

JPRS-TEP-91-002
28 JANUARY 1991



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

AIDS

19980506 113

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

DTIC QUALITY INSPECTED 3

DISTRIBUTION STATEMENT A

Approved for public release;
Distribution Unlimited

Epidemiology

AIDS

JPRS-TEP-91-002

CONTENTS

28 January 1991

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

SUB-SAHARAN AFRICA

CAMEROON

- New Cases of AIDS Detected [*Dakar PANA, 9 Jan 91*] 1

CHAD

- Government Conducts AIDS Awareness Poll
[*Merci Danyod; Ndjamena REVUE SCIENTIFIQUE DU TCHAD Vol I No 1*] 1

GHANA

- Seventy-eight AIDS Cases in North in Three Years [*Accra Domestic Service, 26 Dec 90*] 10

IVORY COAST

- Paper Reports Authorities Playing Down AIDS Threat
[*Catherine Morand; Paris AFRICA INTERNATIONAL, Nov 90*] 10

MAURITIUS

- Educational AIDS Hot Line Established [*Port Louis WEEK-END, 18 Nov 90*] 11

SEYCHELLES

- Events for World AIDS Day Discussed [*Victoria SEYCHELLES NATION, 30 Nov 90*] 12
Women's Role in Battle Against AIDS [*Victoria SEYCHELLES NATION, 9 Dec 90*] 12

SOUTH AFRICA

- Black Students Reveal Perceptions of AIDS
[*Gaye Davis; Johannesburg THE WEEKLY MAIL, 16-22 Nov 90*] 12
Experts: Conflicting Views on AIDS Threat [*Helen Grange; THE ARGUS, 29 Nov 90*] 13
African AIDS Specialists Arrive [*Esann van Rensburg; THE ARGUS, 29 Nov 90*] 14
HIV Cases Increasing Among TB Patients [*Cape Town THE ARGUS, 29 Nov 90*] 15
Medical Association Welcomes AIDS Education Program
[*Johannesburg Domestic Service, 20 Dec 90*] 15
Doctor Details Northern Transvaal Donor HIV Figures [*Johannesburg S.A.P.A., 20 Dec 90*] 15
Government Reports 613 AIDS Cases for 1982-90 [*Johannesburg S.A.P.A., 7 Jan 91*] 16
'Alarming Growth' in Pediatric AIDS Cases [*Johannesburg SABC TV 1 Network, 14 Jan 91*] 16

SWAZILAND

- Medical Official Notes 18 AIDS Deaths Since 1987 [*Mbabane Domestic Service, 9 Jan 91*] 16

TANZANIA

- Study Says 90 Percent of Citizens Aware of AIDS [*Nairobi KNA, 7 Jan 91*] 16

Uganda

AIDS Cases Double Every 6 Months [Hellen Mukiibi; Kampala THE NEW VISION, 2 Nov 90] ..	17
Museveni Addresses AIDS Rallies [Kampala THE STAR, 20 Nov 90]	18
Health Minister Reviews Progress Against AIDS [Kampala THE STAR, 4 Dec 90]	18
'Executive' Clinic for AIDS Testing Opened [Kampala WEEKLY TOPIC, 7 Dec 90]	20
ACP Head Reports on Lack of Public Response [Sensasi Benjamin; Kampala WEEKLY TOPIC, 7 Dec 90]	20

ZIMBABWE

Health Minister Discusses Tuberculosis, AIDS [Johannesburg S.A.P.A, 28 Dec 90]	21
--	----

CHINA

AIDS Seminar Held in Beijing [Fan You; Beijing GUANGMING RIBAO, 29 Nov 90]	22
HIV Cases Detected in Yunnan [Zhu Baoxia; CHINA DAILY, 29 Nov 90]	22
Fight Against AIDS [Zhu Li; Beijing JINGJI CANKAO, 1 Dec 90]	22
First Chinese AIDS Victims [Yu. Savenkov; Moscow IZVESTIYA, 8 Dec 90]	24

EAST ASIA

THAILAND

Estimated 10 Percent of Men in North HIV-Positive [Ann Danaiya Usher and Martha Ross; Bangkok THE NATION, 18 Dec 90]	25
AIDS Prevalence Among Bangkok Drug Addicts Viewed [Ann Danaiya Usher; Bangkok THE NATION, 20 Dec 90]	25
Two Million AIDS Carriers by Year 2000 Predicted [Bangkok BANGKOK POST, 22 Dec 90]	26

VIETNAM

First AIDS Case in Ho Chi Minh City [Leo Dobbs; Hong Kong AFP, 10 Jan 91]	27
---	----

LATIN AMERICA

BRAZIL

Profile of AIDS Changes in Sao Paulo [Sao Paulo O ESTADO DE SAO PAULO, 30 Nov 90]	29
---	----

CUBA

Interferon Treatment for AIDS Yields "Satisfactory" Results [Havana GRANMA, 22 Nov 90]	30
Guantanamo Province Records 17 AIDS Cases in 1990 [Jose Mejias; Havana Radio Rebelde Network, 10 Jan 91]	30
Vice Minister Discusses AIDS Program [Havana Tele Rebelde Network, 11 Jan 91]	30

DOMINICAN REPUBLIC

AIDS Cases From 1983 to 1990 [Santo Domingo Radio-Television Dominicana Radio Network, 20 Dec 90]	31
--	----

NEAR EAST & SOUTH ASIA

ISRAEL

Drop in Number of New AIDS Cases Recorded [Tel Aviv AL HAMISHMAR, 4 Jan 91]	32
---	----

JORDAN

Health Ministry Official: Forty Five Cases of AIDS [Amman JORDAN TIMES, 24 Dec 90]	32
--	----

SOVIET UNION

Alma-Ata Woman Found HIV-Positive After Lengthy Testing [Vladimir Ardayev; Moscow IZVESTIYA, 28 Aug 90]	33
AIDS Screening in Uzbekistan [V. Artemenko; Moscow PRAVDA, 4 Sep 90]	33
Aralsk Plague Quarantine Lifted, AIDS Case Discovered [V. Ardayev; Moscow IZVESTIYA, 27 Sep 90]	33
Clinical Classification of AIDS [Yu. Galkin, Y. Nilson, et al.; KLINICHESKAYA MEDITSINA, Vol 68 No 10, Oct 90]	34
Government Assistance for Children With AIDS [Moscow PRAVITELSTVENNYI VESTNIK, Oct 90]	38
Ukrainian AIDS Official Comments [A. F. Frolov Interview; Kiev PRAVDA UKRAINY, 24 Oct 90]	39
HIV-Positive Foreigner Deported [Ye. Ukhov; Moscow TRUD, 1 Dec 90]	40
AIDS in Buryat Republic [S. Trofimov; Moscow TRUD, 2 Dec 90]	41
AIDS Measures in Ukraine [L.S. Nekrasova Interview; Moscow KOMSOMOLSKOYE ZNAMYA, 2 Dec 90]	41

WEST EUROPE

CANADA

Montreal Study Links AIDS With Poor Women [Andrew Nikiforuk; THE TORONTO STAR, 1 Nov 90]	43
---	----

DENMARK

Growing AIDS Risk Among Heterosexuals [Copenhagen BERLINGSKE TIDENDE, 27 Nov 90] ..	43
---	----

IRELAND

Health Department Reports AIDS Statistics [Dublin IRISH INDEPENDENT, 30 Nov 90]	43
---	----

NORWAY

Health Service Releases Year to Date AIDS Figures [Kare M. Hansen; Oslo AFTENPOSTEN, 27 Nov 90]	44
--	----

SWITZERLAND

Public Health Service Releases AIDS Figures [Geneva JOURNAL DE GENEVE, 31 Oct 90]	44
AIDS Figures Stabilize in 1990 [Bern International Service, 7 Jan 91]	45

CAMEROON

New Cases of AIDS Detected

AB1101124091 Dakar PANA in French 1749 GMT
9 Jan 91

[Text] Yaounde, 9 Jan (CAMNEWS/PANA)—The number of AIDS cases in Cameroon increased from 195 in August 1990 to 243 by the end of December, an official source disclosed today in Yaounde, where there is concern over the increase in the scourge. The source added that these fresh cases were detected all over Cameroon through laboratory tests.

The chairman of the Cameroon AIDS control committee, Prof. Lazare Kaptue, asserted that all the country's provinces had been affected by this disease of the century. There is a high prevalence of AIDS among prostitutes, which Professor Kaptue evaluates at approximately nine percent, adding that about one percent of the population is seropositive, that is about 100,000 persons.

Cameroon AIDS control officials note that the number of cases has developed very rapidly. They went from 21 declared cases in 1985- 1986, 155 cases in May 1990 (with 117 deaths), 195 cases in August 1990, to 243 cases in December 1990. Faced with the increase in the disease, the national AIDS control committee set up a monitoring system in Yaounde, Douala, Bamenda, and which will be extended very soon to Garoua (northern Cameroon), and Bertoua (eastern Cameroon).

International financiers released 976 million CFA francs in May 1990 to finance AIDS control in the country. It will also be recalled that more than two million condoms were, in a parallel manner, distributed to prostitutes. A packet of four condoms costs 50 CFA francs in Cameroon.

CHAD

Government Conducts AIDS Awareness Poll

91WE0165A Ndjamenan REVUE SCIENTIFIQUE DU
TCHAD in French Vol I No 1, 1990 pp 3-12

[Article by Merci Danyod, medical doctor, Office of Preventive Medicine and Rural Health, Ministry of Public Health, in Ndjamenan, Chad]

[Text] Summary: AIDS, a world-wide scourge of unprecedented proportion, is the greatest public health challenge existing today as there is neither a cure nor a vaccine for the disease. Under these circumstances, the

sole means of preventing AIDS are information, education, and communication. Behavioral change related to sexual activity is one means of prevention.

Prevention is a matter for the entire population. In order to achieve the desired result, Chad has conducted a survey on the knowledge, attitudes, beliefs, and behavioral patterns of the population in Chad's five major cities, which has enabled it to determine the population's level of awareness about AIDS. With the results of this survey, a solid foundation for an anti-AIDS strategy can be laid out.

Key words: Chad, AIDS, surveys of knowledge, attitudes, beliefs, behaviors.

Introduction

From October 1988 to February 1989, a survey on "Knowledge, Attitudes, Beliefs, and Behavioral Patterns" was conducted in Chad's five principal cities: Ndjamenan, Abeche, Bongor, Moundou, and Sarh. These cities represent 16 percent of the country's total population and more than 80 percent of its urban population. The conditions required for conducting a nationwide survey were not all present.

Less than 1 percent of the sample (nine individuals out of the total) refused to answer questions. There are several explanations for their refusal. Among them, the simplest explanation is distrust on the part of the respondent who suspects the survey taker of knowing something about his health; some individuals were surprised and disconcerted at being randomly chosen for the survey. In the end, 1,991 persons were involved in the survey, 981 of them women and 1,010 of them men.

I. Awareness of AIDS

1) "Have you heard of AIDS?"

This question drew an affirmative response from 60 percent of those surveyed in the cities. Men are more familiar with AIDS than women; young people more than older people; those with schooling more than those without schooling; and Christians and Animists more than Muslims. (See Table 1.) Residents of the cities of Moundou, Sarh, and Bongor had more often heard about AIDS than residents of Ndjamenan and Abeche. This finding is explained by the fact that World AIDS Day occurred after respondents had been questioned in Ndjamenan and Abeche but before respondents in the three southern cities were questioned. These three cities thus had the benefit of information broadcast extensively by radio on the occasion of World AIDS Day. This also demonstrates the significant influence of a radio campaign and of the other events organized for this occasion.

**Table 1. Awareness of AIDS
(number of respondents = 1,991)**

Respondents	Yes (%)	No (%)
Gender		
Men	71	29
Women	49	51
Age Group		
15-24	70	30
25-34	63	37
35+	47	53
Education		
None	33	67
Primary	76	24
Secondary	96	4
Higher	97	3
Religion		
Christian	81	19
Animist	71	29
Muslim	44	56
City		
Abeche	26	74
Bongor	73	27
Moundou	82	18
Ndjamena	53	47
Sarh	78	22

2) "In your opinion, what is the most serious disease in the world today?"

AIDS was spontaneously cited by 28 percent of those questioned. Appreciable differences appear in relation to sex, age, education, religion, and marital status. (See Table 2.) The fact that single people cited AIDS as the most serious disease more often than did married people is related to age. Single people are, in fact, considerably younger than married people.

Length of residency in an urban area does not have a significant bearing on responses.

Those who did not mention AIDS cited malaria and the seven diseases targeted by the Expanded Vaccination Program (EVP): tuberculosis, whooping cough, diphtheria, tetanus, poliomyelitis, measles, and yellow fever. Others, still mindful of the drought and the war they suffered, cited famine. Finally, other respondents cited cancer, meningitis, and diarrhea.

**Table 2. "What is the world's most serious disease?
(in percentages)**

Respondents	Cited AIDS	Did Not Cite AIDS
Gender		
Men	17	83
Women	39	61
Age Group		
15-24	35	65
25-34	29	71
35+	20	80
Education		
None	9	91
Primary	28	72
Secondary	39	61
Higher	70	30
Marital Status		
Single	44	56
Divorced, separated	15	85
Married or with partner	22	78
City		
Abeche	12	88
Bongor	35	65
Moundou	33	67
Ndjamena	24	76
Sarh	39	61

II. Knowledge of How AIDS Is Transmitted

The analyses that follow involve only those respondents who had heard of AIDS (1,192), or 60 percent of the total sample.

1) Modes of Transmission.

Sexual contact was cited by 74 percent of women and by 81 percent of men as a means by which AIDS is transmitted. Transmission from mother to child is known to 68 percent of women and to 72 percent of men. Transmission via blood is known to 6 percent of women and 10 percent of men. Injections were cited by only 1 percent of respondents.

Other means were cited by 19 percent of women and 9 percent of men. For the most part, these other means related to everyday contact but also to exchanges of greetings, mosquito bites, public toilets, dust, etc.... Several said that they had never seen an AIDS victim and therefore found it difficult to know how the disease is transmitted without knowing its symptoms.

Spontaneously, 13 percent of women and 17 percent of men were able to name correctly several modes of AIDS transmission. This percentage increases with schooling. (See Table 3.)

Table 3. Education and Ability To Name Correctly Several Modes of AIDS Transmission
(number of respondents = 1,138)

Education	Number of Respondents	Percent
None	286	6
Primary	355	11
Secondary	433	20
Higher	64	43

Among those who cited perinatal transmission (774), 36 percent of women and 45 percent of men knew that transmission occurred during pregnancy or birth. Breast-feeding was cited by 27 percent as a means of transmission and the remaining percentage cited daily contacts between mother and child during feeding and bathing.

2) "Is it possible to be cured of AIDS?"

Sixty percent of those questioned said that it is not possible to be cured of AIDS. Paradoxically, a greater proportion of intellectuals having a university level education believe that it is possible to be cured of AIDS. (See Table 4.) This is probably due to the fact that intellectuals have access to foreign radio and magazines that have carried frequent reports of miraculous medications. Those who have access solely to national sources more frequently stated that AIDS is incurable.

Table 4. "Is AIDS Curable?"
(number of respondents = 1,138 in percent)

Education	Yes	No	Don't know
None	24	56	20
Primary	25	59	16
Secondary	26	64	10
Higher	38	54	8

Those who said that AIDS is curable (324) were asked to explain how it is cured. Medical treatment was cited by 80 percent; 9 percent cited traditional remedies; and 3 percent cited prayer. Among those who said that AIDS is incurable (868), some stated that they would prefer to commit suicide if they contracted the infection.

Respondents' scores vary significantly in relation to their sex, age, education, religion, and access to several sources of information.

3) Average Index of Awareness.

They do not vary whether the respondent's information sources are subject to verification (radio, television, newspapers) or not subject to verification (friends, neighbors, relatives). (See Table 6.) Length of residency in an urban area does not have a bearing on the degree of AIDS awareness.

An overall index of AIDS awareness was drawn up on the basis of correct responses to the seven questions discussed above. One point is given for each correct response and no points are given for incorrect responses. The index therefore ranges from 0 to 7. For the sample as a whole (1,991), the average index value is 1.5. The median index is 1.0. (See Table 5.)

An index value of 0 represents no knowledge of AIDS. Values of 1 and 2 indicate a weak knowledge. Knowledge is fair at 3 and 4, and good to excellent starting at a value of 5.

Table 5. Frequency Distribution of Awareness Index Values
(number of respondents = 1,991)

Index	% of Sample
0	46.0
1	9.0
2	14.3
3	14.7
4	9.6
5	4.5
6	1.6
7	0.3

Table 6. Average AIDS Awareness Index for Different Variables
(number of respondents = 1,991)

Category	Average Index
Gender	
Women	1.1
Men	2.0
Age Group	
15-24	1.7
25-34	1.7
35+	1.2
Education	
None	0.6
Primary	1.8

Table 6. Average AIDS Awareness Index for Different Variables
(number of respondents = 1,991) (Continued)

Category	Average Index
Secondary	2.8
Higher	3.6
Literacy	
Illiterate	0.6
Read with difficulty	1.8
Read with ease	2.7
Religion	
Christian	2.2
mMuslim	1.1
mAnimist	1.8

Table 6. Average AIDS Awareness Index for Different Variables
(number of respondents = 1,991) (Continued)

Category	Average Index
Sources of Information	
Formal	1.4
Informal	1.6
Various	3.0

One profile emerges readily: The person who has some knowledge of AIDS (an index value greater than 2) is not more than 35 years of age; is more often a man than a woman; is more often Christian than Muslim; reads with ease, having studied at the secondary or higher level; and has access to or seeks out several sources of written or oral information.

4) Information Sources.

The respondents had heard of AIDS through various channels of information. These are listed in Table 7.

Table 7. Sources of Information about AIDS as a Function of Educational Level
(number of respondents = 1,144 in percent)

Source	Educational Level				Total
	None	Primary	Secondary	Higher	
Radio and TV alone	41	45	59	80	51
Newspapers	1	3	10	8	6
Neighbors, relatives, friends	35	24	10	2	20
Health-care workers	2	2	1	1	9
Radio, TV, and other	21	26	20	9	21

Note: Each respondent was allowed more than one response.

Although information sources vary according to level of education, what is immediately striking is the considerable importance of radio with its increasing audience, cited here merely for the record. The role played by neighbors, relatives, and friends is considerable for those

who have had little or no schooling. Health-care workers play only a very minor role. Newspapers and magazines are a sole source of information for only 10 percent of those with a secondary or higher level of education.

Table 8. Sources of Information About AIDS as a Function of Gender
(number of respondents = 1,144)

Source	Women	Men
Radio and TV alone	37	61
Newspapers	5	6
Neighbors, relatives, friends	32	12
Health-care workers	2	1
Radio, TV, and other	24	20

Women have less access than men to radio and TV, but on the other hand, women rely much more on conversations for information.

The sources of information about AIDS were divided into two types: formal sources, i.e., subject to checks for

accuracy (radio, TV, newspapers, or magazines), and informal sources, i.e., not subject to checks for accuracy (friends, neighbors, family). Access to these two types of sources clearly varies significantly according to education.

Table 9. Recourse to Informal Sources of Information About AIDS and Education (number of respondents = 1,144)

Education	Percent
None	35
Primary	24
Secondary	10
Higher	2

The role of oral communications and conversations is clearly much more important among those who have had no schooling.

III. AIDS Prevention

1) "What does AIDS mean to you?"

For this question, respondents were given several responses to choose from: an inevitability, an unavoidable risk, or a sexually transmitted disease. Forty-one percent characterized AIDS as a sexually transmitted disease.

"An inevitability" was the response selected by 31 percent and "an unavoidable risk" the response selected by 14 percent. Eight percent gave other responses, such as AIDS is a myth, a disease of women, or a European disease, and 6 percent had no opinion (1,153).

Those who believe that AIDS is an unavoidable risk explain their response by the fact that they feel incapable of modifying their own behavior or their partner's behavior. They are thus aware of the fact that AIDS can be avoided by behavioral change (see paragraph 6 of this section), but feel incapable of protecting themselves. Women tend to hold this belief more often than men. From this there emerges a mutually held sense of the other's responsibility with respect to transmission of the infection. Each believes that it is difficult for the other to modify his or her behavior.

2) Awareness of Family Planning.

Among respondents having heard of AIDS, 31 percent were unaware of methods of birth control or of spacing births. The rhythm method is known to 30 percent and

27 percent are aware of the modern methods of contraception, among them the condom that was spontaneously cited by 6 percent of respondents (1,153). The other methods mentioned by 12 percent of respondents involve traditional practices: The will of God should not be disobeyed. "Nature has its own way of spacing births." "A mere spell can prevent a woman from conceiving."

3) Knowledge of a Family Planning Method Used in AIDS Prevention.

When asked whether it is possible to avoid AIDS by using a family planning method, 23 percent responded in the affirmative; 29 percent said it was not possible; and 48 percent did not know. Among the 23 percent responding affirmatively (240), 16 percent had never attended school and 30 percent had received a university education, men more often than women (1,043).

4) "Have you ever heard of condoms?"

This question received an affirmative response from 23 percent of the women and 43 percent of the men who had heard of AIDS (1,169). Some respondents knew of condoms but refused to answer this question because their partner's presence during the interview made them uncomfortable. Among the respondents who had heard of condoms (410), 57 percent (equal numbers of men and women) knew where to obtain them.

Awareness of the condom and of its role in preventing AIDS does not vary according to religion, length of residency in an urban area, or marital status. In other words, single persons are no more aware of the use of condoms than are married persons.

In contrast, awareness of condoms rises steadily with education, moving from 26 percent at the primary level, to 43 percent at the secondary level, and to 73 percent at the university level. Individuals who have not attended school are just as aware of condoms as are those with a primary education (25 and 26 percent respectively).

This awareness rises steadily with age: 27 percent of those between the ages of 15 and 24 are aware of the condom as compared with 44 percent of those 35 and older.

Table 10. Summary of AIDS Prevention Questions (number of respondents = 1,153)

Question	Women (%)	Men (%)
a. "What does AIDS mean to you?"		
an inevitability	32	30
an unavoidable risk	15	13
a sexually transmitted disease	35	45
don't know	18	12
b. "Are you aware of birth control?"		
rhythm method	31	31
modern contraceptives	23	20

**Table 10. Summary of AIDS Prevention Questions
(number of respondents = 1,153) (Continued)**

Question	Women (%)	Men (%)
use of condoms	5	6
other	9	13
don't know	32	30
c. "Do you know of AIDS-preventing birth control method?"		
Yes	18	26
d. "Have you heard of condoms?"		
Yes	23	43
e. "What should an infected person do to avoid spreading AIDS?"		
abstain from sex	31	31
isolate themselves	26	33
use condoms	5	9
other	19	17
don't know	19	10

5) "What should a carrier of the AIDS virus do?"

Nearly one-third of respondents believe that those infected with HIV or afflicted with AIDS should abstain from sexual relations. A slightly lower percentage believes that these individuals should isolate themselves,

which more categorically implies sexual abstinence and belies a much broader fear of contamination. The "other" category encompasses such responses as to abstain from donating blood or sharing needles.... These opinions differ appreciably according to age. (See Table 11.)

**Table 11. "What should an HIV-positive person do?"
(number of respondents = 1,153 in percentages)**

Age Group	15-24	25-34	35+
Abstain from Sex	35	30	26
Isolate themselves	27	31	35
Use condoms	4	6	8
Other, don't know	34	33	31

6) "Can AIDS be avoided by modifying one's behavior?"

Of those who had heard of AIDS, 23 percent responded in the affirmative; 29 percent responded in the negative; and 45 percent did not know. Affirmative responses vary significantly with a number of variables. (See Table 12.)

**Table 12. Belief in AIDS Prevention through Behavioral Change as a Function of Age, Education, and Literacy
(number of respondents = 1,153)**

Category	Yes (%)
Age Group	
15-24	18
25-34	24
35+	28
Education	
None	16
Primary	22
Secondary	27

**Table 12. Belief in AIDS Prevention through Behavioral Change as a Function of Age, Education, and Literacy
(number of respondents = 1,153) (Continued)**

Category	Yes (%)
Higher	30
Reading Level	
None	14
With difficulty	24
With ease	27

Confidence in the possibility of avoiding AIDS through behavioral change increases with age, education, and reading ability. In contrast, the responses do not vary significantly with religion, marital status, length of residency in an urban area, or occupation.

When asked "How?" 50 percent of women and 57 percent of men said "by not frequenting prostitutes;" 28 percent of women and 18 percent of men said "by avoiding sexual relations with strangers;" 20 percent

gave other responses such as avoiding blood transfusions and injections as well as by avoiding contact with HIV-infected individuals.

This reveals that the respondents emphasized partner selection and the avoidance of strangers or individuals with multiple partners in the prevention of AIDS through sexual behavior.

IV. The Perceived Threat of AIDS

1) AIDS as a Public Health Threat.

The large majority of respondents (84 percent) believe that AIDS represents not only a danger but a very serious danger to Chad. (See Table 13.) This concept is vague. Is AIDS a danger perceived as a distant threat or as the presence of an imminent catastrophe? Other studies will be necessary in order to arrive at a more precise definition of the danger that AIDS represents.

Table 13. Perceived Imminence of Threat of AIDS (Summary)
(number of respondents = 1,153)

Question	Percent
a. "What danger does AIDS pose to health in your country?"	
None	7
A danger	18
Serious danger	66
Don't know	9

Table 13. Perceived Imminence of Threat of AIDS (Summary)
(number of respondents = 1,153)
(Continued)

Question	Percent
b. "What are the risks you will contract AIDS?"	
None	28
Slight	12
Some, very great	41
Don't know	19
c. "Who runs the greatest risk of contracting AIDS?"	
Prostitutes	57
Homosexuals	14
Single persons	5
Others	16
Don't know	8
d. "Would you be willing to take an AIDS test?"	
Yes	94
e. "Would you be willing to be informed of the results?"	
Yes	93
f. "Would you agree to let your family know the results?"	
Yes	89

2) "What is your own risk of contracting AIDS?"

Of those who had heard of AIDS, 41 percent believe they run either some risk or a very great risk of contracting the infection or the illness. An average of 40 percent think that their risk of contracting AIDS is slight or nil. The perception of little or no risk rises with education, reaching 65 percent among universityeducated respondents. (See Table 14.)

Table 14. Perceived Risk of AIDS by Educational Level (in percent)

Perceived Risk	Educational Level			
	None	Primary	Secondary	Higher
None	24	25	31	48
Slight	19	12	13	17
Some, very high	40	43	44	22
Don't know	17	20	12	13

Among respondents with a university education, 48 percent believe they run no risk of catching AIDS; 22 percent believe to the contrary that they run a high risk.

Generally speaking, the sense of being safe from AIDS rises with education while the sense of risk diminishes.

A better awareness of the ways in which the HIV infection is transmitted leads to a bipolarization of attitudes as is evident in Table 15.

Table 15. Perception of Personal Risk as a Function of AIDS Awareness
(number of respondents = 1,134)

Awareness Index (0 to 7)						
Perceived Risk	0	1	2	3	4-5	6-7
None	19	25	32	27	31	26
Slight	7	10	12	13	13	23
Some, very high	29	39	37	45	45	49

As shown in Table 16, 31 percent of men and women believe that individuals infected with HIV should practice total abstinence from sexual relations. This proportion varies almost not at all in relation to education. Similarly, slightly less than one-third of those questioned think that HIV-positive individuals should be placed in isolation. Other opinions relate to other modes of trans-

mission: to avoid donating blood, to avoid receiving injections, to avoid everyday contacts with other individuals. The use of condoms is recommended by 3 percent of respondents not having attended school, 5 percent of those who have completed the primary level, 9 percent of those at the secondary level, and 20 percent of those at the university level.

Table 16. Sympathy and Fear Toward AIDS Victims

Questions/Responses	Educational Level			
	None	Primary	Secondary	Higher
a. "What should an HIV-carrier do to avoid transmitting the infection?"				
Sexual abstinence	31	28	35	29
Isolation, quarantine	28	32	30	28
Use of condoms	3	5	9	20
Other	18	21	17	14
Don't know	20	14	9	9
b. "Where should AIDS victims be cared for?"				
Hospital	79	74	71	70
Should be eliminated	8	12	10	2
Isolation	11	12	18	27
Don't know	2	2	1	1
c. "What measures should be taken by the state against AIDS?"				
Vaccinate the population	23	31	20	2
Test the population	15	23	29	13
Fight prostitution	17	10	18	19
Educate the population	11	12	12	32
Eliminate AIDS victims	4	3	3	0
Distribute condoms	1	0	1	5
Fight homosexuality	0	0	1	0
Other	22	18	14	29
Don't know	7	3	2	0
d. "Who should be responsible for an AIDS victim?"				
Responses		Women	Men	
Family		51	44	
State		26	38	
Family and state		11	10	
Volunteer groups		1	1	
Other		6	5	
Don't know		5	2	

2) "Where should AIDS victims be cared for?"

An average of 74 percent of respondents believe that the hospital is the best place for an AIDS victim to be cared for, but 14 percent think that AIDS victims must be placed in isolation and 10 percent think that they should be eliminated. Isolation is more often recommended by those who have received a university education. Thus, nearly one-fourth of respondents express a clear rejection of AIDS victims.

Among those who feel that AIDS victims should be sent to the hospital, it is likely that a certain percentage of

them consider this a way of isolating the ailing, meaning both a form of protection and separation from the general population.

Those who state that the ailing should be treated in their homes (1 percent) think that the infected individual is the victim of his own "misbehavior" and that the illness is contagious and fatal.

The 5 or 6 percent who chose other responses believe for the most part that it is futile to care for a person suffering from an incurable disease.

Isolation and the elimination of AIDS victims are considered options even by those who have a good knowledge of the disease. (See Table 17.)

Table 17. Isolation and Elimination Responses as a Function of AIDS Awareness (in percentages)

AIDS Awareness Index	0	1	2	3	4-5	6-7
Response	0	1	2	3	4-5	6-7
Isolation	9	13	10	18	18	20
Elimination	9	7	10	13	7	14

3) Responsibility for Care.

The vast majority of respondents believe that the state and/or the family should take responsibility in caring for those afflicted with AIDS. Nearly half of the respondents think that the family is responsible for the care of a family member ill with AIDS, thus expressing support.

4) Should the state adopt measures?

More than 90 percent of those questioned believe that the state should take measures against the AIDS epidemic.

A surprising 28 percent of women and 20 percent of men believe that it is not only desirable but possible to vaccinate the population against AIDS. It is likely that the AIDS test is being mistaken for a vaccine or perhaps this reflects a desire for future medical protection of the population.

Eighteen percent of women and 26 percent of men would like to see the population tested in order to identify those who are HIV-positive.

Fighting prostitution (by banning it) is specifically city by 14 and 16 percent of respondents. Eleven and 14 percent are in favor of informing and educating the public.

The elimination of AIDS cases is proposed as a measure by 3 percent of respondents and the use of condoms is proposed by 1 percent. Some respondents cited a need to monitor travellers and to close borders.

Generally speaking, the proportion of respondents recommending isolation and elimination as measures to adopt with respect to infected and ailing persons rises with the AIDS awareness index.

Conclusion

Prior to World AIDS Day on 1 December 1988, 53 percent of Ndjamena residents and 26 percent of Abeche residents knew of the existence of AIDS. After World AIDS Day, 82 percent of Moundou residents, 73 percent of Bongor residents, and 78 percent of Sarh residents had become aware of the existence of AIDS.

This demonstrates the impact of a two-week information campaign on radio and television for which songs, posters, and special events were produced. This kind of operation therefore merits being repeated.

Persons with little or no schooling, the majority of them women and Muslims, are less knowledgeable of AIDS as they rely most often on oral communication in conversations and discussions with their relatives, friends, and neighbors for information about AIDS.

There is a need to step up efforts to make AIDS the subject of private and public discussions while ensuring the accuracy of information communicated through such discussions. An educational slogan on this theme might be "Let's get informed and inform those around us about AIDS." Sensitizing a population that is difficult to reach through the media requires closer association and greater collaboration with the religious communities, non-governmental organizations, associations, private companies, etc....

More than three-fourths of the urban population having heard of AIDS cited sexual activity as a way in which the disease is transmitted; 70 percent cited transmission by mother to child.

Erroneous beliefs about the transmission of AIDS are at the root of the fear manifest among numerous Chadians

which causes them to want to isolate, quarantine, or even eliminate infected or afflicted individuals whom they perceive as threatening and dangerous to the health of others in everyday contacts. In future education campaigns, it will be important to develop the themes of nonrejection and support for AIDS victims, in particular to prevent victims from having to adopt secretive behavior and anti-social attitudes. Enabling AIDS victims in Chad to tell their stories would help raise the public's sense of concern.

These beliefs are also partially responsible for the idea that AIDS is unavoidable and that it is impossible to escape infection by taking precautions at the behavioral level. There again, essential knowledge of the ways in which the disease is transmitted must be disseminated and health-care workers can exert a decisive influence but only in the long-term.

In view of the large percentage of respondents with a higher education who believe that AIDS can be cured and in view of their role as relayers of information in public opinion, there is an urgent need to correct this misperception with accurate information on the theme: "Yes, AIDS can be "cured"—by prevention."

The general public must be made aware that AIDS is avoidable and that it is neither an inescapable fate nor a punishment. To accomplish that, the notion that "unsafe behavior" alone can lead to the possibility of catching AIDS must be conveyed to the public, and at the same time, the public must be informed of "protective behavior" (faithfulness to one's partner, sexual abstinence, and the use of condoms during sexual contact with individual's one does not know well).

As condoms are little known in Chad, a selective information and promotional campaign is necessary once it has been made certain that condoms can be effectively distributed without interruption of supply at an affordable price to those concerned.

Because the large majority of respondents is willing to take an AIDS test and to be informed of the results, care will have to be taken to ensure that the meaning of negative results are correctly understood, i.e., that a negative test result does not mean protection from AIDS and that unsafe behavior cannot be continued without fear.

The still poorly understood notion of a "healthy carrier" of the infection should, if made generally known, also help to put into perspective the "danger" posed by those ailing with AIDS to the extent that they represent merely the visible portion of a larger group of people. Also in this context, it is important to qualify the notion of "risk group" which too often allows people to identify the disease with "others" and to overlook the fact that they themselves could be led to engage in unsafe behavior.

GHANA

Seventy-eight AIDS Cases in North in Three Years

AB2612195890 Accra Domestic Service in English
0600 GMT 26 Dec 90

[Text] A 29-member AIDS committee has been inaugurated in Tamale as part of efforts to create awareness about the disease. It is also to educate the public on how to avoid contracting AIDS. Speaking at the function, the coordinator of the Northern Regional AIDS Committee, Mr. John Bona, disclosed that the region has recorded 78 cases since the first three were diagnosed three years ago. The regional director of health services, Dr. Sam Bugri, said education on AIDS should not be the prerogative of health workers alone, but should be the task of all.

IVORY COAST

Paper Reports Authorities Playing Down AIDS Threat

AB1111091890 Paris AFRICA INTERNATIONAL
in French Nov 90 pp 56, 57

[Article by Catherine Morand: "Where is the Money for the AIDS Campaign?"]

[Excerpts] AIDS is in our midst. Reggae singer Waby Spider is the latest person to sing his head off on Ivorian Radio and Television to warn his countrymen against the terrible disease, but still it was in homeopathic doses that the excellent clip of his song "Protect Ourselves" is shown on TV. The reason is very simple: For the past year in Ivory Coast people do not speak about AIDS. Curiously, while the disease—as is the case in other countries—is assuming proportions of a national catastrophe, the media have become silent. The radio and television have kept silence, while the print media only mention the disease in general terms without giving any figures on the alarming situation in the country. They are so quiet that people have started asking: Why do people no longer speak about AIDS in Ivory Coast? And an additional question for those who know about its existence: What is the National Committee for the Fight Against AIDS doing?

That is, indeed, the question that many people are going to ask Professor Odehour Koudou who, as chairman of the National Committee for three years, became the Ivorian Mr. AIDS. Very active and competent, a man in the field in contact with the everyday realities of the disease since he is the director of the infectious diseases ward at the Treichville Teaching Hospital, Prof. Odehour presided over a working group on AIDS as early as 1985 when the HIV virus was diagnosed for the first time in Ivory Coast. Then, with the encouragement of the WHO, the working group was resolved into a National Committee for the Fight Against AIDS (CNLS).

"The minister of health at the time only confirmed the functions of the team already in existence," Prof. Odehoury recalled. However, today he has declined the call of all those who want him to give conferences or conduct awareness campaigns. Indeed, he is no longer a member of the committee.

In fact, in the wake of the 16 October 1989 cabinet reshuffle and the appointment of Prof. Alain Ekra as health minister, the CNLS experienced major upheavals. "With the greatest secrecy, notably as far as the press was concerned," as the daily, FRATERNITE MATIN, pointed out, a new coordinator, Dr. Nda Konan, a 63-year old retired medical doctor who had not been working for three years, was appointed. This was a choice that stunned most of the committee's associates.

"The old man," as they nicknamed Dr. Nda Konan, obviously does not know anything about the AIDS problem. Several members of the committee even thought of resigning. "I dissuaded them," Prof. Odehoury recalled. Prof. Odehoury preferred to resign after they wanted to make him play an honorary role—as "figurehead," he said, within the committee. Health Minister Alain Ekra is chairman, while a scientific committee chaired by Prof. Leopold Manlan Kassi, dean of the Faculty of Medicine, is working hand in hand with the committee. The former team, which was somehow demobilized, does not understand that "people wanted, by all means," to change "a team that was winning," as FRATERNITE MATIN stressed. Certainly, the country's money suppliers stressed a full-time coordinator, but according to an associate of the CNLS, the minister's insistence on keeping a team that had proved its worth would have been enough to make the money suppliers give in.

The importance of the funds of the country's international donors—\$2 million for 1990—perhaps prompted the Health Ministry to exercise tighter control on CNLS activities. It also appears that the WHO permanent representative in Ivory Coast, Dr. Pierre Masumbuko, at the beginning wanted "to control the committee and use its funds for other things," as FRATERNITE MATIN pointed out. He wanted to acquire computers to equip the WHO offices.

"However the EEC did not give any money to Ivory Coast to finance WHO," Prof. Odehoury said ironically. He thought it was possible that the WHO representative played a role in his dismissal as chairman of the commission. (Dr. Masumbuko refused to talk to us to confirm this feeling.)

Finally, the avowed membership of Prof. Odehoury to an opposition party, the Ivorian Popular Front of historian Laurent Gbagbo, and his active participation in the strike by doctors last spring also played a part in his dismissal. "They have won the battle, but I am not sure that the AIDS project has won also," he said today. This is exactly the question one should ask. At a time when

the spread of the terrible disease should call for mobilizing all talents, one can only regret the interference of other considerations. [passage omitted]

The donors, who are expected to make an assessment before granting more funds for the CNLS at the beginning of next year, will [words indistinct] rightness of the committee's choices. However, on 22 June, the joint monitoring committee of the National Committee for the Fight Against AIDS comprising all three donors to the fund, the WHO, and health authorities, did not find their assessment satisfactory. As FRATERNITE MATIN put it in its 5 July issue: "The activities accomplished are unfortunately not commensurate with the talents and means in Ivory Coast."

Will the committee pull itself together and organize wide media campaigns that the people rightfully expect from it? "These days, everyone only thinks about elections. Who has time for AIDS?," Prof. Odehoury Koudou remarked. The fact remains that when the election fever has gone and Ivory Coast has time for its health, the shock will be very violent: the spreading of the virus has not slowed down.

MAURITIUS

Educational AIDS Hot Line Established

91WE0114A Port Louis WEEK-END in French
18 Nov 90 p 10

[Article entitled: "Mauritians Still Not Knowledgeable About AIDS"; words within slantlines published in English]

[Text] Mauritians still know little about AIDS, particularly the ways in which the dread disease is transmitted. Such was the observation of Pastor David White, president of the "Friendship Aid" association, after taking the first calls to a hot line initiated last 5 November.

In fact, as of 5 November, any one wanting additional information on AIDS can call 424-1114 on Mondays and Fridays between 1700 and 1900: All calls are strictly confidential.

"Friendship Aid," an association bringing together professionals from various sectors, includes among others, Dr. Clement Chan Kam, coordinator of the National Anti-AIDS Program; and Michele Etienne, a radio personality; who are there to take calls on those two days.

According to Pastor White, the public "response" to the start of this advice program has been extremely positive and has proved to be a success. It has become apparent that Mauritians are looking for more information about the ways the illness is transmitted. But they also wonder about the sexual practices to be adopted to avoid infection through sexual relations.

"Our message concerning sexual relations is clear: It is imperative that any one involved in /"Casual Sex"/

protect himself or herself. And there is no shame in a boy, or even a girl, using a condom, which is still a sure protection against AIDS, in that case," said the president of "Friendship Aid."

Moreover, Pastor White regrets that the members of his association, who are all volunteers, cannot, for practical reasons, devote more time to the advice program. Nonetheless, that possibility will be examined shortly.

SEYCHELLES

Events for World AIDS Day Discussed

91WE0144 Victoria SEYCHELLES NATION
in English 30 Nov 90 pp 1, 2

[Text] Film shows at the Pirates Arms will highlight the activities organised in Seychelles to mark World AIDS Day tomorrow, 1 December.

Pirates Arms bar and restaurant is one of the most popular meeting place in Victoria. The shows, to be projected from mid-morning to afternoon, is part of the campaign to sensitise the public on the dangers of AIDS (anti-immune deficiency syndrome).

Leaflets with information on World AIDS Day 1990, whose theme is "Women and AIDS," will also be distributed during the day.

As is the custom each year, a message from Health Minister Ralph Adam will be broadcast on RTS television and radio on Friday evening and Saturday morning, respectively, and published in Saturday's SEYCHELLES WEEKEND NATION.

The Seychelles Nurses Association (NARS) will on Friday be holding an "educational meeting" on this year's World AIDS Day theme at the School of Health Studies, Hermitage, as from 1:30 pm.

The chairperson of the information, education and communication sub-committee of the National Task Force for AIDS (NTFA), Mrs Enid Savy, explained that the theme should not be interpreted as women being responsible for transmitting the killer disease but rather as women and their role as educators.

All letters going through Seychelles Post Office on Saturday will be stamped with logo "AIDS, Make it Your Concern."

Women's Role in Battle Against AIDS

91WE0152B Victoria SEYCHELLES NATION
in English 9 Dec 90 pp 1, 2

[Excerpt] Seychelles Health Minister Ralph Adam repeated yesterday, on World AIDS Day, he had no doubt that the deadly virus was already in Seychelles and causing a lot of damage.

The Minister again called on the population, particularly the women, to be responsible in their sexual behaviour.

The theme of this year's AIDS day is "Women and AIDS" but Mr. Adam clarified that this did not mean that the virus was transmitted solely by women, but it was an occasion to reflect on the sufferings the disease could bring to them.

"Women can help control AIDS. They have a great role to play," Minister Adam said in a nationwide message.

"Don't let people lie to you that AIDS does not exist in Seychelles. Do not believe them," he told the Seychellois women.

He said the women had a responsibility to protect themselves, their husbands or partners and naturally their children.

The risk of Seychellois women catching AIDS is big, Minister Adam said, adding that this could be the result of their own behaviour and the conduct of their partners.

"Who can assure you that the men around you do not already carry the disease?" the Minister asked.

According to the minister the rate of incidence of sexually transmitted diseases gives a good indication on how easily AIDS could spread in Seychelles. He said many women in Seychelles had gonorrhoea because they had relations with several partners.

"One or two consider themselves prostitutes, but others do not. We also know that women have contracted gonorrhoea not because they have extra relations but because their partners are involved in other affairs," the Minister said. [passage omitted]

SOUTH AFRICA

Black Students Reveal Perceptions of AIDS

91WE0129A Johannesburg THE WEEKLY MAIL
in English 16-22 Nov 90 p 41

[Article by Gaye Davis]

[Text] Black school pupils are eager to learn about AIDS, but their perceptions of the disease are more than slightly skewed.

Black South African high-school pupils do not know enough about AIDS to prevent them from infection, although many are sexually active.

They have not yet learnt basic information about AIDS transmission and prevention strategies, nor even the simple message that for AIDS, there is no cure.

This is the blunt message conveyed by a landmark survey of township school pupils' knowledge, attitudes and belief about AIDS, carried out recently by researchers in the Medical Research Council's Center for Epidemiological Research in Southern Africa.

The first of its kind, the study aimed to collect information to help plan appropriate—and urgently needed—educational interventions in schools. It was motivated by pupils' concern about the disease—reflected in a barrage of questions put to visiting school nurses.

"The kids picked things up from radio and TV and kept on asking us what AIDS was all about," said Zodwa Mbulawa, one of a team of 15 nurses employed by the Cape Provincial Administration to visit black schools in the region.

The sample was 377 pupils, ranging in age from 13 to 26 years, at four Cape Town schools run by the Department of Education and Training (DET).

Almost all knew of the disease, said researcher Cathy Mathews, but did not perceive themselves to be at risk. "While many pupils associated AIDS with death, the belief that there is, or potentially is, a cure for AIDS has been found to be a barrier to effective education."

Most knew it was infectious, but there was confusion about how it was transmitted: although sex was the most common means mentioned, casual contact (shaking hands, using the same utensils) was mentioned in almost half the responses, while none mentioned intravenous drug use and only one cited transmission from mother to child.

And among those who cited sex as the prime means of transmission, this was often associated with "bad people", "promiscuous people", prostitutes, whites, or people from other countries. According to Mathews, this was a form of denial which leads to blaming others.

More than half the pupils were unaware that an affected person could appear to be perfectly healthy, and a full 69 percent did not know that AIDS cannot be cured.

Of those who believed AIDS was curable, almost 70 percent put their faith in doctors and nurses, and just over 32 percent in traditional healers.

Responses also reflected fear of being stigmatized: "That would worry me my whole life because I would be separated from other people and it would be the end of the world".

But almost 15 percent were unconcerned about getting AIDS, saying they were not yet sexually active, they had only one or a few partners, or they believed their sexual behavior was safe.

Of the 64 percent who thought AIDS could be prevented, 80 percent cited condoms as preventing its spread. But over 19 percent of those who said condoms protected also said, in a later question, that they did not know what a condom was.

Only a small number (11.4 percent) of the 75.4 percent of pupils who said they had had sexual intercourse, had

ever used a condom. Of those who had had sex and who also believed condoms protected against AIDS, only 15.4 percent had used them.

Less than 40 percent said they would use a condom in the future. Most of these were boys, and many said they did not know what a condom was: "Condom, I know its look, what beats me is how to use it and when".

Reasons offered by those who did not plan on using condoms in future included: "I don't enjoy it and the taste is not there" and "When you use a condom it means you don't like him and you don't trust each other". Many girls did not believe the decision to use condoms was theirs.

Other methods of prevention suggested by pupils were not necessarily protective: "Behave and be honest to each other" and "Don't have sex with other nations" were among the strategies mentioned.

Almost all the pupils (96.2 percent) wanted AIDS information at school, video being the most popular choice of medium.

According to Mathews, the study indicates that prevention programmes at schools is a matter of urgency.

Experts: Conflicting Views on AIDS Threat

*91WE0142A Cape Town THE ARGUS in English
29 Nov 90 p 25*

[Report by Helen Grange; first paragraph THE ARGUS comment]

[Text] The spread of the AIDS epidemic, studied in isolation, is indeed ominous. However, examined in the light of other factors, the spectre acquires a slightly, less threatening pose.

The government recently expressed fear over the spiraling population growth, warning that this would lead to increased unemployment.

At the same time, AIDS experts warned economists to prepare for a severe shrinking of the labour pool in the future as the killer AIDS epidemic spreads.

These two issues, the population boom and AIDS, and are often highlighted separately in dramatically ominous reports. But when they are juxtaposed a different picture emerges.

Experts in both fields agree that AIDS will have little effect on the population growth rate in the short term. However, they contradict each other on AIDS and population figures in the medium to long term.

Projected statistics of future AIDS deaths and infections are varied, ranging from relatively moderate to alarmingly high. But according to authorities who have looked at the effects of the virus against the backdrop of

population growth and other relevant factors, the scenario is not necessarily as shocking as some 'doomsday' reports have made out.

Metropolitan Life actuary Peter Doyle recently described as "unrealistic" some predictions that 50 percent of the adult population will be infected with the AIDS virus by the year 2000. In terms of his model, the highest figure is 20 percent of the total urban and rural black population by the year 2000, reaching 27 percent by 2005.

Two-edged Sword

The effects of the disease on population growth were likely to be two-fold. As HIV education made an impact, there would be a natural decrease in birth rates. This would be exacerbated by infant mortality.

The value of Mr Doyle's model is its ability to evaluate different scenarios and AIDS prevention strategies. It plots the rate of HIV infection, assuming that meaningful changes in sex habits come about by 1995, or by 2000—or not at all.

If such a change can be effected by 1995, the predicted number of infections 10 years on would be cut by about a third, the model concludes.

Although this model is more palatable than the worst case scenarios, economists are still nervous about the impact of AIDS on labour.

According to Edward Osborn of Nedbank's Economic Unit, black unskilled workers in urban areas will be the most severely affected by the disease, and a shortage of unskilled labour will result.

He thinks it is "absurd" that the Urban Foundation projected a national population of 60-million with a black metropolitan population of 23-million by the year 2012.

"If AIDS is taken into account, the population will probably be in the order of 40-million," he says.

Labour Losses

In his manual, *Facing AIDS*, Andre Spier predicts that at least four out of 10 workers will be affected by AIDS within the next seven to 10 years.

Between five and 10-million would be infected with HIV in the year 2000—and one-million lives could be lost in the 1990s, mostly in the economic sector.

The toll by 2020 could reach 25-million, reducing the predicted population from 80-million to 55-million.

Mr Spier does, however, concede that AIDS may not have made much of a difference to the population growth by the year 2000 and that it would be 2010 and later before the disease gouged the population growth.

More pessimistic experts warn that AIDS will spread dramatically within months if it is not controlled.

Alan Whiteside, an economist in Natal, predicts that four-million will die of AIDS and about 12-million be infected by the year 2000. Potchefstroom University's Tjep Viljoen estimates that more than 100,000 blacks in the 5 to 64 age group are already infected with the virus and that between 150 and 200 more are infected every 24 hours.

Ironically, against this backdrop, the government recently warned of an increase in unemployment through an ever-increasing population.

Growth Rate

President F.W. de Klerk said the population was growing at 2 percent a year, while the available labour force was increasing at almost 3 percent a year. The current economic growth rate of 1.5 percent would have to rise to about 5 percent to accommodate new job-seekers, he warned.

Stellenbosch University's Institute for Futures Research has predicted South Africa's black population alone at 47-million by the year 2010.

To forecast how the AIDS epidemic will affect future population is a problem with no easy answers, according to Andrew Wilson, a researcher at the AIDS Centre in Johannesburg.

"The general feeling is that AIDS will impact on the population growth, but whether the disease will eventually send it into a decline is not known."

The effect of AIDS would be felt stronger over a period of time and would mainly attack the reproductive groups. AIDS would also indirectly affect the population growth in that thousands of babies born to pregnant women who have the disease would not live.

African AIDS Specialists Arrive

91WE0142B Cape Town *THE ARGUS* in English
29 Nov 90 p 25

[Article by Esann van Rensburg]

[Text] The first group of AIDS specialists from African countries to visit South Africa has arrived.

The group, which is in South Africa at the invitation of the Medical Research Council (MRC), wants to find out more about South Africa's research programmes and assess the extent of AIDS in Southern Africa.

The eight scientists from French-speaking countries are members of Opals, an international non-government organisation which aims to provide medical information on AIDS to health authorities, the media and all Opals members in Africa.

Research Project

The group was particularly interested in the MRC's recent AIDS research project that assessed the knowledge, attitudes and awareness of schoolchildren in Cape Town. It was keen to obtain the questionnaires used in this survey, a statement from the MRC said.

The president of the MRC, Dr. Philip van Heerden, said the arrival of the group represented a milestone in South Africa's medical history. He hoped similar visits would take place regularly in the future.

"AIDS, along with many other infectious diseases, respects no borders, so we need to talk to our neighbours to learn about disease trends and set up appropriate monitoring systems to help curb epidemics."

Ideal Opportunity

He said that because AIDS had reached South Africa later than the rest of Africa, it was an ideal opportunity to learn from countries which had dealt with the killer disease for several years.

"This is the first group to take up our offer of sharing knowledge and we hope that this initiative will gain momentum in the years to come so that, on the medical scene, Africa can be united in combating disease," Dr. van Heerden said.

HIV Cases Increasing Among TB Patients

91WE0142C Cape Town *THE ARGUS* in English
29 Nov 90 p 25

[Text] Durban—The incidence of HIV infection among tuberculosis patients at Durban hospitals has escalated to four percent—double that of last year.

Dr. Isobel Windsor, head of virology at King Edward Hospital (which does all the AIDS confirmatory testing in Natal), said: "People who have latent tuberculosis and are HIV positive now actually get the symptoms of TB which is why we are also seeing more TB cases presenting at hospitals than before."

Blind Testing

The incidence in this group of people is merely a reflection of how AIDS is escalating, she said. There are no accurate figures to show the infection among Sexually Transmitted Disease Clinic patients, ante-natal clinics or the general population.

A while ago it was stated that about two percent of the sexually active population was HIV positive and that infection in patients attending STD clinics was about three percent.

This kind of survey will no longer be done by the provincial laboratory and updated figures are not available for various reasons.

"We were doing blind testing (randomly testing patients without knowing their names and without their permission) and getting a good idea of what was happening in the community, but from a public health point of view we decided that HIV sufferers should (after they have given their informed consent) rather be identified and then counselled if they are HIV positive."

Owing to a manpower shortage and restricted finances it is, according to Dr Windsor, not feasible to do both blind and informed HIV testing.

"It is a well documented fact that when HIV testing with informed consent is started there are many people who refuse the test and our figures (doing it the public health route) are no longer reflective of what is happening," she said.

Scared Off

Dr. Windsor said many people were scared off by publicity, for example young black girls, whose high rate of infectivity has been highlighted in the Press.

Her laboratory is responsible for all the confirmatory AIDS testing in the Natal/Kwazulu region. It is also still not fully computerised, which makes the gathering of reliable data almost impossible.

An initial AIDS test called an Elisa (taken by a general practitioner and sent to a private pathologist for example) costs about R40.

Medical Association Welcomes AIDS Education Program

MB2012093990 Johannesburg *Domestic Service*
in English 0900 GMT 20 Dec 90

[Text] The Medical Research Council has welcomed the announcement by the Department of National Health and Population Development that AIDS education programs will be introduced in South African schools next year.

The coordinator of the council's AIDS community based program, Dr. Malcolm Steinberg, said a recent study conducted at four high schools in Cape Town had indicated that pupils did not know much about how to prevent AIDS.

Doctor Details Northern Transvaal Donor HIV Figures

MB2012114890 Johannesburg *SAPA* in English
1106 GMT 20 Dec 90

[Text] Pretoria Dec 20 *SAPA*—Twenty northern Transvaal blood donors were found to be HIV-positive between January and September this year, the South African Institute of Medical Research [SAIMR] revealed.

Dr. M.G.A. Forrest of the SAIMR Pietersburg branch told SAPA this was a "remarkably low figure" for a 9-month period.

"The AIDS epidemic is only starting to develop in this part of the country. Our turn will come but at the moment we only have a small problem with HIV-positive blood donations."

He said despite the testing of donated blood there was still a chance of becoming HIV-infected from blood transfusions but it depended on the incidence of HIV positivity in the donor population.

Local AIDS specialist Dr. Ruben Sher agreed there was a risk—although it is slight—of becoming HIV-infected from donated blood.

He said there was a period known as the "window of infectivity" during which a person who had picked up the virus would still not have developed the anti-bodies and would consequently test negative. "But that person will still have the virus and will be infectious."

Another problem which had been experienced was that people sometimes simply tested negative whereas they were HIV-positive. This was known as the "false negative".

Dr. Sher emphasised that the chances of becoming HIV-infected through blood transfusions were exceptionally small.

He said homosexual men and drug users were discouraged from donating blood but this was no guarantee as donors were taken on honour.

"Nothing in life is 100 percent certain, but we try and minimise the risks."

Government Reports 613 AIDS Cases for 1982-90

*MB0701155591 Johannesburg SAPA in English
1509 GMT 7 Jan 91*

[Text] Pretoria Jan 7 SAPA—Information released by the Department of National Health and Population Development on Monday [7 January] revealed that for the period 1982 to 1990, South Africa had 613 confirmed AIDS cases, of which 270 were reported in 1990.

The geographical distribution chart showed that Johannesburg had the highest number of recorded cases (211), followed by Durban (90), Cape Town (86), and Bloemfontein (12).

The information, based on anonymous data supplied by the South African Institute for Medical Research, revealed that during this period 459 males contracted AIDS in relation to 152 females and two persons of "unknown sex".

According to the information, males between the ages of 30 and 39, and females between the ages of 20 and 29 had the highest incidence of the disease.

According to the report the majority of the cases were either homosexual or bisexual males, of which 263 were white. The number of heterosexual people who had contracted the disease to date totals 220.

'Alarming Growth' in Pediatric AIDS Cases

*MB1401195291 Johannesburg SABC TV 1 Network
in Afrikaans 1800 GMT 14 Jan 91*

[Text] An alarming growth in the number of pediatric AIDS cases is being experienced in South Africa.

According to the Department of National Health and Population Development, 78 black babies in the country are infected with the HIV virus, but no pediatric cases have been reported by other race groups.

A 30-year-old black nursing sister in the northern Transvaal had her pregnancy terminated after being identified as an HIV carrier.

SWAZILAND

Medical Official Notes 18 AIDS Deaths Since 1987

*MB0901174991 Mbabane Domestic Service in English
1600 GMT 9 Jan 91*

[Text] AIDS has claimed one more life, increasing to 18 the number of people killed by the disease since 1987. A statement released by the director of medicine, Dr. John Mbambo, said AIDS killed the Swazi national between October and December in 1990.

Also during the same period, AIDS patients increased from 27 to 30. This included that of a 15-month-old whose mother was found to have the HIV viral infection. Dr. Mbambo said this is a sign that the mother-to-child transmission is beginning to show its ugly head in this country, and this will be a new dimension in the treatment of the disease. Dr. Mbambo said AIDS in Swaziland is mainly sexually transmitted.

On a positive note, Dr. Mbambo said Kenya has launched a drug, Chemron, which has been developed by the Kenya Medical Research Institute for use in the management of AIDS patients. He said Chemron is not proven to be a cure for AIDS yet but it does seem to offer some promise.

TANZANIA

Study Says 90 Percent of Citizens Aware of AIDS

*EA0801171091 Nairobi KNA in English 1245 GMT
7 Jan 91*

[Text] Arusha, 7 January (PANA)—More than 90 percent of Tanzanians are now aware of the existence of the Acquired Immune Deficiency Syndrome (AIDS) and how it is transmitted, according to a recent study.

Based on the findings of the study, AIDS health promotion activities in the country would now be aimed at target groups which by nature of their lifestyles and environmental setting are more likely to be exposed to the HIV infection. These target groups, according to a report on AIDS health promotion activities in Tanzania, include barmaids, prostitutes, truck drivers, guest-house operators, sailors, military personnel and students.

Most of the health promotion activities in 1989/90 in Tanzania were geared towards provision of general AIDS information to the public. The report says between January 1990 and June 1990 the National AIDS Control Programme (NACP) distributed about 3,000 copies of posters aimed at promiscuous groups. The posters were displayed at public places, bars and guest-houses and other public places. Newsletters were also produced specifically for community leaders and the public. Some video cassettes and a locally produced film titled *Jikinga na Ukimwi* (Protect Yourself Against AIDS) have been shown widely in the country, according to the 12-page report. A script for another film on AIDS has already been written and it is under production. The NACP's long-term strategy in introducing AIDS education in schools is to make it an integral part of the curriculum.

Meanwhile, basic information on knowledge, attitude, beliefs and practices of Tanzanians as regards to AIDS has been collected using a sample of 5,000 people from various parts of the country. The study, together with another one on sexual behaviour, was initiated by the World Health Organisation (WHO) in collaboration with the university of Dar es Salaam's Faculty of Medicine. A study called AIDS and Condom Awareness Among Students in Post-Secondary School Institutions, has also been carried out by the university in collaboration with the family planning association of Tanzania (Umati).

A major setback to the AIDS control programme, the report says, was lack of baseline data on knowledge, attitudes, beliefs and behavioral patterns of the Tanzanian communities upon which the health education intervention strategies could be based. This shortcoming resulted into development of various education messages and materials based on limited and sometimes erroneous information on what is actually taking place in the communities, the report said. The first cases of AIDS in the country were reported in 1983 but the NACP took off in 1988.

Uganda

AIDS Cases Double Every 6 Months

91WE0116A Kampala *THE NEW VISION* in English
2 Nov 90 p 12

[Article by Hellen Mukiibi: "AIDS Threatens More Ugandans"]

[Excerpts] It is estimated that by the end of this year Uganda will have over 60,000 new people with AIDS,

while 52,000 people are likely to die of AIDS in the same year.

This was revealed yesterday by Mr Stephen K. Lwanga, a WHO delegate at the multi-sectoral approach AIDS control seminar, organised by the Ministry of Health in Kampala. Representing the WHO Director General, Lwanga further revealed that on the basis of the 1988 survey, 750,000 Ugandans were HIV positive. It is estimated that 52,000 people will die this year of AIDS, making a total of 170,000 adult deaths in Uganda.

Lwanga said that using the HIV prevalence conservative estimates further indicate that Uganda will have more than 100,000 new AIDS cases in 1992. As many as 85,000 adults are expected to die of AIDS in the same year.

Lwanga, a statistician based in Geneva, said that although the world had in the beginning denied or underestimated the problem, it was now clear that the "pandemic is an unprecedented threat to global health." He said that HIV and AIDS is today in its early stages in most countries.

Worse still, he said, the ultimate dimensions of the virus and the disease are difficult to estimate. Lwanga said that further spread is inevitable and that the global situation will worsen before the scourge can be brought under effective control. [Passage omitted]

In his opening remarks, Prime Minister Dr Samson Kisekka, said government will liaise and formulate strategies in a bid to boost the renewed campaign against AIDS.

Citing counselling, change of behaviour and strengthening of the existing AIDS control projects as some of the ways to curb spread of AIDS, Dr Kisekka said that on global level, multi-sectoral approach was a recommended strategy.

Health Minister Zak Kaheru revealed that the disease was on the increase with reported cases doubling every six months. "An estimated one million Ugandans already harbour the AIDS virus and by now there are nearly 50,000 AIDS patients," he added.

Kaheru appealed to RCs, churches, Non-Governmental Organisations and other bodies, to help fight the scourge which he said was no longer a "purely medical issue." He said that economic, social, cultural, behavioural, ethical and legal ramifications could not be the sole responsibility of the Health Ministry.

He said that the Uganda AIDS Commission had been established. The commission comprises ministers whose portfolios are relevant to AIDS control and management.

The Commission is to be chaired by the Prime Minister or any of his deputies. The Commission will have a

secretariat which will monitor and coordinate all AIDS related activities in the country. [Passage omitted]

Museveni Addresses AIDS Rallies

91WE0141 Kampala *THE STAR* in English
20 Nov 90 pp 1, 7

[Excerpt] President Yoweri Museveni has called on the people of Uganda and those of Rakai District in particular to assume an enhanced responsibility to counteract the spread of the AIDS disease.

Speaking at public rallies at Kyotera and Mutukula in Rakai District, President Museveni said that AIDS has reached alarming proportion in the country necessitating all the people to be serious with preventive methods. He particularly advised the youth to guard against contracting the disease through undisciplined sex.

Museveni said that AIDS is very easy to avoid because the channels through which it is spread are well known. He further warned that AIDS has no known cure as of now. He advised young people intending to get married to first undergo an AIDS test.

Museveni said that the government is going to launch a multi-sectoral approach to the problem of AIDS with a secretariat in the Prime Minister's Office. He said that AIDS cannot be left in the hands of the Ministry of Health since there are other social implications caused by AIDS such as orphans, who can be tackled on a wider scale by the Office of the Prime Minister.

Earlier, the President addressed members of Rakai Resistance Council and opinion leaders. He told them that the spread of AIDS had been mainly fuelled by cultural degeneration and poor health services. He urged them to be open and serious to their children so as to halt the spread of AIDS. President Museveni disclosed that the government of Belgium has provided seven million U.S. dollars to cater for orphans and that other international donors are promising assistance.

Health Minister Reviews Progress Against AIDS

91WE0141C Kampala *THE STAR* in English
4 Dec 90 pp 3, 5, 6

[First paragraph is introduction]

[Text] Last Saturday, 1 December 1990 was World AIDS Day. To mark the occasion, the Minister of Health Mr. Zack Kaheru addressed the nation and called upon Ugandans to "mark the Day as a way of strengthening our struggle against AIDS." The following is the full address.

December 1, 1990 the world observed "WORLD AIDS DAY." On this day, Uganda and the rest of the world renewed our resolve to control the AIDS epidemic. The day gave us an opportunity to expand and strengthen the world wide effort to stop the spread of AIDS. World

AIDS Day brings messages of hope, compassion, solidarity and understanding about AIDS everywhere in the world.

For one week Uganda has been marking the problem of AIDS by talking about the problem and 1 December was the climax of our activities. Each district was expected to mark the day and the national ceremony took place in Kampala at Kololo airstrip. The day opened with processions in various towns and centres ending in public rallies which were added [word indistinct] by leaders.

Since 1986 the NRM government has responded to the challenge of the epidemic by establishing an AIDS control programme in the Ministry of Health to provide technical leadership in the control of AIDS and HIV infection. Although the disease is still spreading, some gains have since been achieved.

This was established and continues to monitor the incidence and distribution of the disease. The findings are published in quarterly review reports. In future, this service will be strengthened by including the development of better methods of data collection. The Ministry is creating a database on AIDS information.

We can only stop or control the spread of AIDS mainly by a change of sexual behaviour. Before there can be positive change of behaviour, people need to be provided with information about the disease and its transmission. After the awareness, people would be mobilised for change of behaviour.

In the last year, health education campaign to inform the public on the modes of transmission and ways of avoiding infection was intensified. This raised awareness of the relevant simple facts about AIDS to a level of up to 60 percent. In the coming year these education measures of particular importance in the fight against the disease will be further intensified. The AIDS control Programme has a four pronged Health Education Programme.

(a) The School Health Project, which is mainly executed with the assistance of the Ministry of Education is aimed at raising the awareness of the problem of AIDS and to encourage discussions of AIDS by our youth with a view to effecting change of behaviour. We intend to increase the use of more audio-visual shows such as films and drama and to encourage more peer discussions. Here I should like to appeal to headmasters and teachers to intensify their effort.

(b) The Health Education network for the districts. This network sustains and augments routine health education activities in districts with special emphasis to control of AIDS.

(c) The District AIDS Mobilisation programme, where districts are specially mobilised from the top level to the level of RC 1 in a period of three weeks.

AIDS patients are entitled to treatment and counselling to ensure that they live positive lives. Ministry of Health

and Non-Governmental Organisations attempt to provide this. It is also important that AIDS patients are not discriminated or stigmatized.

Certain religious organisations should also stop referring to AIDS patients as sinners because this is not true. AIDS patient requires assistance and compassion and are entitled to their full human rights. In counselling and support I must express special thanks to the local Ugandan TASO (the AIDS Support Organisation) for the very good work it is doing.

I call on other Ugandans to form similar organisations in other parts of the country to assist in counselling and support of our HIV infected people.

The accommodation and capacity of our health units are limited. The increasing number of AIDS patients in serious conditions requiring hospitalisation cannot therefore be catered for by our hospitals. In the future many AIDS patients will have to be cared for at their homes. This will require the assistance of the family, the community and health workers of the nearest health centres.

Uganda must join the World in the search for a cure or vaccine against AIDS. Because of our weak economy, there are certain aspects of research that we are capable of doing and other areas which are simply out of reach.

In the past, our emphasis was placed on operational research aimed at increasing, and evaluating the strategies of AIDS control and only limited work was done on finding a cure of vaccine for AIDS.

However collaboration with international and foreign organisations and universities is being strengthened to develop drug trials and vaccines.

As our laboratory facilities at our Virus Research Institute, Mulago Hospital and elsewhere become rehabilitated research activity will be increased.

There are many drugs/extracts on the world market which have claimed activity against HIV Virus in vitro. Most of these compounds are not at a stage of normal administration to patients. Some are in such early stages that nobody knows the effect of the drugs on the virus or the body.

However, for the compounds that have been tried elsewhere in the World such as AZT and KEMRON, the Ministry of Health in collaboration with Makerere University will carry out proper drug trials particularly at Mulago. On the basis of the results we get, the public will be regularly advised.

I should like to warn the public against desperate and indiscriminate trials of any drugs without medical supervision. There are many dangerous drugs being sold to patients of AIDS to take advantage of their predicament. My advice is that AIDS patients should seek the assistance of trained medical doctors for advice. Multi-sectoral approach to AIDS: As the President has already

announced, the Government has decided to handle the problem of AIDS by a multi-sectoral approach. In other worlds the entire society is to handle the problem rather than leave it only to the Ministry of health.

Problems of AIDS prevention, health education, welfare of orphans and all AIDS related problems should be handled by all leaders and Government departments. Government has established a ministerial AIDS commission [word indistinct] by the Prime Minister and serviced by a coordinating secretariat in the Prime Minister's office.

Coordination through this multi-sectoral Commission will facilitate the involvement of the entire population in the fight against AIDS and the management of consequences of AIDS.

The theme of this year's World AIDS Day is "Women and AIDS". The choice of the theme is appropriate and timely. Women occupy a special position in society. With regard to AIDS, women are particularly important in controlling the epidemic, for the following reasons:

Firstly, Women as parents and managers of homes, are in a strong position to influence change of behaviour by members of the family.

Secondly, Women bear all the children and they particularly need protection against this disease in order to protect the children being born.

Thirdly, Women play a big role in caring for the sick including AIDS patients. They also act as Birth Attendants, in cases involving AIDS.

Lastly, Women are more susceptible than men to social exploitation. Unfaithful husbands have been going out and bringing home HIV infection to the innocent wives who are not free to refuse sex to their irresponsible husbands.

Traditionally, women tend to be socially disadvantaged. For example, in many of our communities a widow may be forced by relatives to marry the deceased husband's relatives. The problem is that the deceased husband's relatives may already be infected with AIDS, or the widow may be infected.

In some societies, when a daughter dies they send a sister or another female relative to marry an already infected widower. These traditions need to be reviewed to protect society.

Children below the age of 5 years reported with AIDS are about 10 percent of the total number of AIDS patients. Since more than 1 million Ugandans are already infected with AIDS we can expect a large number of children below 5 years to develop AIDS in future.

It is clear from our reports that children between the ages of 5 and 14 years are still free from AIDS. These children must be protected from infection with HIV.

Mothers have a great influence on the family, particularly on children. Women should contribute to the education of children to be aware of the dangers of AIDS and to avoid being infected. Women should therefore influence the whole family in this awareness campaign, and the adoption of sexual behaviour that is free of risk to AIDS infection.

At the time of delivery where women traditionally play a greater role than men, and also during care for AIDS patients there may be danger of infection to the care given. But guidelines have been carefully prepared by the Ministry of health. Women are advised to follow the advice of health workers.

The escalating numbers of orphans is one of the consequences of the AIDS epidemic. This has added to the burden of the war orphans, created during the civil conflicts of the recent past. The total number of orphans in this country is estimated to be close to a million and they are steadily increasing. The basic responsibility of caring for orphans belongs to relatives and the communities. However, the community requires support.

Government is handling the orphans problems with the cooperation of several NGOs through the ministry of relief and social rehabilitation. But other Ministries and sectors including education, justice and agriculture, will be assisting with the education, feeding, clothing and development of orphaned children, protecting their legal and inheritance rights, as well as establishment of sustainable income generating projects such as agricultural farms.

You will recall that the majority of people affected by AIDS are in the age range between 15 and 40 years. This is the most productive group in terms of social and economic development. AIDS is therefore robbing the country of its most productive man power and loved ones in whom society had high expectations.

Society must therefore fully participate in the struggle to eradicate this dangerous epidemic and in the management of its consequences. AIDS day is the occasion for rededicating ourselves to the struggle against the disease.

In conclusion, may I invite all Ugandans to mark the World AIDS Day 1 December as a way of strengthening our struggle against AIDS.

Please join other people in solidarity and carry messages to other Ugandans so as to assist in change of social behaviour and stop the transmission of AIDS.

'Executive' Clinic for AIDS Testing Opened

*91WE0141B Kampala WEEKLY TOPIC in English
7 Dec 90 p 20*

[Excerpt] AIDS is on the increase and the worst is yet to come. This alarm was sounded by the Deputy Director of AIDS Information centre at Bauman House, Tukwasibwe Byaruhanga.

Speaking to WEEKLY TOPIC at his office on Tuesday, Tukwasibwe said that the country is going to have the highest ratio ever of dependents, decreased productivity less efficiency and high mortality rates: which double every three months.

On what the centre is doing to contain the situation, he said that they were intensifying the AIDS education programme.

For instance, he said, an executive branch was opened last week for HIV testing and counselling services to executives and leading citizens. The clients can ring 231528 and make an appointment. Branches will also be opened in Jinja, Masaka, Mbarara and Gulu.

He disagreed with the opponents of the condom saying: "We are faced with a life threatening epidemic and we have limited options so we can't afford to do away with the few we have."

According to him people should be taught how to use condoms. For example, people should be educated that condoms expire, need to be stored in a cool place and are not to be carried in trousers pockets and brassiers.

He explained that a condom has a shelf life of 3-4 years and should never be exposed to fluorescent light.

On the allegation that most condoms are unsuitable for African men, Tukwasibwe said that African men should use size 52.

ACP Head Reports on Lack of Public Response

*91WE0141 Kampala WEEKLY TOPIC in English
7 Dec 90 pp 1, 12*

[Article by Sensasi Benjamin]

[Text] Over 1.3 million people are now HIV positive, and 975,000 of these are likely to develop full-blown AIDS in the near future. The rate of infection will also not decrease in the foreseeable future.

This was revealed by the Director of AIDS Control Programme (ACP), Dr. Warren Namara, in an interview with WEEKLY TOPIC in his office at Entebbe this week. He did not disclose how the ACP arrived at these figures.

Dr. Namara said AIDS is spreading at a rate of 11 percent, though the level of awareness in the country is about 80 percent which means people are not responding to the anti-AIDS campaign. This, according to Dr. Namara is a major frustration to ACP, which has been vigorously campaigning against AIDS for four years.

Namara said that Uganda is going to witness more deaths as a result of AIDS than so far witnessed, and the number of orphans will be too much to manage. "The future is bleak because we are going to lose many people," he said. He said ACP will continue to give

people information in the hope that they will eventually change their sexual behaviour.

On the use of condoms, Namara said they should not replace morality and discipline. "Condoms are 90 percent effective in family planning as a contraceptive and not 100 percent in preventing AIDS." He therefore said they do not advocate for condoms as a principle, but only in limited circumstances.

According to Namara, University students are the highest risk group now in the country, that is why ACP supplied them with condoms. This is also re-enforced by the belief that university students can use and dispose of them correctly.

The AIDS Surveillance Report, second quarter, 1990, shows that by June a total of 17,422 cases had been reported to ACP. Of these 15,724 (90.25 percent) were adults and 1,698 (9.75 percent) were children. Today every district has reported at least a clinical AIDS case.

Kapchorwa district has the minimum number of cases with 7, while Kampala and Masaka have the highest with 4,657 and 3,043 respectively. All the clinical AIDS cases reported to ACP are from Kampala and Masaka with 26.73 percent and 17.47 percent respectively.

Of the 1,511 adult cases recorded as having acquired AIDS through sex, 7,494 (49.59 percent) were male and 7,617 (50.41 percent) were female. A total of 1,698 paediatric cases aged 11 years and below have been reported to ACP and 1,454 babies aged 2 years and below have been reported.

According to the report, by June 1990, Mulago, Kitovu and Lacor hospitals had the highest number of reported cases with 2,893; 2,098 and 1,253 cases respectively. Aviation medicals, Lugazi, Mbarara Moslem Supreme Council and UTRO hospitals reported one case each.

The report shows that Kampala district reported the highest number of cases, 4,657, followed by Masaka district 3,043, whereas Bundibugyo, Kapchorwa and Kalangala districts reported the lowest cases with 9, 7 and 9 cases respectively. Twenty one AIDS cases of Ugandans abroad were reported to ACP.

During a recent seminar on the multi-sectoral approach to AIDS for civil servants, S.K. Lwanga, a Ugandan statistician working with WHO Geneva, revealed that by the end of this year, 60,000 AIDS cases are expected. By 1992, 100,000 more cases will come up and 85,000 adults are expected to die of AIDS.

In the same seminar, participants observed that of late there is an increasing number of people in their fifties and sixties falling victims to AIDS. A number of senior government officials have died of AIDS and many more are expected to follow.

Recently WEEKLY TOPIC reported that the rate of infection is increasing in schools and institutions of higher learning. It was learnt from Nakasero Blood Bank

that of the 721 units of blood received from students, 105 were infected with HIV, rising from 2.4 percent to 7.4 percent this year.

Women face an increasing risk of being infected, and they constitute 41 percent of the reported cases in Uganda. This was attributed to their subordination and child bearing role in society.

But Dr. Namara doesn't agree with this. According to him, in Uganda men and women face the same risk of AIDS. "Infection rate for men is just like that for women," he said. He also dismissed speculations that men die faster than women. "In Africa, with our conditions, the average incubation period for AIDS is seven years for all people," he said.

Namara said there won't be a cure or vaccine for AIDS in the near future. He however said that arrangements are in the final stages to test KEMRON in Uganda. "If found effective, it will be supplied to the people," he said.

ZIMBABWE

Health Minister Discusses Tuberculosis, AIDS

*MB2812200090 Johannesburg SAPA in English
1845 GMT 28 Dec 90*

[Text] Norton Dec 28, SAPA—HIV related tuberculosis is the commonest cause of hospitalisation in most district hospitals, Zimbabwe Health Minister Timothy Stamps, said on Friday [28 December], the ZIANA news agency reports.

After visiting Chegutu District Hospital and Norton Rural Council Hospital, Dr. Stamps said there was a 50 percent increase in the total amount of tuberculosis treating drugs since 1988.

"There is more urgency for family planning programmes to be stepped up to reduce the number of dependents, because the providers are going to die from AIDS," he said.

"The burden of health would have to be borne by the society as a whole, and if the HIV infected people die their children would suffer because their providers would have died."

The minister said he expected deaths from AIDS to go up in the future and even if there were no new infections from the virus, there were a lot of infected people who were doomed to die.

"The severity of AIDS will be revealed soon, and all who did not believe that the disease is a killer will believe when there is a death in their own family," Dr. Stamps.

He said almost everyone in the country knew about AIDS and the second stage was up to the individual to take precautions in avoiding the disease.

Dr. Stamps said he was pleased to hear that there were signs that there could be a vaccine for HIV but "that is a long way off", and if it materialised it could not be helpful to those already infected.

AIDS Seminar Held in Beijing

*HK2412020890 Beijing GUANGMING RIBAO
in Chinese 29 Nov 90 p 1*

[Report by correspondent Fan You (5400 0642): "At Seminar on 'Women and AIDS,' Experts Suggest Wide Publicity for Knowledge About AIDS Prevention"]

[Text] Beijing, 28 Nov (GUANGMING RIBAO)—The first of December each year is devoted to promoting worldwide propaganda on control of AIDS and the theme of this year's "World AIDS Day" is "Women and AIDS."

This reporter has learned some worrying figures today from a "Women and AIDS" experts seminar sponsored by the Global Venereal Diseases Foundation: By 31 October this year, the number of verified AIDS patients in the world exceeded 298,000; the number of people infected with AIDS reached about 8 million, of whom 1/3 are women. Facts show that 25 to 40 percent of newborn babies whose mothers are AIDS virus carriers are infected with AIDS and most will die before the age of five.

As estimated by WHO, by 1992 there will be about 200,000 new female AIDS patients and, at the same time, some 200,000 AIDS-infected babies will have been born. About 3 million women and children will die from AIDS in the 1990's, thus the death rate for children under the age of six will rise to 30 percent. In consequence, the world's orphan population will increase by several million. Therefore, paying great attention to AIDS control and preventing the spread of AIDS have become pressing tasks which brook no delay.

During the seminar, the experts unanimously agreed that for the moment the first policy for the protection of women and children against AIDS is the wide publicity of knowledge on AIDS prevention—propaganda and education in this regard should be carried out down to every household and every organization with female members. Wang Aixia, a professor in dermatology from Beijing's Xiehe Hospital, noted that it is necessary to teach the public to correctly view the danger and spreading channels of AIDS and not to discriminate against AIDS patients and those infected with AIDS. She also called on the vast number of medical workers to set an example in this effort.

Present at today's seminar were Chen Muhua; Fei Xiaotong; Chen Minzhang, minister of public health; Zhang Liping, director of the health division of the General Logistics Department of the People Liberation Army; and Dr. Keehan [1015 1869], WHO representative in China.

HIV Cases Detected in Yunnan

*91WE0146A Beijing CHINA DAILY in English
29 Nov 90 p 3*

[Article by Zhu Baoxia]

[Text] Two sexually-transmitted HIV cases have been detected in Yunnan Province.

Both cases are women and they became infected by their husbands who had been exposed to the virus by communal use of contaminated syringes for intravenous injection, CHINA DAILY learned yesterday in Beijing at a conference to mark the World AIDS Day that falls on Saturday.

Apart from these two women, the majority of the 378 Chinese HIV carriers are male drug addicts in Yunnan Province, an official from the Ministry of Public Health said.

Some senior medical experts participating in the meeting called for increased education on AIDS control to protect the health of women as well as children.

And they suggest that State departments such as the All-China Women's Federation and the Ministry of Public Security should work together in the education campaign.

An investigation among drug addicts in Yunnan revealed that only 30 percent of them are aware that they could contract AIDS.

As well as medical experts, some State officials such as Chen Muhua, chairman of the All-China Women's Federation and Chen Minzhang, Minister of Public Health also attended the discussion. The conference is sponsored jointly by the Central Patriotic Health Campaign Committee, the National Women's Federation, the China Petrochemical Corporation and China Global STD (sexually-transmitted diseases) and the AIDS Foundation.

Qian Xinzong, chairman of the AIDS Foundation, gave a report on the situation worldwide.

Statistics from the World Health Organization show that by mid-1990, at least six million people around the world had been exposed to HIV, one-third of whom are women.

And experts estimated that by 1992, about 200,000 women in the world will develop AIDS.

Fight Against AIDS

*HK2412040090 Beijing JINGJI CANKAO in Chinese
1 Dec 90 p 1*

[Article by staff reporter Zhu Li (2612 7787): "Faced With 'A Life Taker,'—Marking World AIDS Day"]

[Text] Today (1 December) is designated by the WHO as World AIDS Day.

Since the discovery of the first case of AIDS in the United States in 1981, AIDS as a "life taker" has been running rampant in the world for nearly 10 years. Nowadays it remains a constant threat against the lives of healthy people. Incomplete statistics show that by late

October 1990, 157 countries and areas in the world have reported a total of 298,000 cases of AIDS. And, as estimated by the WHO, by the same date there could have been 8 million AIDS virus carriers and 700,000 AIDS patients all over the world.

To us, the most noteworthy fact is that this devil, which is very hard to guard against, has already stretched its talons into mainland China. This cannot but arouse.

Our Worries

For the first few years after AIDS began to run rampant in other parts of the world China, with territory of 9.6 million square km, remained clean and the 1.1 billion Chinese people were then lucky people.

However, in June 1985, mainland China reported its first case of AIDS—a male foreigner who was travelling in China died of AIDS in Beijing. So the history of a China "free of AIDS" came to an end, marking the beginning of our worries.

After that, public health departments continued to discover AIDS-infected persons and AIDS patients among the people in China. In August 1990, a Beijing medical doctor died of AIDS and became the first Chinese AIDS victim.

Medical specialists pointed out that the Chinese people are now highly vulnerable to AIDS infection and there is a high possibility of people in China being infected with AIDS. Venereal disease [VD] and drug addiction constitute severe threats to the country.

In the past few years VD has revived in China and become the hotbed for AIDS. Statistics show that the number of Chinese VD patients exceeds 220,000 and every one of those could be infected with AIDS.

In the border areas of China's Yunnan Province, close to the sinister "Golden Triangle" area—the world's largest drug producing and marketing center—many people are drug addicts. Since the discovery of the first case of AIDS infection among the drug addicts there in late 1988, the number of people infected with AIDS has been increasing and the situation is becoming increasingly serious.

Faced with the pressing situation, the Chinese Government has begun to take action to fight with AIDS.

Strategies and Measures

China has formulated a series of strategies and policies to prevent and control the spread of AIDS.

At present, the prevention of AIDS from spreading into China and the timely discovery of AIDS cases and AIDS-infected persons is the important strategy which China practices to prevent and control the spread of AIDS. In this connection, the following effective measures have been adopted.

—The Ministry of Public Health has already issued two circulars imposing restrictions on imports of blood products, which have helped keep the spread of AIDS through using blood products under effective control.

—In December 1986, the Chinese Government enacted an ordinance preventing any foreigner infected with AIDS or VD from entering China. The authorities concerned shall order any foreigners infected with the above mentioned diseases to leave the country before their visas expire.

The control over VD within the country is another strategy China has adopted against AIDS. In February 1986, the National People's Congress passed a "Law on Prevention of Infectious Diseases," which has put AIDS and VD under legal monitoring and control procedures. Departments concerned at all levels have consolidated and improved VD prevention and treatment step by step, widely publicized the danger from VD and the knowledge about prevention of these diseases among the public, and established a nationwide VD epidemic monitoring system.

The struggle against AIDS cannot continue without scientific monitoring and medical diagnostic and preventive means. First of all, the constant serological monitoring and detection of epidemic conditions among highly vulnerable groups of people is the key to controlling AIDS. This task was started in China in 1984. By 1990, almost all provinces, municipalities directly under the central government, and autonomous regions, had started their monitoring operations and a monitoring network had taken shape. China has also developed three AIDS diagnostic methods, namely, the enzyme linked immunosorbent assay, the fluorescein immunoassay, and the protein labelling method [dan bai yin ji fa 5751 4101 0603 6068 3127]. China has also developed on its own, and is producing, a kind of AIDS diagnostic agent. Chinese doctors can now diagnose cases of AIDS using their own methods.

One of the most gratifying developments is that using Chinese medicines in the treatment of AIDS has proved effective to a certain extent. The ancient Chinese medicine has been applied to the valuable study in search of a solution to a modern medical problem.

Let Us Treasure Our Own Health

"Our lives and our world—let us treasure them and help each other." This is a slogan against AIDS resounding across the world.

It is obvious that AIDS is not only a knotty medical problem but actually a social syndrome. It is one of the evil consequences of the many long-standing social problems of modern society. Therefore, to conquer AIDS, we not only need medical but also social means. In view of this unique characteristics of AIDS, the WHO has put forward the above slogan and has taken propaganda and education as the most efficient means to prevent AIDS for the time being. In this connection, the WHO decided

to name 1 December World AIDS Day as of 1988, with a view to reminding all governments and peoples in the world of the ubiquitous threat of AIDS.

Propaganda and education on hygiene among the public, especially among the highly vulnerable groups of people, and also young people, is part of China's successful experience in the struggle to prevent AIDS.

In the past few years, the departments concerned have tried unremittingly to convey a message to the public through the mass media: treasuring one's own health is the most effective weapon against AIDS.

Now that the idea of treasuring one's own health has struck root in the hearts of the people, some people who were indiscreet in their conduct have begun to behave themselves. The propaganda and education efforts have proved to us that the spread of AIDS can be checked and good conduct can keep everyone immune to AIDS.

First Chinese AIDS Victims

91WE0131 Moscow IZVESTIYA in Russian 8 Dec 90
p 5

[Article by Yu. Savenkov, under the rubric "Around the World": "First AIDS Victims in China"]

[Text] Beijing—The Chinese government has for the first time officially announced the death of two citizens of the PRC who were carriers of the AIDS virus. As noted by Deputy Director of the Health Ministry Epidemiology Administration Dai Chzhichen, both persons had an infection associated with that severe disease.

One of the victims, a resident of Beijing, became infected through sexual contact. The other, from the southern province of Yunnan, was a drug addict and was infected by the virus as a result of intravenous injections. Incidentally, the sharp increase in the number of AIDS virus carriers among the Chinese is, in fact, associated with the Yunnan province, in whose western regions, which border Burma, illegal opium and heroin trade is carried on. A cause of infection is the group use of non-sterile syringes. (Since 1985, a total of 446 AIDS carriers have been detected in China. Of that number, 68 were foreigners. Of the 378 Chinese AIDS carriers, 368 live in the province of Yunnan).

In recent months, the government has intensified its monitoring of the spread of AIDS. A new law for the prevention of infectious diseases gives health officials, in particular, the right to test for AIDS all Chinese citizens who are potential candidates for infection with that dangerous virus and to isolate AIDS victims. Among those being tested are hotel employees and guides—in short, those who come into contact with foreigners. The law gives health officials the right to test any citizen of the PRC for AIDS, but many medical experts believe that to be excessive. Virus carriers are isolated promptly

and are not allowed to go to work or school. Foreigners are immediately expelled from the country (there have been quite a few such cases). In short, China in its efforts is emphasizing the erection of a barrier to the spread of the disease, as opposed to universal testing of the population. However, certain experts believe that traditional morals, which forbid casual sex, have slackened in recent years, which has resulted in the appearance of diseases such as gonorrhea. Those experts are insisting on broader testing of the population.

Recently, China has been actively involved in cooperation with the World Health Organization (WHO). In November, a joint team of Chinese and international experts will begin work in the border regions of the Yunnan province. The WHO representative in Beijing, Bill Kin, said that they will assist Chinese medical personnel to establish AIDS testing techniques and to learn methods for determining the groups of the population at highest risk.

As early as the mid-1980s, before there were any signs that AIDS was a threat in China, specialists of traditional medicine were already searching through the rich collection of herbs for those that might be helpful in curing persons afflicted with that dangerous virus. Recently, a group of specialists from the Beijing Company of Traditional Chinese Medicine held a press conference to demonstrate a new agent called TACH (the first letters of the long English name "Treatment of AIDS with Chinese herbs"). But when reporters asked Chzhao Chzhilyan, the general manager of the company, to explain exactly how the medicine overcomes the disease, he termed the method a "secret." Have any control experiments been conducted? The response was negative, although Chzhao did admit that some of the ingredients had been taken by patients from the United States and Africa. The medicine is based on 33 formulas consisting of 200 herbs. Chzhao named only a few of them: honeysuckle, wild chrysanthemum, Chinese violet, seaweed. The series consists of colored capsules: the yellow capsules "eliminate the symptoms and improve health," the green ones "arrest the development of the disease," the red capsules "strengthen vital energy and regulate the body's immune system," and the white capsules "protect against random infection." The medication is now being offered to purchasers at the ongoing traditional exhibit of export commodities of Guanchzhoy.

Thus, in China there is now concern about the spread of AIDS, and plans have been made to make use of certain advantages to fight the peril. In the view of experts, those advantages include the fact that, in the first place, the virus appeared here later than in many countries. In the second place, the overwhelming majority of virus carriers are concentrated within narrow confines—in the west, in the Yunnan province. Finally, attempts are being made to develop an antidote in formulas of traditional medicine that have more than once proven their potential.

THAILAND

Estimated 10 Percent of Men in North HIV-Positive

BK1812025190 Bangkok *THE NATION* in English
18 Dec 90 p A3

[Article by Ann Danaiya Usher and Martha Ross]

[Text] While only 71 cases of full-blown AIDS have been detected in Thailand so far, one in ten young northern rural men in some provinces may already be carrying the fatal disease, according to an April study conducted by a participant at yesterday's AIDS congress.

International health experts at the meeting said such vast discrepancies show the difference between testing for AIDS patients, and surveying the incidence of the disease by mass screening of certain groups.

According to the latest Public Health Ministry statistics, 24,600 people are known to be infected with the AIDS virus and 71 full-blown cases of the disease have been identified.

The scientists warned that deciding on optimal combinations of testing can be tricky, particularly in countries like Thailand where health resources are limited.

On one hand, knowing only the number of patients can be misleading because it is an under-estimation that reflects people who became infected up to ten years ago, but random testing in the wrong places can create false confidence and waste scarce funds, they said.

A person can become infected with the AIDS virus, HIV, and show no symptoms for between one and 12 or more years.

The World Health Organisation estimates that 50,000 to 100,000 Thais are now infected with the virus, while Michai Wirawathaya of the Population and Community Development Association has put the number at 300,000.

But Thawisak Nopkeson of an army hospital in Phitsanulok province thinks these figures could be too low.

He told *THE NATION* yesterday that in the lower Northern region 0.5 to one percent of 20 to 24 year-old male villagers tested are infected with HIV, while three percent of the same group in "touristic" Northern provinces were carrying the disease.

This marks a doubling of a similar group of men from the general population tested by Dr. Wichan Witayasai of the Chiang Mai University Hospital, a year earlier in the same area.

American epidemiologist Bruce Weniger, who is currently advising the Thai health ministry, pointed out that in the United States there are currently about 140,000 AIDS patients.

But extrapolations of sample testing suggests that one out of 75 men and one of 700 women of the general American population are infected with HIV, he said.

The Thai health ministry was praised by several participants for three national sentinel surveys that have been carried out since June 1989, which give a clear picture of how the disease is spreading.

A Malaysian participant commented that in his country the public dervies comfort from knowing that all intravenous drug users and prisoners are tested.

But Dr. Roger Detels of the University of California, Los Angeles School of Public Health said this could be creating "false comfort"

He said that with such directed testing they could be looking in the wrong place, and giving people the misguided impression that only those groups are affected by AIDS.

Comparing with Thailand, he noted that the disease has spread initially from drug users to prostitutes, and then to their male clients.

Weniger referred to these developments as the first three "waves" of the disease. The final two, he said, involve the transmission of the AIDS virus from men to their wives, and from mothers to their unborn children.

AIDS Prevalence Among Bangkok Drug Addicts Viewed

BK2012070590 Bangkok *THE NATION* in English
20 Dec 90 p A2

[Article by Ann Danaiya Usher]

[Text] A combination of free bleach and condom distribution, substitution drugs and counselling may have stabilized AIDS prevalence among Bangkok's drug addicts at around 40 percent, though the disease is spreading to their lovers and new-born.

While the prevalence has levelled off, the total number of AIDS-infected addicts is growing steadily as those being screened in clinics are a constantly changing group.

International key-note speakers during the third day of the Chulabhorn Research Institute's AIDS conference yesterday said the pattern of AIDS spread among Thai intravenous drug-users is similar to other countries—a sudden rapid increase followed by a plateau.

Dr. Wichai Posayachinda director of Chulalongkon University's Institute of Health Research said that in Bangkok this sudden jump occurred over a six to eight month period during 1988.

Surveys show that in January 1988, 16 percent of addicts whose blood was screened were infected with AIDS, while six months later the number had escalated to 42 percent. The figure seems to have remained stable since then.

This is similar to trends in cities like New York and Edinburgh.

There are an estimated 1.1 to 1.3 million intravenous drug users in the United States and some 500,000 in Western Europe."

This compares with estimates of 100,000 to 200,000 in Thailand (with the bulk in Bangkok), though all numbers are difficult to confirm.

AIDS spreads quickly through addict communities due to the sharing of contaminated needles, and much of the prevention work around the world has focused on how to change this habit by using individual syringes or sterilizing them before use.

Dr. Khachit Chupanya of the Bangkok Metropolitan Administration said the rate of spread has stabilized because of the city's extensive outreach programme, which includes 17 detoxification clinics and counselling for patients.

The 2,000-odd addicts who come in for voluntary treatment each day are provided with bleach powder and a vial to mix it with water, condoms, and advice on safe sex.

Some European countries offer clean needles in exchange for contaminated ones—800,000 given out each year in Holland, and about four million annually in Britain.

While this has helped to reduce needle-sharing in these countries, Dr. Gerry Stimson of the London-based Centre for Research on Drugs and Health Behaviour warned that syringe distribution might be unworkable in countries where there are large addict populations and limited resources. In such cases, bleach may be an effective and cheaper alternative.

He and other speakers stressed that drug users can change risky behaviour if programmes are well designed.

The BMA also has a policy of giving high doses of methadone—an addictive drug taken orally to replace injected heroin—indeinitely to AIDS infected people who attend city clinics.

This has been made possible though a special arrangement with the Ministry of Public Health, whose regulations permit only short-term regimes of methadone in 45-day de-oxification cycles—gradually increasing the dosage and then reducing it to zero after a month and a half—in order to "cure" addicts completely.

"But you must remember that heroin addiction is a natural chronic relapsing disease, so if you only give 45-day treatment, some people will just start using needles again after they leave. This is who we give HIV people methadone," said Khachit.

In New York and other cities with big addict communities, HIV is spreading fast from infected drug users to non-users.

Wichai said Bangkok addicts tend to inject more concentrated doses of heroin than their Western counterparts, which may serve to depress sexual activity.

He said addicts in the city use about 250 milligrammes of heroin of about 60 to 80 percent purity each day, which compares to smaller doses of ten percent purity in the United States.

"This may have implications for their sexual behaviour because most of them are stoned a lot of the time with such high doses," Wichai said.

Several international speakers, however, said the notion that Western addicts have no sex life is a misconception. They expressed concern about the spread of AIDS from drug users to their sex partners and, in the case of women, to their unborn children.

Two Million AIDS Carriers by Year 2000 Predicted

*BK2212024590 Bangkok BANGKOK POST in English
22 Dec 90 p 2*

[Text] At least two million people in Thailand will be infected with AIDS by the year 2000 if the acceleration rate of the killer virus is not slowed in the next four years, Mechai Wirawaithaya, secretary-general of the Population and Community Development Association, said yesterday.

He has called for the temporary shutdown of Thailand's massive sex industry as one way of stemming the tide of the deadly virus.

He also says Thai men who regularly frequent brothels need to change their ways to stop the spread of the killer bug.

The warning came on the final day of the International Congress on AIDS being held in Bangkok.

The conference ended with calls for a greater sense of urgency on the part of the government concerning the problem.

Mr. Mechai estimated that at least one million Thais could be saved by the end of this decade if the AIDS epidemic's annual rate of increase is slowed down by 1992.

The projections are based on an estimate of 150,000 current HIV carriers.

This figure is still conservative and could be doubled to be realistic, he said.

The worst scenario is that there will be as many as six million by 2000, if the rate of increase does not level off until 1996, according to the anti-AIDS activist.

About 24,000 people have been tested HIV positive and the latest government estimate puts the number of HIV carriers between 50,000 and 100,000.

Mr. Mechai said AIDS would have a significant impact on the Thai economy.

Earnings of people who would die from AIDS complications would amount to US \$5 billion by the end of the decade if the epidemic peaks in 1992 and US \$8 billion if it peaks in 1994, he said.

Calling for a temporary closure of the sex industry as a measure to curb the spread of AIDS, he said the Government should move as quick as possible on this matter.

"The sooner we peak, the worse the problem is. [no end quote marks as published]

Pointing out that AIDS is not just the Government's problem, he urged all segments of society to fight the virus.

But the Prime Minister must play a leading role in the campaign, he said. He also urged sympathy be accorded to HIV carriers and AIDS patients.

The public must "learn to live with AIDS" in a humane manner, he said.

He said the sexual behaviour of Thai males, who like to frequent brothels, needed to be changed as the virus had been increasingly contracted through heterosexual intercourse. Despite differences on estimates of HIV carriers, AIDS experts at the conference agreed that the rate of the increase was unlikely to be slowed before 1996.

Communicable Disease Control Director-General Theera Ramasuta said he expected the increase would be stabilised in 1996.

Dr. Wichan Witthayasai of Chiang Mai University said the spread was unlikely to reach a plateau by 1994.

It could probably take at least 10 years to peak because sexual behaviour was difficult to change.

VIETNAM

First AIDS Case in Ho Chi Minh City

BK1001003491 Hong Kong AFP in English 1128 GMT 10 Jan 91

[Article by Leo Dobbs]

[Text] Hanoi, Jan 9 (AFP)—A southern Vietnamese woman has become the country's first known carrier of the Human Immunodeficiency Virus (HIV) that can lead to AIDS and it seems likely she spread the infection before being diagnosed.

The 30-year-old woman from Ho Chi Minh City was tested by the International Organization for Migration

(IOM) early December while trying to emigrate to Australia, an informed source said.

He added that her case had been handed over to the Ministry of Health and the results had been confirmed but the ministry had kept quiet about the issue.

"This is not official but they (the ministry) know," he said.

"This is the first seropositive of HIV," in Vietnam, the source said of the virus that can lead to Acquired Immune Deficiency Syndrome (AIDS)—an incurable disease that destroys the body's immune system.

The source said the lady most likely caught the disease from an old lover—a Vietnamese exile who returned to Ho Chi Minh City from his home in West Germany in 1988 and spent a month with the woman.

"She seems to have been a happy lady who had a Vietnamese boyfriend coming from West Germany," he said, adding: "it seems she has been with many people since."

"We don't know how many more (cases) will be coming out," he said.

Vietnam has steadfastly maintained it is AIDS-free but has set up AIDS combat teams in major cities in the past three years.

Ho Chi Minh City, known as Saigon before 1975, is the most liberated city in Vietnam and prostitutes are easily available to locals and the growing number of foreign visitors.

But southern newspapers have reported that 80 percent of the prostitutes in the city are drug addicts—regarded as a high risk group for AIDS.

The source said the woman had been planning to emigrate to Australia, where she has a brother, when she was tested by the independent IOM.

The IOM tests blood samples of Vietnamese planning to leave for new homes in the West.

A confidential government document, addressed for the attention of Prime Minister Do Muoi, Vice Premier Vo Van Kiet and Vice Premier Nguyen Khanh and the Vietnam Communist Party Secretariat, said the single lady was tested on December 7.

"The risk of AIDS in Vietnam is very high ... Contamination from the virus in the Vietnamese community is worrying because, according to international statistics when you discover one case of AIDS there are probably 100 more cases," the document said.

Her test was sent to Bangkok for analysis which proved positive and a further test by the Ministry of Health also proved positive, the source said.

The whereabouts of the woman was not known.

The government here takes the problem of AIDS seriously and has said it must prepare itself for the inevitable.

Drug abuse is also dealt with, though resources are limited, and the government run a drug rehabilitation centre in Hanoi.

Observers, however, have mixed views on the impact of AIDS in Vietnam.

"It's not a big problem in Vietnam for the future because there are not many homosexuals, prostitution is not that big and drug-taking is ... Mostly smoking," one observer said.

But another seasoned observer slammed this view, pointing out that there were reportedly some 50,000 prostitutes in Ho Chi Minh City and 30,000 in Hanoi.

"More and more you see these ladies in (Hanoi dance) clubs ... Then you have to be careful," one resident here said.

BRAZIL

Profile of AIDS Changes in Sao Paulo

*91WE0113A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 30 Nov 90 p 14*

[Text] For the first time since the first case of AIDS was reported in Sao Paulo 10 years ago, the percentage of

those infected through heterosexual relations or intravenous drug use is higher than that for victims in the homosexual and bisexual groups. In 1989, the latter two groups together accounted for 45.6 percent of the cases, while the first two groups accounted for 38.4 percent. As of this month, drug addicts and heterosexuals already account for 43.5 percent of the new cases reported in 1990, while 42.6 percent are homosexuals and bisexuals.

New Profile of AIDS Cases in Sao Paulo

Year	Forms of Transmission					Total
	Homosexual	Bisexual	Heterosexual	Intravenous Drug	Others*	
1980	0	1	0	0	0	1
1982	3	3	0	0	0	6
1983	13	6	1	1	1	22
1984	52	21	2	0	4	79
1985	159	68	11	7	24	269
1986	274	114	27	32	51	498
1987	554	390	97	209	208	1,258
1988	780	287	174	522	360	2,123
1989	891	337	278	755	427	2,688
1990	652	244	216	688	299	2,099

1990 data as of 31 October

* Hemophilia, blood transfusions, through mother, other unknown causes

Source: Center for Epidemiological Vigilance, Sao Paulo State Secretariat of Health

The final 1990 accounting of the World Health Organization reveals that 60 percent of the infection worldwide is through heterosexual contact. This is already the predominant form of transmission in developing countries, according to the WHO report which will be released officially today in Washington, correspondent Moises Rabinovici reports. In the industrialized countries, heterosexual infection is increasing more slowly, at a constant rate. The projection for the year 2000 indicates that heterosexual relations will be responsible for 75 to 80 percent of all cases, which implies a dramatic increase in AIDS among women.

"We have to be aware that women are going to bear an increasingly heavy burden as the pandemic proceeds in the next century," said Hiroshi Nakajima, director general of the WHO. According to the WHO report, 3 million women already carry the AIDS virus, worldwide. In Brazil, 1,293 are already presenting symptoms. Given this picture, the WHO decided to dedicate International AIDS Day to the women. On that day, at 1645 hours (Brazilian time), radio and television stations in the United States will observe a minute of silence. At the same moment, the lights will be turned off in public buildings in the large American cities.

"Up until three or four years ago, the ratio of AIDS carriers was one female to 12 males," said Mexican

Fernando Zacarias, the principal AIDS adviser of the Pan-American Health Organization. "Now the ratio is one to six," he added. In Sao Paulo, the ratio has gone from one female to 47 males, in 1985, to one woman to seven males today. The organization estimates that within five years an equal number of men and women will be infected.

The WHO warns that 2 million women will die of AIDS during the 1990s—most of them in Africa—and that 600,000 will be suffering from AIDS in 1992. In the sub-Saharan region, one of every 40 women is carrying the virus today. The proportion is one in 500 in Latin America and one in 700 women in the United States. The WHO report identifies a new problem with the spread of AIDS among women: knowledge of the clinical course of the disease is incomplete, because most of the studies have been conducted among males, the predominant victims at the start of the pandemic.

Zacarias said that the WHO does not participate in the debate over whether pregnant women infected with the AIDS virus have the right to an abortion, as advocated this week by Jose Aristodemo Pinotti, Sao Paulo State secretary of health. "To our mind, the important thing is that women be informed, before and after they become pregnant, of the risks of transmitting AIDS to their children," Zacarias said. The WHO estimates that about

30 percent of the children born to HIV-positive women could be infected before, during, or immediately after delivery. A total of 10 million children will have been born with AIDS by the year 2000.

CUBA

Interferon Treatment for AIDS Yields "Satisfactory" Results

91P40075a Havana GRANMA in Spanish 22 Nov 90
p 1

[Text] Clinical studies in which carriers of the AIDS virus were treated with leucocytic and recombinant alpha-interferon and transfer factor have yielded satisfactory results in Cuba.

This treatment which prevents or delays the development of AIDS began to be used four years ago on more than 200 patients at the Santiago de las Vegas sanatorium. In cases where the illness did develop, its onset was reportedly delayed by an average of three years.

According to Pedro Lopez Saura, investigator at the Center for Biological Studies, these results were presented at the annual meeting of the International Society for Interferon Studies held last week in San Francisco, USA.

The results were well received and were considered important, according to the scientist. He stressed that investigations continue.

Specialists from the Santiago de las Vegas sanatorium and the Advanced Institute of Medical Sciences in Havana also participated in the studies.

Dr. Rodolfo Rodriguez, national director of Epidemiology of the Ministry of Public Health, said that these results will allow treatment to be extended to other patients on the island.

Thus far, 508 persons have been found to be infected with the AIDS virus; of these, 69 have developed the illness and 39 have died.

Guantanamo Province Records 17 AIDS Cases in 1990

FL1001195091 Havana Radio Rebelde Network
in Spanish 1255 GMT 10 Jan 91

[Report by Jose Mejias from Guantanamo Province]

[Excerpts] AIDS patients are being treated at the hospital located in southern Guantanamo City. All this is part of a national program which seeks for AIDS victims to have a better relationship with their relatives and friends, to improve psychotherapy techniques, and to offer specialized medical treatment on hospital equipment. [passage omitted]

Guantanamo Province recorded a total of 17 AIDS cases by the end of 1990. All these patients, who were being treated in Havana, have now been transferred to the hospital located in southern Guantanamo City.

Speaking about the work on AIDS control and prevention throughout Guantanamo Province, Dr. Hector Terry, Cuban public health vice minister, told this radio station the following:

[Begin Hector Terry recording] Guantanamo has carried out a good research work. It was the first to carry out research work in the mountain region. As you know, the Guantanamo mountain region was one of the first to benefit from the family doctor program. In keeping with inherent characteristics of Guantanamo Province, the family doctor program allowed Guantanamo Province to carry out a massive research on the new leprosy program. The blood samples obtained in the leprosy program were also used [for AIDS tests]. This was done to save resources because routine procedure calls for the assessment of the situation of the AIDS population. [end recording]

I reassert that AIDS patients are already being treated at the hospital which has been set up for this purpose in the southern Guantanamo City. By the end of 1990, 17 AIDS cases were reported in Guantanamo Province .

Vice Minister Discusses AIDS Program

FL1101192591 Havana Tele Rebelde Network
in Spanish 1347 GMT 11 Jan 91

["Text" of interview with Dr. Hector Terry, Cuban public health vice minister, by journalist Rosa Maria Fernandez; place and date not given—recorded]

[Excerpt] **Fernandez:** This is the sixth AIDS treatment center that has opened in Cuba. In addition to being an important event, what impact does it have on health education?

Terry: I would say that the opening of an AIDS hospital in Guantanamo Province will make the people more aware [of the issue]. It is our intention to open similar centers throughout the country so that each province may treat its own AIDS patients. When treatment centers are located far away, as has been the case of the units in Havana, people tend to forget that this is a very real problem. They forget this problem which, although it may go unnoticed, still exists. Therefore, I believe that the opening of an installation of this nature in Guantanamo should make everyone ponder on and be better acquainted with the issue. This will also allow the people to periodically carry out activities, similar to those being currently carried out in other hospitals throughout the country, in which AIDS patients participate, to halt the spread of the disease and to make everyone focus on this issue, particularly youths who are more exposed to contracting this disease.

Fernandez: It is well-known that our country faces many limitations. What efforts is the revolution making to continue offering the same level of assistance it currently gives to AIDS victims?

Terry: Well, we continue to have the same level of assistance as in previous years. Despite the current situation, our government has established clear rules in this regard. [Words indistinct] possibility to have access to the necessary medicine, which is very expensive. Medicine for the treatment of AIDS is very expensive and it is imported. We spend between \$6,000 and \$8,000 per year in medicine on each AIDS patient.

Fernandez: Is this cost strictly in dollars?

Terry: Yes, yes, in dollars. This only comprises expenses in terms of medicine. It does not include hospital equipment or other costs. This is strictly on medicine costs. Therefore, imagine what will be the impact on the national health service and the national budget if AIDS surpasses our estimates. In view of this, we must continue struggling against this problem through all means available [passage indistinct] granting the very best treatment to our patients in line with the public health principles upheld by the revolution even before the victory of the insurrection.

Fernandez: Based on the research being carried out in Cuba, could you tell me the number of AIDS victims and the work that is being carried out by the laboratories?

Terry: Well, by the end of 1990 we had conducted a total of 9.34 million tests since the start of the program in 1986. We conducted about 3 million tests in 1990. From this overall figure and until yesterday, we have reported a total of 528 AIDS virus carriers. Of these 528 carriers, 42 have already died. But there are 28 individuals who are infected with the AIDS virus. Therefore, we continue to monitor all AIDS cases; to record all clinical cases that are reported to our health institutions, that is, to all hospitals such as gynecological-obstetrics centers. We monitor women who are in the first trimester of their pregnancy, people in prisons, all Cuban personnel arriving from abroad where they have been serving for a long time; and, other personnel related with tourism, etc. This is because tourism personnel are more exposed to AIDS not because tourists are infected but because if this person engages in sexual relations with unidentified individuals, this person may contract the disease. It is not that tourists have AIDS. Therefore, if normal work relations are maintained between workers with [words indistinct] consumers in our country, no problems should arise.

We are working with these main groups and with venereal disease group. Experience shows that venereal disease victims are more apt to become another zero positive case. Therefore, if an individual suffers from a venereal disease such as gonorrhea, syphilis, etc.; there is a great possibility that he is also an AIDS virus carrier. This means that we must combat AIDS, or any other

similar disease, in a comprehensive way if we are to decrease the spread of venereal diseases.

Fernandez: I believe that the people are also interested in the steps that international and Cuban science is making to counteract the spread of the illness and of the AIDS virus.

Terry: Well, Cuban health centers, not only public health centers but others as well, are carrying out research programs to seek therapeutic and preventive methods, such as an AIDS vaccine.

We are taking serious steps in this regard and we hope we can obtain results. However, these may not be achieved in the short-term. But this shows that Cuba has a scientific potential which has devoted its efforts to this important activity.

Fernandez: Could you give us any other related information on what scientists from other parts of the world are doing in this regard?

Terry: Right now, scientists are mainly working on the search for vaccines and medicine. There are new medicines which have not yielded great results. (Zidovudine), that is, AZT continues to be the best medicine. We have read in the latest [passage indistinct] have been able to develop a medicine called (Neglicine) [passage indistinct]. But we have to have more information on this. It seems that the first tests made abroad have been successful. Therefore, we are trying to make contacts to see what are our possibilities.

There are many groups working on the development of vaccines such as the Americans, the French, and the Belgians. All of them are working on some research vaccine projects but we cannot see any promising results in the short-term. [passage omitted]

DOMINICAN REPUBLIC

AIDS Cases From 1983 to 1990

*FL2012185290 Santo Domingo Radio-Television
Dominicana Radio Network in Spanish 1600 GMT
20 Dec 90*

[Text] Some 2,241 cases of individuals infected with AIDS were reported from 1983 to 30 July 1990 to the Epidemiology Care Unit of the Sexually Transmitted Disease Control Program [Procets]. According to the report, on the evolution of the infection with the HIV virus and the number of cases of AIDS in the country up to this past July, 1,375 Dominicans suffered from the disease at the time of the report. Most of the Dominicans suffering from AIDS are between 25 and 34 years of age for the 1983 to July 1990 reporting period. Procets reported 852 cases of the disease among those belonging to this age group.

ISRAEL

Drop in Number of New AIDS Cases Recorded

TA0401111291 Tel Aviv 'AL HAMISHMAR in Hebrew
4 Jan 91 p 15

[Excerpts] [passage omitted] During the first nine months of 1990, 15 new AIDS cases were discovered, and by the end of the year another five are expected. That is good news, because the figure is lower than the previous two years. The current trend contradicts forecasts which spoke about an increase in the number of new patients. [passage omitted]

The number of AIDS virus carriers in comparison to the number of afflicted people has grown tenfold in recent years and is now estimated at some 2,000, but the percentage of AIDS carriers in Israel is one of the lowest in the world: 0.001 percent.

Since 1986, when blood testing was introduced, there have been no AIDS patients among hemophiliacs. Of some 200,000 tested blood units, 25 AIDS-infected cases have been discovered.

Now the bad news: Not all the AIDS victims are registered and their real number is much higher than the official figures. Up to a month ago, 137 AIDS patients were registered in Israel, of whom 130 are men. [passage omitted] Eighty of the patients, 76 men and four women, died. It is estimated that for each person carrying the virus there is another whose condition is unknown. There are 539 virus carriers in Israel, of whom 80 percent will contract the disease during the next 12 years.

Some 33 percent of the AIDS patients are homosexuals, some 15 percent are drug addicts, 22 percent are hemophiliacs who contacted the disease from infected blood transfusions before 1986, 10 percent are defined as "others," and another 20 percent were said to be "unknown." The difference between the last two groups is unclear. [passage omitted]

JORDAN

Health Ministry Official: Forty Five Cases of AIDS

JN2412090490 Amman JORDAN TIMES in English
24 Dec 90 p 3

[Text] Amman—Jordan has 45 cases of AIDS or AIDS carriers, 80 percent of whom are male, according to a senior official at the Ministry of Health.

"The ministry keeps tight control over the spread of the disease by banning imports of all types of bloods and examining all blood stored at the blood bank to ensure that it is free of the AIDS virus," said Dr Hani Shammut, head of the Department of Communicable Diseases and chairman of a national committee for combating the killer disease AIDS.

Since the mid-1980s the blood bank in Jordan has banned import of blood and hospitals have been relying on locally donated blood for operations, ministry officials said.

Last year, the Health Ministry said there were 25 AIDS victims.

Shammut made the statement at the opening of a symposium organised by the ministry's Primary Health Care Department to spread awareness of the disease's impacts.

Addressing the symposium, Dr Ma'mun Ma'abrah, director of the department said that primary health care constituted the backbone of the ministry's health services and entails spreading awareness of contagious diseases.

Jordan along with other countries of the world observed World AIDS Day 1990 on Dec. 1. The concerned authorities together with the United Nations Educational Scientific and Cultural Organisation (UNESCO) organised a day-long programme of discussions with specialists informing the public about the dangers of AIDS.

A Ministry of Education official told the meetings that about 33 percent of the school graduates could be exposed to the disease because they travel abroad for studies.

UNESCO said that the World AIDS day was part of a global effort to meet the challenge of AIDS and noted that nearly 500,000 people around the world were expected to develop the disease between 1990 and 1991.

Alma-Ata Woman Found HIV-Positive After Lengthy Testing

907C0814B Moscow IZVESTIYA in Russian 28 Aug 90
p 2

[Article by Vladimir Ardayev: "A Case of Extraordinary Delay. Medics Needed More Than Two Months to Discover the AIDS Virus in the Blood of a Donor"]

[Text] At the end of May specialists were suspicious of a blood sample from a nineteen-year-old woman resident of Alma-Ata taken at the republic transfusion station. An entire series of analytical tests for the presence of a virus did not yield clear results. The tests were continued at several Moscow institutes, but it was only in August that news had reached the capital of Kazakhstan that the tests were shown to be positive...

Throughout this period the suspect patient was under observation in the republic. Authorities established what her surroundings were and the persons with whom she was in contact, a total of about 200 persons. Now that it is clear that many of those persons could turn out to be sources of a new infection, their blood is also being tested for AIDS. In addition, the Kazakhstan Ministry of Health has undertaken a check of instrument and material disinfection and sterilization procedures at polyclinics, and has assumed supervision over barber shops and beauty salons. It is also testing the blood of foreign students and representatives of the risk groups.

The first AIDS case was identified in Alma-Ata in December 1987 when a foreign student was found to be infected. Later, seven other foreign students were found to be infected, and naturally, all of them were obliged to leave our country immediately. Now, a woman resident of the city has contracted AIDS... It is very good that Kazakhstan medics were so timely in giving their attention to a "suspicious" donor blood sample. But how are we supposed to combat the "plague of the twentieth century" if so much time is required to test blood samples?

AIDS Screening in Uzbekistan

91WE0030B Moscow PRAVDA in Russian 4 Sep 90
Second Edition p 6

[Article by correspondent V. Artemenko: "AIDS Is Not Sleeping"]

[Text] The fourth case of AIDS among Soviet citizens was registered in Uzbekistan. Preparations are being made in the republic for the fight against the "plague of the 20th century." A network of diagnostic laboratories is being created. Over 40 of them are already operating at central rayon hospitals and blood banks. They have examined around 2 million donors and pregnant women, over 15,000 foreign citizens and 23,000 drug addicts.

Aralsk Plague Quarantine Lifted, AIDS Case Discovered

91WE0030A Moscow IZVESTIYA in Russian
27 Sep 90 Morning Edition p 6

[Article by correspondent V. Ardayev: "AIDS During Plague"]

[Text] "Plague in Aralsk"—such was the name of an article in IZVESTIYA, No 261, about an outbreak of the terrible disease in this rayon center of Kazakhstan's Kzyl-Orda Oblast. This week the rayon extraordinary plague control commission lifted the quarantine on Aralsk.

Entry into and exit from the city are now unrestricted. However, there is still much work to do to prevent an epidemic. According to a report from Aralskiy Rayon Executive Committee Chairman A. Aimbetov, chairman of the extraordinary commission, plague patient Zh. is receiving intensive treatment in the hospital. His condition is satisfactory. The doctors promised to release him from the hospital before the week is out. New cases of plague have not been revealed. All 237 persons that were under observation have returned home.

Inasmuch as a camel butchered by local residents was the source of infection, special attention has been turned to the condition of these animals. Eight special brand Duk washers were delivered to the city, where they were used to cleanse all 11,175 camels in the rayon. Nonetheless, a prohibition was imposed on the slaughter of camels and human consumption of their meat until December. The population is undergoing universal vaccination, which should be completed by 28 September. As many as over 11,000 persons have been immunized with plague vaccine as of today. All residential buildings are undergoing disinfection and disinfestation.

"We are grateful for the assistance provided to us by medical workers, internal affairs associates and transport drivers," said Adilbek Izbasarovich. Owing to the selfless, literally 24-hour work of these people sent to the rayon by the oblast's extraordinary plague commission, we were able to nip the outbreak of the terrible disease in the bud. The help was considerable. Automotive fuel was delivered to the rayon from the oblast center without interruption in the quantities required, even though all urban transportation in Kzyl-Orda itself was on the brink of collapse. But at the same time, there are problems as well. For example, the additional foodstuffs for the city, which are so urgently necessary in such cases, were allocated from, of all places, our own supplies for the fourth quarter.

It is all well and good, of course, that we managed to surmount the plague in an efficient and organized fashion. But the population of Kzyl-Orda Oblast has now been shaken by another piece of news: AIDS virus was revealed in the rayon center of Chiili, in patient D., who was initially diagnosed as suffering tick-borne typhus. A special team of medical personnel has already arrived in

this region. One hundred sixty-five persons who had been in contact with D. were revealed. A special commission was created, emergency measures to prevent the spread of the "plague of the 20th century" were implemented, and a decision was made to create a special center, for which the necessary assets were allocated.

All of these facts are more the rule than chance occurrences. The ecological situation in the Aral zone is such that rather favorable conditions have been created here for epidemics of the most dangerous diseases. And what we need is not only to "put out the fires" but also implement fundamental measures to provide assistance to people living today in this ecological disaster zone.

UDC 616.98:578.828.6]-092:612.017.1]-008.6

Clinical Classification of AIDS

91WE0092 Moscow *KLINICHESKAYA MEDITSINA* in Russian Vol 68 No 10, Oct 90 pp 99-102 (Manuscript received 15 Mar 90)

[Article by Yu. N. Galkin, physician at the USSR Embassy in Denmark (Copenhagen); Y.O. Nilson, doctor of medicine, director, department of infectious diseases and AIDS at Vidovr Hospital (Copenhagen, Denmark); T. Erikssen, physician, department of infectious diseases and AIDS at Vidovr Hospital; and B.L. Bychenko, professor, doctor of medical sciences, regional advisor of the WHO European Regional Bureau (Copenhagen): "On the Clinical Classification of Acquired Immune Deficiency Syndrome"]

[Text] As we know, one of the most menacing diseases of the 20th century—HIV infection and its final stage, acquired immune deficiency syndrome (AIDS)—have assumed the nature of a real pandemic that has enveloped almost all countries of the world and has affected many spheres of human vital activities—social, economic, political, etc. In light of the extremely polymorphic nature of the clinical picture of the disease, many authors are trying to develop a general model of its basic clinical signs, which would make it possible to avoid the terrible consequences of both hyperdiagnosis and undetected cases of AIDS (as occurred, for example, with the first Soviet patient, Olga G., who died of AIDS in 1988).

In 1985, Haverkos *et al.*³ proposed a system for the clinical classification of AIDS that divided patients into seven groups, according to the severity of their condition. Group 1 contained patients with an asymptomatic disease course, while group 7 contained patients with

"full-blown" AIDS. In that same year, Blattner *et al.*¹ proposed a similar classification. Later, various classifications of the symptoms of HIV infection were developed.³ In 1986, the American Centers for Disease Control (CDC, Atlanta, United States) proposed a variation of the classification.⁶ It was based on dividing HIV-infected individuals into four groups, according to stage of the disease's development and presence (or absence) of specific signs and symptoms—from acute HIV infection to various secondary diseases brought about by the action of the virus upon the human body. However, the proposed classification turned out to be highly arbitrary, and it did not become widely used, because of its many flaws.

In another classification that has been employed since 1987 at the recommendation of the CDC and was revised by WHO², all AIDS patients were divided into three groups: (1) individuals in whom laboratory tests for the virus have not been conducted; (2) individuals in whom the disease diagnosis is confirmed by laboratory data; (3) individuals who test negative for AIDS (for presence of the virus). That classification took into account the presence in the individuals of any of 11 so-called indicator diseases that are considered to be rather reliable criteria of AIDS, including six related to diseases typical of AIDS.⁴ The classification widened the boundaries of the definition of AIDS by including in that concept, for the first time, severe and even fatal syndromes such as encephalopathy and the "emaciation syndrome," which afflict a considerable number of HIV-infected individuals; that doubtlessly helped increase the number of recorded cases of disease. However, that classification is not free of substantial flaws. Specifically, as with previous classifications, it fails to take into account certain acute and asymptomatic illnesses—for example, cases of persistent generalized lymphadenopathy in which diseases belonging to the AIDS "indicator" group are absent, and constitutional and neurological diseases that are less severe than HIV-induced encephalopathy and the emaciation syndrome. It should also be noted that the criteria for HIV-related encephalopathy and the emaciation syndrome are very complex, and there is some doubt as to whether those criteria were taken into account in all reported cases. Moreover, according to that classification, diseases serving as AIDS indicators must have a clear diagnosis, which is not always possible. Based on all that, the World Health Organization in 1987 developed and recommended a new classification of the clinical stages of AIDS, presented below in Table 1 (the classification was last revised in July 1989).

Table 1. Clinical Stages of AIDS⁴

Stage	Points
I. Asymptomatic	1
A. Persistent generalized lymphadenopathy	
II. Early signs of disease (at least one)	2
A. A weight loss of less than 10%	
B. Minor changes of skin and mucous membranes	
1. Seborrheic dermatitis	
2. Folliculitis	
3. Pruritis	
4. Psoriasis	
5. Fungal infection of the nails	
6. Recurrent ulcers in the mouth cavity	
a) Angular cheilosis	
7. Necrotic gingivitis	
C. Shingles for 5 years (in persons under 50)	
D. Recurrent upper respiratory tract infections	
III. "Intermediate" signs (at least one; i.e., the stage of "full-blown" disease)	3
1. Progressive weight loss (more than 10%)	
2. Diarrhea of unclear origin (for more than 1 month)	
3. Oral candidiasis	
4. Leukoplakia	
5. Pulmonary tuberculosis (in the recent past)	
6. Peripheral neuropathy	
7. Localized form of Kaposi's sarcoma	
8. Disseminated shingles	
9. Severe recurrent bacterial infections (pneumonia, pyomyositis, bacterial sinusitis)	
IV. Late signs of disease (at least one)	4
1. Pneumonia evoked by <i>Pneumocystis carinii</i>	
2. Toxoplasmosis	
3. Cryptococcosis	
4. Isosporosis	
5. Strongyloidiasis	
6. Cytomegalovirus infection	
7. Herpes simplex	
8. Progressive multifocal leukoencephalopathy	
9. Histoplasmosis	
10. Esophageal candidiasis	
11. Atypical mycobacteriosis	
12. Salmonellar septicemia	
13. Extrapulmonary tuberculosis	
14. Lymphoma	
15. Disseminated Kaposi's sarcoma	
16. Cachexia	
17. HIV-induced encephalopathy (disturbances of the central nervous system, dementia)	

It should be noted, however, that that classification is not very well suited for use in many developing (primarily African) countries, where laboratory capabilities are quite limited, which makes it impossible to establish the accurate diagnosis of opportunistic infection or tumors that the classification requires. Moreover, clinical manifestations of AIDS in developing countries differ considerably from those described in North America and Europe. In addition, in the opinion of a number of authors,⁷ there are other flaws in the classification, including the following: (1) the absence of early nonspecific manifestations of HIV infection, as a result of which some cases of disease remain undiagnosed; and (2) the possible presence of not one, but several signs of disease in the individual, which, however, does not influence the prognosis (according to the classification).

Although we agree with the remarks presented above, we would like to express some of our own thoughts about certain items of the classification that appear rather debatable to us. From our point of view, the following may be named among the shortcomings of the classification:

1. No mention is made of pronounced weakness as one of the main signs of the disease. The same is also true for fever and night sweats.

2. The correctness of introducing diseases such as seborrheic dermatitis, folliculitis, pruritis, psoriasis, etc. (stage II, items B 1-4), into the classification as diagnostic criteria of AIDS is doubtful, since it unquestionably leads to hyperdiagnosis.

3. Many things are unclear in the description of stage IV of the disease. In particular, calling strongyloidiasis, herpes simplex, and extrapulmonary tuberculosis signs of the late stage of AIDS seems a mistake to us. In general, that system of pathology grouping is a clinical system rather than a laboratory system. For example, it makes a clinical distinction between "progressive multifocal leukoencephalopathy" (stage IV, item 8) and "HIV-induced encephalopathy" (stage IV, item 17). The former is more of an anatomical concept, whereas the latter is functional—i.e., what we have here are two hard-to-compare diagnoses.

4. There is no logic, completeness, or concreteness to the proposed classification; it is often unclear as to what the AIDS diagnosis is based on. For example, section IV, item 1, includes pneumonia induced by *Pneumocystis carinii*, which, as we know, is a frequent marker of AIDS in adults. But the authors of the classification give it 4 points, just as they do strongyloidiasis and herpes, for example.

5. "Recurrent upper respiratory tract infection" is placed in stage II D, as one of the possible early signs of AIDS; whereas "severe recurrent bacterial infection (pneumonia, etc.)" is placed in stage III, item 9. Here again, the grounds for the distinction are unclear. How and by what criteria is the severity of the individual's state assessed? That is, after all, quite a variable characteristic.

6. Pyomyositis and bacterial sinusitis are named among other signs of disease in stage III, item 9. As we know, pyomyositis is a rather rare disease, while bacterial sinusitis is an extremely nonspecific marker for AIDS, since it is encountered rather often in persons not infected with HIV.

7. The expression "Pulmonary tuberculosis in the recent past" (stage III, item 5) requires explanation. What does "in the recent past" mean? Why not in the present?

8. In our opinion, the expression "minor changes of the skin and mucous membranes" (stage II B) requires clarification. What signifies "minor"? Should pruritis (itching), which causes hardly any skin reaction, be placed in the same section with profound tissue alterations such as psoriasis, mycosis, and especially necrotic gingivitis?

9. On the whole, the proposed division of signs of disease into "early" and "late" appears unconvincing, indistinct and inconsistent to us, and the classification itself seems cumbersome and too detailed.

Recently, WHO proposed a simplified system, presented below (Table 2), for using a point count to identify individuals with AIDS.⁷

Table 2. System for Identifying AIDS by Point Count (WHO, 1988)

Disease Symptom	Points
1. Persistent generalized lymphadenopathy	0
2. (a) Changes in skin and mucous membranes	1
2. (b) Weight loss	1
2. (c) Pronounced fatiguability	1
3. Viral infection (herpes simplex)	2
4. Diarrhea lasting longer than 1 month	4
5. Fever lasting longer than 1 month	4
6. More than 10% weight loss for longer than 1 month	4
7. Pulmonary tuberculosis	5
8. Recurrent bacterial infections	5
9. (a) Leukoplakia	5
9. (b) Stomatitis, oral thrush	5
10. Delimited Kaposi's sarcoma	8
11. Cachexia	12
12. HIV-induced encephalopathy	12
13. Lymphoma	12
14. Opportunistic infections	12

According to that system, when the point count is 0-3, the probability of AIDS is low; at 4-11, AIDS is more probable; and at 12 points or more, AIDS is highly probable.

We feel that, despite its outward simplicity, that system also has a number of flaws.

1. The role that persistent generalized lymphadenopathy plays in this pathology is known. We cannot, therefore, understand why the system's authors attach so little significance to that symptom (0 points).

2. "Herpes simplex" is mentioned in item 3, but does herpes zoster really have less significance here?

3. It is unclear as to why varying degrees of weight loss are indicated as a specific sign of this pathology three times in the system (items 2b, 6 and 11), and with a 12-point difference in significance at that.

4. Item 2a, which covers too wide a range of pathology, is nonspecific.

5. The diagnosis presented in item 10 ("delimited Kaposi's sarcoma") actually precludes the possibility of acknowledging the generalized form of that disease, which is no less of an important "indicator" of AIDS.

6. Item 12 refers to HIV-induced encephalopathy. But if an individual is identified as an HIV carrier, use of the system for diagnostic purposes loses its meaning.

Thus, the system described above also needs improvement.

Noteworthy, from our point of view, is a clinical classification approved by the WHO in 1985,⁴ according to which every case of AIDS in an adult must have at least two so-called major signs of disease and at least one "minor" sign in the absence of any known causes of immune suppression—causes, for example, such as cancer or extremely poor nutrition. According to that classification, the three "major" signs are constitutional: (1) loss of more than 10% of initial weight; (2) diarrhea lasting longer than 1 month; (3) prolonged fever (longer than 1 month), constant or intermittent. The six "minor" signs include the following: (1) persistent cough lasting 1 month or longer; (2) generalized pruritic dermatitis; (3) recurrent herpes zoster; (4) nasopharyngeal candidiasis; (5) chronic progressive disseminated infection evoked by herpes simplex virus; (6) generalized lymphadenopathy.

In order to study the feasibility of using that classification in the clinic, we examined a group of patients at the specialized AIDS treatment hospital (Vidovr). The patients had been diagnosed as having AIDS and were undergoing inpatient treatment from April 1988 to September 1989. Nineteen patients in whom the disease diagnosis had been confirmed when HIV was found in the blood were examined. Medical histories were obtained by interviewing the patients, while direct-observation data were obtained by examination. Table 3 presents some data obtained as a result of the survey.

Table 3. Main Symptoms of Disease in 19 Patients Infected With HIV (and diagnosed as having AIDS)

Disease Symptom	Number of Patients		Rank
	Absolute	% of Total Number of Patients	
1. Substantial weight loss (more than 10%)	12	63	4
2. Chronic diarrhea lasting longer than 1 month	3	16	6
3. Prolonged fever lasting longer than 1 month	18	95	1
4. Pronounced general weakness	18	95	1
5. Night sweats	14	74	2
6. Persistent cough lasting longer than 1 month	14	74	2
7. Generalized pruritic dermatitis	1	5	8
8. Recurrent herpes zoster	2	10	7
9. Nasopharyngeal candidiasis	10	53	5
10. Chronic progressive disseminated infection induced by herpes simplex virus	0	0	-
11. Generalized lymphadenopathy	13	68	3

Unlike the authors of that classification,⁴ we do not consider generalized pruritic dermatitis, herpes simplex, or herpes zoster to be convincing, frequent signs ("markers") of HIV infection; that is also confirmed by the results of the survey: dermatitis was observed in only 1 of

the 19 patients (i.e., in less than 5% of the cases); herpes zoster infection was observed in two (around 10%); and herpes simplex virus infection was not found in any of the subjects. Nor did we observe very frequent cases of diarrhea among European patients (four cases—20% of

the subjects). However, we still feel it justified to include the term "chronic diarrhea" in that classification, especially in developing countries.

Thus, according to our data, the clinical specialist can propose AIDS if there is a lengthy course (at least one month) of a combination of three or more of the indicated symptoms: a feverish state, extreme weakness, pronounced sweating (especially at night), substantial weight loss, generalized lymphadenopathy, nasopharyngeal candidiasis, prolonged cough, or chronic diarrhea with no "visible" causes.

Conclusion

The AIDS classifications proposed to date (by WHO, CDC, etc.) have been intended to facilitate identification of the disease by practicing physicians on the basis of clinical symptoms. Those classifications were created when laboratory techniques for detecting the virus or antibodies to it were still under development. Accurate diagnosis of HIV infection became possible with the advent of those techniques. Detection of HIV in the body is evidence that the individual is in one of the phases of the disease. Therefore, when HIV infection is confirmed in the laboratory, any classification based on clinical symptoms and pursuing diagnostic goals loses its significance, though in some cases it might retain prognostic value.

In light of the above, despite having certain positive aspects, the classifications of HIV infection and AIDS that have been recommended by WHO, the CDC, and others for diagnostic purposes are not, in our opinion, suitable for use in the clinic. Those classifications are not specific enough, are cumbersome, and are difficult to use in the absence of a laboratory service. On the basis of the experience of various researchers and on the basis of our data (19 AIDS patients), we would like to propose a complex of symptoms (a system) that could be used to identify HIV-infected adults (aged 16-60).

The complex of symptoms manifested in adults infected with HIV includes the following:

I. Prolonged (longer than one month) presence of two or more of the listed symptoms

1. Unexplainable progressive weight loss (weight loss of more than 10%)
2. Feverish state of unclear origin, with temperature elevated to 38°C or higher
3. Heavy, previously unnoted sweating, especially at night
4. Persistent cough of unclear origin
5. Diarrhea of unknown origin
6. Considerable, previously unnoted general weakness, rapid tiring

II. Presence of at least one of the following factors in the medical history

1. Classification in one of the "risk groups":
 - a. Homosexuals, prostitutes
 - b. Drug addicts administering drugs with syringes
 - c. Persons given frequent blood transfusions
 - d. Hemophiliacs

2. Sexually transmitted diseases
3. Recurrent infections
4. Neoplasms
5. Time spent abroad in regions endemic for AIDS

III. Presence of at least one of the following pathological signs identified revealed by direct-observation examination

1. Changes in skin and mucous membranes (herpetic rash, leukoplakia, mycosis, papillomas, etc.)
2. Polyadenopathy, lymphoma
3. Candidiasis
4. Recurrent pneumonia, pulmonary tuberculosis
5. Encephalopathy (in individuals under 50)
6. Kaposi's sarcoma

It should be noted that all of the 19 AIDS patients discussed above had some of the signs listed in that system. In our opinion, the system is sufficiently simple and convenient for examining an individual upon his first visit for medical assistance. Presence of two or more of the listed complaints, of one or more of the anamnestic factors, or of one or more of the signs detected by medical examination (see the chart) serves as grounds for further examination and observation of the patient, with mandatory elimination of the possibility of HIV infection by laboratory tests.

The system is offered here for clinical verification on a large number of patients in order to assess its specificity and sensitivity.

Bibliography

1. Blattner, W. A., Biggar, R. J., Weiss, S. H. *et al.*, ANN. INTERN. MED., Vol 103, 1985, pp 665-670.
2. Burke, D. S. and Redfield, R. R., "AMA Staging (Walter Reed Army Institute of Research)," Maryland, 5 July 1989, p 23.
3. Haverkos, H. W., Gottlieb, M. S., Killen, J. U. and Edelman, R., J. INFECT. DIS., Vol 152, 1985, p 1095.
4. Morrison, F., "Consultation on the Classification of HIV Infections for ICD-10," Geneva, 1988, pp 13-14.
5. Redfield, R. R., Wright, D. C. and Tramont, E. C., NEW ENGLAND J. MED., Vol 314, 1986, pp 131-132.
6. United States: Centers for Disease Control, "Classification System for Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus Infections," MORBID. MORTAL. WEEKLY REP., Vol 35, No 20, 1986, pp 334-339.
7. World Health Organization: "Global Programme on AIDS. Draft Report of the Informal Consultation on 'Staging Criteria for HIV Infection'" (WHO/GPA/BMR/89), Geneva, 1989, pp 8-11.

COPYRIGHT: "Klinicheskaya meditsina", 1990

Government Assistance for Children With AIDS

91WE0030C Moscow PRAVITELSTVENNYY
VESTNIK in Russian No 41, Oct 90 p 7

[Article: "The State Will Help"]

[Text] The fate of people infected with AIDS is doubly serious—unfortunately the disease is incurable, and victims often feel themselves to be outcast. A decree of the USSR Council of Ministers "On Measures to Ensure the Social Protection of Persons Infected With Human Immune-Deficiency Virus or of AIDS Patients" should change the situation.

A decision was made to establish state assistance equal to the minimum wage for children up to 16 years old suffering AIDS or HIV infection. The decree also foresees that one of the parents will retain his status of working continuously in one job if either of them quits work to care for the youngster. And temporary disability assistance will be paid until the child reaches 16 years of age.

The USSR State Committee for Public Education was instructed to work jointly with the governments of the union and autonomous republics to organize special general secondary school and vocational-technical training programs for children and juveniles in clinics and rehabilitation centers and at home.

The USSR Ministry of Health was asked to organize provision of medicines for outpatient care free of charge, while the governments of the union and autonomous republics were asked to organize a procedure by which to compensate for expenses associated with free travel of patients and carriers to their place of treatment.

Ukrainian AIDS Official Comments

91WE0132D Kiev PRAVDA UKRAINY in Russian
24 Oct 90 p 3

[Interview with Professor Arkadiy Fedorovich Frolov, chief infectious disease specialist of the UkSSR Ministry of Health and head of the Ukrainian Center for Controlling the Spread of AIDS and the Prevention of AIDS, by T. Mayboroda: "AIDS—There Are No Grounds for Optimism"; first paragraph is source introduction]

[Text] "AIDS: There are no grounds for optimism." So speaks Professor A. F. Frolov, chief infectious disease specialist of the UkSSR Ministry of Health and head of the Ukrainian Center for Controlling the Spread of AIDS and the Prevention of AIDS.

Mayboroda: Arkadiy Fedorovich, as is known, AIDS has now become the No. 1 problem for the World Health Organization (WHO) and the UN, having pushed cancer and cardiovascular diseases into second place. According to the forecasts of scientists, the number of HIV-infected persons in our country might reach 1,625 persons this year, 6,200 in 1991, 24,000 in 1992, and 1-1.5 million persons by the year 2000. By 1996 we

might have the same level of morbidity as in the United States, which the Americans themselves have labelled a national catastrophe.

One year ago, we published a table indicating the distribution of HIV-positive citizens (carriers) of our republic by oblast. How do those statistics look today?

Frolov: We probably should look at the overall situation of how the Ukraine compares with the other union republics in that regard. It is second after the RSFSR on this sad list. Right behind us is Belorussia, which has almost four times fewer HIV-infected persons than we do.

To date, we have identified a total of 214 HIV-carriers in the republic, of whom 156 persons are foreign citizens and 58 are citizens of the USSR. On an oblast-by-oblast basis, the situation in terms of the number of afflicted Soviet citizens looks like this, as compared with last year:

Oblast, city	1989	1990
Donets	5	8
Transcarpathian	2	4
Kiev	-	1
Crimean	1	2
Lvov	-	1
Nikolayev	1	1
Odessa	18	18
Sumy	1	2
Kharkov	-	-
Kherson	1	1
Cherkassy	-	1
Chernigov	1	2
City of Kiev	5	10
City of Sevastopol	1	2

As you can see, there is a definite growth trend. One should keep in mind that, because of selective health screening and technical flaws in our diagnostic systems and equipment, some correction factors are needed for the data. In the opinion of WHO specialists, for each identified person (AIDS-afflicted or HIV carrier) there are from 70 to 100 unidentified carriers, i.e., all of the cited figures should be multiplied by 100.

Mayboroda: Have there been any changes in terms of risk groups?

Frolov: Yes. It is not without pleasure that I can report that the probability of the virus being transported in blood and its preparations has been sharply reduced and, one might say, virtually reduced to zero. That has been facilitated by a considerable amount of organizational work and the painstaking testing of all donors for AIDS.

But, as before, there is still the high risk of becoming infected by HIV through promiscuous sexual relations. The draft legislation on legalizing the status of prostitutes and homosexuals, if adopted, will hardly reduce the number of patients afflicted with this "plague of the 20th

century," although it may help to identify infected persons in a more timely fashion.

Of particular concern to us is a completely defenseless risk group—namely, children born to mothers who are HIV-carriers. Unfortunately, their number is also steadily increasing. In order to reduce that number, the republic should undertake the broadest possible testing for AIDS among pregnant women. There are as many as 2.5 million such women in the Ukraine.

And here there is a new urgency with regard to the problem of diagnostic systems and equipment.

Mayboroda: Tell us about that in greater detail.

Frolov: We have already talked about the need for some correction factor in our statistical data on AIDS. In large measure, that necessity is associated with the poor quality of the test systems that we use. To get better testing accuracy, we must purchase imported diagnostic equipment from, say, Finland. A good test-system widely approved throughout the world and made by one of the Finnish firms (with whom, incidentally, we have already conducted negotiations) for 10 million tests per year will cost us 16 million foreign currency rubles. Included in that cost is equipment for 550 diagnostic laboratories.

Moreover, the Finns have agreed to set up coproduction of such high-performance, promising test systems in the Ukraine to be based, for example, at our Kiev Scientific-Research Institute of Epidemiology and Infectious Diseases imeni L. Gromashevskiy. It is quite feasible that production of those systems can be started up in one year, and after 1.5-2 years we should be able to provide them for the Ukraine and then go on to the national market.

When we set up that kind of production, then we shall have to spend about 700,000 foreign currency rubles per year for the purchase of the synthetic polypeptides that constitute the basic diagnostic component.

Mayboroda: Does that mean that all that is needed is the completion of negotiations?

Frolov: Alas, the rub is foreign currency. Only our republic government can allocate such currency. As yet, it has provided virtually no financing for the battle against AIDS; at least, it has not allocated even a single kopeck for scientific research in that area.

And time is working against us. HIV is no joking matter. Measures must be taken without delay. That's why I would like our Ukrainian deputies to discuss the problem at the next session of the Supreme Soviet.

Mayboroda: Arkadiy Fedorovich, everyone is constantly talking about the problem of disposable syringes. What is the situation in the republic with regard to the solution of that problem?

Frolov: Not one of the union republics has solved that problem. And it shouldn't seem strange, but even now

it's not a cause for great distress. The fact of the matter is that while we are just now "waking up," many of the developed countries, including America, that set up the production of disposable syringes and blood transfusion systems in a timely fashion are now facing the virtually insoluble problem of what to do with them after they have been used. Should they be stored, or buried in the ground? Both those alternatives are uneconomical. Moreover, as the number of such plastic, non-reusable "waste products" increases, their ecological harm becomes a problem to be reckoned with.

Therefore, in those same developed countries the battle against AIDS is not steering a course aimed at disposable instrumentation, but rather at the high-quality sterilization of all medical equipment (everything from household equipment to barber tools, for example). And that's the course we should be steering.

Mayboroda: In a recent interview given by General Director of the World Health Organization Hiroshi Nakazima, he reported to journalists that research is under way in the development of more than 30 types of "anti-AIDS" vaccines for the purpose of preventing the spread of HIV. However, he noted, one cannot yet say with confidence just when an effective and safe agent against AIDS will be developed. How would you, Arkadiy Fedorovich, comment on that report?

Frolov: If one takes a purely scientific approach to a solution of the problem, then, in light of the considerable mutability of the virus, such vaccines would have to be developed very often. Moreover, their development will require large economic outlays. Because of the reasons already mentioned, their effectiveness would be short-lived. The vaccination of all risk groups, plus all or almost all citizens (as, for example, in flu epidemics), is practically impossible. Maybe we could vaccinate infants who were born of mothers who are HIV-carriers.

For today, and apparently for the foreseeable future, prevention and the development of various curative agents must be the principal methods of battling AIDS.

HIV-Positive Foreigner Deported

91WE0132B Moscow TRUD in Russian 1 Dec 90 p 1

[Article by Ye. Ukhov, Yoshkar-Ola, Mari ASSR: "AIDS Carrier Deported"; first paragraph is source introduction]

[Text] Yoshkar-Ola—A foreign specialist who had been working under contract in Volzhsk of Mari ASSR has been forced to leave the Soviet Union against his will.

An HIV-carrier has been identified in the city! He turned out to be a foreign citizen who was working at a local enterprise. The suspicions of physicians, which arose during a preventive medical examination, were confirmed by the regional center for AIDS control (in Nizhniy Novgorod) and the head institute in Moscow, to which samples had been sent for analysis.

The "carrier" was deported from the country along with his spouse. But the uproar has not quieted down. The fact of the matter is that there has been a report in the republic's press that the carrier is suspected of having had intimate relations with individuals whose number is expressed as a three-digit figure! Oh, those provincial morals...

AIDS in Buryat Republic

91WE0132A Moscow TRUD in Russian 2 Dec 90 p 1

[Article by S. Trofimov, Ulan-Ude: "AIDS in Buryatiya"; first paragraph is source introduction]

[Text] Ulan-Ude—It was literally just yesterday when most inhabitants of Buryatiya looked upon the spread of AIDS in our country as some kind of abstract idea. Today, that opinion has changed.

The reason for that change is the official communique broadly disseminated in the republic that inhabitants of the Buryat capital city have become infected by the virus of this terrible disease.

Director of the Ulan-Ude City Health Department M. Khaltayev commented on this sad news at the request of a TASS correspondent:

"In fact, specialists of the republic center for AIDS control have registered two patients who have become infected by the acquired immune deficiency syndrome virus."

How did the AIDS virus get into Buryatiya? It was brought in from abroad. Both patients had been working fairly recently in one of the southern foreign countries. That is where the infection occurred. The patients are currently under the observation of specialists and are receiving appropriate treatment.

AIDS Measures in Ukraine

91WE0132C Moscow KOMSOMOLSKOYE ZNAMYA in Russian 2 Dec 90 p 15

[Interview with Kiev Deputy Chief State Health Physician Lyubov Sergeevna Nekrasova by R. Povar: "AIDS Is on the Rise, But..."; first two paragraphs are source introduction]

[Text] Over the last three years, AIDS has become a major health problem in all the countries of the world because of its rapid proliferation and high mortality rate. Forecasts are becoming increasingly alarming.

For example, according to WHO estimates, there are at least six million persons infected with HIV throughout the world, and approximately two million of them are women. According to estimates, the number of AIDS cases among women by the year 1992 will be 350,000, which is three times greater than the figure at the end of the 1980s. It is therefore no accident that the theme of the World Day for the control of that dread disease on 1

December 1990 was "Women and AIDS." Our correspondent asked Kiev's Deputy Chief State Health Physician Lyubov Sergeevna Nekrasova to comment once again on the plague of the 20th century.

Nekrasova: This terrible disease is spreading quite rapidly, and by the end of this year [1990], more than 1,600 persons will be infected by the AIDS virus in our country. In 1991, that figure will be 6,200, and according to scientific predictions, 50 million persons will have been infected by the year 2006. In the Ukraine, 219 persons have been identified as HIV-infected—that's 159 foreigners and 60 citizens of the USSR. Four people have come down with the disease, and three of them have died. The most unfavorable epidemiological situation exists in the Odessa and Donets oblasts and in Kiev.

Povar: Lyubov Sergeevna, I would like to know how many AIDS patients there are in the republic's capital?

Nekrasova: Fifty-five virus carriers have been identified. Ten of them are Kievans. However, the real dimension of the epidemic may be considerably greater than what is now known to the medical profession.

Povar: What should be done to arrest the spread of this dangerous disease?

Nekrasova: It is essential that we consolidate and coordinate the efforts of various state and public organizations. We have now worked out a draft for a National Program for the Prevention and Control of AIDS. We must utilize all possible methods to control this insidious disease. For example, in accordance with current legislation, all foreign citizens who are suffering from AIDS or are virus carriers are subject to deportation. However, the unsatisfactory manner in which foreign students are being examined is conducive to an epidemic of trouble. Take, for example, our own city. Of the 5,668 foreign students studying in Kiev, 2,835 have not been tested for HIV. On a number of occasions, the city medical epidemiological station has dispatched information to the UkSSR Ministry of Higher and Secondary Specialized Education, but there has been no follow-up with appropriate action.

The testing of juveniles for the virus would not be such a bad idea. Their behavior has been a matter of concern to teachers, medical personnel, and the militia. After all, no small segment of the youth believe that unrestrained sexual relations is normal. However, this disease doesn't give advocates of "free love" any chance whatsoever for recovery. That is borne out by the facts. After all, most of the infected and AIDS-afflicted Soviet citizens are individuals with promiscuous sex lives.

Health-education work plays a major role in the struggle against AIDS. Knowledge itself about the disease alone is believed to have reduced the growth of the disease in America. If at one time in the United States the number of afflicted individuals doubled every six months, it now takes 14 months to double.

Povar: But there are victims when it comes to this disease—especially children. Are there plans for material assistance for them?

Nekrasova: Since 1 September 1990, the Soviet charity fund "Ogonyek"—"Anti-AIDS" has been paying out monthly assistance to families that have HIV-infected children. The monthly assistance amounts to 100 rubles.

Povar: Lyubov Sergeyevna, it's understood that the charity funds cannot save people from the AIDS epidemic, but they will help in controlling this disease. What is the account number of the republic fund for controlling AIDS to which contributions can be made?

Nekrasova: The current account number is No. 700126 operative task force of the Kiev city administration, Housing and Social Services Bank of the USSR, inter-branch circulation 322012.

Povar: And what if a young person wants to be tested for AIDS, where can he have that done?

Nekrasova: At the anonymous testing laboratory, which in Kiev is at 20 Vorovskaya Street. Such laboratories are in operation in all of the oblast centers and cities of the Ukraine.

Povar: I would like to know what are we doing in the way of producing disposable syringes and "articles of discretion"?

Nekrasova: The state of affairs with respect to that is unsatisfactory. The Belgorod-Dnestrovskiy Plant for Disposable Polymer Medical Products, which produces 200 million syringes annually, gives only one-tenth of its production to the republic. That is because all of the plants engaged in such production are subordinate to the USSR Ministry of the Medical Industry. As for condoms, the only plant is located in Armavir of Krasnodarskiy Kray, and it fills only 15 percent of the republic's requirements. The rest must be purchased abroad.

CANADA

Montreal Study Links AIDS With Poor Women

91WE0105 Toronto *THE TORONTO STAR* in English
1 Nov 90 p A4

[Article by Andrew Nikiforuk]

[Text] The Canadian AIDS epidemic has a new face. Once solely associated with affluent gay men, acquired immune deficiency syndrome is now more likely to appear in heterosexual women of childbearing age living in poverty, a Montreal study says.

The overall risk of infection with the human immunodeficiency virus (HIV) among women of childbearing age is now a startling 6.1 per 10,000 live births, or one woman in 1,638, says the study, published today in the *Journal of the Canadian Medical Association*.

That's twice the rate recently found in a similar Ontario survey. The Montreal study is based on 42 confirmed findings of HIV antibodies among 68,808 anonymous blood samples taken from newborns in Quebec in 1989. (HIV antibodies in children indicate HIV infection in mothers.)

When the same data was correlated with place of residence via postal codes, it showed the kind of dramatic association between poverty and HIV infection that has been repeatedly noted in U.S. cities, the Caribbean and Africa.

As a consequence, the risk of HIV infection climbed as high as 46.4 per 10,000 live births, or one woman in 216, in Montreal-island neighborhoods where incomes are 20 percent or more below the norm. (In contrast, the rate of infection in Metro is one in 1,976 women.)

"We're seeing the first evidence that AIDS could become an important problem," said Dr Catherine Hankins, the report's main author and an epidemiologist at Montreal's General Hospital.

"We have the same rate as San Francisco and a fifth the rate of New York. It's the highest rate of infection in Canada."

Hankins said no more than one-third of the infected women come from Haiti or Africa. In fact, the majority of those infected are white Montrealers who are either intravenous drug users, or their sexual partners.

DENMARK

Growing AIDS Risk Among Heterosexuals

91WE0121A Copenhagen *BERLINGSKE TIDENDE*
in Danish 27 Nov 90 p 19

[Unattributed article: "Growing AIDS Risk Among Heterosexuals"—first paragraph is *BERLINGSKE TIDENDE* introduction]

[Text] A study of Copenhagen figures show that the HIV virus is spreading among heterosexuals.

The HIV virus is spreading more and more within the heterosexual part of the population. Whereas earlier, women got the HIV virus because they were needle users or had blood transfusions with contaminated blood, intercourse with men is becoming the more frequent cause for women becoming infected with the HIV virus, which leads to the incurable AIDS disease.

UGESKRIFT FOR LAEGER [*Physicians Weekly*] released a study made between the years 1985 to 1988 at three hospitals in Copenhagen. In this period, 115 women were found to be HIV positive. Every third woman was infected through intercourse with an infected man.

In the early part of this period, only 14 percent were infected through heterosexual contact, whereas by 1988, it was true for 73 percent of those diagnosed as infected.

Approximately 5000 people in Denmark are estimated to be infected with HIV. Indications are that between 10 and 15 percent of these are women. At the end of October, 690 had developed the AIDS illness. Of these, 44 were women, 19 of which had acquired the disease after sexual contact with a man.

A European study of the risk of HIV infection passing from man to woman, as yet not completed, currently shows that the number of encounters, earlier sexual diseases in the woman, and the health of the man, among other things, have significance for the risk of infection.

A pregnant HIV-infected woman has a risk between 25 and 50 percent of passing the infection to her child. At the current time, there have been a total of eight children with AIDS reported in Denmark. Two were born of a substance abuser while six of them have mothers who were infected by intercourse with a male partner.

The first Danish woman was reported to have AIDS in 1985; in 1988, the first woman with AIDS infected by a man was reported.

On a global level, heterosexual contact is the most frequent mode of infection, but in the USA and Europe, most cases of AIDS in the past were found among men who had intercourse with other men, and among needle users. Women appear destined to form an ever growing portion of the infected, and more and more of them are becoming infected through men.

IRELAND

Health Department Reports AIDS Statistics

91WE0153 Dublin *IRISH INDEPENDENT* in English
30 Nov 90 p 8

[Text] The numbers of heterosexual people who are HIV positive continue to grow with the latest official figures showing 83 infections.

The real figure is thought to be much higher, however, and AIDS workers estimate the numbers with HIV is triple the official level of 1,000.

There are 425 male drug users who are HIV positive and 136 females. There are 174 AIDS victims and 75 people have now died from the disease, November Department of Health figures show.

Seventy-five babies are HIV positive with 141 gay-bisexual men and 112 haemophiliacs affected.

NORWAY

Health Service Releases Year to Date AIDS Figures

91WE0118A Oslo AFTENPOSTEN in Norwegian
27 Nov 90 p 3

[Article by Kare M. Hansen: "Thirty-Nine AIDS Cases This Year"—first paragraph is AFTENPOSTEN introduction]

[Text] Health authorities have recorded 39 new AIDS cases in Norway so far this year. The number of homosexuals recently infected with the HIV virus is cause for concern.

So far this year 87 new HIV-positive people have been registered in the country as a whole. Senior executive officer Oivind Nilsen of the National Institute of Public Health (SIFF) says that a total of approximately 50 AIDS cases will probably be reported this year. The majority of them are homosexuals in the Oslo area. The health authorities know of six children who have been infected by their HIV-positive mothers in recent years. One of the children has developed AIDS.

"After five years of working with HIV and AIDS we have completed the most serious emergency response. And we believe we can state that the epidemic will not be as extensive as many feared. But we continue to record newly-infected people from all backgrounds and the situation among homosexuals is alarming. There are also many cases of new infections among heterosexuals. But there is surprisingly little new infection among drug abusers now," Nilsen says.

As 1990 draws to a close SIFF statistics show that 371 homosexuals have been recorded as infected with the HIV virus. Of these 127 have developed AIDS. At the same time 306 HIV-positive drug abusers have been recorded. Only 16 of them have developed AIDS.

"The explanation for this development is that as a group drug abusers were infected later than homosexuals. It is also a fact that many drug abusers die from other causes before they develop AIDS," says Oivind Nilsen.

The health authorities has made an intensive effort to get various groups to submit to HIV testing. This year

almost 300,000 HIV tests will be carried out in Norway. Most of these are so-called clinical patient tests.

Sexual intercourse is still the most common source of infection. But contrary to the dire predictions health authorities have not recorded a single reliable case of HIV infection from a prostitute so far. The reason may be a more widespread use of condoms. Many clients of prostitutes get tested.

As of this date Norway has registered a total of 184 AIDS cases. Of these 125 have died. At present there are 955 names on the list of Norwegians who tested positive for HIV.

Dr. Jan Kristoffersen of the Directorate of Public Health says that through their information activity health services have succeeded in limiting the epidemic considerably. "People now know what HIV and AIDS are. The goal should be to maintain this knowledge and concentrate our efforts on sexuality among high-risk groups and young people," Kristoffersen says.

The Directorate of Public Health is now working with a long-range plan against HIV and AIDS. It outlines the anticipated development over the next few years and points out possible angles of attack in the effort to combat the problem. However the directorate sees no reason to sound the alarm.

This Saturday is International AIDS Day. Related events are scheduled in several places in Norway. This year's theme is women's sexuality in the context of HIV and AIDS.

SWITZERLAND

Public Health Service Releases AIDS Figures

91WE0101B Geneva JOURNAL DE GENEVE
in French 31 Oct 90 p 2

[Text] Berne—During the first nine months of 1990, 278 people died of AIDS in Switzerland. According to the latest publication from the Federal Public Health Office (OFSP) published Tuesday, that brought the total number of deaths from AIDS to 873 at the end of September. Moreover, 340 new cases of the disease were declared between January and September of 1990.

Forty-one percent of the new AIDS cases are drug addicts (140 cases), 40 percent homosexual or bisexual men (135 cases), 13 percent heterosexual men and women (43 cases), 2 percent children under the age of 15 (8 cases), 1 percent blood transfusion recipients (5 cases), and 1 percent hemophiliacs (4 cases). Five cases were considered "of undetermined cause."

1990 thus seems to confirm last year's trend: For the last two years, drug addicts have made up the largest group of new patients.

AIDS Figures Stabilize in 1990

*LD0701110191 Bern International Service in English
1000 GMT 7 Jan 91*

[Text] The number of people in Switzerland infected with the AIDS virus who subsequently develop the disease has stabilized for the first time. Figures released by the Federal Office of Public Health in Bern show that

the number of reported cases for 1990 was around 450, about the same as in the previous year. The number of people infected with the virus in 1990 was also lower than the previous year. A spokesman for the Office of Public health said the stabilization of the figures, following several years of progressively higher figures, was the result of greater public willingness to take measures to prevent infection.