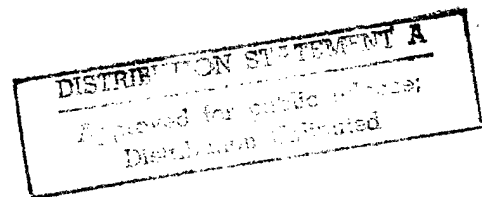


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JPRS 84086

10 August 1983



# Worldwide Report

EPIDEMIOLOGY

No. 327

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10 August 1983

## WORLDWIDE REPORT

## EPIDEMIOLOGY

No. 327

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DOCUMENT PRIORITIZES HEALTH PROGRAMS FOR BUDGETARY PURPOSES

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Jun 83 p 19

[Article by Brasilia correspondent Ana Marcia Seraphin]

[Text] Unlike what has been happening up to now, the government will try, in the next 2 years, to change the pattern of hospital care now in force, which is just curative, by providing sufficient funds to take care of essential and collective benefits and, at the same time, take measures to prevent the people from becoming ill. In actuality, this will be accomplished by a gigantic increase in spending for food and nutrition, basic health services, the control of communicable diseases and essential medications. There are two proposals in this regard: one, to increase expenditures for preventive health measures by 16 percent in 1984 and 21 percent in 1985, compared with the amount spent in 1980; two, to have lesser increases: 9 and 14 percent in the 2-year period.

This course of action and the expenditures for health in the 1984-1985 period, also including the second half of this year, are in keeping with the Multi-annual Consolidation of Government Programs (CPPG)--1980-1985, drawn up by experts of the health division of the National Center for Human Resources (CNRH), of the Institute of Economic and Social Planning (IPEA) and of the Secretariat of Planning of the Presidency of the Republic. Concluded this week, the project is designed to orient the financial authorities with regard to the correct distribution of the funds budgeted for this sector in the next 2-year period.

The document, consisting of 55 pages and already on its way to Minister Delfim Netto, emphasizes that its preparation represents "an effort to correct a system which, per se, contains the germ of increased spending without a corresponding improvement in the well-being of the people under its responsibility." In keeping with this critical line of reasoning, the paper stresses that an attempt was made to "establish a more logical balance among the sector's more important budgetary areas to obtain a system of expenditures more compatible with the country's epidemiological and social reality."

The Proposal

With regard to the objectives to be achieved by the end of 1985 aimed at altering the country's present health picture, the document gives the

following priorities, in order of importance, of the various health programs to be included in the allocations of the national budget. First, and with absolute priority, comes medical-health care. It is proposed to maintain hospital services at the present levels while increasing the availability of basic services by 550 percent, allocating 278 billion cruzeiros to the program during the 2-year period to take care of the rural and outlying people (amounting to about 65 million persons). In addition, there is to be better quality in the system of basic services and the establishment of an individual health network to take care of people on welfare and derelicts.

Food and nutrition is the government's second priority; here it is proposed to make an annual increase of 30 percent in the INAN [National Food and Nutrition Institute] budget to improve the quantity and variety of food supplements.

Domestic production and distribution of medicines is the third priority of the CPPG. It was proposed to make an increase of 10 percent in 1984 and 15 percent in 1985 in the CEME [Central Enterprise for Medicines] budget to strengthen the national chemical-pharmaceutical industry (which was already destined to receive 11 billion cruzeiros this year) and increase the supply of basic remedies to about 41 million persons (doubling the present coverage).

Then comes the combating of communicable diseases, with funds of 61 billion cruzeiros per year in addition to the 70 billion cruzeiros allocated for drugs. In this connection, the following recommendations were made: malaria--stop the spread of the foci of the disease still found in Goias, Minas, Parana, Santa Catarina and the legal part of the Amazon River basin; trypanosomiasis--stop its spread by 60 percent (about 277 municipalities with 7.9 million inhabitants); schistosomiasis--elimination of foci existing in nonendemic areas to avoid the spread of the problem; yellow fever--eradicate the *Aedes aegypti*, the diseases's transmitting mosquito, and vaccinate the people at their own risk.

#### Combating Dysentery and Vaccination

With regard to other diseases, the document suggests combating diarrheic diseases by orally rehydrating the patients and continuing the vaccination programs against measles, tuberculosis, poliomyelitis, tetanus, whooping cough and rabies along with controlling leprosy. An annual total of 35 billion cruzeiros was allocated to those programs in addition to the procurement of special medicines. The remaining health-sector programs amount to about 3.3 to 3.4 percent of the total expenditure.

The last item was medical-hospital care offered by the social welfare department through INAMPS [National Institute for Social Security Medical Assistance]. The work program of SEPLAN [Secretariat of Planning] is just to hold the expenditures at the same level reached this year, or reduce them by 2 percent during the next 2 years, always taking into consideration that the increased population must be cared for. According to assertions by the experts, this will be possible with the nationwide implementation of



a plan put out by CONASP [National Public Health Commission] to revamp and reorient the services supplied mainly by the institute.

The document emphasizes preventive care, with the setting aside of more significant funds specifically for this area. It stresses that the adoption of these measures would complete the preventive-care picture necessary to produce "a genuine change in the present pattern of health care." Thus, on the basis of proposals from competent organizations, two alternatives were given for the allocation of funds to that sector, with a slower growth level and less resources in the case of alternative B.

It is hoped by the experts who drew up the CPPG that the gradual reversal--both financial and organizational--in expenditures for medical-hospital assistance for greater benefit to the activities of increased populational involvement and to bring greater epidemiological relief, incorporated in the primary health system already being implemented, will receive increasingly satisfactory response over the short and medium terms.

#### Decline in Resources

Using 1980 as a starting point, the experts discovered that the expenditures made by the Ministry of Health for basic services declined by 127 percent in 1981 and 123 percent in 1982, while the INAMPS allotment rose by 117 and 123 percent respectively, with the sector as a whole reaching levels of 125 and 140 percent in the past 2 years. They also disclosed that, despite the unequal priority in the combating of communicable diseases, the funds allocated to these programs continued to decrease gradually from 1978 on: from 52.8 billion cruzeiros in 1978 they dropped to 51.5 billion in 1979, 38.8 billion in 1980, 29.8 billion in 1981 and, finally, 39.9 billion in 1982; that is, 12.9 billion less than 5 years ago. This revelation caused the experts to conclude that the priority conferred upon the so-called "poverty diseases" was more words than deeds.

During all this, the present system of medical-hospital care carried out by the social welfare organization permitted the incorrect concentration of 96 percent of the expenditures on health. According to an analysis made by the SEPLAN experts, this situation cannot continue in that the future trend calls for stronger action and a budget which, subject to greater control, will gradually benefit priority areas from a social and epidemiological viewpoint.

The study shows that, of the total funds allocated to medical-health care (prevention of diseases), basic services received only 0.99 percent in 1978; 1.66 percent in 1979; 2.42 percent in 1980; 3.61 percent in 1981; and 3.52 percent in 1982, with 2.95 percent being foreseen for this year. Moreover, the greatest amount of expenditures INAMPS ever made occurred in 1976. From that time on, its spending dropped annually at the following rates: 29.81 percent in 1978; 27.58 percent in 1979; 27.35 percent in 1980; 24.34 percent in 1981; and 23.40 percent in 1982.

INAMPS expects to spend only 19.30 percent this year for medical care, but the SEPLAN experts recognize that this will not affect the health level of the Brazilian people as has been happening up to now; it is even possible that there will be no need for real increases in funds allocated to this sector until 1985.

The study stresses that, "curiously," despite the economic restrictions which have principally affected INAMPS' services, the amount of services provided by social welfare has continued to increase; it is true that the annual rates of those increases have been more reduced in recent years, but they have nevertheless increased. The document gives two explanations for this phenomenon: lower costs of those services, with reflections on their quality not yet determined, on the one hand; and, on the other, possibly an initial result of the measures taken by CONASP, through INAMPS, to reorganize and control unnecessary spending in the health sector.

8568

CSO: 5400/2094

BRAZIL

BRIEFS

MALARIA INCIDENCE IN ACRE--Rio Branco--About 10,000 persons contracted malaria in Acre last year, according to Roraima Moreira da Rocha, director of SUCAM [Superintendency for Public Health Campaigns], who was summoned by the Legislative Assembly to give a clarification on the outbreak of the disease recently reported. He explained that the high incidence of malaria was ascertained in the Acre valley area, site of the settlement projects of INCRA [National Institute of Land Reform and Settlement]. [Text] [Rio de Janeiro O JORNAL DO BRASIL in Portuguese 9 Jun 83 p 8] 8568

CSO: 5400/2094

## AIDS DISEASE CONFIRMED TO HAVE REACHED FINLAND

### Homosexual Male Is First Case

Helsinki HELSINGIN SANOMAT in Finnish 28 Jun 83 p 8

[Text] The dreaded AIDS disease has spread to Finland. A week ago it was confirmed that a Helsinki homosexual, about 40 years of age, had become ill with AIDS disease. Most of those who have contracted the disease die since no cure for it has been found.

The man came to the Helsinki Venereal Disease Clinic where they are at present charting possible AIDS cases that are in the germinal stage.

The man complained of a sore throat which he had tried to cure with antibiotics. A month before wine-red, pimple-like changes had appeared on the skin of the man's neck. There were the same pimples around his eyes too.

After the examination it was confirmed that the man had AIDS. The man had recently had many male sexual partners.

The man was sent for further examination to Aurora Hospital, where they are trying to concentrate all those suffering from AIDS. "While only one case has come to light, it is likely that there are more people suffering from the disease and elsewhere in Finland than Helsinki as well," skin and venereal disease specialist Dr Sirkka-Liisa Valle said.

AIDS is a virus disease that spreads through intimate contacts of the mucous membrane in which the membranes are ruptured.

### Most of Those Who Have Contracted the Disease Are Male Homosexuals

Three-fourths of those who have contracted AIDS are male homosexuals who have had many partners and frequently change them.

The disease has also been found in heterosexual men and female partners of AIDS patients. Drug users who have used dirty needles have also contracted the disease.

Since no effective cure for AIDS has been found, 80 percent of the patients have died in the 2 years since the disease was identified.

In the early stage of the disease patients lose weight and develop fever without any reason. Later, patients contract severe infectious diseases.

The germinal stage of the disease varies from 6 months to 2 years.

#### Only 1,500 AIDS Cases Confirmed in the World

So far about 1,500 cases of AIDS, most of them in the United States, have been confirmed throughout the world. Two certain and about 10 uncertain cases have been confirmed in Sweden. About 10 people have contracted AIDS in Denmark and about 40 in the FRG.

The first AIDS patients came to light in 1980. Since then the disease has spread surprisingly quickly.

#### AIDS Register Being Kept

Helsinki HELSINGIN SANOMAT in Finnish 29 Jun 83 p 8

[Excerpts] In Finland they want more information for research on AIDS now that the first case has been confirmed here.

The dreaded virus disease, AIDS, for which there is so far no cure, was detected a week ago in a male homosexual about 40 years of age. The symptoms were noted at the Helsinki Venereal Disease Clinic, where the appearance of the disease has been under investigation in volunteer homosexuals since the beginning of June.

AIDS is generally spread through anal intercourse. "The mucous membrane of the rectum is easily damaged and this may be one reason why the disease is more common among homosexuals," Dr Sirkka-Liisa Valle said. Those who contract the disease may already before its appearance have been suffering from a defect in the organism's defense system.

One reason is also promiscuity: "If there are many partners, the possibility of infection is greater," Valle said.

According to Valle, in Finland infection through blood transfusion is unlikely because we do not buy blood plasma from abroad. Homosexuals have also everywhere been urged to refrain from donating blood.

Those who take drugs intravenously, however, are in danger. The infection may be transmitted through dirty needles.

A problem in confirming the presence of AIDS is the disease's long germinal period, from a half a year to 2 years. According to Valle, they do not know either whether an infected person can pass the virus on during the entire period.

## Another Patient Is Also Being Studied

The care of AIDS patients here is concentrated at Aurora Hospital in Helsinki. There another patient is now also being studied. It has not been confirmed that he has the disease.

"AIDS is most commonly spread through contact with the mucous membranes. The virus' ability to cause the disease is, however, slight," said Dr Heikki Repo. "So it is under no circumstances a question of being infected by a minuscule amount."

According to Repo, there are three phases in the treatment of these cases: First, they determine whether the AIDS virus is indeed involved and what other illnesses the patient has. The next phase is the treatment of the general infections associated with the disease. According to Repo, with their present knowledge there is very little possibility of treating the basic disease.

An AIDS register is also being set up in Finland, in which they will collect data on symptoms and unusual cases.

Supervisor Sinikka Salminen of the Medical Board believes that the money for the establishment of the register will be obtained. Freeing more funds for the prevention of this disease may, in her opinion, be more difficult, as it is with all new activities.

According to Salminen, the new virus disease that has now arisen reveals the obsolescence of our venereal disease law. There are a number of diseases that are spread through sexual contact, among them herpes and chlamydia, which are not included in the law and are thus not subject to free care. According to Salminen, the appearance of AIDS will probably speed up reform of the law.

The Organization for Sexual Equality (SETA) says that AIDS should not be classified as a homosexual disease. This could result in the branding of and discrimination against all homosexuals, so that the experiences they have had in the United States would repeat themselves here.

SETA would also like the Medical Board to designate AIDS as a generally dangerous infectious disease. Treatment would then be free of charge to the patient.

Even before the first case was confirmed, SETA informed its 1,600-member group through circulars and lectures. Later, the organization intends to establish support groups for those who have contracted AIDS.

About 1,800 cases of AIDS have been confirmed.

## Medical Administration to Monitor

Helsinki HELSINGIN SANOMAT in Finnish 30 Jun 83 p 10

[Excerpt] The Medical Board is closely following the appearance of AIDS in Finland. Doctors must report cases they have observed to the main office

which in turn reports the situation to the World Health Organization. With contagious disease specialists they are at present making plans for another program to combat the disease.

"No conclusions as to how widespread the disease is in Finland can be drawn on the basis of the investigation now in progress in Helsinki," chief physician Pertti Weckstrom of the Medical Board said. A hundred individuals who themselves felt that they belonged to the risk group voluntarily reported to it.

When a third of them had been examined, over a week ago the first Finnish AIDS patient was confirmed. An ongoing investigation is being conducted at Aurora Hospital in Helsinki.

No screening examinations can be used in the case of the potentially fatal AIDS disease simply because of the fact that they have not yet determined what causes it. In laboratory tests they have only observed a lack of immunity [to diseases]. It cannot, for example, be proven that it is caused by a virus; that has merely been presented as a stronger assumption in investigating the causes. Determination of the disease is also based on other discoveries, among them a certain kind of cancer, the Kapos sarcoma.

"This is more a question of a problem for some individuals, not a public health problem," Weckstrom emphasized. "We have now joined the group of those many other countries where the disease has turned up."

According to Weckstrom, it is important for those who have noticed the symptoms or are concerned over the possibility that they may be infected to go and have themselves examined as soon as possible.

#### SETA Informed People As Early As This Spring

In Weckstrom's opinion, SETA is performing an important function in preventing AIDS because it is precisely homosexuals who for some reason constitute the diseases's biggest risk group. As early as this spring SETA informed its members about the disease and how to prevent it.

The Finnish Red Cross' blood bank is not in a state of emergency, even though it has been shown abroad that a small number of those who have AIDS were infected through blood transfusions. This spring a Council of Europe committee of experts issued instructions to blood banks, among other agencies. University lecturer Gunnar Myllyla of the Finnish Red Cross asserted that all the preventive measures presented at that time have been routinely followed here for a long time now.

Finland is self-sufficient in terms of blood plasma production. Here blood is donated on a voluntary basis and because of this those who suspect they are infected scarcely find their way to the blood banks. Blood to be given to hemophiliacs, or those who suffer from hemophilia, is collected here from only eight donors, whereas elsewhere that figure may be in the tens of thousands.

While there are slight risks, Myllyla reminded us of the purpose blood serves. What situations blood is generally used in have to be considered. AIDS is one of the smallest of the slight risks attached to blood transfusions.

#### Flood of Phone Calls at the Clinic

The discovery of one case of AIDS in Finland has considerably added to the number of inquiries directed to the Helsinki Venereal Disease Clinic. About 15 patients a week can be examined.

In early June the Finnish Academy granted 23,000 markkas for the investigation of AIDS that has been set in motion and which is headed by university lecturer Antti Ponka. The funds will not, however, suffice for the originally planned 100-man investigation and they are negotiating with the Medical Board to obtain additional funds.

The shortage of laboratory services is slowing down the investigation. All those who clearly belong to the risk group are, however, being immediately accepted for examination.

According to Ponka, the appearance of AIDS here has also produced negative as well as positive consequences. Positive is the fact that prevention of the disease is being intensified. Negative is the excessive fear that exists. In any event only one risk group is involved, a small number of homosexuals.

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## GUATEMALA

### HEALTH MINISTRY TAKES MEASURES AGAINST MALARIA, RABIES

Guatemala City DIARIO DE CENTRO AMERICA in Spanish 6 Jul 83 pp 1, 8

[Excerpt] Malaria is a problem which has become more acute due to the lack of treatment which previously prevailed and to the absence of a well-organized effort. However, there are now sufficient funds and malaria is being combated in all malarial areas, especially in Puerto Barrios where the outbreak is already under control.

This information was given this morning by Dr Adolfo Castaneda Felice, minister of public health and social welfare, in response to questions posed by reporters.

"In San Marcos," the official said, "there has been an increase in the number of cases of rabies, but, just today, a shipment of 2,500 doses of vaccine was received from Colombia in a cooperative effort to help treat these cases."

Dr Castaneda Felice said that he does not have a precise report on the number of cases but that the area officials and hospital directors are able to take care of them.

#### General Hospital Operating at Full Capacity

With regard to another matter, the minister said that the San Juan de Dios General Hospital is operating at full capacity and that, since its opening on 30 June, 450 patients have been treated of whom only 50 were confined to bed.

"According to the operative system now in force," Dr Castaneda Felice said, "a patient who needs to be confined is carefully screened, and this is done through the emergency service. Outpatient consultation can result in having the cases referred to the emergency service which can then give the order for admittance and confinement, but, to-date, we have needed only 50 beds."

In response to questions from reporters, the minister said that the final cost of the center came to 48 million quetzals for building and equipment, apart from which another 14 million quetzals will be needed per year for general upkeep, but including electric power and fuel.

As to whether treatment will be paid for by the patients, he answered that anyone who has resources and possibilities for payment will pay but that it will be basically a hospital for the poor, those who will be exempt from any payment.

He said that the cost of the hospital was totally taken care of by the previous government and that the present forecast of expenditures applies only to the ongoing operation.

Dr Castaneda Felice also said that the San Juan de Dios Hospital will be self-financing only with a certain percentage. "This first year, that will not be very significant," he said, "but in future years this could amount to 30 percent of the cost of the services."

#### Increase in Medicines

He was also questioned about an increase in medicines which was officially authorized.

"That increase is being carried out through a special committee, empowered by a decree issued in 1969 and composed of a representative of the medical college, another from the chamber of commerce and a third from the Ministry of Economy."

8568

CSO: 5400/2103

## BRIEFS

TUBERCULOSIS IN PENITENTIARY--Seventeen cases of tuberculosis were found by the Ministry of Public Health among inmates at the Central Penitentiary (PC) in a recent inspection held there at the request of its director, Alfredo Mejia Lara. The ministry's chief of the Division of Epidemiology, Alberto Guzman, considered this problem highly dangerous because it could be that many of the inmates, even though they appear normal, may have already been infected by those affected and it would be detected only with time, when the bacillus develops. Although the 17 with tuberculosis will be transferred to the National Thorax Institute for recuperation, the problem in the penitentiary will continue latent, since one of the greatest critical aspects at the main center for imprisonment in the nation is the cramped spaces in which the criminals live, making them susceptible to infectious-contagious diseases. Guzman believes that this problem will not be definitely resolved until the penal center is moved to another location outside the city. Moreover, he pointed out that the only inspection made at PC was made only to detect those with tuberculosis, "but I think" he commented, "we will keep on helping because this is not a disease exclusive to criminals. For that reason, in the upcoming months we will campaign to clean out the prison as much as possible." Guzman revealed that the health authorities in Danli, in the eastern part of the country, and where refugee camps are located, 11 cases of tuberculosis among those displaced were detected. He said that in El Arenal, Jacaleapa and Teupasenti crowding is seen to be the worst problem among those foreigners. Infectious cases found in these concentrations of people are very advanced ones from which one deduces that those infected entered Honduras bringing the virus from their places of origin and it is not farfetched that a large number of them has already been "hit." But, for the time being, it cannot be determined to what degree because bacillus acts slowly and the development of the disease is gradual. He stated that among the 11 refugees affected who will be hospitalized, there are mature and old people. [Text] [Tegucigalpa LA TRIBUNA in Spanish 21 Jun 83 p 32] 9908

CSO: 5400/2100

## BRIEFS

ENCEPHALITIS STATISTICS--ALTHOUGH the menace of Japanese encephalitis has subsided now, 555 people died of the disease in West Bengal in 1982. The total number of cases reported during the year was 1,469. The affected districts were Burdwan, Birbhum, Bankura and Midnapore, according to official sources. Japanese encephalitis spread in a rather alarming form throughout the country in 1978 when a total of 7,493 cases were reported from 18 States and Union Territories. The death toll then was as high as 2,775. However, because of the increasing awareness among the people, only 2,845 cases (which resulted in 926 deaths) were reported during 1979 and that too from eight States. In 1982, only West Bengal, Uttar Pradesh, Manipur and Goa reported such cases. A special cell has been established in the National Malaria Eradication Programme Directorate for monitoring the incidence of the disease. A technical note on Japanese encephalitis with special reference to its causation, transmission, epidemiology, signs and symptoms, treatment and preventive measures has been sent to all the State Governments and Union Territories. Meanwhile, a bilateral agreement has been signed between the Centre and the Government of Japan for manufacture of Japanese encephalitis vaccine at the Central Research Institute at Kasauli in Himachal Pradesh. The total outlay for the project has been estimated at Rs 2.46 crores spreading over a period of five years. Of this, aid of about Rs 1.46 crores will be provided by the Japanese Government. The project is under implementation. [Calcutta THE STATESMAN in English 2 Jun 83 p 3]

GASTROENTERITIS IN MIDNAPORE--MIDNAPORE, June 7--Gastroenteritis is spreading in the district, particularly in view of the scarcity of drinking water. The drought conditions prevailing for the past three months have dried up 80% of the district's drinking water sources. Cases of gastroenteritis have been reported from about 140 villages in the Ghatal, Tamluk, Contal, Kharagpur, Garbeta, Kespur, Panskura and Daspur areas. It has taken a toll of 64 lives so far, and Health Department sources put the number of affected people at 520. Most of the cases are reported from the Tamluk and Panskura areas, where the river is the only source of drinking water for the villagers. The department is carrying on its inoculation and disinfection programme in the affected areas. More than 50,000 people have been inoculated against the disease so far. [Calcutta THE STATESMAN in English 8 Jun 83 p 14]

MALARIA STATISTICS--PONDICHERRY, June 10 (PTI) -- Southern States registered a fall in the incidence of malaria in 1982 compared to the previous year.

According to a report submitted during the recent southern Health Ministers conference here, positive malaria cases in the four States came down to 1.97 lakh in 1982 as against 2.07 lakh in 1981. In the Union Territory of Pondicherry the number of cases however went up from 414 in 1981 to 472 in 1982. The report says among the four States, Kerala had the least number of 3,972 positive malaria cases in 1982, at Karnataka recorded the highest number of 92,798 cases. In Tamilnadu and Andhra Pradesh 65,797 and 34,543 cases were noticed. The breakup of malaria cases in 1981 is: Andhra Pradesh (38,234) Tamilnadu (71,517) Karnataka (1,58,000) and Kerala (4,127). The report says 40.4 million persons ran the risk of contracting filariasis in Andhra Pradesh in 1982. It is followed by Tamilnadu, 29.14 million persons, Kerala 25.4 million, and Karnataka 8.91 million. [New Delhi PATRIOT in English 11 Jun 83 p 5]

TRIPURA MYSTERY DISEASE--AGARTALA, June 12--A mysterious disease has claimed at least 12 people--mostly children aged two to 10 years--within the past 20 days in Tripura, reports UNI. The victims had complained of sudden high fever--the body temperature touching 104° at times--which lasted two days. Convulsions followed and the patients died within 72 hours. While doctors in the Government hospital here, said they had not been able to diagnose the cause of the disease. The South District authorities, said they did not know of either the disease or the deaths in the rural areas of the district. Newspaper reports, however, had said that most of the deaths were reported from South District. [Calcutta THE STATESMAN in English 13 Jun 83 p 13]

CHILDREN'S MYSTERY DISEASE--Kohima, June 15--At least 20 children have died of a mysterious disease which has the symptoms of measles in the northern Ngami area during the past one and a half month, reports UNI. The former Nagaland Speaker, Mr K.V. Kedilsu, after visiting the area, said that while 17 children died at Ophima village, three others of a family succumbed to the disease at Tseminyu. [Text] [Calcutta THE STATESMAN in English 16 Jun 83 p 7]

EPIDEMICS IN KARNATAKA--Bangalore, June 25--Various epidemics have left over 440 people dead in Karnataka since the beginning of this year. Gastro-enteritis has taken the most lives. The epidemic, widespread in the state following acute drought in 16 of 19 districts, had claimed 232 lives and affected 4,568 people till June 22, according to Dr T.M. Ramesh, joint director (malaria and filaria) of the state health directorate. The other major epidemics which were widely prevalent were Kyasanur forest disease (monkey fever), cholera and Japanese encephalitis, he said. Monkey fever, a haemorrhagic encephalitis, caused by KFG virus, had so far taken a toll of 127 out of 1984 attacks reported this year. Japanese encephalitis and cholera accounted for 55 and 24 deaths, respectively. Dr Ramesh said gastro-enteritis reached its peak in May this year when 2,103 cases and 153 deaths were reported. People in at least eight districts in the state were affected every year by gastro-enteritis. The districts are: Bellary, Chitradurga, Mysore, Gulbarga, Raichur, Dharwad, Belgaum and Bijapur. All epidemic was severe in Bangalore district this year with 71 deaths out of 1,219 cases. [Text] [Bombay THE TIMES OF INDIA in English 27 Jun 83 p 13]

STATISTICS ON MALARIA--New Delhi, June 18--Malaria, a scourge in pre-independence days, has been brought under control, while goitre is becoming widespread, says a Press release of the Ministry of Health and Family Welfare issued yesterday. Before 1947, malaria took a toll of 800,000 lives annually. The casualty figure came down gradually and in 1965, no malaria death was reported. An upswing in the number of malaria cases was noticed between 1965 and 1976 when 6.47 million cases were reported. But, after the National Malaria Eradication programme was launched on April 1, 1977, the number came down to 2,082 million in 1982. Goitre is said to be spreading all along the Himalayan belt, the entire north-eastern region, some areas of Maharashtra, Gujarat and Uttar Pradesh. In the three States it has affected 120 million people. [Text] [Calcutta THE SUNDAY STATESMAN in English 19 Jun 83 p 11]

CHICKENPOX IN PATNA--Patna, June 17 (PTI)--Health Commissioner of Bihar V.S. Dubey quoting Dr C.K. Rao deputy-director of the National Institute of Communicable Diseases, New Delhi, said yesterday that the reported case of small-pox in Kankarbag area here was that of chicken pox. Dr Rao who had flown here from Delhi to investigate, has submitted a report to that effect to the Bihar Government. Mr Dubey emphatically stated that small-pox has been completely eradicated in Bihar and that there has been no instance of the disease anywhere in the State. [Text] [New Delhi PATRIOT in English 18 Jun 83 p 1]

MANIPUR DYSENTERY CASES--Imphal, June 18 (PTI)--Dysentery has claimed 11 lives, including six children, at Mawai village in Manipur east district in the last one week, according to Dr Chaoba Singh, officer-in-charge (epidemics) of State's medical directorate. Dr Singh told PTI here today that reports from Mawai and nearby villages had said that the situation was now "under control" and that a medical team sent there was still camping in the area. Dr P.K. Singh, director of State health services, said in a press release that anti-cholera vaccination campaigns had been intensified to prevent outbreak of the disease during summer and 39,086 persons had been vaccinated so far in Manipur's past, south and Tengenoupal districts besides the State capital. [Text] [New Delhi PATRIOT in English 19 Jun 83 p 7]

CSO: 5400/7136

## BRIEFS

RABIES IN TABALONG REGENCY--Villages in Tabalong Regency, South Kalimantan, have been stricken with rabies. Thirty-seven persons have been bitten in this severe outbreak. Some of the victims were treated at the Tangjung General Hospital while those more critically ill were taken to the Ulin General Hospital in Banjarmasin. This was confirmed by Drs Armain Janit, chief of the Public Relations Bureau of the South Kalimantan Regional Government on Friday [10 June]. He explained that steps have been taken to prevent the disease from spreading. They include the temporary halt to the traffic of domestic animals such as dogs, cats, monkeys and similar animals into Tabalong Regency. According to other information received by KOMPAS, persons in Paringin, located in the Hulu Sungai Barat area, were bitten by wild dogs. Three dogs were involved: one was shot and two others escaped into the jungle. Those bitten were treated at the local public health center. According to Drs Armain, rabies is new to the South Kalimantan region. An investigation showed that rabies began to spread in East Kalimantan around 1975. An alien who worked for a lumber company brought a dog into the area from his mother country. The dog arrived by helicopter and thus bypassed the quarantine inspection. Apparently the alien's dog, who initially was intended to guard the camp, suffered from the disease. Thereafter the rabies virus spread very rapidly into a portion of East Kalimantan. At that time it was recorded that five persons died of rabies. In 1978 rabies spread to Central Kalimantan particularly around the Barito Utara area. In 1983 rabies penetrated into South Kalimantan via Tamiang Layang, still in the Central Kalimantan region. From Tamiang Layang it spread to the Kelua area, which is in the Tabalong region, and then to Paringin, Hulu Sungai Utara. [Excerpts] [Jakarta KOMPAS in Indonesian 13 Jun 83 p 12] 6804

GASTROENTERITIS IN PASAMAN REGENCY--Gastroenteritis which broke out in Cubadak, Pasaman Regency, North Sumatra, in May has subsided after 307 cases were determined to be positive for gastroenteritis, 27 of whom died. Meanwhile Dr Rachtiar Karatu, acting chief of the regional office of the North Sumatra Department of Health, said it is still uncertain whether the gastroenteritis that spread to Cubadak was some form of cholera, because tests are still being made in the laboratory. Earlier in February a similar disease spread in Lubukbasung, Agam Regency. It took 1 life and 33 persons were treated for the disease. Meanwhile Dr Syahril Djosan, director of the Dr M. Jamil RSUP [Central General Hospital] in Padang, told newsmen that from January to date in Padang 400 cases at the RSUP were determined to be positive for gastroenteritis. Three of these persons died of the disease before being

brought to the RSUP for treatment. As of 7 June, 43 persons from various subdistricts in the Padang municipal area were treated for gastroenteritis at the Padang RSUP. [Excerpts] [Jakarta MERDEKA in Indonesian 10 Jun 83 p 4] 6804

MEASLES IN CENTRAL JAVA--Djakarta, 28 June--Thirteen children have died in the past month of measles in Mojosari Village near Pekalongan, Central Java, the daily PELITA (Torch) reported today. A local Government spokesman was quoted as confirming the deaths, saying they were among over 100 victims aged eight to 10 stricken with the disease in the past month alone. Measles has been rampant in the area since last year. The victims are mainly those suffering from malnutrition or vitamin deficiency, the spokesman said. NAB/AFP [Text] [Rangoon THE WORKING PEOPLES DAILY in English 30 Jun 83 p 7]

MALARIA OUTBREAK IN MOLUCCAS--Djakarta, 1 July--Malaria has killed 90 people and disabled thousands of others in an outbreak of the mosquito-borne disease that has swept the Gorom Island group in the Moluccas for the past two weeks, ANTARA news agency reported today. Many islanders have fled to the provincial capital of Ambon to escape the disease or seek treatment in the absence of medical facilities or anti-malaria drugs in the more remote districts, the report said.--NAB/AFP [Text] [Rangoon THE WORKING PEOPLES DAILY in English 3 Jul 83 p 6]

EYE DISEASE IN PURWOKERTO--An epidemic of an eye inflammation is striking the residents of Purwokerto City and its environs in Central Java. At least 200 victims have been examined in the local eye clinic (BPM) according to Dr Syarief Djatie, an ophthalmologist at the Purwokerto General Hospital, who gave this information to SINAR HARAPAN on Monday afternoon, 30 May. Dr Syarief was not prepared to say how many cases of the disease had been found in Banyumas Regency. The disease has spread throughout 24 subdistricts. He merely said the disease was caused by a pernicious virus and it had broken out in all areas of Banyumas Regency particularly in densely populated areas. The initial symptoms of the disease, Dr Syarief said, are matter streaming from the eyes and cloudy vision. The temperature rises as though the victim were suffering from flu. The people of Purwokerto call it the "beleken" disease. Dr Syarief said the disease spreads readily and rapidly and can be transmitted by physical contact with a victim as well as by used handkerchiefs and towels and clothing worn by the victim. Worse, this disease attacks babies and children as well as adults. It is treated with an antibiotic eye ointment. This medication has been distributed to all public health centers and eye clinics. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 3 Jun 83 p 3] 6804

EYE DISEASE IN CIAMIS REGENCY--An eye disease struck a number of residents of Ciamis Regency in the past several months but the cause of the disease is still unknown. Meanwhile, according to information received by SINAR HARAPAN in Ciamis, the eye disease, which appeared since Galunggung [main official Hindu festival] has now erupted. Initially the eyes of persons stricken with this disease become inflamed and not long after that they become swollen. Persons stricken with the disease usually go to the public health center for treatment but the cure takes a rather long time. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 9 Jun 83 p 3] 6804

DENGUE FEVER IN TANJUNGKARANG--From May to early June at least 10 children, 3 to 10 years of age, have died of dengue fever. Most of them came from the Tanjungkarang Municipality, Telukbetung. About 40 or 50 persons, both children and adults, are still being treated for the disease in the Tanjungkarang General Hospital. [Excerpt] [Jakarta HARIAN UMUM AB in Indonesian 11 Jun 83 p 2] 6804



## LAWAS DISTRICT REPORTS DENGUE INFECTION

Kuching THE BORNEO POST in English 15 Jun 83 p 1

[Text]

KUCHING, Tues: —The dengue situation in the Lawas district is serious.

Todate, a total of 23 cases, including four cases of dengue haemorrhagic, had been reported since January, according to a statement issued by the Medical Department here today.

About 40 per cent of the total cases were reported this month and the number was increasing, the statement said.

More cases are expected to be detected in the next one month or so.

The infected areas are Kampung Seberang, Kampung Banting, Sekolah Menengah Kerajaan Lawas, Kampung Lumut, Trusan and Kampung Gaya.

An operation room has been set up in the Lawas district hospital to monitor the dengue situation and to coordinate control measures.

Health inspectors will be sent to the district to assist in the anti-dengue operation such as thermal spraying of the infected areas to destroy breeding

grounds.

Members of the public are advised to take all necessary precautionary measures to stop the aedes mosquitoes from breeding in their homes.

They should, for instance, keep all storage containers well covered and wash them regularly or apply abate larvicide to large containers.

All unwanted or unused containers should be buried or destroyed and vegetation cleared at least for a distance of 200 metres from their homes.

In order to prevent further spread of the disease, members of the public are advised not to travel to the infected areas.

Those who have symptoms of fever, muscle ache, joint pain and rashes should seek immediate medical treatment.

The Lawas District Office, with the assistance of the Medical and other departments and voluntary bodies will organise a series of anti-dengue cleaning campaign in Lawas town and other infected areas soon.

MEXICO

SAN LUIS POTOSI MENINGITIS DEATHS

Mexico City NOVEDADES in Spanish 27 June 83 p 18]

[Article by Ana Maria Rodriguez Palacios]

[Text] San Luis Potisi, S.L.P., 26 June--Five children hospitalized in Central Hospital in this city for treatment of meningitis have died in recent weeks.

Dr Luis Fernando Rangel, director of that hospital, said that those sick children arrived in very poor condition, after having been treated superficially in other health establishments. He added that their condition was complicated with a broncho-pulmonary ailment and that their resistance was extremely low and that they were in a very poor state of nutrition.

Dr Rangel said that it is possible that there are cases of infectious meningitis in this and other nearby towns. He added that cases that turned out to be incurable were those that involved sick children who had no resistance owing to their high degree of malnutrition.

He indicated that Dr Jesus Renteria, of the Secretariat of Health and Assistance, recently did research on this matter and concluded that infectious meningitis can always be combatted in time in institutions when children arrive in time at suitable health centers.

Preventive Measures

Dr Rangel said that a permanent area must be set aside in the central hospital for that infectious disease and indicated that those afflicted with that disease have been suitably isolated in order to keep the disease from spreading.

8255

CSO: 5400/2105

## MEXICO

### BRIEFS

DENGUE FEVER IN MICHOACAN--Morelia, Mich., 22 June--Jose Manuel Mireles Velarde, director of Research and Science in the Faculty of Medicine of the University of Michoacan, confirmed that in the past week nine new cases of dengue fever were ascertained in this coastal area. The research worker stated that the "Aedes aegypti" mosquito is the main vector of the disease and that he therefore is implementing an intensive campaign among the inhabitants of the area in order to avoid further contagion. Mireles Velarde said that 82 persons out of a little more than a thousand that were afflicted by the disease have died in the hot lowlands where towns such as Ciudad Altamirano, in Guerrero and Huetamo in Michoacan are located. [Text] [Mexico City EXCELSIOR in Spanish 23 Jun 83 p 6] 8255

TUBERCULOSIS IN CHIAPAS--Tuxtla Gutierrez, Chis., June 18--It is very difficult to confirm that 40 per cent of the inhabitants of the municipality of Huitipan, on an average, are sick with tuberculosis. This serious disease also exists in several municipalities of the Los Altos de Chiapas area, reported Dr Victorico Ramos Grajales, coordinator of Public Health for the area. Ramos Grajales said that the actual tuberculosis figure for the Chiapas area fluctuates between 15 and 20 per cent of the population, but that the utmost has been done to detect cases and to treat them immediately, in order to prevent the disease from spreading. It is difficult to estimate the number of cases among the population of the central area of Chiapas because many sick persons do not go for treatment at the health centers and many go to private dispensaries that cannot be kept under strict control. There is a considerable incidence. The common public land authorities of Huitipan had reported that the number of persons afflicted with tuberculosis in that zone amounted to 40 per cent. [Text] [Mexico City NOVEDADES in Spanish 19 Jun 83 p 18] 8255

CSO: 5400/2098

## 20-YEAR PROGRAM TO ERADICATE TUBERCULOSIS

Karachi DAWN in English 6 Jul 83 p 5

[Text]

LAHORE, July 5: The Punjab acting Governor Lt-Gen. F.S. Lodhi has pointed out that the Government has launched a 20-year programme in collaboration with the World Health Organisation to eradicate tuberculosis from the country.

In his message on the occasion of the inauguration of the annual Eid T.B. Seal Sale Campaign the Governor called upon all well-to-do people, to come forward and help the Punjab T.B. Association to raise funds for the betterment and welfare of mankind.

In a message on the occasion of the inauguration of annual campaign, the Governor said that he was pleased to learn that the Punjab T B Association was launching a special campaign in the holy month of Ramazan for collection of funds to combat the scourge of tuberculosis.

Tuberculosis was one of the major diseases which claimed a heavy toll of valuable lives every year.

The Government had, intensified its efforts for its eradication.

The Governor said that the Punjab T B Association, a voluntary organisation was rendering valuable services in supplementing Government efforts in this field. Their noble cause was laudable and deserved all encouragement and financial assistance from all of us.

The Governor particularly appealed to social welfare organisations to take an active part in the campaign to promote the sale of T B seals.

The campaign was inaugurated by Mian Salauddin, Provincial Minister for Communication, Works, Housing and Physical Planning, by affixing Eid TB Seal on Eid cards addressed to Gen Mohammad Zia-ul-Haq, President of Pakistan, Mr Justice Mohammad Haleem, Chief Justice of Pakistan: Lt-Gen. F. S. Lodi, Acting Governor of Punjab, Mr and Justice Javed Iqbal, Chief Justice of Lahore High Court.—APP.

CSO: 5400/4732

## BRIEFS

CHILDREN'S HOSPITAL FOR LAHORE--Punjab Minister for Health Mr Hamid Nasir Chatha has said that a 1,000-bed modern children hospital will be constructed in Lahore to provide best medical facilities to the child population, says a hand-out issued here today. He was presiding over a meeting of doctors Officers of the Health Department which was also attended by the Health Secretary Brig. Manzoor Malik and Medical Superintendent, Services Hospital, Mr G.N. Bajwa. The meeting discussed in detail the expansion plan of the Services Hospital and approved steps to improve the existing facilities of child care and treatment at this hospital. The Health Minister said that the 500-bed Services Hospital was being converted into a 900-bed hospital. [Text] [Lahore THE PAKISTAN TIMES in English 5 Jul 83 p 3]

CANCER RESEARCH CENTER PLANNED--Rawalpindi, July 4--Dr. Amanullah Khan of Wadley Institute of Molecular Medicine, USA and patron of Cancer Care Society in Pakistan, called on President, Gen. Mohammad Zia-ul-Haq at COAS House here on Monday afternoon. Dr. Amanullah Khan was accompanied by members of the executive committee of Cancer Care Society, which plans to establish a comprehensive centre, for the treatment and research of cancer, in Lahore. The centre will be built and financed totally by private donations. The Cancer Care Society delegation requested the President for allocation of land for the cancer centre in Lahore. The President promised to help in this regard. Dr. Amanullah Khan also presented a book to the President named "Cancer Treatment" recently published by the Cancer Care Society in collaboration with Research International, USA. Lt.-Gen. Fahim Ahmed Khan was also present on this occasion.--APP. [Text] [Karachi DAWN in English 5 Jul 83 p 4]

CHOLERA EPIDEMIC REPORTS DENIED--Lahore, July 8--On a directive of the Acting Governor, Punjab, Lt. Gen. Sardar F.S. Lodhi, the District Health Officer, Sheikhpura, and Chief Officer, Municipal Committee, Sheikhpura, conducted a thorough survey of Muridke and adjoining areas but no case of outbreak of cholera was detected. Moreover, no death case has been reported from any hospital or health centre of the area due to this epidemic nor due to any other disease during this period. The report recently appearing in a section of the Press about the spread of cholera is therefore baseless and unfounded, according to an official source.--PPI. [Text] [Karachi DAWN in English 9 Jul 83 p 11]

CSO: 5400/4732

RESERVES OF MEDICAL SUPPLIES, EQUIPMENT DISCUSSED

HK140702 Beijing CHINA DAILY in English 14 Jul 83 p 2

[Text] China's reserves of medicine and medical equipment are declining rapidly as the result of growing demand since the beginning of this year, the newspaper ECONOMIC INFORMATION reported.

The paper said present reserves will last only six months. Usually reserves for eight months are in stock.

During the first quarter of this year, domestic sales of medicine and medical equipment rose by 11.9 and 28.4 per cent respectively over the corresponding period last year, the paper said.

Some medicine is already out of stock. Fears in the past of overstocking and a consequent fall in prices have led some factories to cut production, the paper said.

Meanwhile, Chongqing City in Sichuan Province is preparing a Chinese traditional medicine centre to handle purchases and sales of herbs and medicine in co-operation with Guizhou, Yunnan, Tibet, Qinghai, Shaanxi, Hubei and other provinces, the paper said.

At this centre, all kinds of traditional medicine except musk will be traded, but only between domestic producers and customers.

Sichuan and its neighbouring provinces are the most important producers of traditional herbs and medicine in the country, and Chongqing City has a long history in handling transactions for these provinces. Last year the city's sales amounted to about 100 million yuan.

CSO: 4010/79

PERU

BRIEFS

RARE MENINGITIS KILLS INMATE--A rare disease, not often seen in this country, is afflicting the penal population of Lurigancho. Teodoro Palomino, chief of the Health Department of CRAS reported that an inmate who was afflicted with a disease similar to that of viral meningitis fever, died two days after it was learned that he was afflicted with the disease. He reported that another two inmates are suffering the same symptoms, with overall pain and rigidity of the neck and general malaise. The doctor was worried about the disease, which appeared in buildings 2, 6, 8, and 12, inasmuch as such cases have been recorded only in the United States and Venezuela. [Text] [Lima LA PRENSA in Spanish 30 June 83 p 1] 8255

RABIES DEATH REPORTED--An 11-year old boy who was afflicted with the dread malady of rabies died yesterday in Children's Hospital--precisely during "Rabies Week." The child was identified as Carlos Liendro Tolentino. He was taken to that hospital by his parents who became aware of the illness of their son when it was already too late to save him. According to the first reports from doctors, the child was bitten by a dog in one of the new settlements that surround Lima. The place was not identified. [Text] [Lima LA PRENSA in Spanish 8 July 83 p 1] 8255

CSO: 5400/2104

ANTHRAX CONFIRMED AS CAUSE OF FOUR DEATHS

Manila BULLETIN TODAY in English 25 Jun 83 pp 1, 10

[Text] The Bureau of Research and Laboratories (BRL) of the Ministry of Health confirmed yesterday that four persons died and 439 others fell ill last week in San Fernando, La Union, due to anthrax in the carabao meat they had eaten.

Anthrax is a communicable disease caused by bacillus anthracis, a bacteria usually transmitted when man ingests infected animal meat or through contact with contaminated soil.

The anthrax victims were from four barangays in San Fernando, namely Cabaroan, Santiago, Dalangayan, and Mamiltak.

Dr. Virginia Basaca Sevilla, BRL director, said that through complex laboratory procedures the bacteria causing anthrax was finally isolated from the blood of one of the patients confined at the La Union Provincial Hospital.

The initial reports said 69 blood samples from the victims were negative for anthrax, but BRL officials said this may have been due to their heavy intake of antibiotics.

This is the first time the B. anthracis has been isolated by the BRL, Dr. Sevilla said.

The 439 patients had reportedly eaten from the same carabao, had the same history, and showed the same symptoms such as fever, headache, weakness, and loss of appetite, she said.

CSO: 5400/4434



PHILIPPINES

PNEUMONIA CASES IN METRO MANILA ON RISE

Manila PHILIPPINES DAILY EXPRESS in English 28 Jun 83 p 3

[Text] The incidence of pneumonia is rising in Metro Manila, the health ministry reported yesterday.

Julio P. Valera, disease intelligence center chief, said pneumonia, as of last week, is only nine cases shy of the 142-case median for the last five years. There were 126 cases reported the previous week.

Valera said the cases are expected to further increase as the rainy season progresses.

He said of the 133 cases recorded at the San Lazaro Hospital, the index for all communicable diseases in the metropolis, 121 came from Metro Manila. The rest came from neighboring provinces and cities, he said.

Valera said the communicable diseases chart also showed an increase in diarrhea cases, from 74 the previous week to 91 cases last week.

Typhoid fever and measles, two other communicable diseases, are on a down-trend, Valera said.

Typhoid cases dropped to 10 cases last week from 15 cases the previous week. The number is a case higher than the five-year median, he said.

Manila had five typhoid cases and Valenzuela, two cases. Quezon city, Paranaque, and Caloocan city had one case each, he said.

Measles incidence went down to 38 cases from the previous week's 58 cases, also the five-year median, Valera reported. All but two cases came from Metro Manila, he said.

CSO: 5400/4434

SOUTH AFRICA

BRIEFS

MENINGITIS HITS ALEXANDER BAY--Capetown--The mining town of Alexander Bay on the northwestern Cape coast has been placed under quarantine by the town's authorities because of an outbreak of meningitis. At least six patients have been admitted to the local hospital with meningitis since Friday--and nobody is being allowed to visit or leave the town. The outbreak has placed tremendous pressure on the town's four doctors as there is also a severe influenza epidemic. The town's general manager, Mr S. Marais, said the decision to restrict entry to the town was made locally and contact has been made with the Department of Health and Welfare.--DDC. [Text] [East London DAILY DISPATCH in English 27 Jun 83 p 1]

CSO: 5400/302

## FOOD SHORTAGE LEADS TO KWASHIORKOR OUTBREAK

Mbabane THE TIMES OF SWAZILAND in English 28 Jun 83 pp 1, 16

[Article by Mashumi Twala]

[Text]

**ABOUT 500 Swazi children have died from the deadly malnutritional illness Kwashiorkor in the past year.**

This shock disclosure was made yesterday by the Principal Secretary for Health, Mr Tim Zwane.

He said the illness was spreading like wildfire and rising so fast it was reaching "epidemic proportions."

Mr. Zwane said it was the first time that Kwashiorkor had broken out in Swaziland.

"The illness affects children by draining all the body's defences," Mr Zwane said.

He told The Times that in the past year over 2,000 cases had been reported in the country.

"Although we do not have precise figures immediately, we believe that close to 500 cases have been fatal since the illness began," he said.

He said the illness was brought about by lack of proteins and vitamins in the body.

He said: "It began last year and has been on a steep

increase. We believe that it has been fanned by the country's present drought crisis.

"The drought destroyed many crops and that has resulted in rural families with hardly any food, particularly valuable nutritional food."

Mr Zwane said the illness was on a daily increase and spreading so fast that it is reaching epidemic proportions.

"The situation is frightening. If it continues at this rate there is no telling what the situation will be like during September to November," he said.

Mr Zwane said the symptoms of the illness are when a child becomes irritable and refuses to eat. Gradually, he said, the child withdraws from others and from playing and generally becomes miserable.

Next, the child becomes weak and the hair thins out, finally falling out totally. Before falling, the hair changes colour. Soon thereafter, he said, the child swells up from the feet upwards.

Finally the child develops sores and dies.

He warned: "The earlier the children are taken to hospital the better. Once he or she reaches the swelling

stage, it is almost impossible to cure him."

He said the outbreak of the illness was seen by health authorities as the worst thing to happen at this stage of the country's development programme.

He said: "With the worsening recession which has hit hard, the illness could not have begun at a worst time."

"As more and more cases are reported and brought to the hospitals it is becoming a big strain on the financial and manpower aspects."

"It means we have to start channelling the resources at hand to combating the illness as a matter of urgency."

"I don't have to tell you what that means. Already we are beginning to really put a squeeze on our hospitals budget for such things like food and some medication."

"I might also suggest that people should start to grow other things than just maize."

"This illness is partly as a result of lack of beans, peas, jugo beans (tindlubu) and mung peas (ludvonca)."

The Times visited Mbabane Government Hospital where we saw two of the worst recent cases.

Nana Musi, aged one year, and Sifiso Dlamini, aged two, were admitted to the hospital about a month back.

A nurse told us that due to the seriousness of their state when they were admitted they are still under intensive medication and feeding.

**Skeletons**

Sibongile Nkambule. Nana's aunt remarked: "I have never seen anything like this."

"I have seen children underfed, but these look like skeletons already."

situation like this you have to look closer and find the real and basic necessity. As we are here talking about human life it stands to reason that we shall have to concentrate our priorities on the medication.

"Further, since the illness affects children it will eventually become necessary to abandon other important things to concentrate on it."

"In fact, the way this situation is I would not be surprised if it were to start affecting older people."

"It must be stressed to the public that the sooner the illness is identified and reported the better."

THREE CONFIRMED CASES OF AIDS REPORTED SO FAR IN SWEDEN

Stockholm DAGENS NYHETER in Swedish 29 Jun 83 p 25

[Article by Gun Leander]

[Excerpts] AIDS is not an easily contracted disease.

The strongest suspicion so far is that it is spread by a virus.

The situation is not yet so serious that blood imports from abroad need to be stopped.

So says the head of the County Council's central blood bank, Bengt Gullbring of Soder Hospital. At least 1,600 people have now contracted AIDS worldwide, but there are only three confirmed cases in Sweden. Between 40 and 50 homosexual men in Stockholm have been affected by lymph gland damage, which may be a preliminary stage of the disease. But it is not certain that they will necessarily contract AIDS, which drastically reduces the body's immune defenses.

Eric Sandstrom of Soder Hospital's dermatology clinic says: "We are worried over developments. There are many indications that many people carry the infection without showing any symptoms themselves. It is obvious that only a fraction of all those infected actually become sick. We still do not know why some do."

Blood Donations

Bengt Gullbring says that blood donations in Sweden are controlled. No one who has had jaundice or who shows suspected AIDS symptoms is allowed to give blood. A unique form of cooperation has been started between the RFSL (National Association for Sexual Equality) and a special outpatient clinic for homosexual men at Soder Hospital, where free health examinations are offered.

Preventive measures were taken by the Social Welfare Board earlier than in many other European countries. The RFSL has urged homosexuals not to donate blood pending new and more certain discoveries.

Eric Sandstrom says: "Unfortunately, we are discovering many infections and diseases that the individuals themselves did not know they had."

"Only one out of every five with jaundice antibodies knows that he has had the disease."

Three definite cases of AIDS have been confirmed so far in Sweden. About 50 homosexual men are currently being monitored with tests for suspected symptoms.

#### Fear

Eric Sandstrom says: "All of these men do not have AIDS, and not all of them will get it. The debate over AIDS has caused great fear among homosexual men in Stockholm. The only advice we doctors can give is to refrain from having a great many sexual contacts and to treat the infections one has. It is a matter of not allowing one's immune system to be broken down by repeated infections. The incubation period for AIDS is frighteningly long, as is the term of the disease itself."

11798

CSO: 5400/2557

YOUTH WARNED OF SPREAD OF HERPES

Bangkok MATUPHUM in Thai 9 Jun 83 pp 1, 11

[Article: "Doctors Say That Herpes Is Worse Than Super Gonorrhea"]

[Text] Doctors say that herpes is more serious than "super gonorrhea." Young people who contact this disease are in great danger. The fear is that there will not be any cure for this during the next 5 to 10 years. Children born to parents with this disease may suffer brain damage. People have been warned to be careful about engaging in promiscuous sexual behavior.

Dr Niwat Phalanikon of the Venereal Disease Clinic, Pathology Department, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, said that herpes is a viral disease. It is characterized by small, transparent vesicles that arise on the surface of the genitals of both men and women. They may also appear on other parts of the body. At present, this disease is spreading rapidly in Thailand. This epidemic is particularly prevalent among unmarried youths in the 20-25 year-old age group who engage in promiscuous behavior.

Dr Niwat said that the symptoms of this disease usually come and go, but they do not go away for good. The symptoms are usually more severe in women than in men. There is swelling, and the person cannot urinate. After a woman has had the disease for a long time, she may develop cancer of the uterus. If she becomes pregnant, it is highly possible that the child will be infected, too. This is one reason why children are born stillborn or born mentally retarded. The problem of children being born stillborn because of herpes is a major problem in many countries.

Besides this, men with this disease can transmit it to other women or to their wives. In some cases the disease clears up by itself. But in 70 percent of the cases, the disease returns and never goes away for good. To date, no drug has been found that will cure this disease completely. There is now a new drug, acyclovir, that is used to shorten the time that the disease is in an active state and to help prevent the spread of the disease. But it cannot completely cure the disease. In the United States, there are approximately 20 million people with this disease, and the number is increasing every year. In Thailand, there have been

reports that this disease has been found in more than 30 percent of the prostitutes, and the number is increasing every year. Also, this disease is spreading rapidly among unmarried youths. It is feared that in the next 5 to 10 years, when these young people get married, they will still have the disease and so will transmit it to their spouse, who has never had the disease. And we may also start seeing an increase in the number of babies born handicapped because of herpes. This will be a problem because society will have to care for these children.

Dr Niwat said that, in the long term, the herpes problem is a very alarming problem. It has a direct affect on the fetus. On the other hand, "super gonorrhea," or drug-resistant gonorrhea, can be cured even if the treatment is very expensive.

"This disease can arise very easily since Thais still do not take any responsibility for this problem. In particular, men who have herpes continue to have sexual relations and do not take any precautions. And so they transmit the disease to their girlfriends or wives. Because a person may contract this disease by kissing someone who has herpes sores in the area of the mouth," said Dr Niwat.

As for controlling this disease, Dr Niwat said that people should curb their promiscuous sexual behavior. And if people do engage in such behavior, they should protect themselves by using a condom. People with herpes should not engage in sexual relations. And do not forget that this disease is difficult to cure. People who have this disease stand a good chance of having recurrent bouts of this disease, repeated Dr Niwat.

11943

CSO: 5400/4437

THAILAND

"SUPER GONORRHEA" SCARE SPREADS

New Strain Reported

Bangkok MATICHON in Thai 8 Jun 83 pp 1, 2

[Article: "Studies Conducted to Find a Way to Prevent Gonorrhea From Spreading In Rural Areas"]

[Text] Canada has given money to Thailand to find a way to control gonorrhea in the rural areas. Ministry of Public Health has selected Kamphaengphet for the study.

Dr Kanchana Panikabut, the deputy director of the Division of Venereal Diseases, Communicable Disease Control Department, talked with MATICHON on 7 June about treating venereal diseases, particularly the new strain of gonorrhea. She said that actually, this strain of gonorrhea has the same characteristics as before, but a discharge is issued that can destroy ampicillin, which is a drug used to treat gonorrhea. Thus, doctors have stopped using ampicillin and are using a new antibiotic that is 96 percent effective in treating this disease. But this drug is very expensive, costing 120 baht per injection. At present, ampicillin is only 60 percent effective in treating gonorrhea. As for other diseases, that is, "phlae rim on," syphilis, chancroid and "false" gonorrhea [nong nai thiem], there have been no changes.

"Don't publish the name of this antibiotic. People will try to buy it and treat themselves. They won't go to a clinic or hospital for treatment. They will not get better, and the disease will spread," said Dr Kanchana.

Besides this, the Division of Venereal Diseases has received a grant from Canada through the International Development and Research Center for conducting a study to find a way to control gonorrhea in the rural areas. This study has been underway in Kamphaengphet Province for 3 months now. It will take 2 years to complete the project. Concerning this study, the results will be used to formulate a plan to control gonorrhea, said Dr Kanchana. And she said that "I cannot remember how much money Canada has provided."



On 24-26 June, the Ministry of Public Health will hold an international technical conference on venereal diseases at the Imperial Hotel.

#### Editorial Cites High Rate of Infection

Bangkok MATICHON In Thai 7 Jun 83 p 4

[Editorial: "Great City-Super Disease"]

[Text] Besides being a country that has a filthy metropolis, Thailand now has the reputation of being a country that has the most virulent venereal disease in the world. This situation is clearly evident in Bangkok, the capital of the country, since the words "metropolis" and "super disease" are closely linked.

Doctors have revealed that this life-threatening strain of gonorrhea was first discovered in Thailand in 1976. Only 5 percent [of the gonorrhea cases] were of this type. But only 7 years later, that is, in 1983, this strain of gonorrhea accounts for 52 percent of the gonorrhea cases in Thailand, which is a 10-fold increase. Because of this, at least 500 million baht per year has had to be spent, both directly and indirectly, in order to combat this disease.

The answer to the question of why "super gonorrhea" is spreading widely here is that Thailand, and Bangkok in particular, is a tourists center. In particular, it is one of the largest "fleshpots" in the world. Thailand, through Bangkok, not only exports "sexual" goods but also attracts large sums of foreign currency from tourists. It has to be admitted that [many] foreign tourists come to Thailand for the sexual pleasures to be found here rather than to admire the ancient artistic and cultural objects.

What is really strange is that, even though "sexual services" earn large sums of money for the country, with the income earned from tourism being second only to that earned from the sale of rice, the budget for combating venereal disease, which is another thing that is brought in by tourists, averages only about 20 to 30 satang [100 satang equals 1 baht] per person, which is very little.

The government likes to act so sincere. But, on one hand, it must be admitted that [a large part of] the income spent on building up the country comes from prostituting Thai girls. At the same time, these girls are a great source of disease. Thus, on the other hand, the government should spend more money on combating the venereal diseases, gonorrhea and syphilis, that accompany the foreign capital. If it doesn't, it is quite possible that a large percentage of the population will be infected with gonorrhea, with the government taking little responsibility in this matter.

## Causes, Ramifications of Epidemic

Bangkok MATICHON in Thai 6 Jun 83 pp 1, 12

[Article: "Prostitutes and Gays Are Spreading Venereal Diseases. Thailand Is the World Champion [With] a New Strain of Gonorrhea"]

[Text] The president of the Anti-Venereal Disease Association has revealed that a new strain of venereal disease, "super gonorrhea," has been found. Statistics show that it is most prevalent in Thailand. He said that massage girls, gays and prostitutes have brought it in from Africa and the Philippines. Tourists have been warned since the disease is very virulent. It destroys various organs and can cause death.

On the evening of 5 June, Dr Somnuk Wibunyasek, an advisor to the Venereal Disease and Dermatology Division and the president of the Anti-Venereal Disease Association, said that, at present, many people are suffering from venereal diseases, particularly gonorrhea and syphilis, and the number is increasing every year. And there is a new disease that is spreading, particularly among the gay community. This is happening for a variety of reasons: The number of women who are working as prostitutes has increased; the number of places that provide such services, such as brothels and massage parlors, has increased; there are more magazines, movies and shows that are sexually suggestive; the use of birth control pills has enabled women to work as prostitutes without fear of getting pregnant; drugstores sell antibiotics without any supervision and so people treat venereal disease themselves; and what is most important is that people today do not know much about venereal disease.

As for gonorrhea, at present, there is a new strain of gonorrhea in Thailand, which is being referred to as "super gonorrhea" or the "strange gonorrhea." This strain is resistant to various types of antibiotics. There are only a few types of antibiotics that can be used to treat this new strain. Only one dose or injection of these antibiotics is required. But they are very expensive. People have to pay for only one dose or injection but it is expensive. It costs 100 baht or even more, which is much higher than the antibiotics used to treat common gonorrhea.

This new strain of gonorrhea is more prevalent in Thailand than anywhere else in the world. It was first discovered in 1976. Then, it accounted for only 5 percent of the cases. But now it accounts for 52 percent, which is higher than in any country in the East. The Philippines has the next highest number of cases, with the percentage being 30 percent. This is followed by Singapore, 19.5 percent, and Hong Kong, 9 percent.

Dr Somnuk said that another important problem concerning gonorrhea in Thailand is that among the women who earn their living as prostitutes, 70 percent have gonorrhea but are asymptomatic. From cultures taken, gonorrhea of the cervix, urethra and rectum was found in 60 percent of the women who work at three well-known massage parlors. Thus, women who

work at massage parlors are definitely a source of gonorrhea. The fact that people treat themselves and the fact that antibiotics are sold freely has resulted in the number of cases of gonorrhea increasing. People should not buy drugs to treat themselves. In particular, they should not purchase from drug stores that sell sulfanilamide, tetracycline, ampicillin and drugs that color the urine. These types of drugs cannot cure gonorrhea; they only make the gonorrhea more resistant to drugs.

As for syphilis, in the primary stage, which is the period of initial contact, it can be completely cured by giving one injection of slow-acting penicillin. But few people know about this.

"Idi Amin, the terrible dictator of Uganda, has syphilis of the brain. Besides this, Napoleon Bonaparte contacted gonorrhea when he was 20 years old. When he urinated, he was in great pain," said Dr Somnuk. He also said that one symptom of syphilis is that people's hair falls out. Other symptoms are painless chancres in the genital area, on the lips and inside the mouth, a red rash, non-itchy pimples, aching pains in the joints, a low-grade fever and anorexia. Some people exhibit blurred vision, deafness and an enlarged liver. These are all symptoms of primary syphilis, which can definitely be cured if treated. But if the syphilis is not treated, it invades the entire body, doing so without symptoms. It causes permanent damage to all the organs and various systems of the body and cannot be cured.

As for gays, who are increasing in number in Thailand, Dr Somnuk said that gays are five times more sexually promiscuous than normal people since they are very free in their sexual lives. This strange sexual behavior has led to new types of venereal diseases such as gonorrhea of the trachea and rectum, neck chancres and warts around the mouth. Besides this, this can be a means of transmitting a virus to the liver, which can give rise to jaundice. The newest disease discovered among gays is acquired-immune-deficiency syndrome, which can be fatal.

Dr Thani Siriyong said that people with venereal disease should be treated at a hospital. Otherwise, problems will arise concerning the use of drugs that were once effective. If people purchase drugs from drug stores on their own for 3 years, the disease will become drug resistant. Syphilis is a life-threatening disease. If a person contracts it as a child, he will have it his entire life. From medical data, it has been learned that some people whose brains have been attacked by syphilis start acting as if they were rich and feel that they want to donate much money. People who frequently donate money may have syphilis.

Dr Bunsom Martin, the former minister of education, said that because Thai women go abroad to work as prostitutes, when they return they introduce new venereal diseases into Thailand and so new venereal diseases are constantly appearing in Thailand. For example, some diseases found in the Philippines and Africa have now appeared in Thailand. Women who go abroad to work as prostitutes bring back such undesirable things, and this is causing a public health problem.

## Syphilis Also Spreading

Bangkok MATICHON in Thai 7 Jun 83 pp 1, 12

[Article: "Yearly Losses Amount to More Than 500 Million Baht. Syphilis of the Perineum Is Spreading. Rural Thai Women Are Suffering"]

[Text] The deputy minister of public health has started gathering data on the new strain of gonorrhea. He has ordered those who engage in prostitution to go get examinations regularly. Doctors have pointed out that syphilis of the perineum in rural area women is spreading.

Mr Thoetphong Chaiyanan, the deputy minister of public health told MATICHON that after the newspaper published an article on "super gonorrhea," which is a new strain of gonorrhea, on 6 June, he went and asked officials at the Communicable Disease Control Department about this. The officials told him that actually, this disease is a highly drug-resistant strain of gonorrhea. It is so resistant that drugs ordinarily used to treat gonorrhea have no effect on this strain. However, the Communicable Disease Control Department is trying to follow this matter closely and does not feel that this disease poses any real problem.

The reporter asked whether "super gonorrhea" is a new strain. "Its not a new strain. It stems from drug-resistant gonococci. Because sometimes people do not complete the treatment and the gonococci do not die. And so they build up a resistance to the drugs," said Mr Thoetphong. He said that the officials in this department are conducting studies to find a special drug to treat this disease.

At the same time, Mr Thoetphong proposed a way to control this disease. He said that the mass media must try to get people to realize that the disease will continue to spread if nothing is done about this. Thus, measures should be taken to control this since the danger is growing worse and worse. The ministry cannot examine everyone since there is no law that could be used to compel prostitutes [to get an examination] or prohibit them from engaging in prostitution.

"I would like to appeal to the owners of "pleasure houses" to have their employees checked whenever they learn that a venereal disease has broken out among their employees. At the same time, men who enjoy such pleasures must be careful, too. Because if they contact the disease, they can spread it to their children and wives," said Mr Thoetphong.

General Sitthi Chirrot, the minister of interior, was interviewed the morning of the same day. Reporters asked him his opinion about the fact that three massage parlors are spreading this virulent venereal disease, for which there is no drug. General Sitthi said that "I am not interested in this. That is a matter for doctors, not me. Why doesn't the Ministry of Public Health solve this problem and provide help? These days, people just talk; they do not do anything."

The reporters asked what action would be taken since the Ministry of Interior is in charge of supervising such establishments. General Sitthi said that these establishments have been granted licenses and so they cannot be closed. But at present, no new licenses are being granted.

Dr Amnuai Traisupha, the director of the Division of Venereal diseases, Communicable Disease Control Department, was interviewed by MATICHON on 6 June. He said that in 1981, this disease was found in approximately 50 percent of the prostitutes. But now this figure has dropped to 30 percent. Because this disease is resistant to penicillin, which is the drug that used to be used to treat this disease, it is now necessary to use a drug that is more expensive and so people have to pay more.

Dr Amnuai said that solving this problem also involves providing medical information to the various people affected. A present worry concerning secondary diseases concerns infection of the perineum in women. This is beginning to spread in the rural areas since more and more rural people are coming to the capital and other cities to work. When they go back to their homes in the rural areas, they spread gonorrhea and syphilis. Nationwide surveys have shown that the incidence has risen every year.

Dr Amnuai also said that another thing that is worrisome is congenital syphilis. Cases of this are still being found. We have improved our method of examining the blood of pregnant women so that lower-echelon public health officials can perform examinations more widely.

"The problem of strains being drug resistant bothers us because none of the older types of drugs can be used. At present, drugs are five to six times more expensive than before. What used to cost 20-30 baht now costs 100 baht. This has led to both direct and indirect losses. I submitted a report to Washington last year on the losses that Thailand has suffered from these diseases. Losses amount to 500 million baht a year, which includes the indirect losses from women having to take time off work and waste time while they recuperate," said Dr Amnuai.

The director of the Division of Venereal Diseases also said that the gay community poses a serious problem too. In other countries, this group is a source of syphilis. In our country, they spread both gonorrhea and syphilis. The Division of Venereal Diseases once considered establishing a clinic for gays. But things weren't ready and so today there is still a need for such a clinic.

Dr Amnuai said that the government does not seem to be very interested in this problem. The amount of money budgeted for solving this problem is rather small. Perhaps the government feels that this is a problem that people have gotten themselves into. But this view may not be very fair since, normally, no one wants to come down with such a disease. In any case, the money allotted by the government for this will continue to be used. But if we compare this to the United States, the United States

provides an average of 5 baht per person for medical treatment while Thailand provides an average of only about 20-30 satang per person.

The director of the Division of Venereal Diseases spoke about the various projects that are being carried out in order to control venereal disease. At present, research studies on the use of drugs to treat venereal diseases are being conducted, ways are being sought to control these diseases and ways are being sought to control secondary infections from venereal diseases in the rural areas. Also, efforts are being made to develop the examination and treatment methods to provide more widespread service. Besides this, we are now able to make our own incubators for cultivating bacteria for use in conducting research studies and in providing treatment. These will be sent to hospitals in every district in the country.

In his capacity as chairman of the subcommittee on public health and the environment, Dr Akhom Sarasuchat, an MP from Bangkok who is a member of the Democrat Party, said that next week he will invite the director-general of the Communicable Disease Control Department, Ministry of Public Health, to come speak on this matter. At the same time, he will send a letter to the owners of various establishments to warn them and give them suggestions so that they realize the danger and take steps to control this.

### Three Million Cases Reported

Bangkok MATUPHUM in Thai 6 Jun 83 pp 1, 12

[Article: "Doctors Say That 3 Million Thais Have Venereal Diseases; a New Strain Is Quietly Posing a Threat"]

[Text] The president of the Anti-Venereal Disease Association has pointed out that 3 million Thais have venereal disease, which is far ahead of any neighboring country. Also, 60 percent of the massage girls have gonorrhea. People have been warned about a new strain of gonorrhea. People who contact this strain do not show any symptoms.

Dr Somnuk Wibunsek, an advisor to the Venereal Disease and Dermatology Division and the president of the Anti-Venereal Disease Association, said that, at present, many people have venereal disease, and the number of cases is increasing every year, especially cases of gonorrhea and syphilis.

As for gonorrhea, at present there is a new strain of gonorrhea in Thailand. This is being referred to as "super gonorrhea," or the "strange gonorrhea." This strain is resistant to several types of antibiotics. It was first discovered in 1976. At present, 52 percent of those who have gonorrhea have this strain of gonorrhea, which is a higher percentage than that in neighboring countries. For example, the percentage for the Philippines is 30 percent, that for Singapore is 19.5 percent and that for Hong Kong is 9 percent. European countries and the United States are trying to keep this strain from spreading to their country.

Dr Somnuk said that the important problem concerning gonorrhea in Thailand is that 70 percent have asymptomatic gonorrhea. Besides this, from a survey of women who work in three well-known massage parlors, it was learned that 60 percent of the women have gonorrhea. Another problem is that people treat themselves and antibiotics are sold freely. This has resulted in gonorrhea spreading.

As for syphilis, Dr Somnuk said that a problem has arisen because few people know what the symptoms of this disease are in the primary stage. Actually, young men and women will lose clumps of hair all over their heads and at the ends of their eyebrows. This is a symptom of primary syphilis. These symptoms are seen frequently in those who have syphilis and so such people should see a doctor as quickly as possible.

Dr Somnuk said that, at present, the Venereal Disease Control Division has been able to gather statistics on only 300,000 people who have gonorrhea while the actual number who have gonorrhea is 3 million nationwide. It costs about 100 baht per person to treat this disease, which amounts to 300 million baht per year.

As for syphilis, the number of cases has increased 5-fold in the past 5 years. Besides this, it is thought that approximately 100 people die each year from syphilis. As for the symptoms, people act similar to insane people seen on the streets. If an actual examination were made, it would show that syphilis had attacked the brain. Besides this, there are presently new diseases, for example, chancre, chancroid, "phlae rim on the" and "plaae rim on thiem" [real soft-edge ulcer and artificial soft-edge ulcer].

"Altogether, there are presently 32 types of communicable venereal diseases," said Dr Somnuk.

In conclusion, Dr Somnuk repeated that the most important problem is that the people lack basic knowledge about venereal diseases. Twelve years ago, we spent only 4.5 baht per person on treating venereal diseases now we are spending around 100 baht.

11943

CSO: 5400/4437

THAILAND

TYPHOID, DIARRHEA REPORTED AMONG KHMER REFUGEES

Bangkok BAN MUANG in Thai 3 Jun 83 pp 1, 2

[Article: "Kampuchean Live In Unsanitary Conditions. Diarrhea and Typhoid Are Spreading"]

[Text] Diarrhea is spreading in Aranyaprathet. More than 40 people have been sent to the hospital for treatment. So far, no cases of cholera have been found. It is thought that the infection is being spread by Kampuchean who live along the border. At present, about 1,000 people have typhoid, and they may die. People have been requested to get vaccinations as quickly as possible.

Dr Thongchai Thawichachat, the director of the Aranyaprathet Hospital in Prachinburi Province, talked with reporters on the afternoon of 2 June. He said that, last week, approximately 40 people suffering from diarrhea came to the hospital for treatment. At present, officials are examining the stools of the patients but so far no cholera bacilli have been found. Only one case of cholera has been reported by the Imperial Hospital, which is a private hospital in Prachinburi.

As for those who have come for treatment, Dr Thongchai Thawichachat said that they are from Aranyaprathet and Ta Phraya districts, which border Kampuchea. At present, approximately 100,000 Kampuchean refugees are living in this border area. Besides this, it has been learned that thousands of Kampuchean have diarrhea and typhoid. Both of these diseases may spread to Thailand, especially to communities that are near the border. These are very serious diseases that can cause death. And they can spread very quickly. At present, the public health section has sent officials to survey the border area. They will obtain water samples from various sources and quickly analyze the water.

The director of the Aranyaprathet Hospital said that, in Aranyaprathet, bacteria that can cause intestinal disorders have been found in some brands of distilled drinking water. Such bacteria have also been found in ice, large quantities of which are consumed during the dry season. Some places have not been checked by officials, who are directly responsible for this matter. "In order to prevent these two diseases from spreading,



officials have been sent to vaccinate students at various schools. The mass media has been asked to help disseminate information about this so that people come for vaccinations. The hospital is providing this service free of charge," said Dr Thongchai Thawichachat.

Mr Suphalak Wongkomet, the mayor of Aranyaprathet said that when people started coming down with diarrhea, the municipality did not sit by idly but made announcements to inform the people about this and to tell them how to keep from getting sick. For example, people should eat cooked food and boil their water first. But what is important is that we lack public health officials. At present, a request has been sent to higher echelons but permission has not yet been granted to increase the number. However, officials concerned with nutrition have been sent to check food and water samples in cooperation with the hospital.

Mr Suphalak Wongkomet said that Aranyaprathet is experiencing a shortage of fresh water. The public water authority can dispense water at certain times only and for consumption and use only. This is why the people have to look for additional sources of water, which have not been properly disinfected. This has led to outbreaks of diseases.

As for the Kampuchean refugees who are living along the border, a report from the International Committee of the Red Cross (ICRC) said that 300 Kampuchean refugees have acute diarrhea. In particular, this is the case among the Kampucheans who volunteered to return to Kampuchea and whom the Thai government repatriated on 24 May. These are the Kampucheans who were attacked by Vietnamese soldiers on 1 April and who fled into Ta Phraya District. The Thai government sent them to Ban Thap Phrik in Thap Phrik Commune, which is approximately 40 kilometers south of Aranyaprathet. Besides this, many others have typhoid. Volunteer doctors have constantly tried to control this disease. But living conditions are unsanitary. People do not defecate in the proper places and the water is not clean. This has made it difficult to control the disease. But the Kampucheans have been vaccinated against cholera and so the analyses that have been made have not found any sign of this disease.

11943

CSO: 5400/4438

THAILAND

PROVINCES HIT BY CHOLERA LISTED

Bangkok MATICHON in Thai 1 Jun 83 p 3

[Article: "Twelve Provinces Have Been Hit By Outbreaks of Cholera"]

[Text] The Ministry of Public Health has disclosed that there have been outbreaks of cholera in 12 provinces. Since the beginning of the year, 20 people have died.

A news report from the Epidemiology Division, Office of the Undersecretary of State, Ministry of Public Health, stated that from the beginning of the year through May 1983, 91 people have come down with cholera and 20 have died. The following localities still have cases of cholera:

Bangkok Metropolitan: Bang Khen, Phayathai, Phrakhonong, Bang Kapi, Thonburi, Bang Khun Thien, Yanawa and Huai Kwang district.

Samut Prakan Province: Muang, Phra Pradaeng and Bang Phil districts.

Samut Songkhram Province: Muang and Amphawa districts.

Nonthaburi Province: Muang, Pak Kret, Bang Yai and Bang Kruai districts.

Pathumthani Province: Thanburi District.

Chainat Province: Sanphaya District.

Nakhon Naiyok Province: Muang and Pak Phli districts.

Nakhon Sithammarat Province: Pak Phanang District.

Pattani Province: Ya Ring and Khok Pho districts.

Narathiwat Province: Ra Ngae and Tak Bai districts.

Chonburi Province: Bo Thong District.

Nakhon Ratchasima Province: Muang and Kham Sakaesaeng districts.

At the same time, the Ministry of Public Health has made recommendations concerning controlling cholera. It recommends that people eat clean food that is well cooked and that they keep flies away. People should eat only at restaurants that they know are clean. Drinking water must be boiled first.

People should use toilets that are clean in accord with public health standards. They should wash their hands everytime they have a bowel movement.

If it is learned that someone has cholera, public health officials should be informed immediately.

11943

CSO: 5400/4438

## THAILAND

### BRIEFS

LEPROSY TREATMENT, FUNDING--Mr Somchai Opbun, the director of the Chiang Mai Mackken Lepers Welfare Institute, has revealed that, at present, approximately 70,000 Thais have leprosy. the number of cases has dropped greatly as compared with 10 years ago, when there were approximately 130,000 lepers. Mr Somchai said that, at present, doctors have confirmed that lepers who receive treatment can be cured in only 3 to 6 months, with the maximum period being 2 years. The goal of the institute is to treat lepers until they are fully cured so that they can live intoday's society without any problems arising. Mr Somchai also talked about the history of the institute. He said that it was established in order to help lepers in the northern region. It was established approximately 75 years ago. It is thought that this was the first private institute established to treat lepers in Thailand. The activities of this institution have constantly received support from the Lepers Aid Organization in West Germany. This organization has donated 3 million baht a year. It has provided medical equipment, personnel and technical help. The Thai government has given approximately 500,000 baht a year. It has also helped disseminate documents and provided technical help. [Text] [Bangkok DAO SIAM in Thai 21 Jun 83 p 16] 11943

YAWS OUTBREAK--Yaws is spreading in the south. Eight cases have been found. The last reported case of yaws was in Narathiwat Province in 1977. Dr Prayun Kunason, the head of the Disease Investigation Section, Epidemiology Division, said that, at present, people with yaws have been found in Kuyu Village in Tak Bai District, Narathiwat Province. Narathiwat reported the matter to the Epidemiology Division on 14 January. Doctors in the epidemiology training program were sent to investigate this in cooperation with officials from the Narathiwat provincial public health office. They learned that people had been ill with this disease since April 1982. The head of the Disease Investigation Section said that, based on the examinations given the patients using epidemiologic methods, eight children below the age of 8 were found to have yaws. Five of these were boys and three were girls. As for the cause of the outbreak of this disease this time, Dr Prayun said that it will probably not be possible to determine the exact cause. However, this outbreak of yaws is not a problem since the people with this disease were found in time, and the disease can be controlled. Following this, a search for other people with yaws was conducted throughout Narathiwat Province and in neighboring provinces. But

no people with this disease have been found. In conclusion, the head of the Disease Investigation Section said that yaws is easy to treat and that it clears up quickly. It can be transmitted from the sores on those who have the disease. The disease usually affects the chin, neck, armpits, back of the legs and buttocks, which are areas that are more moist than other areas of the body. As for controlling the disease, care must be taken not to come in contact with someone who has the disease. Things must be kept clean and, in particular, personal hygiene must be maintained. [Text] [Bangkok MATUPHUM in Thai 10 Jun 83 p 2] 11943

CSO: 5400/4438

TURKEY

SHORTAGE OF PERSONNEL, FACILITIES FOR CANCER DETECTION

Istanbul CUMHURİYET in Turkish 19 Jun 83 pp 11,12

[Text] Every year 100,000 more people in Turkey allegedly become victims of cancer. Yes, "allegedly"--because there are not enough experts for diagnosing cancer.

Concerned officials point to the lack of expert pathology staffs in most Anatolian hospitals, saying that unless these hospitals are dealing with the familiar signs of cancer, they are unable to detect it in its advanced stages much less in an early stage. These same individuals maintain that the only way to fight an insidious disease like cancer is to spend huge amounts of money, set up multiple early detection centers, have adequate specialists in pathology and cytology, and conduct sweeping campaigns against the disease.

The campaign has already begun, and the walls of schools, hospitals, and other state and private organizations bear slogans like these:

- "Early diagnosis of cancer will save lives."

- "Don't be afraid of cancer; be afraid of being too late to do anything about it."

Many doctors who are involved with cancer detection and diagnosis say that they are going along with the campaign, but then their next question is: "How many places and how many specialists are going to be able to detect cancer in its early stages, and to what extent?"

Professor Nejat Bilge, a faculty member at Istanbul University School of Medicine, made the following comment relative to this at a meeting he attended:

"As far as manpower is concerned, Turkey has very few pathologists, cytologists, radiation oncologists, medical oncologists and assistant personnel. Even if the people do become educated about cancer, there simply are not enough polyclinics and other organizations to handle their examinations."

## Less Than You Can Count On One Hand

Pathologists in Turkey capable of detecting cancer in its early stages number between 150 and 200 at the very most. Cytologists, who are responsible for determining if cells are cancerous and the type of cancer, can all be counted on less than one hand. Those concerned add that most of Turkey's pathologists are concentrated in three provinces anyway, and that there is little chance of encountering a pathologist in Anatolian hospitals. In giving his appraisal of the situation, Professor Gunduz Gedikoglu from Istanbul University medical faculty remarked: "Apart from two or three big cities, our Anatolia has virtually no centers that can recognize cancer and treat it from start to finish."

## Cancer Detection: A Matter Of Chance

Dr. Ugur Hachanelioglu, also from the Istanbul University School of Medicine, explained how cancer is detected at these hospitals: "These hospitals begin by diagnosing different diseases and trying out the treatment for them. If the patient fails to improve and his condition gets worse, the doctors then label his illness 'cancer.' The disease becomes apparent anyway by the time the patient nears death."

This implies that the doctors can only find cancer (1) by chance; (2) when they see it in its advanced stages; (3) when they cannot find a cure for an illness.

## Biopsy Report Mandatory

According to information provided by Dr. Munevver Yenerman, chairman of the Pathology Association, cancer detection in Turkey is done in just a few pathology laboratories. Pathologists take a tissue culture from an organ they suspect to be cancerous, examine it in the laboratory and prepare a biopsy report. No surgeon, radiation oncologist (radiation therapist), or medical oncologist (doctor who treats cancer with medicine) can begin treating a cancer patient without a biopsy report.

## New Method Of Detection

The use of cytology for detecting cancer is considered a major step forward and is just beginning to be used in Turkey. According to Dr. Hachanelioglu, this method which is used widely in the West was first used in Turkey on 600 women at Istanbul University School of Medicine and very successful results were achieved. On the basis of this method, cells in certain secretions and other liquid mediums such as phlegm or urine, or cells desquamated from a potentially cancerous organ with a special needle are examined

under a microscope. This method not only tells whether cells are cancerous; it also indicates the 'type' of cancer based on the size, shape and configuration of the diseased cells. A report that classifies cancer cells by type helps doctors know how much treatment is required and which method to use (surgery, radiation or medicine).

It is maintained that x-rays, which are widely used in hospitals, are inadequate for detecting cancer. For example, spots that show up on a lung x-ray could be tuberculosis or even dust, or they could even stem from another disease. Doctors point out, "X-rays do not detect cancer; they simply lead us to suspect certain cancers." They go on to say, "In order to be able to claim that early detection of cancer will save lives, we have to increase the number of early warning centers and specialists available. We need to educate the people to have regular check-ups, and at the same time, entreat them through sweeping campaigns."

12279

CSO: 5400/2554



# FUNGAL DISEASE IN MANY TYPES OF FISH CALLED HEALTH THREAT

Hamilton THE ROYAL GAZETTE in English 11 Jul 83 pp 1, 3

[Text]

The Bermuda Aquarium's assistant curator has urged the Biological Station to investigate what he calls "a potential health hazard" for consumers of up to thirty species of local fish.

Mr. Thomas Rand, writing in the Department of Agriculture and Fisheries newsletter, warned that numbers of common local fish had recently been found affected by a "deadly disease" which was very difficult to detect due to the fact that there were few indications of illness in the organisms.

He said that fish which had fallen victim to the fungal disease ranged among thirty families of Bermuda's most commonly consumed species, which had been found to be dying off in large quantities in the winter and spring of 1982 and 1983.

Some of the diseased fish had been found swimming erratically, he wrote, and warned that fish showing erratic swimming or other abnormality should not be eaten or sold.

Most affected were blue runner jacks and silk snappers, but others included butterfly fish, doctorfish, grouper, hogfish, mullett and parrotfish.

"These fishes were found either dead or swimming at the surface of the water in a disoriented and erratic manner," the article said.

In addition, between February and April 1983, at the Aquarium, all jacks and pompano and some barracuda, red hind and yellowtail snapper died.

"The jacks and pompano were affected by an ailment which was manifest grossly in their swimming," Mr. Rand wrote. "They were usually swimming upside-down or in a spiral manner, similar to the wild fish, near the bottom of the aquarium tank, just before they died."

He continued that the gills of one wild fish, a grouper, were heavily infected with a pathogen called Amyloodinium — which is related to the species responsible for causing red tides and paralytic shellfish poisoning (PSP) on the North American east coast. The disease is also known to destroy the heart of the fish.

"It is thought that Amyloodinium also releases toxic substances which can kill fish," he said. "Further research is being pursued on this pathogen and obviously, fish which are showing any erratic swimming behaviour or other abnormality, should not be eaten or offered for sale."

"I have asked the scientific staff of the Bermuda Biological Station to analyse tissues of diseased wild fish to determine whether they contain toxins similar to those released by the organism responsible for red tides and PSP."

"I had hoped that the Biological Station would have come up with some results by now," he said, "but I understand they have not begun the investigation yet."

"The fungus has not been seen to affect humans in the past, but little is known about the disease, and it could turn out to be a health hazard to consumers."

CSO: 5400/7590

## BRIEFS

BOVINE TUBERCULOSIS, BRUCELOSIS ELIMINATED--Thirty-four farms have been cleared of brucellosis and bovine tuberculosis by the Animal Health Program (PSA) in Choluteca Department. Dr Jose Santos Reyes, national head of PSA said the action was accomplished through rigorous laboratory tests during several months of work in that region of the country. Brucellosis is an infectectious-contagious disease produced by a microorganism called brucellas and it shows up in three species called abortus, suis and melintense brucellas. Reyes also said that tuberculosis is a disease that is transmitted to man and is produced by a bacillus that causes heavy losses to cattle raising. In order to guarantee that herds are free of these diseases, high officials in the Secretariat for Natural Resources will turn the appropriate certificates over to livestock breeders in Dholutecca in a few days. [Text] [San Pedro Sula LA PRENSA in Spanish 23 May 83 p 10] 9908

CSO: 5400/2100

# RABIES EPIDEMIC HITS ETOSHA PARK

Windhoek THE WINDHOEK ADVERTISER in English 17 Jun '83 p 6

[Article by Dirk Heinrich]

[Excerpt]

**SALIVA** dripping from its mouth, standing with a hunched back and not worried about the approaching car or the human being, a young kudu bull is observed by a game ranger. A shot cracks and the kudu sinks to the ground. Rabies...

Since February this year rabies has been located in the Etosha National Park. Of about 30 kudu which were tested, a good number yielded positive results when laboratory tests were sent back from Onderstepoort. Even an eland has died as a result of rabies.

The danger is that the disease can effect other animals such as the Black-faced Impala, Roan antelope, predators, and black rhino.

Because of the dense kudu population — a result of the good grazing provided by thick bush — the Department had planned to cull the kudu, but now rabies is doing the job.

The drought conditions favour the danger that the disease will spread more easily among kudu and to other species, since the animals gather in large numbers around the

waterholes and no other pools occur in the bush any longer.

## HUNDREDS

Positively identified cases of rabies have reached the northern border of Etosha already and up to 35 km west of Namutoni. In the Otavi — Grootfontein districts, hundreds of rabies-infected animals have already died or have been shot. Last year the disease already reached Etosha's southern boundary.

On one farm in the Otavi district alone, 288 kudu have died from rabies, on another farm 300, and on another, 47 eland!

During the 18 months in which rabies has been known to exist in these districts, cattle, donkeys, horses, kudu, eland, and even a cheetah and one boerbok, have died as a result.

Mr Jan Oelofse, owner of a 15 000ha game farm in the Kalkfeld area, has vaccinated all his eland and as many kudu as possible.

The animals were vaccinated from a helicopter, either by shooting a dart of by a long pole with a specially designed injection at one end.

Animals which showed symptoms of rabies were shot immediately and burned. There has not been a single case of rabies on the farm for two years.

The only animals in Etosha that have been vaccinated against the disease are the last 10 black rhinos brought in from the western part of the Namutoni-Halali area. Comprehensive vaccination in the Etosha Park would be impossible, because of the large numbers of animals and the tremendous costs involved in such a project.

## NIGERIA

### BRIEFS

RINDERPEST IN BENUE--The Benue Commissioner for Agriculture, Dr. Orban Nyiakura, said last Wednesday that about 4,000 cows died of rinderpest in the state between March and May this year. Dr. Nyiakura told the News Agency of Nigeria (NAN) in Makurdi that the areas most affected were Katsina-Ala, Kwande, Pandeikya and Ushongo local government areas which shared boundaries with Gongola State. He said however, that the disease had now been controlled following the delivery of 212,000 doses of vaccines to the state by the Federal Government and that about 100,000 cows had been immunized. The commissioner appealed to the Federal Government to speed up action on the provision of vehicles and medical equipment needed for the anti-rinderpest campaign in the state. (NAN) [Text] [Kadung NEW NIGERIAN in English 21 Jun 83 p 9]

CSO: 5400/301

# FIRST CASE OF LOOPING ILL SHEEP DISEASE REPORTED

Oslo AFTENPOSTEN in Norwegian 5 Jul 83 p 4

[Article by Cecilie Stray]

[Text] Seventy animals on a farm in Skanevik, Hordaland, have now been isolated out of fear that they have been infected with looping ill, a fatal sheep disease that has never been reported in this country before.

Looping ill, which is a brain disease in which the virus is transmitted by the bloodsucking insect, the tick, has been found earlier in Great Britain and Ireland.

Looping ill is a typical grazing illness, which affects sheep in lowlands. The ticks do not survive over 300 meters above sealevel, and thus sheep on mountain pastures are safe. The disease first attacks the brain through the central nervous system. The virus then attacks the medulla, the sheep runs a fever and paralysis occurs. The animal can survive, but in many cases it dies.

Veterinary inspector Einar Ikdal of the veterinary division of the Ministry of Agriculture told AFTENPOSTEN that blood tests were made on the animals in Skanevik last fall which showed that the infected animals had formed antibodies to looping ill or a disease that is closely related to it. The Veterinary Institute, which conducted the blood tests, is now making tests to find the disease, but the results will not be released for a while yet.

"There are several similar diseases that affect sheep, that is why it takes so long to establish the presence of this disease with certainty," Ikdal said.

"If it turns out that the animals are infected with looping ill, we must do everything we can to limit the damage. But it can be hard to get rid of the disease, since it is highly contagious. Statistics show that about half the infected animals die," Ikdal concluded.

In the past we have had several sheep diseases in Norway that are more serious than looping ill. Listeriosis is the one that has led to the most

recorded deaths in sheep. Maedi is another fatal illness. It was introduced in Norway from abroad at the end of the 1960's, but the first recorded case appeared in 1973 due to its long incubation period. From the time an animal is infected by this disease until the symptoms show up can take as long as 7 years. Attacks of Maedi disease have declined in recent years, however.

6578

CSO: 5400/2559

THAILAND

ANTHRAX FOUND IN CATTLE FROM BURMA

Bangkok DAO SIAM in Thai 3 Jun 83 pp 7, 10

[Article: Buffalo From Burma Are Responsible for Spreading a Serious Disease"]

[Text] The meat markets in Chiang Mai are in turmoil. The people do not dare consume [meat]; they are afraid of anthrax. Many villagers have encountered [diseased animals] and are afraid. Doctors say that this is because bovines are purchased from Burma and slaughtered here.

Dr Sutham Hirannarutmon, the acting public health officer in Chiang Mai Province, made a statement at a press conference last Tuesday concerning a serious outbreak of an intestinal disorder in Chiang Mai Province. He said that the people who are ill have a serious intestinal disorder. This disease has spread to many villages along the border in Chiang Dao District. The people in this area purchase cattle and buffalo from Burma and slaughter the bovines themselves. The price of the bovines, especially those that are diseased, is very low.

Doctors from the Chiang Mai Municipal Hospital and the Provincial Hospital have found that all the people who are ill have anthrax bacilli in their bodies. This is very serious. The symptoms exhibited by these people are acute diarrhea, high fever, swelling of the neck and fatigue. Some people have chronic sores in various places and pustules on their fingers and toes.

After the anthrax epidemic broke out, public health officials went to treat and help the people in the villages. They learned that these people are afraid to eat any type of meat. This has caused great turmoil in the meat markets along the border and elsewhere since no one is buying meat.

As for controlling the spread of anthrax, officials have recommended that the people definitely refrain from purchasing and eating the meat from animals that have not been examined by public health officials. They have said that this disease will not spread in humans but that the bacilli will remain in people's bodies. They also appealed to people to resolutely refrain from importing animals from Burma.



Mr Chiaya Phunsiriwong, the provincial governor, said that it is very difficult to control the import of animals from Burma. This is because the Thai-Burmese border, which includes Chiang Dao District, extends for 200 kilometers. Thus, it is difficult to control this. However, at present, various structures have been improved, and it is thought that it will be possible to control things in the future.

11943

CSO: 5400/4438

THAILAND

RABIES CONTROL EFFORTS REPORTED

Bangkok SIAM RAT in Thai 9 Jun 83 p 3

[Article: "More Than 20,000 Dogs Have Been Vaccinated Against Rabies"]

[Text] Bangkok Metropolitan has revealed the results of the activities carried out in accord with the 1983 rabies control program. A total of 20,382 dogs have been vaccinated. Concerning rabies, if a person becomes ill with rabies, it is too late to treat that person.

Dr Udom Thienchuang, the director of the Bangkok Metropolitan Department of Health, talked with SIAM RAT about the results of the 1983 rabies control program, which was in effect from October 1982 to May 1983. He said that, in implementing this program, officials from the Animal Disease Control Division, Bangkok Metropolitan Department of Health, and students from the faculties of veterinary science at Chulalongkorn and Kasetsart universities had gone and given vaccinations in 144 stipulated locations throughout Bangkok. During this period, approximately 350 more people requested services from the stipulated locations. These services have been provided to 252 of the people as requested. However, 20,382 dogs have been vaccinated, and the program will continue to be carried on.

Dr Udom said that the Bangkok Metropolitan Department of Health must control rabies because if someone comes down with this disease, there is no way to cure the person. Death occurs in every case. This is a very virulent disease. Only about 20 to 30 people in Bangkok have died from rabies. People who own dogs are strongly advised to have their dogs vaccinated. Besides this, the Animal Disease Control Division, Bangkok Metropolitan Department of Health, caught 29,597 stray dogs during the period October 1982 to May 1983. In 1982, a total of 43,753 dogs were caught. Dogs are kept for 3 days at the Rabies Control Center. If no one comes to claim them, they are killed.

11943

CSO: 5400/4438

ZAMBIA

LONDON PRESS SERVICE IN LUSAKA ANNOUNCES NEW FOOT AND MOUTH VACCINE

Lusaka DAILY MAIL in English 14 Jul 83 p 3

[By MAIL Reporter]

[Text] The devastating foot and mouth disease which has spread in most parts of the country may finally be curbed by a new-style vaccine recently produced by a major British pharmaceutical company.

Wellcome Foundation, one of UK's commercial pharmaceutical company, has embarked on a research into a vaccine of the foot and mouth virus which is likely to "bring new hope to the world's tropical countries."

According to a Press statement released by the London Press Service in Lusaka yesterday, Wellcome Foundation is doing some research in bringing a "synthetic-based vaccine" on the market, which, unlike the current vaccines which had to be produced in special laboratories to avoid the escape of the virus, will instead have the advantage of safe usage even in tropical temperatures.

The British government-funded Animal Virus Research Institute (AVRI) discovered the immunizing activity associated with virus 14 years ago.

But it recently acknowledged that the "breakthrough" in genetic engineering by Wellcome Foundation had allowed them to exploit this knowledge.

"Although it may take some time to bring the research to commercial fruition, AVRI's lead in tackling the development of synthetic proteins for disease control also has relevance in treating rabies, African Swine Fever and other tropical viral infections," the statement said.

CSO: 5400/310

## SIX HUNDRED CATTLE IN LUIMBA DIE OF TRYPANOSOMIASIS

Lusaka TIMES OF ZAMBIA in English 11 Jul 83 p 1

[Excerpt]

ABOUT 600 cattle have died of typanomiasis, (disease caused by tsetse flies) at Luimba in Chief Nkomeshya's area since April this year.

Senior veterinary assistant at the station Mr Darlington Chigala confirmed the outbreak of the disease this week. He said the number was expected to rise.

Mr Chigala said although he had not seen any tsetse flies in the area, there was a possibility that the disease was "mechanically" transmitted.

The disease could be easily transmitted by any blood sucking fly after biting a sick animal in a tsetse fly-infested area, Mr Chigala said efforts to combat the disease had been hampered by a critical shortage of drugs in the country. Veterinary stores in Lusaka did not stock any

samorin and berenil—the two important drugs needed to wipe out the disease.

He called on the Government to help peasant farmers in the area as soon as possible "because they may be faced with untold hardships if their animals died."

A livestock committee formed by farmers in the area met governor Mr Maxwell Sibongo last month but nothing concrete was achieved as they were told that "you have to fend for yourselves because there is nothing the Government can do."

One of the farmers Mr Velemu Hacishwenya said, "the situation is serious and we badly need help not only from the Government but even from commercial farmers who can spare us a little dosage of vaccines for our cattle."

CSO: 5400/308

HONDURAS

ORANGE CROPS DESTROYED BY MEDITERRANEAN FRUIT FLY

San Pedro Sula LA PRENSA in Spanish 18 July 83 p 14.

[Article: "The Mediterranean Fly Has Appeared in Valle de Sula"]

[Text] El Progreso, Yoro --Jorge Handal, well-known agriculturalist, told LA PRENSA that the Mediterranean fly has already appeared in the orange groves of the city of El Progreso, Yoro, and that it is destroying millions of fruit that within a few weeks would be ready for sale.

The Mediterranean fly entered our country some years ago, but actions on the part of the Ministry of Natural Resources had kept it away from Valle de Sula. Special traps had been set up in an area of Santa Cruz de Yojoa, which presumably must not have continued to be effective, especially in the case of a fleeing and almost nomadic insect.

According to Handal, it is important for Natural Resources to send its experts to the orange groves and to stop giving seminars in the best hotels of the city of San Pedro Sula; because, while they talk about how to combat the insect, it goes about damaging the orange groves.

"I have been travelling for some days through citrus fruit plantations, especially orange groves, and have learned of the destruction that the Mediterranean fly is causing in Valle de Sula. Something must be done immediately because, if not, there will no longer be any hope of saving our orange groves," said Handal in conclusion.

The fly has a very peculiar way of acting. It would appear that the only thing that it seeks is to cause damage, because when it finds some fruit, it pricks it and then leaves. In a few days a yellow spot begins to appear on the orange. This soon widens until it changes color and becomes the color of coffee, which means that the fruit is already infected and that it is necessary to destroy the fruit before it transmits the disease to other fruit.

8255

CSO: 5400/2106

HONDURAS

BRIEFS

MED FLY DETECTED--A training course was started yesterday in this city with the purpose in mind to train personnel to combat the Med fly, and for controlling the insect in our country. Five technicians in the MOSCAMED Program in Guatemala are participating. This fly has been detected in several places in the nation, such as Marcala in La Paz, Moroceli in El Paraiso, in the environs of San Pedro Sula and in Occidente, but control is sought to prevent their arrival in the large citrus fruit growing centers, such as La Ceiba and Bajo Aguan. The seminar will be extended to next Friday and taking part in it are personnel who work in the campaign against that insect, particularly in the program for plant health in the Secretariat for Natural Resources and the directorate general of Agriculture and Cattle Raising, both coming under the Secretariat of Natural Resources. The directors of the effort are engr Sergio Morales, coordinator of the Operations Unit; Carlos Mokina, assistant; Flavio Linares, chief of the Identification Laboratory; Alvaro Klee, coordinator for receiving and handling the sterile Med fly and Guillermo De Leon, coordinator of Information and Training. All belong to the Guatemalan Med Fly Program which is a joint cooperation to combat the fly. The following officials from our country are taking part: Engr Wilfredo Diaz Arrezola, director general of Agriculture and Cattle Raising; Ricardo Romero Trochez, coordinator of the Vegetal Health Program; Roberto Larios Silva, regional director of Natural Resources, and Engr Armando Milla, coordinator for the Plant Health Program. On inaugurating the effort, Larios Mejia said that this is the first training course in the campaign against the Med fly, which affects citrus crops and from which the first outbreaks in our country have been discovered, particularly in the north-west sector. [Text] [San Pedro Sula LA PRENSA in Spanish 28 Jun 83 p 9] 9908

CSO: 5400/2100

SOUTH AFRICA

BRIEFS

MOSAIC DISEASE--Another maize tender scandal erupted this week when it was disclosed that imported maize may carry a dangerous plant disease. Free State cattle fatteners have been told by a special representative of the Minister of Agriculture, Mr Greying Wentzel, that maize arriving at Cape Town on Sunday on the ship Sea Grade Ace may be carrying mosaic disease which is a threat to the maize industry. The Minister asked cattle fatteners to import barley instead of maize to fatten their cattle. A source in the Department of Agriculture said that Mr Wentzel was boycotting the Maize Board because maize farmers had criticised him. As a result the maize import tender documents were not drawn-up by the Maize Board but by the State attorney who forgot to insert a clause that the maize supplied must be free of mosaic disease. However, the Minister has decided that the imported maize should be sold only in Natal and not in the Free State or Transvaal. [Text] [Johannesburg THE STAR in English 18 Jun 83 p 3]

CSO: 5400/302

END