 2 million are dying of AIDS."

Osborn maintains that the macroeconomic consequences can be summarized both in these demographic figures and in the supply of workers.

Poor Hard Hit

The demographic changes affect all planning: education, housing, urbanizing, water and electricity supplies, infrastructure investments, etc.

The other important factor is the supply of workers. The adult population not infected with HIV will decrease as of 1990 from about 20 million to 13 million in the year 2000.

Osborn believes that the poorly educated, poor, black urban population will be harder hit than other categories.

This in turn should mean that the current oversupply of unskilled labor will be turned into a deficit. Consequently, South Africa must prepare for even more capital-intensive industry and agriculture.

AIDS is the single most important factor in the economy of Zimbabwe. The accompanying table shows the population of Zimbabwe stagnating around 8 million during the balance of the century.

Since the annual population increase is around 3 percent, the total population number is not reduced by the 40 percent of the current population which is dying of AIDS.

The macroeconomic consequences of figures like these are obvious. The greater part of those dying of AIDS is to be found in the active generation, not among the old.

Thread Will Break

When almost 40 percent of the working population in Zimbabwe becomes sick, the nation will be struck by multiple costs. At the turn of the century, the cost of caring for the sick will require resources from those who are not afflicted, resources which will not be available.

The decline in production from those who become sick is the "current value" of all their future efforts. The slender thread of trained workers, necessary for generating growth, will break, resulting in further economic stagnation.

Economists are not yet speaking openly in these terms. In several countries in southern Africa, not only the statistics but the analysis of the consequences are being hidden.

A thought-provoking publication with statistics from the research institution IRIS (International Research and Information Services, Capetown) has been published in South Africa. A report from 25 April 1990, "AIDS, A Strategy for Business," gives HIV information from a number of countries in southern Africa with emphasis on the situation in South Africa. The aim of the publication is to make South African businesses aware of the extent of the problem.

The level of information on AIDS is summarized in the following points:

- Politicians still do not want to come out in the open;
- All statistics underestimate the number of dead;
- Many of those who are stricken with AIDS, do not want to be tested for fear of being ostracized.

Official estimates of HIV-positive figures for Africa south of the Sahara is around 5-8 percent. The actual percentage might very well be higher.

Prostitutes constitute the primary source of infection for the spread of the HIV-virus. Over 50 percent of the prostitutes in the cities are HIV-positive. Their clients seldom use condoms.

The hardest hit are those male workers who live without their families in so-called male hostels, as well as the soldiers of the armies of the various countries.

All countries have their own AIDS-programs but they are ineffective, lack resources and are doomed to failure.

Medicine men have a considerable negative influence. They are trusted by the uneducated.

Half of all newborns are considered to be HIV-positive.

Those religious organizations that do not accept family planning contribute, by their dogmatic attitude, to the spread of the HIV-virus.

The report maintains that the statistics situation in South Africa is confused and controversial. There is agreement, however, that—so far—the situation is not as serious as in the countries surrounding South Africa. Still it is serious.

The percentage of persons testing HIV-positive in 1990 varied, according to these various sources, from 0.9 percent of male blood donors to 7 percent of those who went to a clinic for venereal diseases in Johannesburg.

According to law, all foreign mine workers are now being tested. Miners who test HIV-positive become an extra large economic problem, since the mining industry (gold, diamonds, platinum, coal, etc.) still constitutes the driving force in South Africa's economy.

A Dramatic AIDS Calculation for Zimbabwe

Suppositions:

1. The number of inhabitants in December 1990 is 8 million.

2. The net population increase (born minus dead), excl. dead from AIDS, is 3 percent annually.

3. The number of HIV-positive in December 1990 is 20 percent (of total population).

4. Another 5 percentage points of HIV-positive will be added each year for four more years.

5. Of those who test HIV-positive, all will die as follows: 10 percent the first year, 10 percent the second, and so on until 100 percent are dead after 10 years.

Given these suppositions, the population figure develops as follows (all figures in units of 1,000).

December	Population	Next year's population increase (3 percent)	Minus
1990	8,000	+ 240	-
1991	8,240	+ 247	- 160
1992	8,327	+ 250	- 200
1993	8,337	+ 251	- 240
1994	8,388	+ 252	- 280
1995	8,360	+ 251	- 320
1996	8,291	+ 249	- 320
1997	8,220	+ 247	- 320
1998	8,147	+ 244	- 320
1999	8,071	+ 242	- 320
2000	7,993	+ 240	- 320
2001	7,913	+ 237	- 160
2002	7,990		etc...

ANGOLA

Blood Treatment Lab Installed in Cunene Province

91P40190A Luanda JORNAL DE ANGOLA in Portuguese 20 Feb 91 p 3

[Excerpt] A blood treatment and analysis laboratory was set up two months ago in Cunene Province. The installation and equipment was financed by the European Economic Community. The amount of financing was not divulged.

The laboratory is being used at the Lubango central hospital where blood transfusion tests are being carried out, according to the director of the EEC program, Dr. Adriana Prokopepp.

Three laboratories will be set up in the country this year—in Namibe, Bie, and Moxico—under the framework of the Angolan anti-AIDS campaign. They are patterned after other projects being carried out in Malanje, Huambo, Cabinda, Zaire, and Benguela Provinces under the auspices of Doctors Without Borders. Alongside these projects, a specialized team of Doctors Without Borders is carrying out public health assistance programs and furnishing basic health care to hospital patients. Adriana Prokopepp revealed that, nevertheless, as of 30 September 1990, 191 AIDS cases had been detected in Angola. These include men, women, and children, as well as diagnosed and notified cases. It is assumed that many more cases exist, unknown to local health authorities.

The doctor added that, in most cases, people infected with AIDS are unaware that they are carrying the disease, and when it is in the first phase they seem healthy, work normally, and go on to transmit the virus to other people. However, it is recommended that discrimination not be practiced against AIDS patients since they need special treatment from doctors and their assistants. [passage omitted]

BOTSWANA

District Medical Official Notes AIDS Cases, Deaths

MB1703055291 Gaborone Domestic Service in English 1910 GMT 16 Mar 91

[Text] The Selebi Phikwe senior district medical officer, Dr. Ali Singhano, says there are about 236 HIV positive cases in Selebi Phikwe and Bubirwa area.

Speaking in an interview with BOPA recently, Dr. Singhano said about 15 victims have already died as a result of the disease, and noted that nine cases have again been confirmed.

Due to the seriousness of the disease, a seminar has been organized for 21 March at Bosele Hotel. The seminar is expected to be opened by the director of health services.

GHANA

AIDS Cases Increase by 80 Percent in 1990

AB1303102491 Paris AFP in French 1801 GMT 12 Mar 91

[Text] Accra, 12 Mar (AFP)—AIDS cases in Ghana increased by 80 percent in one year, according to statistics published today by the National AIDS Control Program. According to the program, 2,237 persons who had developed AIDS had been detected by the end of December 1990 as against 1,240 in the previous year. The statistics also indicated 4,352 seropositive cases by the end of 1990.

SOUTH AFRICA

Minister Discusses AIDS, HIV Infection Statistics

MB1503180491 Johannesburg SAPA in English 1717 GMT 15 Mar 91

[Text] Pretoria Mar 15 SAPA—Some 0.76 percent of women attending antenatal clinics countrywide had been found to be HIV positive by the end of last year, the minister of national health and of health services, Dr. Rina Venter, said in Pretoria on Friday.

Speaking at a news conference where copies of the "First National HIV Survey of Women Attending Antenatal Clinics" were released, she said the highest prevalence of HIV-infection was shown to pertain to Natal/kwaZulu, with an infection rate of 1.61 percent.

This was followed by the Orange Free State (0.58 percent), Transvaal (0.53 percent), and the Cape (0.16 percent).

Some 0.83 percent of pregnant women tested in the Johannesburg area were found to be positive, and 0.70 percent of those tested in Durban.

The rate for Cape Town was only 0.02 percent.

A racial break-down showed that the prevalence rate among black women was 0.89 percent, coloureds 0.16 percent, and whites 0.06 percent.

Too few Asian women were tested to supply an acceptable confidence rate in the survey.

The survey said the HIV prevalence rate of 0.76 percent in pregnant women compared favourably with results from "some" countries.

These countries were mainly African. Zaire had a rate of 5.8 percent, while Uganda had more than 20 percent.

On the other hand, a study of newborns in London showed that 0.024 percent were HIV positive.

A total of 14,376 samples, from anonymous blood specimens, had been used in the survey.

Dr. Venter said it was regrettable that there were already some 100,000 people in South Africa carrying the HIV virus.

"I appeal to all departments, organisations and communities to do everything possible to contain this pandemic."

There had been 683 reported AIDS patients, of whom 282 had died, in South Africa to date.

According to statistics released at the news conference, women are more at risk of the human immunodeficiency virus infection than men. It was also a matter of great concern that HIV was present in some pregnant women in every community.

ANC Launches AIDS Awareness, Other Campaigns

MB1703150491 Johannesburg SUNDAY TIMES in English 17 Mar 91 p 5

[Report by Sipho Ngcobo: "ANC Spearheads Big AIDS Action Drive"]

[Text] The ANC [African National Congress] has launched a mass house-to-house campaign to educate people about the dangers of AIDS.

Campaign committee head Mzwai Piliso said this week that the AIDS education campaign was part of a number of mass campaigns launched by the ANC.

Others included the education crisis campaign, the campaign for the release of political prisoners and a signature campaign.

The signature campaign kicks off this week with countrywide newspaper advertisements which have cost the organisation an estimated R[rand]120,000.

Its aim is to mobilise the masses to campaign for a constituent assembly and an interim government.

The AIDS campaign started in Natal with seminars by the ANC's health secretariat and will later be "taken into every house" by the organisation's branches.

Said Mr. Piliso: "The ANC sees the AIDS issue as something that needs urgent attention. The education of the masses is of vital importance."

Mr. Piliso said the ANC was concerned about the spread of AIDS and the complacency among South Africans—particularly the youth.

He said it was alarming that many South Africans continued to ignore the killer epidemic.

"This is a deadly virus that cannot be ignored. We feel we have to educate our people about the dangers of the disease," Mr. Piliso said.

The ANC's AIDS campaign comes at a time when the heterosexual spread of AIDS has reached alarming proportions.

According to the National Health and Population Development Department, 446,000 South Africans are expected to be HIV positive by the end of this year.

By late last year, the number of reported AIDS cases had increased to 554. The number of deaths was 250—a 45 percent fatality rate.

Of the total number of cases, 422 were men and most cases (198) occurred in the 20-39 age group.

The department said the virus was taking a heavy toll on the most economically active age group.

According to the World Health Organisation, about 45 percent of South Africa's workforce could be HIV-positive if nothing is done to prevent the spread of the disease.

At least one HIV-infected baby is born in South Africa every day.

At Soweto's Baragwanath Hospital alone, 300 HIV infected mothers gave birth last year—a three-fold increase on 1989.

WHO estimates that by 1992 more than four million children will have been born to infected mothers and an additional 10-million children will be orphaned as their parents die of the disease.

The organisation estimates that between eight and 10 million people world-wide are already HIV positive and about 1.2 million men, women and children have full-blown AIDS.

Data Shows 693 Recorded AIDS Cases in Country

MB1803122591 Johannesburg THE STAR in English 18 Mar 91 p 6

[Report by Carina la Grange: "AIDS Escalating in SA [South Africa] as 48 New Cases Noted"]

[Text] From the beginning of the year to March 8, 48 new cases of AIDS were reported in South Africa, according to the Department of National Health and Population Development, which released the data on Friday [15 Mar].

This brings the cumulative total of recorded AIDS cases in South Africa to 693. To date there have been 282 deaths—41 percent of the total recorded cases.

Some 91 of the cases were those of children, the result of mother-to-child transmission. This year, nine new paediatric cases were recorded. The information supplied by the department is based on anonymous data from the SA [South African] Institute for Medical Research.

The latest figures were released simultaneously at a press conference together with the findings of the first survey of a proposed annual survey of HIV incidence among pregnant women attending ante-natal clinics.

The escalation of AIDS in South Africa can be seen from the increase in the totals over the following number of years: 24 cases in 1986, 39 in 1987, 87 in 1988, 172 in 1989 and 291 in 1990.

The department says the fatality rate of 41 percent is lower than expected and that this was probably the result of under-reporting.

The department says that from 1982, when the first cases were reported, to 1989, homosexual/bisexual transmission accounted for 63 percent of AIDS cases and heterosexual and paediatric cases 28 percent.

The increase in the incidence of heterosexual transmission is illustrated by the increase in cases in the black population (where homosexual cases are minimal) from nil to 333.

The total among whites is now 326, of which 285 cases are through homosexual transmission. Homosexual/bisexual cases peaked at 83 in 1989, dropping to 66 in 1990.

In 1990 heterosexual and paediatric transmission was predominant. The department says the newly released statistics point to the known fact that women are more at risk of HIV infection than men.

The department says that in the light of these findings, women should be regarded as an important group for educational intervention.

"Women should be encouraged to improve their conditions and status in the light of the fact that they usually have less power than men, which makes it impossible for them to insist on safe sex," it says.

ANC Spokesman Discusses AIDS Awareness Program

MB2003164691 Johannesburg International Service in English 1115 GMT 20 Mar 91

[Interview with Mzwai Piliso of the African National Congress AIDS Action Committee by reporter Cathy Fitch on the "Africa South" program; date, place not given—recorded]

[Text] South Africa could learn a lot about AIDS awareness programs from countries such as Zambia, Tanzania, and Zimbabwe. This is the opinion of the head of the recently formed African National Congress AIDS Action Committee, Mr. Mzwai Piliso, who has just returned to this country. [Begin recording]

Piliso: I found it impossible that a country like South Africa which is so complex in its relations is not going into the roots of this thing. When you have to recognize immigrant labor that comes into South Africa and goes out of South Africa, when you recognize labor from the different regions of the country, we believe that this is a subject that ought to be tackled in a more serious manner than it has been. The campaign committee is working together with the health department of the African National Congress and other interested organs of the movement. We are trying to reach to other organizations in the country generally to see if we can find possibilities of getting into as many homes as possible for them to understand the dangers of AIDS. In particular, we are interested in educating the youth who we believe has not been able to understand the gravity of the problem.

Fitch: There was an awful lot of superstition at one time about the fact that the wearing of the condom was seen as a ploy to try and make the African people not have so many children which would be a source of wealth in their old age. How prevalent do you think that superstition is now?

Piliso: I don't know if it is necessarily a superstition. You know, when we are in a most difficult political era people are going to give interpretations to a number of things. This is why we are saying that we need to go right through the lowest levels of the organization of the African National Congress to try and meet the people to explain to them, to try and educate them on this question, even to dispel the suspicions that this is a ploy to limit the birth rate of the African masses.

Fitch: So will you be actually drawing on some of your expertise from the other countries to put into the ANC AIDS awareness campaign?

Piliso: This is what we are trying to do. Our medical department has some experience in the countries where we have been before we came back home, Zambia, in particular, Tanzania, Zimbabwe.

Fitch: There was a move a while ago for returning exiles to be subject to an HIV test. What do you think about that?

Piliso: I have the impression the main reason for this was to stigmatize the exiles, to pretend that the disease does not exist in South Africa and therefore it would be brought in by exiles. I am sympathetic with the people that would like to limit the occurrence but to say that every exile must be examined for HIV when it's as prevalent as it is, I am not sympathetic to that. What I would like to see is for us trying to educate exiles and people in South Africa generally as to the dangers of the disease, as to how we can limit it, to how perhaps, the people can change their sex behavior.

Fitch: Would your campaign be restricted only to African National Congress supporters or would you try and help to educate the other people as well?

Piliso: The Africa National Congress tries to be as broad as it possibly can. The campaign is directed to all people, all South Africans. [End recording]

ZAMBIA

Prime Minister Notes More Than 4,000 AIDS Cases In Country

MB1803154491 Johannesburg International Service in English 1500 GMT 18 Mar 91

[Text] The Zambian Prime Minister says the number of fully blown AIDS cases in Zambia has risen to over 4,000 despite intensified government efforts to contain the virus.

Opening a medical conference on venereal diseases in Lusaka, Mr. Malimba Masheke said that while the government had succeeded in controlling the spread of other sexually transmitted diseases, AIDS remained an alarming problem despite increased medical resources and awareness programs to control its spread.

He said that by the beginning of December last year more than 4,000 cases of fully blown AIDS had been reported to the Ministry of Health.

Foreign Grants, Higher Spending to Fight AIDS

HK1603024491 Beijing CHINA DAILY in English 16 Mar 91 p 1

[By staff reporter Zhu Baoxia]

[Text] China can expect an $800,000 grant from foreign countries and international organizations this year to help fight AIDS, according to the World Health Organization (WHO).

Meanwhile, the Chinese Government plans to contribute $1 million for the medium-term (1990-92) AIDS control programme.

The money will be used to carry out such activities as mass publicity and education, surveillance and testing, in an effort to help curb the spread of the fatal disease.

In addition to importing some necessary medical and testing facilities, according to Dr. P.R. Kean, WHO representative to China, WHO plans to invite some foreign experts to help train Chinese staff with the latest world experiences and technology, and to help plan epidemic surveillance and mass publicity.

According to Qi Xiaoqiu, official in charge of the epidemic control department under the Ministry of Public Health, every year the State spends over 10 million yuan ($2 million) for the control of various epidemic diseases, including AIDS.

Last year, the central government allocated an additional 1.5 million yuan for AIDS-control activities.

Besides, all local governments involved have also increased funding for this work.

Commentary on Need To Control AIDS

HK1603030491 Beijing CHINA DAILY in English 16 Mar 91 p 4

[CHINA DAILY commentary: "AIDS Control"]

[Text] No country can be immune to the threat of AIDS. China has already reported five deaths and 493 HIV positive cases, doubling those of one year ago.

Recognizing the global impact of the deadly disease, the Chinese government is wasting no time in mapping out the nation's prevention and surveillance efforts. Hosting the two-day international conference on AIDS prevention and control, that ended yesterday in Beijing, in conjunction with the World Health Organization and the United Nations Development Programme will undoubtedly strengthen and help the implementation of the Chinese AIDS control plan.

Any effective programme of AIDS prevention must include two important aspects, namely education and surveillance.

Chinese health authorities have done some work in surveillance and research into various AIDS therapies. Blood serum tests have been done on about 500,000 individuals and more than 50 special laboratories have been set up, 10 of them supported by the World Health Organization programmes.

China has also not neglected to search for possible medical treatment and prevention of the spread of AIDS through traditional herbal medicine. While no major breakthroughs have been reported so far, continued research in this area may provide a viable alternative.

Since most of the HIV positive cases reported so far have been the result of infection through drug abuse in southwet China, a vigorous fight must be waged there against illicit drug trafficking and drug abuse.

From a long-term point of view, however, there is also a need to conduct a sustained educational campaign to spread a healthy and scientific attitude among the people on the whole subject of sex and social responsibility. Young people, in particular, must be warned against the danger of promiscuous sex.

Minister Urges AIDS Prevention, Control

OW1403184791 Beijing XINHUA in English 1532 GMT 14 Mar 91

[Text] Beijing, March 14 (XINHUA)—Deputy Minister of Public Health He Jiesheng pointed out here today that prevention and control of the AIDS epidemic have become one of the priorities in China's health sector in recent years, due to increased international contacts.

Addressing a conference on the prevention and control of AIDS in China, she also said that because of lack of experience in AIDS prevention and control, the predictable AIDS incidence will increase in three to five years in China unless strong measures are adopted.

According to incomplete statistics from China's Ministry of Public Health, from 1985 to the end of 1990 some 480,000 of the high-risk population in China were examined by AIDS sero-screening, among which 493 HIV-positive cases were detected. Five of them were AIDS cases, and 83 HIV-infected cases out 493 were foreigners. Two of the five AIDS cases were mainland citizens.

The deputy minister stressed in her speech that in AIDS control the key point is to enhance education and publicity and maintain strict control.

Dai Zhicheng, director of the ministry's Department of Epidemic Prevention, said at the meeting that the increasing number of sex transmitted disease (STD) cases in recent years in the country are the background to the AIDS epidemic. Consequently, the control of STD is one of the key steps in the prevention of transmission of AIDS, he added.

He noted that the medium-term plan for prevention and control of AIDS, formulated by the ministry and the World Health Organization last year, has brought China's efforts for AIDS control to a new stage.

He said he hoped the international organizations concerned would give more support to the plan.

The conference will end tomorrow.

JAPAN

Japanese Researchers Compose AIDS Restrainer

OW1403153891 Tokyo KYODO in English 1334 GMT 14 Mar 91

[Text] Kyoto, March 14 KYODO—A group of Japanese researchers has succeeded in composing a compound that restrains the growth of the AIDS virus, the researchers said on Thursday.

The joint research team from Kyoto Pharmaceutical University and Nippon Mining Co's Biological Research Institute was able to compose a peptide, an amino acid compound, which inhibits the function of the protease.

Protease, or proteinase, is an enzyme in the AIDS virus that dissolves protein. The AIDS virus proliferates by combining with protease.

The researchers said they will announce the results of their studies at a pharmaceutical meeting opening in Tokyo on March 28.

The development of the compound, which seems to produce few side effects, is expected to make a significant contribution to the search for a cure for the disease, they said.

Yoshiaki Kiso, professor of the university, said he expects to achieve encouraging results in clinical trials.

LAOS

One HIV-Positive Case Discovered in Vientiane

BK1303105391 Vientiane KPL in English 0918 GMT 13 Mar 91

[Text] Vientiane, March 13 (KPL)—Dr. Sithat Insisiangmai, of the National Committee against AIDS, recently reported that so far there has been one case of HIV positive in Vientiane Prefecture out of 2,000 persons who voluntarily asked for blood tests.

Dr. Sithat said that the person concerned may have got it through sexual relations. He further added that the committee will continue giving blood screening tests to the blood bank, TB [tuberculosis] patients, and other high risk groups. So doing, he said, a clearer picture of AIDS in the country may be attained.

So far the National Committee against AIDS has given a series of lectures on AIDS to public servants in Vientiane Prefecture.

Lectures supported by audio-visual AIDS were given to high schools and vocational schools, some factories. Personnel of hotels, restaurants also attended the seminars.

COSTA RICA

Over 235 AIDS Cases Registered as of March 1991

PA3003171291 San Jose LA REPUBLICA in Spanish 21 Mar 91 p 6a

[From the "Information Summary" column]

[Text] Of the 235 cases of people infected by the AIDS virus as of March 1991, a great majority are men; 215 men have been inflicted as opposed to 20 women.

These figures reflect the total number of accumulated cases since records of the disease began to be made in 1981.

To date, the virus has killed 137 people. The number of dead has increased considerably over the years; in 1981 [number illegible] dead were registered and already by 1990, 43 people were registered to have died from the disease.

As for the risk groups, homosexuals are the most affected, with 135 cases. They are followed, in descending order, by bisexuals with 32, hemophiliacs 26, unknown situations 8, blood transfusions 7, perinatal cases 7, intravenous drug users 7, and heterosexuals 3. [figures as published]

PERU

AIDS Program Director Reports Statistics

PY1603031091 Lima EXPRESO in Spanish 10 Mar 91 p 21

[Summary] Juana Antigon, director of the Special Program for AIDS Control [Programa Especial de Control del SIDA], has reported that approximately 40,000 people are carrying the AIDS virus and that 386 people have displayed symptoms of the disease. Antigon also reported that the proportion of infected people is two men to every woman.

New AIDS Control Association

91WE0243A Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 1

[Article by A. Semenov: "Vladimir Pozner's New Line of Work"]

[Text] The list of organizations mounting the attack on AIDS has now been increased by one more. The Moscow City Soviet registered an association for fighting this disease under the Soviet Charity and Health Fund.

Its founders include the USSR Ministry of Health, the USSR Academy of Medical Sciences, the Central Scientific Research Institute of Epidemiology of the USSR Ministry of Health, the All-Union AIDS Prevention and Control Center of the USSR Ministry of Health, the Executive Committee of the Union of USSR Red Cross and Red Crescent Societies, and many other organizations.

It was announced at the first meeting of the founders and members of the association that "the main goal of the new organization's activity is to implement measures directed at upgrading the quality of prevention of HIV infection and treatment of persons infected with HIV and stricken with AIDS, and improve their social protection and their material and personal support."

All speakers noted the need for uniting all interested parties for successful solution of the problems facing the country as a result of the danger of the spread of the "plague of the century." Also, the press received some criticism: USSR Academy of Medical Sciences Academician V. I. Pokrovskiy noted the superficiality and incompetency, and sometimes even the irresponsibility of the mass media in dealing with the topic of AIDS. He gave a high assessment to the work of the Soviet Epidemiological Service, which in his words is a model for the entire world.

Although the press was censured, a journalist was elected to lead the new association—Vladimir Pozner.

AIDS Training for Soviet Nurses

91WE0243B Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 2

[Article by reviewer Ilya Borich: "We Never Had This in School: Notes From a WHO Seminar 'Activity of Nurses in Prevention and Control of HIV and AIDS'"]

[Text] When Doctor Sandra Anderson, an associate of the headquarters of the World Health Organization in Geneva, raised some AIDS pamphlets, already known in many countries of the world, and asked the participants of the Moscow seminar whether they were familiar with them, all she got in return was total silence. In my interview with her, Sandra admitted that she was extremely amazed by this. After all, several pamphlets of this series, which has now been printed in seven editions, were translated into Russian.

This mute scene spoke better than any words could of the fact that although it is clearly recognized in our country, the danger of AIDS has not yet become a stimulus for immediate and decisive action. The WHO materials and recommendations on developing national programs, on methods of sterilization and disinfection, on nursing care of HIV carriers, and on other aspects of the problems are a distillation of all world experience. They are a concentration of the results attained by specialists in the years of their attack upon the disease over the entire planet. A loss of momentum in acquainting a wide range of medical personnel and the public with this experience is dangerous, and it can only make the fight against AIDS in the Soviet Union more difficult.

The seminar, which was conducted in the last third of November, first in Moscow and then in Alma-Ata, had the purpose of remedying this omission in regard to nurse activities. Let me recall that back in April 1987 the International Nurses' Council and WHO adopted a joint declaration on AIDS. It determined the rights and responsibilities of nurses and midwives providing care to people infected with HIV. The council promised to help national nurses' associations in supplying the needed information.

What happened next? WHO and the international council jointly wrote a handbook on organizing nursing care to AIDS patients. Naturally it could not be an ideal variant for all regions and countries—it had to be adapted to local conditions, with regard for the traditions, beliefs and spiritual values of the given ethnic group.

But it was not until this year that these and other materials were adapted to the conditions of the USSR. Motivation for doing so was provided by a WHO consultative conference of nursing specialists in Eastern European countries, conducted in Copenhagen in March 1990. Through the efforts of WHO specialists, as well as experts and coordinators from our country—Zh. Karagulova and G. Perfilyeva, training materials were selected with regard for specific national features. A regional bureau translated them into Russian, and there are now three substantial documents in the possession of each participant of the seminar. Their joy was like that of little children. This was quite a feast of information to them, given the starvation diet of training and methodological literature that we are accustomed to. There was a nurse's handbook on caring for HIV carriers and AIDS patients, and on the means of preventing HIV transmission in therapeutic institutions. And finally, there were the primary modules of a basic training course for nurses and midwives in prevention and control of HIV infection, written by WHO's Global Program (excerpts are published in this issue).

The goal of the seminar, you see, was to teach the teachers. Teachers from medical schools and advanced training schools, senior and chief nurses, and nursing affairs organizers from different levels were invited from all republics in strictly limited numbers—25 from

Moscow (plus four from Bulgaria) and 30 from Alma-Ata. The plan is simple—to start a chain reaction of similar seminars and conferences in the republics, regions, and cities, in which the participants of this meeting will become the principal transmitters of information. And we must give the organizers of the seminar their due: in Moscow, the Central Instructor Training Office of Secondary Medical Education under the USSR Ministry of Health, and the foreign public health department of the Central Order of Lenin Institute for the Advanced Training of Physicians, and in Alma-Ata the center for primary medical care collaborating with WHO. The well organized lesson schedule, the intensity of the lessons, the diversity of the forms of training and the synchronous translations, as well as the conditions themselves and the atmosphere of the working conference, created a business-like situation.

But perhaps the seminar owes its success to a greater degree to associates of the WHO Secretariat and its temporary advisors attending the seminar as guests. They were accurate and competent, and what is especially important, they were extremely well-wishing, and tolerant of different opinions. The smiles and humor did nothing to weaken the impression of the seriousness and vital importance of the topic under discussion. On the contrary they only intensified the effect. Because their number was so small, I can name each of them. I already mentioned Sandra Anderson, who invariably came to the rescue of the "team" when the participants asked especially difficult questions. There was Elizabeth Stussi, the director of WHO's regional program for nursing affairs from Copenhagen, who listened to the opinions of Soviet associates with such great attention and concentration that it seemed as if she had come to do the learning rather than the teaching. Elizabeth is a nurse with a higher nursing education. The three textbooks I mentioned earlier were introduced to the students by WHO advisors Ursa Andersen (Copenhagen), Tomas Sni (London) and Agneta Lorensen (Copenhagen). Their communications were informative and lively. One of the students described her impressions as follows: "Never did I think that AIDS and everything associated with it could be discussed so easily, naturally and personally." Yelena Yegorenkova, an associate of WHO's regional bureau, assisted the specialists.

The calmness and merit with which such a menacing and terrifying subject was discussed at the seminar were instructive. Nurses, who represent the largest detachment of public health workers, are called upon to assimilate not only the knowledge of AIDS, but also the spirit of charity and tolerance, to provide psychological support to HIV carriers and AIDS patients, so that they would not feel themselves to be alone and forgotten in the face of the terrible disease. In the absence of vaccines and effective resources for treating AIDS, the training of personnel acquires key significance.

But in the meantime the level of nurse training is especially low, noted Mikhail Narkevich, chief of the Main Epidemiological Administration of the USSR Ministry of Health. It's no secret to anyone that our country was the first to discover the internal hospital pathway of infection transmission. Blind destiny selected Elista, Rostov, Volgograd and Stavropol for this, but other cities might have been involved just as well. As the speakers noted, the problem is not limited just to a shortage of disposable syringes and systems. We are often let down by the scarcity of elementary conscientiousness, of strict order. The recommendations contained in interviews of WHO associates in the video tape "The World Unites for the Fight Against AIDS," and in the training materials presuppose discipline, conscientiousness and responsibility to the patient as indispensible prerequisites.

A survey conducted in one of the meetings produced extremely interesting results. Students were asked if any of them had dealt with HIV-positive patients. Eight out of 25 did (four in a hospital and as many under outpatient conditions). How many had seen AIDS patients? Only three, and only one at home. Specialists admit that the figures are typical of a country with a relatively low incidence of HIV infection. This is why theoretical knowledge dominates over practical experience.

But even here, special cases do arise. WHO associates participating in a roundtable discussion were asked about the probability of a mother being infected by a nursing child. The question stumped them at first—another danger is usually encountered, where a mother infected with the virus can infect her child. Our dramatic experience of infection of children in hospitals (it was repeated in transfusions of microdoses of blood in Romania) perplexed the notable specialists.

But let's not be pessimistic. As of today there are 559 persons infected with HIV in the country. Scientists who made their prognosis 2 years ago predicted a different figure—1,625. Moreover the analysis was duplicated by two different groups of specialists. But the figure never became a reality—To our good fortune. Possibly because AIDS statistics are no longer a closed subject. Maybe because the country is uniting its efforts to fight this terrible disease. One thought was expressed several times at the WHO seminar: Together, we are strong against any misfortune.

Decentralization of AIDS Control Criticized

91WE0243C Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 6

[Letter to the Editor by A. Oshayev, I. Labazanov, T. K.-S. Inarkiyeva, N. Aleroyeva, T. Bartuli, A. Mukhtarova, M. Kukuliyeva and L. Muzayeva: "Was All of That Work Really for Nothing?"]

[Text] In September of this year the RSFSR Ministry of Health published Order No 167 transferring staff epidemiologists and their assistants and a number of functions having to do with the AIDS problem from the AIDS prevention and control centers to oblast, kray and

republic epidemiological stations. We believe this decision to be hasty and not thoroughly thought out. This would destroy the unified system of clinical epidemiological surveillance over HIV infection that has already been developed, and it would reduce the efficiency of epidemic control and preventive measures. We conclude this from our work experience with eight cases of infection. As an example just keeping control over examination of persons who had contact with a patient, who may number in the hundreds and even thousands in some cases, would require literally daily work by epidemiological station associates in center laboratories to gather the information, to compare lists and so on.

The initiators of this order took absolutely no account of the moral and psychological factors of those who are working in the centers either. A small collective of just 20 persons, who started with literally nothing, were able to organize a workable medical institution producing positive results in a very short time. The collective met to express its indignation at the logic upon which the structure of the service was based. The center's activities have already received the approval and positive response of our republic's medical community. It is sharing its work experience with other territorial centers.

But that's not all. It has now become known that territorial centers will be completely disbanded, and their functions will be transferred to some other institutions. If the disease which has come to be called the "plague of the 20th century" and which kills patients is no longer all that menacing in the minds of the initiators of the effort to eliminate the service, then why is there such a need for so much information and propaganda, why publish the terrible predictions of a threat to the very existence of civilization itself? A year ago local governments were ordered to organize the centers immediately, and now they're being told to disband them! Who is directing this effort, and who needs such experiments? This is not even to mention the human factor (which, as we can see, has no meaning in our country)! Won't we once again have to create a specialized service to fight AIDS several years from now? Experience shows that the volume of preventive and especially epidemic control work will increase dramatically from one year to the next, and the work will need to be improved further, but this will be impossible if we divide the AIDS problem into parts. We cannot wage a piecemeal attack on a problem that threatens people more than any other infection ever has. Some time ago, malaria control stations were created in the country, and they were disbanded when their preventive and control functions were transferred to the epidemiological service, after a large amount of work was done and the main objective—eliminating malaria—was achieved. As we know, the Soviet Union's experience in fighting malaria received the approval of the entire world. The editor's office, and those who work with it, know how serious the problem of fighting AIDS today is. The newspaper's opinion, or at least that expressed in many of its articles, concerning the problems of organizing and developing the centers is clear to all, and it has never even been suggested that creating the AIDS prevention and control service was unsuitable (see MEDITSINSKAYA GAZETA, No 117, 30 September 1990).

We are certain that you will receive similar letters and appeals from other regions. We appeal to you to state your opinion on this matter in the newspaper. Perhaps you should publish a sampling of materials "pro" and "con".

Respectfully, physicians of the Chechen-Ingush Republic AIDS Prevention and Control Center.

Baltic AIDS Organizations Confer in Latvia

91WE0243D Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 6

[Article: "In a Worldwide Effort"]

[Text] The founding conference of a new public organization having the goal of coordinating the efforts of the Baltic Republics in the fight against human immune deficiency virus was held in the capital of Latvia. Representatives from Latvia, Lithuania, Estonia and Leningrad took part in the conference proceedings.

Converted Military Facility Studies AIDS Virus

91WE0243E Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 7

[Article by correspondent Ye. Prikhodko: "'Dust-Free' Work"]

[Text] "Our work," said Andrey Georgiyevich Pokrovskiy, "is dust-free: model cleanliness, oxygen fed into a sterile suit through a hose, and a hot shower several times a day. The water flows, and the money keeps coming.... We are away from the smoggy city, in what you might almost call fresh country air. With things being so good, there's just one slight hitch—we're always in the 'sights' of AIDS virus."

We can excuse his irony. It is evident from everything that A. Pokrovskiy, director of the retrovirus cultivation and diagnosis department of the Novosibirsk Vektor Scientific-Production Association, and his colleagues have no intention of glamorizing their work. But I suspect that their humor is just a "defense reaction," since the work the scientists do here (such work is being done in our country only in Moscow) is as noble as it is dangerous. They are conducting research directly with AIDS virus: They are manipulating it, growing it, and like trainers, they are trying to tame it.

Quite recently Vektor was oriented on defense needs, which is why the settlement of Koltsovo, near Novosibirsk, could not be found on any maps. Now the scientific-production association (it contains a scientific research institute of microbiology, a scientific experimental industrial base, and scientific research and design

institutes in Berdsk, as well as an experimental agricultural production enterprise) has been respecialized for the development and industrial production of extremely scarce diagnostic and therapeutic preparations. In the next 5 years, 230-250 million rubles' worth of them are to be produced.

The search for ways to fight AIDS is one of the main objectives of Vektor scientists.

Hoppers with hermetically sealed metallic doors, a complex system of ducts isolated from each other in accordance with the principle of nesting dolls (one inside the other), and finally a small pressure chamber, in which a lethal disease agent that has been terrorizing mankind is cringing. Scientists are permitted access to work with it after a meticulous doctor's examination: Are there any scratches on their hands, and are their blood pressure and general psychological and physical state normal? All of this is in keeping with the international requirements of working with AIDS virus.

Research is being conducted in four basic directions, A. Pokrovskiy told me: isolation of the structures of the virus, its cultivation with the purpose of obtaining antigen for use in diagnostic tests, development and improvement of test systems, and creation of drugs. Understandably, no one is guaranteeing quick success. Nonetheless, the first results are already available. A number of drugs by which to prevent immune deficiency were developed jointly with scientists of the Siberian Department of the USSR Academy of Sciences, Leningrad and Ufa. The most recent item is a highly sensitive (98-100 percent accuracy) immunoenzyme test system used for clinical and epidemiological analyses and for testing donated blood. The kit is intended for 192 analyses, including test sera. Separate use of each system of 96 analyses is foreseen for small batches of samples. The test system is furnished with all of the necessary reagents in ready-to-use form. And what is very important, the diagnosticum produces results quickly: It takes only 4-5 hours of one associate's work day to carry out all 192 analyses.

There is one other highly important merit. The seven-component reagent, which was obtained by genetic engineering, is absolutely safe. It contains no materials isolated from the blood of patients, and it does not present the danger of hepatitis B infection. And by the way, in contrast to its Western analogues, the new Siberian test system costs 169 rubles, as compared to $200. Last year 97,000 such kits were produced, and this year a time and a half more will be made.

I learned from Vektor's general director, USSR Academy of Sciences Corresponding Member L. S. Sandakhchiyev, that the association plans to create a number of joint ventures with American, French and Danish companies. It is closely cooperating with the country's leading institutes, and it is carrying out joint programs of action with AIDS control centers. The idea of creating a regional AIDS control center for Siberia and the Far East is being tossed around. Scientists feel that the region needs an infection clinic, together with the entire spectrum of medical services for sick people, capable of solving the entire chain of medical and social problems that we now know unavoidably arise. This will protect AIDS patients from discrimination in the society, examples of which are not isolated, unfortunately. Specialists assure us that a base for the center already exists in Koltsov. There has been a hospital specializing in the treatment of rare and especially dangerous infections here for a number of years. There is a stable collective of physicians here, adapted to psychological stresses. A virus laboratory has been organized.

On talking with the scientists, medical personnel and producers, I came to the conclusion that the impact of Vektor's work would be greater if it were not for a paradox typical of our reality: An urgent and insistent demand of life is colliding, as usual, with sluggishness and indifference. In the words of the subjects of my interview, the financing of projects is 10 times below the most modest needs. Plans for placing new capacities into operation are not being met: Last year for example the volume of contracted jobs dropped by half, operations producing unique drugs are set up in hallways and closets, and things are being done primarily by hand. Production is being held back by the absence of bottles and packaging material, and by chronic breakdowns in transportation.

Need I explain that interdepartmental disorganization in delivering the kits to users often leads to waste, since the proper storage conditions are not maintained, and shelf life expires? Because of the absence of advertising and the incompetency of some medical personnel locally, these highly needed diagnosticums often fail to find a market. Eleven thousand of the test systems have already failed.

It is in this way that the labor of highly skilled specialists who risk their lives daily in their "dust-free" work is reduced to naught.

Work of AIDS Epidemiology Center

91WE0243F Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 pp 8-9

[Article by candidates of medical sciences V. Pokrovskiy and O. Yurin: "Epidemiological Analysis and Clinical Pattern of HIV Infection"]

[Text] **Considering the extreme urgency of the problem of HIV infection and the absence of complete information on its incidence in the USSR, in 1985 the Central Scientific Research Institute of Epidemiology of the USSR Ministry of Health began studying the epidemiology of HIV infection, and with the detection of the first patients, its clinical pattern in the USSR. During our work we became increasingly more aware of the seriousness of this problem, and of the need for concentrating the efforts of specialists of different profiles on its solution. As a result the institute**

established the Specialized Scientific Research Laboratory of AIDS Epidemiology and Prevention, which is now studying the problems of the epidemiology, pathogenesis, clinical pattern, treatment, diagnosis and prevention of HIV infection.

Epidemiological Analysis

The following were introduced in stages during epidemiological research: selective testing of different population groups (beginning in August 1985), anonymous voluntary examination of the public (beginning in February 1987), epidemiological investigation of cases of HIV infection (beginning in February 1987), and mandatory examination of population groups singled out by decree (beginning in August 1987).

It should be noted that in contrast to the surveillance methods adopted by public health agencies of other countries, we registered all cases of HIV infection from the very beginning (and not just AIDS cases). As a result a possibility appeared for observing the role of the most active and numerous sources of infection—persons having no obvious clinical signs of disease.

Data were processed from HIV antibody tests carried out on a total of 46,618,000 Soviet and 69,900 foreign citizens in planned examinations and more than 126,000 Soviet citizens in epidemiological investigations of HIV cases. A total of 867,810 persons were examined at the TsNIIE [Central Scientific Research Institute of Epidemiology]. Data from epidemiological investigations of 434 cases of HIV infection among Soviet citizens were analyzed (146 cases were investigated directly by the TsNIIE). Anonymous tests were run on 10,117 persons.

During the time of observation since 1985, 553 cases of HIV infection were revealed among Soviet citizens (1985, 1986—0; 1987—34; 1988—85; 1989—322; 10 months of 1990—112). The sharp rise in the number of HIV infections revealed in 1989 is the product of the discovery of outbreaks of HIV infection in hospitals of a number of cities in the Russian south. Processing and analysis of data obtained from examinations of groups requiring mandatory testing showed that the incidence of HIV infection is extremely low among blood donors and pregnant women (1 case out of 0.5-2 million subjects). It is somewhat higher among patients of venerological clinics, among homosexual and bisexual men, and among returnees from abroad (1 case out of 50,000-150,000 analyses).

These data suggest that the incidence of HIV infection is still low in the country.

Because it was known at the beginning of this work that the incidence of HIV infection was high in Africa, the Caribbean Basin and the USA, and it was assumed with fully adequate grounds that the level of incidence is lower in the USSR than in these regions, the question of the intensity of the infection's penetration onto USSR territory together with foreign citizens became paramount. A mass examination of foreign students coming to the USSR to attend school was conducted in order to test this hypothesis. From November 1985 to August 1987 108 infected individuals were revealed among them, which is why the USSR Ministry of Health decided to test all foreigners, visiting the USSR for a period of less than 3 months, for HIV antibodies. A total of 19,441 foreigners from Africa were tested in the TsNIIE's laboratory; 292 infected individuals were discovered among them (1.5 percent). Tests were also run on 54,888 foreigners from other regions, among whom nine infected individuals were revealed (0.016 percent).

A survey of seropositive and seronegative foreigners showed that during their time in the USSR they had a sizable number of sexual partners, in connection with which they can be responsible for importing HIV infection into the country and for being its source as well. Epidemiological investigation of cases of HIV infection among foreigners revealed cases of infection of Soviet citizens who had sexual relations with them. A total of up to 40 percent of USSR citizens infected by sexual means had sexual contacts with foreigners. It was shown that in a number of cases HIV infection was also imported into the country by persons visiting for less than 3 months, which once again confirmed the conditional nature of this time period. In contrast to heterosexuals, only an insignificant number of infected homosexuals had sexual contacts with foreigners, which is an indication that the virus has been circulating in their milieu. It was shown that HIV infection may also be imported from abroad by Soviet citizens infected there. So it was with the first revealed infected Soviet citizen.

Other Soviet citizens infected through sexual contacts, blood transfusions and other parenteral manipulations during their presence in countries endemic in relation to HIV were revealed later on. On returning to the USSR, some of them became sources of major outbreaks of HIV infection, including the hospital outbreak in the Kalmyk ASSR. The qualification should be made here once again that in this case we cannot place an equal sign between the concepts of the "source" of an outbreak and its "culprit," as sometimes happens, even in the minds of medical personnel.

Cases of HIV infection revealed in planned examinations were subjected to epidemiological investigation. The combination of these two methods made it possible to significantly increase the quantity of revealed sources of HIV infection. An epidemiological investigation made it possible to assess the role of individual pathways and factors of HIV transmission, and in a number of cases to take steps to prevent its spread. It demonstrated the high effectiveness of this method both in studying the epidemiology of HIV infection and as an epidemic control measure.

Eighteen seropositive persons were revealed among 58 examined just during epidemiological investigation of the first case of HIV infection revealed in the USSR and 69.12 percent of all seropositive Soviet citizens were revealed by epidemiological investigation. Cases of

transmission of HIV through homosexual and heterosexual contacts from men to women and from women to men, transmission by the transfusion of the blood of an infected donor, in parenteral interventions carried out with instruments contaminated by the blood of HIV-infected persons, from mother to nursing child, and for the first time in the world, from a child to its mother were discovered through epidemiological investigation.

A graphical example of the effectiveness of combining epidemiological surveillance with epidemiological investigation is the discovery and confinement of the hospital focus in the Kalmyk ASSR. The epidemiological investigation we undertook in relation to two cases of HIV infection among patients revealed in the city of Elista and sent to our clinic for examination and treatment made it possible to reveal the hospital focus of HIV infection existing there due to violation of the rules of sterilizing medical instruments. Elimination of the flaws in the epidemiological conditions of the hospitals averted further progress of the outbreak. The epidemiological investigation conducted in connection with this case made it possible to reveal hospital foci in children's hospitals of Volgograd, Rostov, Rostov Oblast and Stavropol.

Anonymous voluntary testing for HIV antibodies combined with anonymous survey, begun in 1987, proved itself not only as an effective method of revealing the sources of HIV infection, but also as a method of assessing the activity of transmission factors and the influence of social conditions on the spread of HIV. The rate at which cases of HIV infection were revealed by anonymous testing was rather high (1 case out of 500-1,000 subjects). It was with the help of seropositive persons revealed by anonymous testing that their sexual partners were brought into the epidemiological investigation, and that the fact of penetration of HIV into the milieu of homosexual men in the USSR was established in particular.

Epidemiological investigation of each revealed case of HIV infection made it possible to also establish the significance of certain HIV transmission factors operating in the USSR. The absence of cases of infection among 118,000 having only various sorts of personal or work-related contacts with HIV-infected persons once again confirmed the wrongfulness of suggestions that HIV might be transmitted through fecal-oral contact, by airborne droplets or through casual contact.

It was established that in 1988-1989 transmission of infection in the USSR occurred most often through parenteral interventions in medical hospitals, carried out with instruments that had not been sterilized. This was responsible for 56.9 percent of the cases. However, all of these cases were associated primarily with one major outbreak in the city of Elista, and with formation of secondary foci in the cities of Volgograd, Rostov, Shakhty and Stavropol. Infection of children usually occurred as a result of reuse of an unsterilized syringe to administer medicines into subclavian veins through a catheter, but it also sometimes occurred with intramuscular injections using the same syringe but a different needle. A survey of medical workers of several cities, including Moscow, revealed that this is a rather widespread practice, and it is not viewed by them as one creating the threat of infection of a patient. But special attention should be turned to this fact, including in the training of medical personnel.

The focus of HIV infection resulting from the use of contaminated instruments existed in Elista hospitals for 8 months. The virus was transmitted from child to child, and when the children were moved, it was carried from hospital to hospital, including to other cities. Formation of secondary foci there once again confirmed that what happened in Elista is not unique, and that obviously the situation may recur in any corner of the country. It should be noted that besides violations of epidemiological conditions, the excessive parenteral load imposed on patients, typical of the USSR, also had an effect on the outbreaks.

While hospital outbreaks may be responsible for sharp rises in morbidity in certain periods of time, the constancy of the virus's circulation and continual growth of morbidity are the result primarily of sexual transmission—30.8 percent of the cases. In this case only 40.4 percent of the cases of sexual transmission were associated with homosexual behavior, which makes HIV infections in the USSR significantly different from the USA and Western Europe, where homosexual transmission dominates, and on the other hand from countries of Africa and the Caribbean Basin, where transmission of HIV through the heterosexual population is responsible for the absolute majority of cases.

This research showed that the spread of HIV infection in the USSR may be maintained simply through heterosexual transmission of the virus, and although it is less intensive than transmission among homosexual men, it does elicit greater concern, since the disease is spread through the general population, and it disperses within it, creating the false impression that morbidity in the heterosexual part of the population does not play a leading role in the epidemiological process. Moreover fighting HIV infection in the heterosexual milieu, which has not recognized itself as being at risk of infection, is especially difficult.

Discovery of cases of the infection's transmission from a mother to a nursing child at an unusually high frequency, and for the first time from the child to the mother, elicited a broad international response from among specialists, since it allowed the hypothesis that these factors are more significant than was thought previously, and it made it necessary to recommend cessation of breast feeding as an epidemic control measure when HIV infection is present in the child and the mother.

The process of the illness's spread to previously unaffected territory may be described generally as follows: First the virus is imported into the new territory by

foreigners or by persons infected abroad. Its initial spread is most probable in population groups most intensively exposed to HIV transmission factors and possessing contacts with foreigners, after which it spreads rather quickly through these groups as a whole. From them, the virus penetrates into the population at large, where it gradually begins spreading through heterosexual transmission. Gradually the number of infected women and of children infected by them grows. If epidemic control conditions are not maintained in medical institutions, the danger of hospital outbreaks develops as the number of infection sources increases.

The epidemiological situation in the USSR in the period from 1985 to 1989 may be evaluated as a time of penetration of the disease from abroad. By 1990, HIV was already starting to spread among the USSR's permanent male homosexual population; individual epidemic chains of heterosexual transmission of HIV were noted, as were hospital outbreaks associated with violation of epidemic control measures by hospitals. Presence of high-risk population groups and of active transmission factors allows us to suppose that the epidemic will develop further in the USSR. HIV will probably strike the male homosexual part of the USSR population in the next few years, and it will spread relatively slowly in the heterosexual population. The probability of the disease's parenteral spread will depend entirely on the effectiveness with which epidemic control measures are observed in the country's medical institutions. There are doubts in the effectiveness of the presently widespread practice of mandatory HIV testing of persons entering the hospital. On one hand this expensive measure does not produce results (for example due to presence of a certain number of seronegative carriers of the virus, for example in the first few months after infection and in the terminal stage, because too much time lapses from the moment blood is sampled for testing to the time results are obtained, and due to procedural errors by personnel), while on the other hand it creates the illusion of safety among medical personnel, causing them to make even grosser violations of epidemic control measures.

Thus it may be asserted that the system of epidemiological surveillance of HIV infection in the USSR, which is oriented on mandatory examination of certain groups of people, is sufficiently effective and informative when it is supplemented by epidemiological investigation of individual cases of HIV infection and with voluntary anonymous testing of the population for HIV antibodies. Considering that in the 8 months that the hospital focus existed in the Kalmyk ASSR 86 persons were infected, its discovery and elimination averted a minimum of 128 new cases of HIV infection annually (this is not counting the obvious tendency for further dissemination from the focus).

We began our clinical study of HIV infection in 1985 at the time that the first cases of illness were revealed among foreigners in the country, and among Soviet citizens beginning in 1987. In contrast to foreign researchers, who initially studied states developing in the terminal stage of illness and known as the "acquired immune deficiency syndrome" (AIDS), we supposed right from the start that the disease should be studied and the patient should be kept under observation from when it is first revealed. The methods described above for revealing infected individuals through epidemiological surveillance and investigation and through anonymous testing made it possible to reveal the earliest stages of disease.

A total of 683 patients with HIV infection were under our observation, including 276 foreigners and 407 Soviet citizens, of whom 209 were children, with the overwhelming majority of them from hospital foci of HIV infection. Clinical work with patients was carried out by associates of the Central Scientific Research Institute of Epidemiology of the USSR Ministry of Health, Clinical Infection Hospital No 2 of the city of Moscow, and the department of infectious diseases of the Moscow Medical Stomatological Institute imeni N. A. Semashko.

Diagnosis

The diagnosis of HIV infection was made on the basis of data from epidemiological histories, clinical manifestations of disease, and detection of specific antibodies in blood, and in a number of cases acquisition of cultures of the virus as well. HIV infection was revealed in the overwhelming majority of foreigners as a result of planned examinations, and only among four of them on the basis of clinical indications. Soviet citizens were revealed primarily in the course of epidemiological investigation of cases of HIV infection, and more rarely as patients of venerological hospitals, on the basis of clinical indications and in the course of mandatory testing of specific population groups. Men made up 62.5 percent of adult Soviet citizens. The ages of the patients varied within 16 and 64 years; however, these were young people for the most part. Thus, 90 percent of the men and 95 percent of the women were less than 40 years old. This is no surprise, if we consider that the sexual pathway of the infection's transmission is dominant. The young age of the patients also predetermined absence of serious concomitant diseases among their overwhelming majority. Most often, HIV infection was combined with syphilis (in 27 people), which is also easily explainable from the standpoint of a common pathway of transmission of both infections.

Clinical Pattern

Most of those who were infected at the time of their admission to our institute for observation felt themselves to be healthy, and they voiced no complaints about their health. Patients and persons revealed on the basis of clinical indications were an exception. However, when interviewed in depth, up to 15 percent of the patients stated some worsening of their health over the previous 1-2 years.

This was expressed as heightened tiring, night sweats, more frequent aggravations of chronic foci of infection

(adnexitis, highmoritis etc.), appearance of recurring suppurative skin ailments, furunculosis, herpes rashes, oral and vaginal aphthae, and angular khiyelity [translation unknown] in the course of this time. Four patients suffered shingles, which occurred twice in one patient. A number of patients noted feverish states dissimilar from ordinary colds, not accompanied by catarrhal manifestations, and disappearing on their own after 1-2 weeks. Seven patients noted insignificant weight loss.

The most frequent finding of objective examinations was enlargement of lymph nodes by more than 1 cm. Lymph nodes were usually of moderately dense consistency, they were free of surrounding tissue, and they were not painful. Usually, groups of two or three lymph nodes were enlarged. Enlargement of axillary, posterior and anterior cervical and inguinal lymph nodes was registered most frequently, while subclavian and ulnar nodes were detected more rarely. Although lymph node enlargement was detected in 83 percent of the patients, only half of them could be said to have generalized persistent lymphadenopathy corresponding to the criteria of the American Centers for Disease Control (enlargement of more than two lymph nodes in more than two groups, not counting inguinal, and for not less than 3 months). It should be noted that the expressiveness of lymphadenopathy varied significantly in patients over a long period of observation.

The manifestation of HIV infection second in frequency following lymphadenopathy was changes on the part of the skin and mucous membranes, revealed in 20 percent of the subjects. These were usually fungal afflictions of the nails and skin, seborrheic dermatitis, suppurative rashes on the skin, herpes simplex of the lips, oral aphthae, and infections in the corners of the mouth. Molluscum contagiosum, herpes rashes on sex organs, hairy leukoplakia of the tongue, aphthous stomatitis, furunculosis, focal hair loss, chancriform pyoderma and pyoderma vegetans, shingles and Kaposi's sarcoma were encountered more rarely.

Recurrent respiratory infections, often complicated by pneumonia, were frequently noted among patients with skin afflictions in the course of the observations. Roentgenography usually revealed focal and, more rarely, infiltrative and intestinal changes, and in two cases the pleura was drawn into the inflammatory process. Most cases of pneumonia yielded to ordinary antibiotic therapy, indicating that these cases were banal in nature.

Pathology on the part of organs of the gastrointestinal tract and kidneys was encountered significantly more rarely among adult patients. Gross neurological symptoms were revealed as a rule only in patients in the terminal stage, and as a manifestation of developing encephalitis and meningoencephalitis. In this case the weak expressiveness of such symptoms did not usually correspond to the pronounced afflictions of the brain and its membranes which were revealed by autopsy. In this connection we reached the conclusion that diagnostic lumbar puncture is required on such patients, even in the absence of meningeal symptoms.

Patients admitted for observation may be divided in general into two groups. One of them contained patients with lymphadenopathy and "without symptoms," while the other contained persons who had clinical manifestations of decompensated immune deficiency (secondary afflictions of the skin, mucous membranes and internal organs) in addition to (or in the absence of) lymphadenopathy. The first group was larger, containing 72 percent of all patients. Despite the absence of clinical manifestations of immune deficiency, a large number of their immunological indicators were altered. Lymphocytosis was noted in 16 percent of the patients, and lymphopenia was noted in 18 percent. Almost two-thirds of the patients had a reduced blood concentration of T4-lymphocyte-helpers and almost half exhibited a decrease in the helper-suppressor coefficient below 1. Elevation of IgG was revealed in 74 percent of the patients, and elevation of IgA was noted in 35 percent. Dermal allergic reactivity was reduced in most patients. These changes were even more pronounced in the second group of patients.

Dynamic observation over a period of 1.5 years revealed a decrease in the total quantity of lymphocytes in blood in 59 percent of the patients, a decrease in the absolute number of T-helpers in 68 percent, and a decrease in the helper/suppressor coefficient in 71 percent. Symptoms of secondary afflictions developed in 21 percent of patients of the first group.

Of interest is the fact that certain aggravating factors were implicated in each case of a most unfavorable course of disease in patients.

Classification

We developed a clinical classification of the stages of HIV infection on the basis of the work experience accumulated in our clinic and in connection with the need for maintaining a common approach to evaluating the state of a patient with this disease.

The clinical classification of HIV infection.

1. The incubation stage.

2. The stage of primary manifestations:

a. acute infection,

b. symptomless infection,

c. generalized lymphadenopathy.

3. The stage of secondary illness:

a. less than 10 percent weight loss, fungal, viral and bacterial afflictions of the skin and mucous membranes, shingles, recurrent pharyngitis, sinusitis;

b. over 10 percent weight loss, unexplainable diarrhea or fever lasting more than 1 month, hairy leukoplakia, pulmonary tuberculosis, recurrent or persistent viral, bacterial, fungal and protozoic afflictions of internal organs, recurrent or disseminated shingles, localized Kaposi's sarcoma;

c. generalized bacterial, viral, fungal, protozoic and parasitic diseases, pneumocytic pneumonia, esophageal candidosis, nonpulmonary tuberculosis, atypical mycobacteriosis, cachexia, disseminated Kaposi's sarcoma, and afflictions of the central nervous system of various etiology.

4. The terminal stage.

Incubation stage—from the moment of infection to the appearance of a body reaction taking the form of clinical manifestations of "acute infection" and/or antibody production. Duration is usually from 3 weeks to 3 months, but it may stretch out to 1 year as well. Diagnosis is possible in this stage on the basis of epidemiological analysis and detection of viruses or their fragments. The stage of primary manifestations—existing clinical and laboratory symptoms are associated exclusively with HIV infection itself, and not with secondary diseases developing on the background of immune deficiency. Acute infection is noted in approximately 70 percent of infected patients in the first 3 months after infection, and it may be accompanied by phenomena of pharyngitis, fever and lymphadenopathy, enlargement of the liver and spleen, bowel movement disorders, nonpersistent and diverse skin rashes, and aseptic meningitis. The symptoms usually disappear after 2-3 weeks. Naturally, disease is not usually diagnosed in this stage, all the more so because HIV antibodies may not appear until the second or third week after the beginning of clinical manifestations. Our observations showed that such patients are usually diagnosed as having infectious mononucleosis, adenoviral infection, measles, rubella, viral infections of the ears and nose, and so on.

Patient Management Tactics

Establishing a diagnosis of HIV infection is an extremely serious step. The diagnosis may be made on the basis of an analysis of epidemiological, clinical and laboratory data. It is impermissible to make the diagnosis only on the basis of the results of tests run on blood sent to the laboratory. We have observed several cases of mistaken diagnosis resulting from technical errors made in shipping blood to be tested.

After the diagnosis of HIV infection is confirmed, the patient is given an examination with the purpose of establishing the stage of disease and determining the approaches to its subsequent management. Patients in the stage of primary manifestations are released in the absence of laboratory signs of immune deficiency, with the recommendation that they return for a repeat examination in 6 months. When the concentration of T4-lymphocytes is low, a repeat examination 3 months later is recommended. We believe that a persistent decline in indicators of immune status or presence of secondary illnesses is an indication for prescribing specific azidothymidine treatment.

In our opinion the notion that therapeutic assistance to patients with HIV infection is totally unpromising is mistaken. Therapy can be expected to have an impact if it is carried out by well trained specialists who are well equipped with diagnostic and therapeutic resources, and if it follows a consistent plan. In no cases should HIV-infected patients be viewed as objects of experimentation with doubtful and new therapeutic drugs.

The main rules are: creating a favorable psychological situation for the patient; promptly diagnosing and treating background illnesses; maintaining careful outpatient observation and promptly initiating specific therapy and treatment of opportunistic diseases.

On the whole, a study of the clinical pattern of HIV-infected Soviet citizens showed that it cannot be reduced to just AIDS, since AIDS patients are only an insignificant fraction of infected individuals, many of whom require medical care in earlier stages.

Well organized medical care of HIV-infected patients, maintained under medical secrecy, is the most important factor of epidemic control measures. If the HIV-infected patient is not sure that he will receive assistance and that his diagnosis would be kept secret, he will try to receive treatment without informing doctors about his illness. Uncautious actions by medical personnel in relation to HIV-infected patients may provoke suicide attempts and asocial behavior.

Dnepropetrovsk Official Estimates 30-40 Cities at Risk

91WE0243G Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 pp 10-11

[Article by special correspondent Marina Kushnareva: "At the Outskirts of the City"]

[Text] According to official statistics there are no HIV-infected persons or AIDS patients in Dnepropetrovsk. It is true, however, that 80 persons out of 30,000 tested in the last 3 years were initially suspected of having a positive reaction.

And although the suspicion was not confirmed by subsequent tests, Dnepropetrovsk AIDS Prevention and Control Center director B. M. Estrin is certain that unrevealed HIV-infected persons are present in the city. In general, he feels that there are some 30-40 so-called cities at risk in the country, in which unidentified virus carriers do not even suspect their misfortune. In his opinion Dnepropetrovsk is one such potential city at risk.

On what grounds are the suppositions of this epidemiologist with 30 years of experience based?

This city of 1,300,000 residents, which until quite recently was closed to foreigners, is now actively establishing contacts with foreign firms, and over a hundred guests from abroad are already working in joint ventures.

Police statistics characterize the local risk groups: There are around 400 homosexuals in the city, and over 700 prostitutes.

The figures do not of course reflect the true state of affairs, but they are sufficiently eloquent: Appearing inadvertently, the virus could spread with lightning speed.

Estrin recently returned from Odessa. There the AIDS situation is alarming: Sixty-six virus carriers, two patients and the death of a five-month old child have been recorded.

Dnepropetrovsk is not the port of Odessa, but it is still in the same republic, such that we cannot ignore this possible channel of the disease's spread.

Although according to official data there is no AIDS in Dnepropetrovsk, according to assurances of local medical personnel the fear of AIDS is flourishing throughout.

A MEDITSINSKAYA GAZETA correspondent met several young men at the office of trust (an anonmymous AIDS testing office). And although they were not about to introduce themselves, the purpose of their visit was fully understandable.

In the words of N. Ya. Kozina, a doctor specializing in infectious medicine, two and a half thousand persons have already been tested here for AIDS this year (of them, only 300 were anonymous).

Not only can the office do blood tests, but it is also able to provide the necessary consultation on AIDS problems.

There is, by the way, a sizable demand for such assistance among the citizens of Dnepropetrovsk. Natalya Yakovlevna said for example that dozens of people visit the office and place calls to it over and over again to ascertain that they don't have AIDS.

For example 30-year old Lena, who has two children by the way, has now been calling the office of trust for 2 months. She gave blood several times, but she can't believe that she doesn't have AIDS. The woman is in torment, she suffers insomnia, and she has become obsessive. B. M. Estrin recently referred her to a psychiatrist acquaintance of his: The fear of AIDS cannot be cured by ordinary counseling: Qualified assistance from "narrow" specialists—psychotherapists, psychiatrists—is required here.

Estrin feels that it is high time to think about creating a department for patients suffering the fear of AIDS at the center.

But for the moment this is only a dream, since it turns out that the AIDS Prevention and Control Center does not exist as an independent institution in Dnepropetrovsk.

When the Union Ministry of Health gave its recommendations on organizing such centers, it granted full independence to local public health organizers. One thing was stipulated clearly: The center must become an independent therapeutic-preventive institution.

But it is easy to say that something is independent. Given the existing shortages in public health, where are shelter, beds and staff to be found?

And so it happened that in June of this year the Dnepropetrovsk City Public Health Department published an order creating the center—an independent one from a formal standpoint, but supported by the budget of the city infection hospital. The city's immunoenzymatic, bacteriological, immunological and biochemical laboratories that test blood for AIDS are subordinated to the center by decree, but they remain within the structure of other therapeutic institutions.

Understandably, being under the administration of one hospital, the center cannot coordinate and direct the work of all these laboratories into a single channel.

I visited the city's central "AIDS and Biochemistry" laboratory together with a MEDITSINSKAYA GAZETA photographer. This was once a children's day care center. With the advent of the threat of AIDS, the laboratory became even more crowded, and it was divided in two: Biochemical tests are run in one wing, and blood is tested for AIDS in the other.

With what is the laboratory that is to place a barricade before the "plague of the 20th century" furnished?

"We service more than 30 of the city's therapeutic institutions, we run 800 tests a day," said laboratory director L. I. Ryabokon, "but unfortunately the tools and instruments that we have to work with are outdated."

A multichannel pipette that the medical laboratory assistants dream about costs around 300 rubles in hard currency. Multiscans and Uniscans—modern Finnish instruments for immunoenzymatic analysis—cost from seven to thirty thousand in hard currency.

Where is the Dnepropetrovsk center to get such money?

There is, by the way, hard currency in the city.

It's no secret that while the hard currency accounts of many enterprises are frozen at the moment, they may be used to render assistance to children and disabled persons and for AIDS prevention.

Luckily it seems as if the ice is beginning to break up. A local heavy press plant, for example, has agreed to transfer around 20,000 rubles in hard currency to the center.

But while the equipment issue is beginning to be resolved to some extent, things are still unclear about establishing an independent AIDS Prevention and Control Center.

Where is space on which to build such a center to be found in built-up Dnepropetrovsk?

If you seek, it turns out, you may find. As an example we saw several new modern buildings in the city on the verge of accepting tenants, but not medical personnel, unfortunately. Near the fabulous new building of the Palace of Political Education, erection of yet another building for precisely the same needs is reaching its conclusion. And the future building of the Kirovskiy Rayon Party Committee, photographed by the MEDITSINSKAYA GAZETA photographer, was quite unexpectedly reclassified as a frozen facility.

When the "real estate war" began, several public health institutions suffering poor conditions immediately began making claims on this building.

B. M. Estrin also decided to make a bid for this building. He addressed his arguments on why the city's AIDS Prevention and Control Center should occupy this building, in writing, to V. V. Tolyan, the city executive committee's deputy chairman.

However, according to City Public Health Department Deputy Director L. N. Reshetnyakh the dispute is not currently resolvable. The building had been mothballed, and its future ownership cannot be determined at the moment.

Thus it turns out that we can't hope for complete independence for Dnepropetrovsk's AIDS Control Center in the immediate future.

As I left Estrin (whose office, by the way, is located in the city public health department temporarily), he received a phone call from his associate in Krivoy Rog. A virus carrier—a school-age child—was discovered there.

It is only 800 kilometers by rail from Krivoy Rog to Dnepropetrovsk....

Photographs [not reproduced]: Presence of HIV in blood is determined with an AKITs-01 immunoenzymatic colorimetric analyzer; the city's AIDS Prevention and Control Center could be housed in this building.

Anti-AIDS Campaign for Youth

91WE0243H Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 10

[Interview with Candidate of Medical Sciences Natalya Borisovna Karatayeva, All-Union Scientific Research Center for Preventive Medicine of the USSR Ministry of Health, by V. Zaytseva: "In the Beginning Was the Word..."]

[Text] So it is written in the ancient text. In fact, it is through the word that we perceive 60 percent of all information. And consider how many times each of us has been persuaded how much more effectively treatment proceeds when the doctor explains the cause of your illness simply and comprehensibly during your visit, and provides good advice on prevention.

Never has medical propaganda been so active, so persistent, as in the fight against AIDS. It doesn't even make sense to ask the question "Why?"—everyone understands that the disease is deadly and incurable, and therefore especially dangerous. The sole possibility of protecting ourselves from it is active prevention, which involves propaganda as well.

Today's interview is with Candidate of Medical Sciences Natalya Borisovna Karatayeva, director of the laboratory of child and adolescent hygienic education of the All-Union Scientific Research Center for Preventive Medicine of the USSR Ministry of Health.

Zaytseva: Natalya Borisovna, why have women become an object of special attention this year? Does solution of such a complex problem really depend upon the ordinary female worker?

Karateyeva: The answer to this question is both simple and complex. A woman plays a dual role: as a person exposed to an enormous danger of AIDS infection, and concurrently as a force capable of protecting herself and others from the menacing misfortune. In our society, the role of women is continually growing, and their social functions are widening. Today they are not only housewives but also workers. More and more of our women are executives, politicians and active participants of public organizations and mass movements. Their strength in society is enormous. They have shown that they can effectively influence adoption of important government decisions, and shape public opinion. By attracting their attention to the problem, we in a sense ensure a certain amount of success in the associated propaganda effort.

No less serious is the fact that the incidence of AIDS is growing among women. By compelling them to think about the problem, we can achieve more, and fight the evil more successfully. Who but a woman can understand and recognize more deeply what the disease holds for her, her progeny and the entire future?

The World Health Organization requested that we make the channels of the mass media, the church and municipal bodies available for education purposes. By working among women and with the help of women, WHO believes, we can force them to realize that the future of the world and the planet is now in their hands.

Zaytseva: Considering that you play a role in propaganda work, please tell us how your work is organized, what plans and programs for fighting AIDS the country might possess, and how specifically they are being implemented.

Karateyeva: We have developed a special program for educating the population of our country. It pursues humane goals—giving each person knowledge about AIDS, providing warnings of the impending disaster, and explaining the preventive measures. A person possessing such information is entitled to choose what is most acceptable to herself—to subject herself to the risk of infection or not, to protect herself, her child and those close to her from the possibility of falling ill, or not doing so. Owing to the program, people will receive much of the information they need, for example about the fact that each person has the right to sterile instruments, personal protective resources and disposable syringes in the hospital. All of this is very important for preventive purposes, but sometimes the people don't know these simple truths, and they themselves allow medical workers to be careless.

At the same time we believe that the medical workers themselves, almost 60 percent of whom are women, require special protection today. They have now become one of the groups at risk of AIDS infection, and they are the least protected category. Given our disorganization and the impossibility of adequately sterilizing instruments, they can be infected very simply, but no one essentially bears any responsibility for this. This is why it is important to make medical personnel aware that they have a primary right to protection. And we are obligated to provide this protection to them.

We have all kinds of funds, associations and public organizations providing the necessary support. The program which we are trying to implement was approved by the USSR Ministry of Health, and it is financed by the state, which makes our work easier in many ways, and helps us to implement the program not in words, and not on the basis of enthusiasm alone, but realistically.

Zaytseva: What do you feel are the most important aspects of this program in the present stage?

Karateyeva: Educating all categories of the population in matters of general and sexual culture. Its principles must be mastered first of all by those who teach people and the growing generation. These include educators, physicians and cultural officials. We ourselves often find that many representatives of these professional groups are unable to transmit The Word, the knowledge, to those whom they teach and introduce to life, while in their deeds and actions they serve as antimodels. We need to not only increase their responsibility but also make each one of them aware of their role in propaganda and in education, especially among the young. In order that their words would not be inconsistent with their deeds, we have much to do. We need to create a foundation, a basis for practical work. The consultation departments of polyclinics, the "Family and Marriage" counseling offices and other subdivisions, in which people could receive good advice, knowledge and the necessary assistance without embarrassment, without fear, could be of assistance. There is a great deal of fear of AIDS today, and the psychological climate needs to be improved.

Zaytseva: What has your center already done specifically to help propagandists locally?

Karateyeva: We are conducting all kinds of functions among the young—meetings, shows, evening entertainments. We have published several video clips on the subject "Young People and AIDS," which clearly describe the disease agents, the pathways of their transmission and the methods of infection. We are now working on another video on a woman's faithfulness. This is a very urgent topic today, inasmuch as the weaker sex may become a rather dependable barrier against the spread of the "terrible plague." Moreover we have published many pamphlets, booklets and posters. The "Advice to Travelers" will soon be coming out. I think that this will help those who are indiscriminate in their relations during short vacations. Regional AIDS prevention and control centers have been established locally. They have taken on the task of diagnosing, treating and preventing the disease, they are coordinating this work, and they are providing specific assistance within their territories. Our health centers—the former palaces of public health education—are also contributing to this effort to the extent possible (it is just recently that they have begun performing their new functions, after all). Many of them possess the necessary materials and video cassettes.

Zaytseva: Natalya Borisovna, can you say that you are satisfied with the results of the activity, and that you now possess all of the possibilities for effective propaganda?

Karateyeva: Of course not. We still have many unsolved problems, many mistakes. We are only at the beginning of our road, you see, and we are seeking and discovering our possibilities. And as you know, the possibilities of public health are presently limited. Everyone needs money now, and we don't have all that much. This is why we are fighting to see that the ministries, departments and enterprises would view assistance to all who are fighting against AIDS as a social contribution, as their duty to the society and its citizens.

And recently we have been purchasing disposable syringes, and receiving them as donations. But how long can this go on? Quite understandably, under competitive conditions it is by far simpler to offer a gift than to share the secret of one's production operation. I feel that we need to purchase the technology for producing those same syringes, and start their production quickly. Let's manufacture good condoms ourselves, rather than importing them from abroad. If a woman is ready to protect herself, we are obligated to place reliable weapons in her hands. And can't our government provide a tax exemption to organizations that make a contribution to the effort to prevent AIDS? Imagine how substantial their contribution could become.

We dream about building boarding hotels for patients suffering this terrible disease, of finding ways to assist

them materially, and of protecting the confused, unfortunate people from the inadequate reaction of their fellow citizens.

Each person should understand that the more patients there are, the more danger there will be for each one of us. Alas, healthy people think that none of this has anything to do with them, that AIDS is someone else's problem. Remember that this is a profound misconception. We have plenty of plans, and enough energy; now if we could just make it all work.

Six-Hour Workday for AIDS Care Personnel

91WE0243I Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 11

[Article by A. Porkhachev, director, labor protection division of the All-Union Federation of Public Health Workers' Trade Unions: "To Those Involved With AIDS"]

[Text] "Please tell me how long a workday is established for medical personnel involved in the diagnosis and support of AIDS patients."—V. Ibrailov.

The USSR State Committee for Labor and Social Problems and the AUCCTU have adopted the proposal of the USSR Ministry of Health and the central committee of the medical workers' trade union on establishing a reduced, six-hour workday for physicians and middle- and junior-grade medical personnel of therapeutic-preventive institutions, and for scientific associates, laboratory assistants and other associates of scientific research institutes diagnosing and supporting AIDS patients and HIV carriers, as well as for workers of enterprises working with AIDS virus and with HIV-infected material, as being employees of infection institutions. (See Letter No 1967-NG, 18 June 1990, of the USSR State Committee for Labor and Social Problems and the AUCCTU).

Pokrovskiy on AIDS Measures

91WE0244A Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 pp 1,6

[Excerpts from article by USSR Academy of Medical Sciences Academician V. Pokrovskiy, president, USSR Academy of Medical Sciences: "The Prognosis Depends on You As Well"]

[Excerpt] [Passage omitted] The USSR is in a special position in relation to the AIDS problem. Our country was given a rare, lucky chance, because of the later beginning of the epidemic, to utilize world experience in fighting the "plague of the 20th century." It is often asserted in certain mass media that the USSR is doing nothing, or almost nothing, to prevent HIV infection, and heart-wrenching appeals for assistance are being voiced.

Oftentimes readers are deliberately misinformed. I don't at all believe that the needed attention is being devoted to fighting AIDS in our country. The fight against AIDS is not so much a matter of public health as it is a priority objective of the entire society, the entire state. However, for the sake of objectivity I must say that the USSR is doing a significant amount of work in regard to a number of facets of the problem, and significant results have been obtained.

I should emphasize first of all that the country has organized sufficiently effective epidemiological surveillance over HIV infection. The USSR is the world's first country to begin registering not just patients with the acquired immune deficiency syndrome (AIDS)—the final stage of a long-lasting illness elicited by human immune deficiency virus, but all persons infected with this virus. Information on all revealed carriers is transmitted to a special AIDS prevention and treatment laboratory, where it is fed into a computer, and where possible relationships between infected persons and the dynamics of the infection's spread are analyzed. This is precisely the means by which an internal hospital focus of HIV infection was revealed in Elista. Contrary to the opinion of incompetent persons troubled by the absence of epidemiological surveillance in our country, this fact attests to its effectiveness. It is terrible to even imagine what the population of the Kalmyk ASSR might be suffering now, had this intensive pathway of the virus's transmission by medical personnel not been blocked.

High quality test systems for diagnosis were developed and provided to the country in sufficient quantities within a relatively short time. Over 80 million blood samples from the population have been tested. It was more difficult to organize industrial production of the test systems, but ultimately, industry managed to deal with this problem as well. HIV strains have been isolated and are now being cultivated. The properties of the virus and the mechanisms of its interrelationships with the cells and body of the host are being studied aggressively, but clearly inadequately.

From today's standpoint, the previously developed state program for AIDS control was organized on a traditional basis, and in view of this it did not concentrate the necessary resources and rights of the program's leadership upon solution of the problem, and many of its subdivisions were not mandatory. Many of the decisions that were previously adopted have not yet been perfected. For example the extreme lack of work space makes it impossible to start up the full volume of scientific research under conditions of guaranteed safety. Not a single laboratory in the Ministry of Health and the USSR Academy of Medical Sciences fully satifies safety requirements, and not a single government decree requiring the construction of such laboratories has been fulfilled. The miserly financial support enjoyed by the program today will cost billions in losses a few years from now. We will hope that the state program that is currently being developed by a government commission that was finally created under the chairmanship of

Academician N. P. Laverov, deputy chairman of the USSR Council of Ministers, can expect a more fortunate future, and that the prognosis of the fight against AIDS will be more hopeful.

In 1987 the Presidium of the USSR Supreme Soviet published the ukase "On Methods of Preventing AIDS Virus Infection." This ukase had a mixed reception from the public. Many saw it as a transgression upon the rights of HIV-infected persons and AIDS patients. However, this ukase played a large role in protecting the society from HIV infection. For example in 1987 an examination of foreign graduate students who came to the USSR for training revealed around 100 infected individuals who were highly active sources of infection, while in 1990 an examination revealed 12. In this way, owing to the ukase, more than 400 active sources of HIV were eliminated or kept out of the USSR, and this means a minimum of 8,000-10,000 prevented infections.

The law of the Union of Soviet Socialist Republics "On AIDS Prevention," signed by President of the Union of Soviet Socialist Republics M. Gorbachev on 23 April 1990, gave legal backing to measures directed at protecting the society from the spread of AIDS, and it laid the foundation for ensuring the social protection of persons infected with human immune deficiency virus or sick with AIDS.

The incidence of HIV infection in the population will doubtlessly grow. It must be understood that the virus is already circulating in the USSR population. It is impossible to eliminate or destroy it. My hope is that the most intensive pathway of circulation—in internal hospital infection foci—has been blocked. The sexual pathway remains dominant—both heterosexual (the primary one!) and homosexual. Therefore the USSR's preventive and epidemic control measures must be oriented on blocking sexual transmission of HIV by limiting the activity of existing transmission factors.

Improved Soviet Condom Production Still Insufficient

91WE0244B Moscow MEDITSINSKAYA GAZETA in Russian No 141-143, 30 Nov 90 p 7

[Excerpts from article by G. Sobakina and S. Kitain: "To Stallone for a Coupon, or How the Bakovka Rubber Article Plant Reached Its Rated Capacity"]

[Excerpts] Many civilized countries are conducting official condom ad campaigns.

So it is that we find the condom as the hero of the commercials. It makes its appearance at the tensest moment of the evening television program. The great Sylvester Stallone has just fought a duel to the death with a murderous maniac, when suddenly his place on the screen is substituted by a man in a white smock saying good things about our little rubber friend. Lovers of box office smashes grumble, of course, but after such a showing of this short ad, the sale of condoms increases by 30 percent. This is why AIDS infection by the sexual pathway has been minimized in developed countries.

In our country, however, the situation is clearly different. There is nothing to advertise: Instead of a billion, Soviet industry produces only 280 million, plus the 377 million purchased abroad, for a total of just a little more than half of the demand. And what if suddenly we were given orders "from above" to do what they do in the West—air commercials.... [passage omitted]

I'm afraid that such a storyline wouldn't work, at least for now.... Even veterans of the Great Patriotic War and disabled persons, not to mention simple mortals, do not enjoy any advantages in acquiring these highly scarce goods. So lets work on our traditional, Soviet variant of the commercial.

Part I. The Bakovka Rubber Article Plant, which at one time had been able to satisfy the population's demand for condoms completely, has lost its leading position: In its race for quantity, it forgot about quality. Having purchased imported equipment, its competitor, a plant in Armavir, has pulled forward. But it has another problem—having gotten carried away with quality, it was unable to get a handle on quantity. The country found itself defenseless in the face of AIDS.

Part II. The alarm is sounded in Bakovka. Its experienced, energetic director, Yu. V. Andreyev, is eager to help the country, and to recapture the plant's former glory at the same time. A new production building is erected, new equipment is purchased, and surmounting colossal difficulties, the raw materials are requisitioned. "At the top," the efforts of enthusiasts at the Ministry of Construction of Petroleum and Gas Industry Enterprises create the Medizdeliya Production Association, of which the Bakovka plant becomes the head plant. Just this year alone, the association will manufacture 60 million condoms, and that's just the beginning. A Soviet-Vietnamese joint venture will go into operation in January of next year, producing 280 million units; add to this the two lines that are being installed in Zelenograd, which will be able to provide another 70 million or more.

And on the whole, the sector plans to open four plants in the immediate future to manufacture these products that we need so greatly.

Part III. A MEDITSINSKAYA GAZETA photographer-reporter visits the Bakovka plant. He finds its collective fully resolved to honorably complete its task. Everyone is working excellently, enthusiastically. In accordance with the contract, products manufactured in excess of the plan are sent to the capital's pharmacies, such that Muscovites could now "sleep" silently, if of course they could. A happy ending.

Photographs [not reproduced]: in the finished products electronic quality control section; "Bakovka condoms are at the level of world standards!"

FRANCE

AIDS Patients Eligible for Life Insurance

91WE0241A Paris LES ECHOS in French 1 Mar 91 p 12

[Article by Jean-Michel Bezat: "AIDS: Companies Agree To Insure Seropositive Individuals"—first paragraph is LES ECHOS introduction]

[Text] Under pressure from the government, insurance companies are deciding that the 100,000 to 200,000 French who are seropositive can be insured—provided that they pay an additional premium, and that contract lengths and guaranteed benefits are capped.

The Jolivet report entitled "Insurance and AIDS" will not remain a dead letter. Yesterday, two weeks after [it] was turned into the government, Pierre Beregovoy and Claude Evin called on insurance companies to implement the chief recommendations of the task force (physicians, insurers, high-ranking bureaucrats) led by Benoit Jolivet, the former insurance director in the Ministry of the Economy.

In a joint communique, the ministers of finance and social affairs have announced that insurers will soon bring out life insurance contracts for persons infected with the AIDS virus. The move is an industry first, since insurance companies had thus far considered seropositive individuals—numbering from 100,000 to 200,000, according to the most serious estimates—an "uninsurable risk." On the other hand, those ill with AIDS[1] will continue to be excluded from insurance coverage.

The Jolivet report, which was approved by the insurance representatives, stipulates that the contracts will be drawn up "according to the framework established for so-called 'aggravated' risks." Indeed, insurance companies are establishing three conditions: the duration of the contract must not exceed 10 years, the amount of the guaranteed benefit cannot exceed 1 million French francs [Fr], and an additional premium will be charged to those insured under these plans. In addition, companies reserve the right to "regularly update the surcharges" in accordance with changes in epidemiological data (morbidity, mortality, new treatments.)

This means that, to purchase housing, a seropositive individual would borrow at an 18 to 19 percent rate (compared to about 10 percent for a borrower in good health) because of the additional cost of his insurance. Pierre Beregovoy and Claude Evin believe that the "current additional premium is too high" and would like to see "progress made."

In addition, the task force reached a decision on the guidelines for drafting questionnaires sent to contract applicants, and its members agreed that "no question concerning the intimate nature of [the applicant's] private life, and in particular sexual life, can be included in the questionnaires." The government adopted that recommendation as well. But it went further by announcing that it was preparing a bill designed to sanction companies that disregarded that rule.

On the other hand, the government did not follow to the letter the Jolivet report, which favored authorizing companies to run serological tests before signing any insurance contract. Certainly those tests to detect AIDS will be authorized, but for a guaranteed benefit exceeding Fr1 million. Below that amount, they will be "absolutely banned," the government communique specifies.

Finally, as the Jolivet report recommended, the government has decided to create a "monitoring group" (administration, insurers, reinsurers, physicians, patient aid associations) that will regularly provide the profession with the latest data on AIDS (number of people infected, therapeutic progress). Individuals believing themselves to have been discriminated against by their insurer can refer their case to this group.

The FFSA, GEMA, and Groupama have in practice subscribed to all these reforms. But their decision is less an expression of philanthropic generosity than of an analysis of the evolution of AIDS prevalence, morbidity, and mortality. Indeed, the Jolivet report emphasizes that "50 percent of those infected develop AIDS in the 10 years following their infection," but that "a significant and growing proportion of them will live over 10 years, sometimes 15 or 20 years, before reaching the AIDS stage."

As for the life expectancy of patients (two years on the average), it has climbed steadily since 1981 thanks to improved treatment. With 10 years of experience behind them, the task force's experts thus concluded that the situation of seropositive individuals was gradually approaching that of persons afflicted with other serious pathologies.

Footnotes

1. Experts estimate that France will have 21,000 AIDS cases (cumulative total since the start of the epidemic) at the end of 1991.

GREECE

No Behavioral Changes in AIDS Carriers

91WE0221A Athens ELEVTHEROTIPIA in Greek 28 Jan 91 p 22

[Excerpt] A great percentage of persons suffering from AIDS, even after having been diagnosed as having the disease, refuse to change their sexual behavior thus putting in serious danger not only themselves but their sexual partners.

This was shown in a survey whose results were presented at the Second All-Greek Congress on AIDS and Sexually Transmitted Diseases.

The survey was made up of 56 AIDS patients who were treated at the AIDS unit of the A. Syngrou Hospital from 1985 to November 1990. Prior to their being diagnosed as having the disease, three patients said they had only one sexual partner while the remainder said they had a large number of sexual partners, 100-600, in the past two years. Only two patients used contraceptives regularly, six used them occasionally while 48 never used them. After their being diagnosed with AIDS, 13 stopped all sexual contacts, 10 kept only one sexual partner, 18 changed behavior while 15 did not change their habits.

The diagnosis of the disease finally led most of the patients to change their sexual behavior. This change, however, was not such as to sufficiently protect them from reinfection or to completely prevent their sexual partners from transmitting the disease. Head of the survey team was Dr. V. Paparizos. [passage omitted].

'Unique' New Method Used in HIV Research

91WE0221B Athens I KATHIMERINI in Greek 26 Jan 91 p 4

[Text] New unique techniques for the surveillance of AIDS carriers and the detection of the HIV virus are being implemented in laboratories by Greek doctors.

A statement to this effect was made yesterday in a press conference by Mr. Ang. Khatzakis, an epidemiologist, on the occasion of the Second All-Greek Congress on AIDS and Sexually Transmitted Diseases. These universally novel methods were presented at this congress.

Of special interest was the method presented at the congress by Mr. N. Malliarakis of the University of Crete, according to which it is possible to determine whether someone is an authentic AIDS carrier or not.

With this technique results of the Western blot test can be verified. This test is widely used to detect the virus. In some cases the results obtained are doubtful because they falsely appear to be positive.

The procedure, which is being conducted at the National Retroviral Reports Center and the University of Crete, is a very difficult one. It is called PCR or polymerase chain reaction. It is based on gene amplification technology of the cell so as to better detect it and, as Mr. Khatzakis said, it might have other applications in the future.

With yet two new and interesting techniques it is possible to make known if an AIDS carrier will progress well or badly so that therapy might begin in time and the stages of AIDS infection without symptoms might be anticipated.

New Hepatitis Virus Strain Isolated

91WE0221C Athens I KATHIMERINI in Greek 26 Jan 91 p 4

[Article by Galini Foura]

[Text] A universally unknown strain of hepatitis virus has been detected in Greece and has already caused three deaths.

Another form of hepatitus virus, that does not exist in Europe and that is endemic in Third World countries, has been isolated in Greece.

This has to do with the E virus that is particularly dangerous, especially among pregnant women that causes a great percentage of death among them.

The above comments were made yesterday at the Second All-Greek Congress on AIDS and Sexually Transmitted Diseases by Prof. Nikos Tassopoulos following research conducted at the Infectious Diseases Unit in cooperation with the U.S. Infectious Diseases Center.

Studied were 31 persons who had been taken to hospitals with severe hepatitis symptoms which, nevertheless, could not be diagnosed.

As it turned out, these 31 people had not been infected by any of the known hepatitis viruses, i.e., A, B, or C. One had the E virus that has caused epidemics in Pakistan, Somalia, Sudan, Nepal, and the Soviet Union but is unknown in Europe. The other 30 remained undiagnosed and of the three subsequently died.

Mr. Tassopoulos said, "Perhaps there is some other strain in our country that causes hepatitis. This strain, of course, is unknown and must be studied in cooperation with foreign centers that have the necessary technology.

"The certain thing is that the E virus exists in our country since the person infected did not travel abroad."

As Mr. Tassopoulos made clear, this strain is transmitted by polluted water. The disease does not drag on but leads to death in 10-20 percent of Greek women who are affected in the third quarter of their pregnancy. This virus is very widespread in Third World countries and makes up 50 percent of hepatitis cases in the Sudan.

The hepatitis problem is assuming alarming proportions because of the lack of controls over hepatitis C in blood donations. Such lack of controls, from what is apparent, are very widespread in Greece.

A survey conducted at the Tripolis Hospital showed that 41 percent of the patients who had blood dialysis there had been infected by this virus that is particularly dangerous.

Of 27 patients who had blood dialysis, 11 proved positive to the C virus. Six of them had had blood transfusions while the remainder seem to have been infected from the blood dialysis.

Interesting comments were made at the congress with regard to the spread of AIDS among homosexuals and drug addicts.

The study was conducted among an anonymous sample of homosexuals with acute hepatitis by Messrs. Ang. Khatzakis and N. Tassopoulos. A great increase in the

AIDS rate was found among homosexuals, rising from 1.5 percent in 1987 to 5.7 percent in 1990.

On the other hand, of 340 drug addicts with acute hepatitis who had been tested in the last five years, not one was found to be an AIDS carrier.

Nevertheless, there is the danger of spread of AIDS among drug addicts because, as it was determined from the sample of 340 drug addicts, use is made of a common injection needle in the majority of cases.

AIDS Statistics Show Heterosexual Transmission

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[Text] There were 19 new cases of AIDS in Greece in the past three months, thus bringing the total number of cases reported up to now to 412, of which 12 are small children.

The above statistics were publicly announced yesterday by G. Soulas, alternate minister of health, welfare, and social insurance, who emphasized that the spread of the disease among heterosexual people in Greece has assumed alarming dimensions. He noted that the spread of the disease has been greater than in other EEC countries.

For that reason greater vigilance and better understanding by young people is needed. Even though we are in last place among EEC countries as far as overall AIDS cases is concerned, the problem exists and no relaxation can be permitted.

According to the data Mr. Sourlas provided, of the 412 AIDS cases, 205 are to be found among homosexuals, 14 among drug addicts while 89 cases came from heterosexual relationships.