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JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

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INTER- AFRICAN AFFAIRS

Economic Consequences of AIDS Detailed

90WE0216A Vienna DIE PRESSE in German
30 May 90 p 3

[Article by Juergen Duenbostel: "AIDS-A Scenario for Economic Horror for Africa"]

[Text] Gaborone—Graham Prentice, the chief statistician of South Africa's Old Mutual Insurance Company, is listened to by businessmen as a prophet of doom. "By conservative estimate," says Prentice, one-half of all South Africans over 15 years of age, or 15 million people, will be carrying the AIDS by the end of the nineties. The consequences for the economy will be catastrophic. "If one-half of the population is infected, it will hardly be possible to find any foreign tourists willing to risk a visit to South Africa. That might be one of the major economic consequences."

Keith Edelston, a member of a national research group looking into the economic consequences of AIDS, goes even further. "Assuming that there is a 100-percent rise in AIDS cases in South Africa every eight months, then the country might not have an able-bodied work force by the year 1997." Edelston suggests that production be automated by means of robots and electronic controls.

Such forecasts may sound surprising because there are many people out of work and comparatively few AIDS cases in South Africa at this stage. Statistical data as of mid-February 1990 show just 326 AIDS patients and 3,431 persons infected with the virus. Prof. Berry Schoub, the head of the South African Institute for Virology, calls these forecasts sensational and unscientific. But the mortgage banks which have been giving out life insurance policies to pay for the loans are adding to their reserves to guard against future losses due to AIDS deaths.

As for Edelston and Prentice, they have no desire to cause a panic with their startling forecasts. They want to raise awareness so that their forecasts will be proven wrong. The fact is that the trend in Africa is alarming. The number of persons infected with the AIDS virus rises by 215 percent annually. As a result, the epidemic could soon reach dimensions on the Cape similar to those in Black Africa, unless quick countermeasures are introduced.

Old Mutual has had some relevant experiences of its own at its branch office in Malawi. As of right now, an estimated 25 to 35 percent of the adult population of Malawi are carriers of the AIDS virus. Since the Government of Malawi does not permit life insurance companies to test for AIDS prior to issuing a policy, Old Mutual has quit the risk life insurance business and only offers interest-bearing savings programs there.

In neighboring Zimbabwe only government clinics may test for AIDS. For this reason there are many who doubt

the accuracy of the statistics put out by the government. But even according to the government statistics there were some 10,000 known carriers of the virus in 1989. When a blood donation program was conducted among secondary school students, it was found that 20 percent of them were infected with the AIDS virus. The assumption is that 800,000 to 1 million persons have already been infected with AIDS in Zimbabwe.

As questionable as the AIDS statistics in many African countries may be, individual spot checks do arouse grave concern. The AIDS Policy Research Center in South Africa, for example, cites the following data: 19 percent of the blood donors in Zambia are infected with AIDS; the corresponding figure for Kampala, Uganda, is 70 percent. Of the blood samples at the Blantyre blood bank in Malawi 29 percent contained the AIDS virus. Some 85 percent of Nairobi's prostitutes have already contracted the disease. Blood tests on Zambian soldiers showed that 20 percent of them were infected.

The WHO estimates that there are some 3 million persons in Africa today who have been infected. In Uganda alone it is estimated that one million persons, i.e., one out of every 17, is a carrier of the AIDS virus. The situation is said to be equally critical in Zaire. The spread of the disease has also assumed crisis proportions in Tanzania, Ruanda, Burundi, Kenya, and Malawai.

In the meantime, several African governments are attacking the AIDS problem. In Nigeria, for example, the government has started a \$40 million campaign to help nip the spread of the disease in the bud. Shortage of money, however, may cause the information campaign to fail.

Other countries tried at first to hush up the problem. They resisted the attempt to have Africa serve as a scapegoat for the spread of AIDS. Zimbabwe prohibited its doctors to issue death certificates citing AIDS as the cause. But the policy appears to be changing. At any rate, President Robert Mugabe recently mentioned the AIDS threat publicly in a speech for the first time ever.

In Zambia, too, AIDS was a taboo subject at first. But after Masusgo Gwen, one of President Kaunda's six sons, died of AIDS, Kaunda himself became a spokesman for the fight against the disease in Africa.

In a number of countries the words have been followed by deeds. In Zaire, for example, contaminated plasma was removed from the blood banks with the help of the FRG Government. Tanzania is presently conducting an extensive information campaign. In Uganda, condoms are now placed on hotel night tables next to the Bible.

To prevent the spread of AIDS, the government has also instituted stiff penalties now. Prostitution and sexual intercourse prior to age 18 are to be banned and will be punishable by seven years in prison. In Malawi, Dr. Alvit Dlamini, a Red Cross adviser, has proposed that the names of carriers of the AIDS virus be published. It is

questionable, however, whether such penalties and public condemnation will lead to success.

In some countries there are not enough condoms everywhere. For lack of funds, the clinics must use hypodermics and vaccination equipment more than once and cannot sterilize the instruments properly. As a result, the scourge of AIDS will continue above all to pursue the poorest African countries and rob them of manpower in the most productive age groups, causing losses which they can least afford. South Africa still has a chance to avert a catastrophe because a common front beyond all social barriers has since emerged in the fight against AIDS.

LESOTHO

UN Program To Assist AIDS Prevention Efforts

*MB0307084790 Maseru Domestic Service in English
1600 GMT 2 Jul 90*

[Text] The United Nations Development Program, UNDP, has approved nearly 1.25 million maloti to assist Lesotho's efforts in AIDS prevention and control.

The agreement for the financial support was signed in Maseru by the principal secretary for planning, economic, and manpower development, Mr. Tom Tiwane, and the UNDP resident representative, Mr. (Chase Norman), last month.

The money will assist in the establishment of a program management unit in the Ministry of Health. The information, education and communication, IEC, unit of the ministry will also be assisted in promoting change of public attitudes toward disease control.

The means of promotion will include broadcasting radio spots, drama by local theater groups, panel discussions, and competitions. The entire project will be executed by the World Health Organization, WHO.

Official Details Number of AIDS Patients, Carriers

*MB2406130190 Maseru Domestic Service in English
1130 GMT 24 Jun 90*

[Text] Eleven people have fallen victim to the killer disease AIDS since 1986 while 30 have been identified as carriers of the disease in Lesotho.

This was said by the director of health services in the Ministry of Health, Dr. [name indistinct], this week. He indicated that there is a high possibility that there are more carriers of the disease in the country who have not yet been diagnosed as yet. He quoted experts as saying that for every individual AIDS case identified there could be about 50 carrier cases.

The Ministry of Health and other health bodies are currently conducting an anti-AIDS campaign geared towards curbing the spread of the disease in the country.

During the campaign, the public is reliably informed of the dangers of the disease and ways of avoiding it. Sexual contact is said to be about the only mode of infection in Lesotho.

MAURITIUS

Study Shows Citizens Misinformed About AIDS

*90WE0226A Port Louis LE MAURICIEN in French
6 Jun 90 pp 1, 4*

[Article by Judex Acking: "AIDS: Mauritians' Ignorance"; bulleted lead: Women suffer from a conspicuous lack of information and religious and cultural taboos; first two paragraphs are LE MAURICIEN introduction; passages within slantlines published in English]

[Text] Mauritians misunderstand the different facets of AIDS. So found a study conducted last year whose conclusions were submitted and discussed yesterday at the Quatre-Bornes national workshop organized by the Health Ministry's AIDS Unit, the WHO, and the University of Mauritius. The survey polled a sample of 2,463 individuals representing urban and rural areas, both sexes, several educational levels, and all communities and religions. Whether the topic was causes and modes of transmission, at-risk groups, or treatments, among others, the report makes plain that our fellow citizens are more familiar with the existence of AIDS and its associated taboos than with its significance for individuals and society.

But Dr. Clement Chan Kam, the /National Aids Coordinator/, mounted a counterattack against this ignorance and fear by indicating a courageous road toward prevention and the proper attitude toward patients. It may be shocking to some, but we can only side with his attempt to guide the people's attitude toward AIDS, reflected in their behavior toward seropositive individuals and the dying, back to what it should have been from the start in Mauritius. He stated that over the next few months we will have to get used to the idea, if not the reality, of providing care for these people in hospital wards, clinics, and even at home.

Scrutiny of the results of the KAPB /(Knowledge, Attitudes, Beliefs and Practices Survey)/ study, which will shape informational and preventive programs, showed that Mauritians, although they have heard a great deal about AIDS, are still alarmingly ignorant of its many aspects, including causes and means of transmission.

It is primarily women, rural dwellers, and people over the age of 40 who know little or nothing of the disease. Moreover, all of them confuse causes and modes of transmission. Forty percent of those questioned claimed they did not know what causes AIDS, and only 35 percent mentioned microbes and viruses.

The survey, which elicited both spontaneous and "studied" answers, indicates that AIDS is transmitted primarily (92 percent) by sexual relations (men and women), relations with several partners (85.6 percent), and with prostitutes (91.9 percent). Next comes sharing of syringes by drug addicts, transfusions (91.5 percent), and mother-child physical bonds.

It was also found that although facts about AIDS are known to most, it is primarily women, particularly Hindu and Muslim women, and rural dwellers who seem least well-informed.

Writers of the study's conclusions say this ignorance can be ascribed to the influence of education and religious and cultural taboos, particularly where sexual transmission is concerned. The survey is patterned after one by the WHO and should be useful in other countries, enabling Mauritian data to be used to prevent other sexually transmitted diseases.

There is another way the disease can be spread that is not likely to be known to many, commented Dr. C. Chan Kam. It is the one arising from the misconception that sexual relations in which one partner is afflicted with a virus-carrying illness, including AIDS, are safe as long as there is no fluid discharge. He explained that the absence of a discharge does not mean the disease has disappeared. This is called transmission by an asymptomatic patient (read, seropositive).

The study showed it is television and radio, rather than the written press and word of mouth, that are the foremost sources of information on AIDS. While the media has been drilling Mauritians in the facts of the disease through frequent exposure, the extent of misconceptions about AIDS is striking.

For example, 62 percent of those questioned say AIDS can and is caught by sharing food, kissing (54 percent), mosquito bites (53 percent), sharing of clothing (43.6 percent), and touch (35 percent). All of which, of course, is completely false.

Dr. C. Chan Kam declared that all informational campaigns would be incomplete and futile unless the vicious circle of ignorance-misconception-irrational fear-intolerance was broken. The urgency of overcoming this obstacle becomes apparent when you learn that the study showed 48 percent of those questioned believe isolating patients to be the best method for avoiding transmission, followed by sexual abstinence, and taking medicines. Only five percent mention the effectiveness of advice about blood transfusions and only 1.5 percent recommend using condoms.

We will have more to say, soon, about the other aspects of the study and about the workshop.

NAMIBIA

Jan-May AIDS Cases Increase to 122

*MB0407052390 Johannesburg SAPA in English
0816 GMT 3 Jul 90*

[Text] Windhoek, July 3, SAPA—Namibian health authorities have reported 44 new AIDS cases in May, bringing to 122 the total number of AIDS cases reported in the country this year, NAMBC [Namibian Broadcasting Corporation] radio news reports.

The chief epidemiologist in the Ministry of Health, Dr. Steven Titus, said the latest reported AIDS cases brought Namibia's cumulative total to 311, with 40 AIDS-related deaths reported since 1986. Five of the deaths occurred this year.

SENEGAL

Financial Backers Discuss Fight Against AIDS

*AB1906131890 Dakar PANA in French 1805 GMT
13 Jun 90*

[Excerpts] Dakar, 13 Jun (APS-SEN/PANA)—The fight against the Acquired Immune Deficiency Syndrome, AIDS, will demand more "efforts" on the part of the Senegalese authorities and their financiers, the Minister of Economy and Finance, Mr. Moussa Toure, stated today.

Mr. Toure, who jointly chaired, with his counterpart of the Ministry of Health and Social Action, Mr. Assane Diop, the opening, in Dakar, of the financiers' meeting on "the reorganization of the AIDS program for 1990-1991." Mr. Toure said that "more efforts were needed in view of the potential risk of the spread of the disease although encouraging results have been achieved in the effort to contain the disease." [passage omitted]

The pandemic outbreak of the disease in Senegal has progressed rapidly over the past years, observers note. From six AIDS cases detected in 1986 and 1988, by March 1990 the number of AIDS patients stood at 307 cases. These statistics only represent "the tip of the iceberg, as Senegal, like its West African neighbors, is living in an endemic state, and is at risk from the HIV virus two whose spread is unpredictable," Mr. Diop said.

SEYCHELLES

Citizens Meet To Discuss AIDS; No Known Cases

*54000067 Victoria SEYCHELLES NATION in English
12 May 90 pp 1-2*

[Excerpts] Is there AIDS in Seychelles and if there is, should the people infected be identified?

These were the two hottest issues raised in St Paul's Cathedral in Victoria on Thursday evening at a packed interdenominational gathering on the dreaded killer disease.

Organised by the information, education and communication sub-committee of the National Task Force on AIDS (NTFA), the evening of discussions, video shows, prayers and hymns brought together leaders of the Roman Catholic and Anglican churches in Seychelles, representatives of the Health Ministry, NTFA members and a large crowd which filled the Anglican cathedral well before the service began at 6:30 pm.

Anglican Bishop French Chang Him welcomed the event, the first of its kind, as an example of the State and the Church working together on a problem afflicting mankind in general, while Roman Catholic vicar-general Father Edwin Mathiot pointed out the capacity attendance and the questions raised showed the public were concerned by the threat the killer disease posed to the small Seychellois community.

One of the most hotly debated questions at the gathering was whether or not AIDS existed in Seychelles, as some participants felt "the real answer was somehow being avoided."

Two nurses, Mrs Enid Savy and Mrs Christine Weber, who were present to answer the public's questions, reiterated that up to now no AIDS cases had been discovered in Seychelles, although this did not mean there was a 100 percent conviction the disease did not exist here.

They maintained the main issue was not to worry about whether or not the disease existed in Seychelles, but rather to focus attention on what people must do to avoid catching and spreading it.

Another issue which sparked off an animated debate was whether it should be publicly announced when a person fell victim to the disease.

One participant noted that should this happen, the authorities would have to report the case to the World Health Organisation (WHO) which, in turn, would make it public.

"Therefore, it would not be fair in that case for it to be known internationally before we know it ourselves," she argued.

The general feeling of people questioned by the NATION is that the public have a right to know whether such a deadly and infectious disease is among them, if only to make people more careful about catching or spreading it.

However, many people agree the identities of victims should be kept confidential to prevent them, their families and relatives and other persons close to them from being ostracised or "persecuted."

The gathering, which lasted nearly two hours, was interspersed with prayers, hymns and video films in which AIDS victims abroad spoke out their at times heart-rending feelings.

Bishop Chang Him, who talked on the Church and AIDS, described the gathering as an "historic moment."

It was touching to see that all differences had been put aside and that the Government and the Churches were ready to work together combating a problem of not only national, but international concern, he said.

He said the Churches would give all their support to the Health Ministry and all families in their fight against the disease. [passage omitted]

Father Wavel Ramkalawan of St Paul's Cathedral and a member of the NTFA sub-committee, later told the NATION he was very impressed by the turn-out and the congregation's participation.

"The questions the public raised showed there was a need for such a gathering," he said.

The sub-committee hopes to have another gathering, in the Roman Catholic Church's Cathedral of the Immaculate Conception, to be followed by others in district churches.

Members of the congregation the NATION spoke to said they welcomed such a gathering, although some felt a church was not the right venue.

The NATION reporter covering the event felt some of the questions put by the public were superficial because some people did not feel at ease discussing a sexually-transmitted disease in a church.

AIDS, the Acquired Immune Deficiency Syndrome, is spread mainly by sexual contact and contaminated blood.

Father Ramkalawan said such unease stemmed from a widespread traditional attitude that sex is a dirty word and thus should not be discussed in a place like a church.

"As a priest, I believe that all things concerning reality can be discussed in church," he added.

SOUTH AFRICA

Medical Official Notes Natal/KwaZulu AIDS Rate

*MB0307121890 Johannesburg SAPA in English
1129 GMT 3 Jul 90*

[Text] Durban July 3 SAPA—Eight nurses, four auxiliary health workers, more than 100 school pupils and 10 school teachers in Natal/KwaZulu are AIDS infected, it was revealed on Tuesday [3 July]

Despite their HIV positive conditions, the teachers are thought to be currently employed, the nurses are working

in various provincial and kwaZulu hospitals while the scholars are at various schools dotted around kwaZulu.

It is not known whether they have been adequately counselled on their condition or whether they are taking precautions by having safe sex.

Natal's representative of the AIDS advisory group, Prof Dennis Pudifin, said the followin HIV groups of infected people had been identified by the Natal Blood Transfusion Services during their routine donor and blood testing operations since the beginning of the year:

—10 teachers, 118 scholars, eight nurses, four auxiliary health workers, 12 transport drivers and 64 labourers.

Although the nurses were supposedly working with patients they posed no risk to patients as AIDS was transmitted mainly by sexual intercourse, said Prof Pudifin.

They would obviously take precautions, for example, not come into contact with a patient if they have a bleeding cut," he said.

"The heterosexually transmitted AIDS situation is getting rapidly worse with 100 new cases being positively identified in Natal every month," said Prof Pudifin.

He said two thirds of the cases were picked up by various doctors, hospitals and clinics while the other third was picked up by Natal, Blood Transfusion Services during their routine testing.

There are now, according to Prof Pudifin, who has the official figures, 2,000 HIV positive cases in Natal of which 300 have been identified in the since April [as received].

Natal's MEC [Member of The Executive Council] in charge of health, Dr Tino Volker, said: "It is most worrying that so many people, including teachers and nurses, as obviously disregarding the AIDS education campaign. I can only urge people to take precautions and to practice safe sex."

'Extensive' Spread of HIV Virus in Urban Blacks

*MB1906104090 Johannesburg BUSINESS DAY
in English 19 Jun 90 p 2*

[Article by Daniel Feldman]

[Text] The AIDS virus HIV is occurring increasingly among urban—mainly black—heterosexuals, and suggests "a spread of infection far more extensive than the relatively lower AIDS figures", according to a new research paper by local AIDS experts.

Entitled "Considerations on the Further Expansion of the AIDS Epidemic in SA, 1990", the paper was published in the latest edition of the SA Medical Journal by five Wits [Witwatersrand] University Virology Department professors and two Johannesburg City Health Department doctors.

It said the "Extensive and continuing silent spread of HIV in the urban black population is manifested by doubling times—the time taken for the number of reported cases to double—in male and female sexually transmitted disease (STD) clinic attenders of 10,67 and 9.78 months respectively, a doubling time in female family planning (FP) attenders of 6.55 months, and HIV infection rates of 1:56, 1:37, and 1:91, respectively".

The mean doubling time was calculated at 13.44 months for the male homosexual compared with 10.21 for the heterosexual.

The findings were based on HIV infection statistics from SA's seven blood transfusion services, blood specimens from men and women attending STD clinics and women attending family planning clinics, adult tuberculosis patients, tests on Johannesburg municipality applicants, and voluntary data solicited nationwide by the SA Institute for Medical Research. The figures were as of the end of January. The researchers acknowledged that 63 percent of SA AIDS cases remain in the white male homosexual community. "However, the first case of AIDS in a black heterosexual subject, reported in December 1987, heralded the start of the heterosexual AIDS epidemic in SA, which affects predominantly black male and female urban populations while the rate of increase of the white male homosexual epidemic has shown from early 1988, some signs of levelling off."

The research also found a relatively low penetration of HIV infection in rural areas "in contrast to the high prevalences found in urban active surveillance studies".

The paper warned the samples were relatively small and carried out mainly in the Witwatersrand area, and could not be extrapolated to estimate national statistics.

Mines Not Renewing Malawian Contracts Due to AIDS

Discriminatory Measures

*MB1006124590 Johannesburg SUNDAY TIMES
in English 10 Jun 10 p 12*

[Article by Felicity Levine]

[Text] Malawian mineworkers in South Africa have been told to stay away from work because more than a fifth of their countrymen have been diagnosed HIV positive.

The Malawian government agreed to the screening of recruits two years ago at the request of the SA [South African] Chamber of Mines.

The chamber's health spokesman Dr Daniel Pollnow said the big AIDS scare occurred in 1986 when tests on 35,000 mineworkers in South Africa revealed that one in 30 of the 18000 Malawians employed was HIV positive.

"Considering that only one in 1,000 tested HIV positive among the other 35,000 workers, we felt it was only right to screen Malawian recruits before bringing them into the country," he said.

"Unfortunately the Malawian government now considers our measure discriminatory and has put a stop to our recruitment projects."

Dr Pollnow said there were now only about 10 Malawians working on local mines compared with 18,000 two years ago.

"We are allowing these men to terminate their contracts, and we are not signing up others," he said.

Dr Doug Mackenzie, acting medial adviser to Teba, the mines recruiting body, said R [rand]70-million a year in salaries had been lost to the Malawian government as a result of the diplomatic clash over AIDS.

Dr Mackenzie said recent statistics showed that AIDS was spreading at an alarming rate in Malawi.

The National Union of Mineworkers [NUM] has blamed mining companies for setting up migrant miners in singles' hostels away from their wives.

"Closing South African borders to foreign mineworkers who depend on our mines for their very existence is no solution," said NUM health and safety officer Dr May Hermanus.

In Malawi, 34 percent of women in pre-natal clinics are shown to be HIV positive, as well as 92 percent of Malawian truck drivers who regularly visit Durban.

Natal has the highest incidence of AIDS in South Africa, with 550 registered positive in January this year.

Plans to Sue for Defamation

MB1506135590 Johannesburg THE WEEKLY MAIL in English 15-21 Jun p 5

[Article by Kaathy Strachan]

[Text] A storm is brewing between the Malawian government and the South African Chamber of Mines over AIDS allegations made by the Chamber earlier this week—and the Malawian authorities are planning to sue for defamation.

At the centre of the controversy are almost 18,000 Malawian workers, who over the last two years have not been able to continue working on South African mines.

The Chamber's health representative Dr Daniel Pollnow said a survey to establish the prevalence of HIV—the AIDS virus—in the mining industry had established that "the prominence of HIV virus was vastly higher among Malawians than among any other group".

The mining industry then decided to test all Malawians re-entering South Africa on new contracts, in an effort to reduce the spread of HIV infection to the work force.

Pollnow said the Malawian government objected to only its citizens being screened and refused to allow the Chamber to carry out the tests in Malawi.

The Chamber did not want to bring in untested Malawian workers and stopped all recruitment from Malawi.

Malawian government representative Southwood Ng'oma denied that Malawi had refused to allow the mines to test its citizens for HIV or that they had said the practice was discriminatory. He said Malawi would sue the Chamber.

"Malawi is an agricultural country and the reason why we stopped the mines from recruiting in Malawi is that we needed the men to go back and work on the land. The Malawian government decided these people should be working back home near their families and relatives.

"As far as we know they have all found employment in Malawi and we still need more labour for the land," said Ng'oma.

He added that if Malawian workers chose to go back to the mines they could arrange that on their own. "It's entirely up to them," he said.

Chamber representatives John Imrie, however, said the workers "would have to go through immigration procedures and it would be a lot more difficult for them." He added that the wages they would be paid on the mines would be "vastly higher" than what they were paid for agricultural work in Malawi.

National Union of Mineworkers representative Dr May Hermanus said it was unlikely that Malawian mineworkers would have chosen to give up their jobs on the mines.

"Traditionally Malawian workers, together with Mozambican workers are the least militant groups of workers because they are the most vulnerable. They have little likelihood of finding alternative jobs," said Hermanus.

SWAZILAND

Last AIDS Report To WHO in 1988

MB0907103290 Mbabane THE SWAZI OBSERVER in English 9 Jul 90 p 1

[Article by John Dlamini]

[Text] Swaziland last reported her AIDS statistics to the World Health Organisation (WHO) more than two years ago. She is one of three African countries which last

reported to the WHO in January 1988. The majority of African countries last reported late last year or early this year.

According to the latest issue of an international newsletter on the killer diseases, AIDS Action, Swaziland last reported her statistics to WHO on June 16, 1988. She is third to Algeria and Liberia. Both Liberia and Algeria reported their AIDS statistics in March 1988.

The newsletter is prepared by a team of medical experts and is published by the London-based Appropriate Health Resources and Technologies Action Group Ltd (AHTRTAG) with the support of various organisations, including WHO.

At the time Swaziland made her last report, she had had 14 AIDS cases. This figure is in sharp contrast to the last figure of the people infected by the AIDS virus, HIV announced by the Minister of Health, Dr. Fanny Friedman last month. She put the figure of HIV positive at 207. Thirty of these were said to have already developed the actual AIDS disease.

Attempts to get a comments from the Ministry of Health on why it had not been submitting AIDS statistics to WHO for such a long time, proved futile yesterday.

Uganda

1 Million Infected with HIV

54000070A Kampala THE NEW VISION in English
13 Jun 90 p 12

[Article by Alfred Wasike: "PM Advises on AIDS"]

[Text] The Prime Minister, Dr Samson Kisekka yesterday underscored the importance of health education and re-examination of individual sexual habits as the only effective weapons in the struggle against Acquired Immune Deficiency Syndrome (AIDS).

Speaking at the opening of a human immuno deficiency viral (HIV) testing centre, called the AIDS Information Centre (AIC) in Kampala, Dr Samson Kisekka observed that AIDS is not only a recognised international public health problem, but "today, it is the biggest public health challenge of our time".

Dr Kisekka noted with concern that for every 100 healthy-looking Ugandans, 6-10 are infected with HIV, the virus which causes AIDS and "this means that for Uganda which has a population of about 16 million people, approximately 1 million or more Ugandans are infected with HIV".

The Premier said that many people are clinically ill, several tens of thousands are already dead, hundreds of thousands are still asymptomatic without signs and are unknowingly spreading AIDS.

Citing the late Ugandan musician Philly Lutaaya, Kisekka appealed to the people of Uganda not only to emulate his example of frankness but to exercise extreme caution in personal sexual habits and help disseminate information about the modes of transmission of HIV infection.

In a speech read for him by the Director of Medical Services, Dr Eriyabu Muzira, the Minister of Health, Mr Zack Kaheru, warned the people of Uganda that the impact of HIV infection and AIDS is going to be more severe during the 1990s than it has been in the previous years.

Kaheru said that a new and dramatic AIDS-related situation has arisen.

ZIMBABWE

'Devastating Implications' of AIDS Statistics

MB0507132290 Johannesburg SAPA in English
1009 GMT 5 Jul 90

[Text] Victoria Falls July 5 SAPA—The Confederation of Zimbabwe Industries [CZI] congress in Harare on Thursday heard that 90 percent of the Zimbabwean workforce could be dying of AIDS-related diseases in 10 years.

ZIANA news agency reported a paper presented by the CZI stated statistical evidence indicated that 10 percent to 20 percent of the general population carried the HIV virus.

The number of reported AIDS cases up to April had trebled in the last six months, said the CZI.

"It is estimated that the incidence of HIV will double every 10 months, and after a decade 90 percent of the workforce could be dying of AIDS-related diseases.

"The devastating implications of the AIDS pandemic for Zimbabwe cannot be over-emphasised.

"Suffice to say that AIDS has the undoubted potential of destroying the very fabric of Zimbabwe's economy—the skilled workers and managerial experts who, unfortunately, fall in the high risk bracket," said the CZI.

Public Health Official On AIDS Prevention

OW1007191090 Beijing Radio Beijing in English to North America 0400 GMT 5 Jul 90

[Text] Just recently, 12,000 people from all over the world met in San Francisco, California, in the United States for a common purpose—to fight a new worldwide epidemic, AIDS. A Chinese public health official who attended the Fifth International AIDS Conference talks with Radio Beijing's Li Ping about how China should join the world in combating this fatal disease.

AIDS has affected many nations in the world, but it has not become a serious problem in China. However, Sun Qinghua, an official from the Ministry of Public Health warns that China must take early precautions. Sun explains that some Chinese people engage in behaviors that can lead to the spread of the human immunodeficiency virus, a virus that causes AIDS. Among the 190 virus carriers discovered so far in China, most were intravenous drug users. A few also caught the infection through unsafe sexual practices and unchecked blood transfusion. Sun Qinghua says that China is at an earlier stage of the problem, and Sun says that no cure is for AIDS right now. The Ministry of Public Health emphasizes prevention.

Sun Qinghua says that education and monitoring of high risk groups are the focus of the prevention work. Education is targeted at health workers and the public. Many Chinese people have heard of AIDS, and understand that it is a deadly disease. But there is still a lot of misinformation as to how the virus spreads. For example, he says many people still believe mosquitoes transmit the virus and living next door [to someone] infected by HIV can be dangerous, both of which are false beliefs. The mass media is the major source of information for most people, and it should offer more coverage on AIDS before the disease becomes a major health problem in China. But Sun Qinghua points out that people in remote areas have little educational background and poor access to the media. He says this is especially true in areas like Yunnan, which has the highest number of HIV carriers. The Ministry of Public Health plans to prepare pamphlets and picture posters for these areas so that the information can reach the groups with limited education and the lack of media resources.

Besides the educational campaign, Sun Qinghua is also concerned about the sterilizing technique in some Chinese hospitals. Hospitals in major cities have just started to use disposable needles, but many hospitals still use their needles over and over. On this issue, he urges health workers to follow strict guidelines in sterilizing syringes and needles. Monitoring the high risk groups will also give health officials a more accurate picture of the HIV infection and AIDS problems, and this will help keep the virus from spreading. This public health official believes that if these prevention measures are taken seriously, China won't have to confront AIDS the way some countries are doing, where the disease has turned into a big political, economic and social problem.

Yunnan Steps Up Fight Against AIDS

54004814B Beijing CHINA DAILY in English 31 May 90 p 3

[Text] Kunming (Xinhua)—Yunnan Province in Southwest China, where AIDS virus carriers account for 95.4 percent of the total on the Chinese mainland, is strengthening efforts for prevention and control of the killer disease.

After 146 people in the province were found late last year to have been infected by the AIDS virus—though none of them has any obvious symptoms—Governor He Zhiqiang convened several special meetings on the problem.

The provincial government soon established a special committee in charge of prevention and treatment of AIDS with Deputy Governor Chen Liying as head and Wu Kunyi, director of the Department of Public Health, the deputy head.

With the help of the World Health Organization, a three-year plan to combat AIDS has been worked out and put into operation.

All the diagnosed AIDS virus carriers in the province have been put under local quarantine for medical care.

A large-scale publicity campaign has been launched throughout the province. Various training classes are being held and all the mass media are being used to spread information on the prevention and control of AIDS.

More and more local people have thrown themselves into the struggle against unhealthy activities—such as drug addiction and prostitution—which lead to the spread of the disease.

The departments in charge of public health and epidemic prevention have started examining more high-risk groups of people in a larger area, including Kunming, capital of the province, and the prefectures of Dali, Baoshan and Lincang.

They have so far collected serum samples from more than 7,000 people and some new suspected carriers have been discovered. Work is underway to determine whether these suspects are actually infected by the AIDS virus.

Fortunately, their location is still limited to the Sino-Burmese border counties and cities, where the AIDS-virus carriers discovered last year live.

The departments in charge of public health and epidemic prevention in the province issue individual registration cards for these AIDS-virus carriers to trace their movements.

Meanwhile, they have completed a survey on epidemiology and aetiology in Ruili, a border county which was found to have most of the AIDS-virus carriers in China,

thus paving the way for further research on the epidemic pattern as well as infection rates in the border area.

The provincial government has allocated 1.6 million yuan (\$333,000) for the work on prevention and control of AIDS. And the State Council and the Ministry of Public Health have provided the province with some relevant equipment.

After three years of efforts, the co-ordinated research group for the development of medicines to prevent and control the disease, consisting of scientists from various research institutes and universities in the province, have found a dozen Chinese traditional herbs to be effective in the treatment of the AIDS virus.

The research group has also established animal matrices for research into the disease, thus paving the way for trial use of anti-AIDS medicines on animals.

At present, director Wu Kunyi said, the most important and most difficult thing was to take good care of the AIDS-virus carriers to control the further spread of the disease.

Director Wu noted that none of the carriers in Yunnan had the full-blown symptoms of the disease and that all lived in a limited border area.

AIDS Drug Results in Patient Stabilization

*OW2406232090 Beijing XINHUA in English
0033 GMT 24 Jun 90*

[Text] Washington, June 23 (XINHUA)—Preliminary results from a 4-month trial of Chinese AIDS drug Compound Q show that 38 of 46, or 82.6 percent, of the patients tested experienced a stabilization or measurable improvement in their condition.

Dr. Martin Delaney, who heads the San Francisco AIDS organization "Project Inform," released the results at the 6th international conference on AIDS Friday in San Francisco.

He said the study showed a marked improvement in patients tested with the drug, Compound Q, over the first four months.

Compound Q, derived from a Chinese cucumber root and used as an abortifacient in China for centuries, came to prominence last year within the AIDS community following positive laboratory experimental data, which showed it to be highly effective in killing cells infected with HIV (Human Immunodeficiency Virus).

Researchers are currently conducting a conventional study approved by the U.S. Food and Drug Administration to see whether steadily increased dosage of the drug would cause dangerous side effects.

CAMBODIA

VONADK on AIDS Cases in Phnom Penh, Koh Kong

BK0807015890 Phnom Penh (Clandestine) Voice of the National Army of Democratic Kampuchea in Cambodian 2315 GMT 90

[Text] According to reliable reports from Phnom Penh city and Koh Kong Province, there are presently 25 AIDS patients in Phnom Penh city, 30 AIDS carriers, and 15 dead from the disease. In Koh Kong Province, there are 10 AIDS patients, 15 AIDS carriers, five dead of the disease, and five others in serious condition.

This disease has been spread by Vietnamese prostitutes who have come from Ho Chi Minh City to earn their living in Phnom Penh and Koh Kong.

The Vietnamese aggressors and the traitorous Hun Sen-Heng Samrin regime have concealed this matter from the public for several months now. We have received this news from our spies who have been working in Phnom Penh city and Koh Kong Province, and from those working in the Phnom Penh puppet regime's Health Ministry.

Our spies in various other provinces are keeping a close watch on these developments.

SOUTH KOREA

USSR Offers Patented Technologies, AIDS Cure

SK0407074490 Seoul YONHAP in English 0723 GMT 4 Jul 90

[Text] Seoul, July 4 (OANA-YONHAP)—The Soviet Union hopes to sell an AIDS cure and 24 other patented technologies to South Korea, most of them judged suitable for commercialization, officials at the Office of Patent Administration (OPA) said Wednesday.

Of the Soviet technologies, 21 are for medicines and medical devices, including a cure for AIDS, they said.

Twelve technologies are for the production of medicines, nine for medical equipment and diagnostic tools and others are for insecticide, personal computer programs and cigarette filters.

International patents have been sought for most of them, the officials said.

OPA thinks the possibility for commercialization is very high in 13 technologies, including the AIDS remedy.

Korean medical firms have shown great interest in Soviet technology and OPA plans to provide local agencies or firms with information on the technologies, they said.

THAILAND

AIDS in Tak, Lampang

90WE0218C Bangkok SIAM RAT in Thai 7 Apr 90 p 3

[Excerpt] [passage omitted] Dr. Somsak Worakhamin, the under secretary of public health, said that he had received a report from the Mae Sot Hospital in Tak Province concerning controlling AIDS in Mae Sot District. The report stated that the hospital has been giving blood tests to look for people with the AIDS virus since December 1989. As of 28 March 1990, no AIDS victims or people with AIDS related symptoms had been found. But 48 people with the AIDS virus but without symptoms have been found. Of these, 33 are prostitutes, six are drug addicts, one is a male homosexual, six are male heterosexuals, and two contracted the disease while being given blood transfusions. Blood tests have been given free of charge to people in at-risk groups, including prostitutes, drug addicts, and prisoners. Also, every bottle of blood in the blood bank has been tested. Besides this, people in other groups are being tested, too, such as people with a venereal disease, people who will have an operation, and pregnant women who will give birth at the hospital.

The under secretary of public health said that it has been found that the percentage of drug addicts with AIDS is higher than that for other groups. But because the number of intravenous drug users is not large, prostitutes form the largest group of AIDS victims. Sixty percent contracted AIDS before they became prostitutes. In Mae Sot District, 1,362 prostitutes, 42 drug addicts, 3,319 blood donors, and 144 other people for a total of 4,867 people have been tested for AIDS. The hospital has established a program to educate individuals and prostitutes about AIDS and ways to prevent contracting this disease. The use of condoms has increased from 13.5 percent to 50.4 percent.

Dr. Somsak said that with respect to Lampang Province, he has received a report from the Provincial Public Health Office stating that the province has a total of 442 AIDS cases. Of these, 224 are prostitutes, 4 are homosexuals, 18 are drug addicts, 24 are prisoners, 141 are men who have had sexual intercourse with prostitutes, and one is a woman whose husband has AIDS. In the remaining 10 cases, the risk factor is not known. Only 315 of these people are still in Lampang Province. The rest have gone elsewhere to live. The obstacle to preventing and controlling the disease is the fact that prostitutes with the AIDS virus move frequently. It is impossible to follow them. To date, a total of 26,118 people have been given blood tests. Every three months, prostitutes and people in other risk groups are given advice.

AIDS Incidence in Uthaithani

*90WE0218B Bangkok THAI RAT in Thai 1 Jun 90
p 11*

[Excerpt] Dr. Banyong Phanthuwasi, a public health official in Uthaithani Province, said that Uthaithani Province now has 37 people with the AIDS virus, although they do not yet have any symptoms. The first AIDS case in the province was discovered in 1988. To date, a total of 37 cases of AIDS have been reported. Most of these AIDS victims, who do not exhibit any symptoms, are between the ages of 18 and 25. Of these, 24 are men and 13 are women. Of the 24 men, four are heterosexual, 17 are intravenous drug users, and one was a blood donor. The risk factors for the other two are not known. As for the 13 women who have contracted AIDS, all are heterosexual.

Dr. Banyong said that all 37 of the AIDS patients in Uthaithani Province are still alive. Five of these people are in prison at the Uthaithani provincial prison. All 13 of the women patients have changed jobs and returned to their native homes. The other 19 continue to live their lives as AIDS carriers who do not exhibit any symptoms. All of them live in Uthaithani Province. [passage omitted]

New AIDS Unit in Ministry

*54004310 Bangkok THE NATION in English
23 May 90 p 2*

[Text] The government yesterday approved a proposal by the Public Health Ministry to set up a new division to deal only with AIDS.

Deputy Public Health Minister Suthas Ngermuen said after a Cabinet meeting yesterday that the new division would cooperate with the National Anti-AIDS Committee and other government and private agencies in trying to check the spread of the fatal AIDS virus.

He said the new division would also provide advice and rehabilitation to people who are infected with AIDS.

60 Percent of Health Budget May Go for AIDS Control

*BK2906072490 Bangkok Domestic Service in English
0000 GMT 29 Jun 90*

[Text] Permanent Secretary for Public Health Dr. Somsak Worakhamin says the government may spend 60 percent of the total public health budget on AIDS control projects in the next 5 years if prevention of the disease does not produce satisfactory results. Dr. Somsak says the ministry is aware of the problem, so it has launched many activities to prevent the spread of the deadly disease in Thailand. It has conducted education and training sessions for health officials, who will disseminate the AIDS prevention information at the local and national levels. The ministry has instructed a total of 137 general and community hospitals throughout the country

to provide treatment for patients who are infected with the AIDS virus. It has also set a national coordinating committee for AIDS control and prevention comprising representatives from related government agencies and private organizations.

Dr. Somsak says Thailand has been praised by the World Health Organization for its strong efforts in launching campaigns against the disease. The commendation was made when the permanent secretary attended the meeting on AIDS held recently in the United States.

Official Updates AIDS Statistics, Sets Objectives

Situation Growing Worse

*90WE0218A Bangkok THAI RAT in Thai 21 May 90
pp 1, 22*

[Excerpt] [passage omitted] On 20 May, Dr. Thira Rammasut, the director-general of the Communicable Diseases Control Department, Ministry of Public Health, discussed the AIDS situation, which is growing worse in Thailand. He said that the Ministry of Public Health now has 148 AIDS testing sites. About 2 million people have already been tested for AIDS. Of these, 15,520 have tested positive for the AIDS virus. During the period January-April 1990, a total of 1,036 people, or 345 people a month, have been found to have the AIDS virus.

The director-general of the Communicable Diseases Control Department said that from monitoring the incidence of AIDS in various groups last year, it was found that the percentage of prostitutes with AIDS increased from 3.5 percent to 6.8 percent. In particular, in the northern provinces, the percentage has increased to 42.5 percent. The percentage of prostitutes with AIDS has increased from 2.7 percent to 3.3 percent, the percentage of drug addicts with AIDS has increased from 41 percent to 46 percent, and the percentage of male prisoners with AIDS has increased from eight percent to 12 percent.

Dr. Thira said that the target set by the Ministry of Public Health is to keep the number of AIDS cases below 24,000 by the end of the 6th Public Health Development Plan in 1991 and below 100,000 by the end of the Public Health Development Plan in 1996. However, unless steps are taken to control the situation well in these years, there may be 240,000 cases of AIDS by 1991, 10 times the target number. And by 1996, the number of people with AIDS may increase to 2 million, or 20 times the target figure.

Dr. Thira said that because there is still no medicine to treat AIDS, the best way to fight this disease is prevention. People should not be sexually promiscuous. If necessary, people should use a condom. They should not use needles or other implements that could transmit the disease through the blood. Unless the spread of AIDS can be halted, the number of AIDS cases will continue to increase, and this could pose a danger to people in general.

17,498 Cases

*BK1706063790 Bangkok BANGKOK POST in English
17 Jun 90 p 3*

[Text] The official total number of AIDS virus infections in Thailand as of the end of May was 17,498, of which 17,328 were still alive, Public Health Minister's secretary Ong-at Khlamphaibun said yesterday.

Of the total, 43 were of the full blown stage (11 still alive), 142 at an ARC stage (119 still alive) and 17,313 at an HIV stage (17,198 still alive).

The breakdown of AIDS patients by region was 9,710 or 55.49 percent in the Central, 2,915 or 16.66 percent in the North, 2,110 or 12.06 percent in the South, 1,695 or 9.68 percent in the East and 1,068 or 6.10 percent in the Northeast.

The causes of AIDS were 72.1 percent through intravenous narcotic injections, 19.2 percent through sexual intercourse, 0.2 percent through blood transfusion, 0.03 percent from mothers and 8.5 percent through unknown causes.

Most or 91.2 percent of AIDS patients aged between 15 and 39. Of the total number of AIDS patients, 84.1 percent were male and 15.9 female.

Mr Ong-at said according to a World Health Organisation report as of May 31, the number of people having full-blown AIDS in 156 out of 182 countries all over the world was 263,051.

WHO estimated the real number of AIDS patients all over the world at 650,000 and the number is expected to increase to 1.1 million in 1991.

WHO also estimated the number of AIDS victims at HIV stage all over the world at 6.5 million.

Mr Ong-at released the figures after a meeting of the National Coordinating Committee for the Control and Prevention of AIDS chaired by Public Health Minister Marut Bunnak on Friday. [15 June]

The meeting discussed the present AIDS situation and results of the operations of seven subcommittees including the setting up of welfare and rehabilitation centres for AIDS patients and measures to prevent and control the spread of AIDS by foreigners.

37 AIDS Victims

*BK0607095590 Bangkok Domestic Service in Thai
1200 GMT 5 Jul 90*

[Excerpt] Dr. Thira Ramasut, director general of the Communicable Disease Control Department, reported that, according to records in May, 647 persons in 25 countries of Asia have AIDS. The figure represents 0.2 percent of the number of AIDS victims globally. Thailand has 37 [full-blown] AIDS victims, or 0.06 percent, from tests on every 100,000 of the population. Thailand ranks 11th in Asia in the number of AIDS victims.

The director general of the Communicable Disease Control Department explained that, according to epidemiological science, the percentage of AIDS victims is based on tests on every 100,000 of a population, and not on the total population of a country. This is because of the different populations in various countries. The percentage is therefore based on the count on every 100,000 of a population.

The director general said the Public Health Ministry has been conducting campaigns to fight AIDS. It has not concealed facts or figures from the public, but is ready to distribute information on AIDS in order to promote better knowledge for effective prevention by the public. The Public Health Ministry had a meeting with the Bangkok deputy governor on 5 July to plan coordination with other concerned agencies in conducting anti-AIDS campaigns. [passage omitted]

Amphetamine Addiction Brings Crime, AIDS Risks

*90WD0356B Bangkok KHAO PHISSET in Thai
21-27 May 90 pp 33, 34*

[Excerpt] [passage omitted] Amphetamines are well known among people who drive at night, especially truck drivers, and people who have to work hard. This is a stimulant that helps keep people awake.

Sometimes, drivers who take this drug "sleep with eyes half open" and they "start" suddenly when driving. This causes accidents. People have been killed, and goods have been destroyed. And many have been crippled for life. Such stories appear in the press quite often.

"At least 1.2 million people a year are affected by amphetamines and road accidents," said a news source in the Maha Sarakham Provincial Police Precinct, making an estimate for the country as a whole. Amphetamines affect the nervous system. They affect people's common sense. People talk a lot and become excited. They are easily frightened, and their hands shake. They lose their appetite, and their health deteriorates. Later on, they develop nervous disorders," said a doctor about the consequences of using amphetamines.

He added that "amphetamines affect the nervous system. But people who want to stay awake at night want them, because they keep you awake. During the past 10 years, amphetamines have been sold everywhere, because they have been used for medical reasons. But recently, it was announced that amphetamines affected the nervous system and so it was made illegal to purchase them without a doctor's prescription. That is why the price of amphetamines has risen continually."

"Amphetamines have to be bought and sold in secret. In most cases, they are sold at gas stations," said a truck driver. He added that "we sometimes refer to amphetamines as "ma lai" [zebra]."

Amphetamines exert a great influence on youths in Maha Sarakham Province. Some even "take" amphetamines by injecting the drug.

Injecting Amphetamines

KHAO PHISSET followed the activities of several groups of youths in Maha Sarakham Province, including students who used amphetamines frequently. Instead of taking the drug orally like truck drivers do, they took the drug by injecting it into their blood vessels just as is done with heroin.

"Some inject it into their arms. Others are afraid that their teachers or parents will see the scars and so they inject it at the top of the thigh. They tie a piece of rubber around their thigh to make the blood vessels stand out," said one youth in Maha Sarakham, who did not want us to reveal his name.

Another youth told us how amphetamine tablets are used. "Most of the amphetamine tablets used have the letter "M" stamped on the tablet. The tablets are put in boiling water and dissolved. After the water cools, the water containing the dissolved amphetamine tablet is injected into the bloodstream. The drug produces a "high" very quickly. Sometimes you can stay awake a full 24 hours. Usually, a person takes four to five tablets each time."

"Amphetamine tablets cost 20-25 baht apiece. Imitation amphetamines cost 15 baht apiece. During the periods that officials crack down, the price rises, and the dealers will sell only to regular customers. I know that this is a dangerous drug, but I can't stop using it because I have been injecting this drug for four to five years. I'm addicted. If I don't take the drug, I get weak. And so I have to get money to buy the drug," said a youth, who showed us the needle marks.

Conclusion: A Drug That Is Destroying People

"Petty theft takes place frequently. They steal such things as ducks, chickens, television sets, radios, tape cassettes, and so on. If you are careless, you may easily have something stolen. This may stem from the use of amphetamines, which are popular among youths in Maha Sarakham. At the beginning of 1990, students rented a room in the provincial seat. One hanged himself and one died of an overdose of amphetamines," said a news source in the Maha Sarakham Provincial Police Precinct.

But the rumor among students is that the death of those two students at the beginning of the year resulted from their injecting amphetamines. The drug affected their nervous system. Their grades dropped, and their parents scolded them. They became very depressed and decided to solve the problem by killing themselves.

"I am very concerned about the 'needles' used to inject the drug. The needles that they use in common could spread AIDS," said a police official who is responsible

for eradicating amphetamines. Just prior to that, the director-general of the Communicable Diseases Control Department had said that "during the past 6 months, it has been found that the percentage of AIDS victims who are drug addicts has increased from 41 percent to 64 percent," which is a very alarming figure.

At the same time, a college instructor in Maha Sarakham Province said that "there are several reasons why people take amphetamines. Some don't know what they are doing. Others just want to experiment. Some are urged by friends to try the drug. Some have family problems. Also, it is very easy to obtain amphetamines. Our college is trying to provide advice and find ways to control this." [passage omitted]

Troops With AIDS Face Discharge, Drug Factor Noted

90WE0218D Bangkok SIAM RAT in Thai 1 Jun 90
pp 1, 16

[Excerpt] [passage omitted] Statistics from the Army Medical Department show that during the period April 1988 to April 1990, 512 soldiers contracted AIDS. Of these, 226, or 44 percent, contracted the disease from drug use; four, or 0.8 percent were both drug addicts and homosexuals; and 74, or 14.5 percent, contracted the disease from having sexual relations. In 208 cases, or 40.6 percent, the reason why the soldiers contracted this disease is unknown. Of the 512 soldiers who have contracted AIDS, four have full-blown cases of AIDS. The other 508 have the AIDS virus but have not exhibited any symptoms. In April 1988, there was only one soldier with AIDS.

Of those with AIDS, 391 are enlisted men, 108 are NCOs, and four are officers, whose ranks have not been disclosed. The officers with AIDS are stationed in all four army regions, that is, in each army region there is one officer with AIDS. The province with the largest number of enlisted men with AIDS is Bangkok, with 138 cases. This is followed by Chiang Mai with 80 cases.

The report revealed the measures that the army is implementing to control AIDS. It stated that the army will immediately discharge soldiers who contracted this disease from drug use. As for those who contracted AIDS in other ways, they will be asked if they want to remain on active duty or return home. If they want to remain in the army, they will be assigned jobs that will not affect their health or spread the disease. As for soldiers who contracted the disease from wounds or while providing medical treatment, they will be provided treatment for three to five years and then considered for discharge. However, if an effective treatment for AIDS is found, consideration will be given to allowing these soldiers to return to military duty.

The report stated that the army will not allow people with AIDS to enlist in the army. That includes men registered for the draft, reservists, and military cadets.

INTRABLOC AFFAIRS**Project to Fight AIDS in East Europe, USSR**

*90WE0199B Copenhagen BERLINGSKE TIDENDE
in Danish 8 May 90 p 7*

[Article by Munk: "Help Against AIDS in East Europe"]

[Text] The East European countries belong to the areas in the world where the fewest numbers of people have become actively infected with AIDS. But the number of sick here, as in other places, is only the tip of the iceberg.

Poland reports over 800 HIV-positive cases, the CSFR 800 to 1,000, while in Bulgaria the infection is spreading rapidly via sailors who have been in Africa. In the Soviet Union, an investigation of 5 million people revealed that 900 of them are infected with AIDS. But the figures are growing, and there are more and more HIV-infected in East Europe.

This is the conclusion of a report of the Danish Nursing Council, which is working actively with AIDS problems in East Europe, in cooperation with the WHO and the Danish Institute for Health and Nursing Care Research. Together with the East Bloc countries they have prepared publications on care, prevention, and control of HIV infection for use in training at hospitals in those countries.

Nurses and doctors from Bulgaria, Yugoslavia, Poland, the CSFR, Hungary, and the Soviet Union gathered in Copenhagen, together with the Danish Nursing Council, to report on conditions and discuss possibilities for improving the situation. The Eastern countries fear that

their health care personnel are not capable of controlling the infection. They will have difficulties caring for AIDS victims because they do not know enough about the prevention of infections and the ways that infections spread. The health sector in these countries lack AIDS such as disposable gloves, condoms, and ordinary nursing supplies.

POLAND**AIDS Conference Recommends National Health Strategy**

*90P20042A Warsaw GAZETA WYBORCZA in Polish
14 May 90 p 2*

[Article: "A Need for a Strategy"]

[Text] "AIDS belongs to that category of diseases against which it is necessary to establish a national strategy," stated Professor Zofia Kuratowska at the conclusion of the scientific conference, "AIDS: A Health and Education Problem", in Krakow on 12 May.

In Poland there are 828 registered carriers of the HIV virus and 36 ill. The ages of the infected individuals are dropping—60 percent are people between the ages 20-29 years, for every five male carriers there occurs one female carrier. Most of the infected, with regard to permanent addresses, live in Warsaw, Katowice, and Gdansk.

Participants of the conference proposed as a beginning of educational activities—the dissemination of knowledge about AIDS already in elementary schools and instructional programs on television.

INTER-AMERICAN AFFAIRS

Highest AIDS Case Rates in Caribbean

*FL1806114890 Bridgetown CANA in English
1517 GMT 17 Jun 90*

[Text] Bridgetown, Barbados, June 17, CANA —Three Caribbean countries—Bahamas, French Guiana, and Bermuda—have the world's highest AIDS case rates based on population, according to the World Health Organization [WHO].

In a country-by-country report on the fatal disease in almost every nation and territory in the world, the WHO said the Bahamas which had reported 437 cases by the end of last December, had an AIDS case rate of 68.6 for every 100,000 people in the country. Next was French Guiana whose 191 cases gave it a rate of 68.2. Third was Bermuda with 135 cases and an AIDS rate of 61.4.

"It should be noted that these figures are incomplete and are subject to change," said a WHO official.

The figures also show that Africa has high case rates. For example, Malawi reported 7,160 AIDS cases and its rate was 37.1 per 100,000 of population. Uganda, the nation reporting the largest single number of AIDS cases on the continent, has had 12,444 AIDS victims and a case rate of 28.3 while the Congo's 1,940 gave it a rate of 17.3.

In all, 64,745 AIDS cases have been reported to WHO by African nations, much more than 35,161 reported in Europe. Asia's total was 647 but many experts say that figure doesn't reflect the true situation in that part of the world. For example, six south east Asian states—Bangladesh, Bhutan, North Korea, Maldives, Mongolia, and Myanmar (formerly Burma)—have not reported any cases.

In the Americas, a region which takes in the Caribbean, South and Central America, the U.S. and Canada, the AIDS picture looked worse than Africa. In all, some 160,619 AIDS cases were reported to WHO by the Americas up to the end of March, with the U.S. accounting for 132,436 of them. Brazil's total was 10,510 while Mexico's was 4,268 cases, and Canada's 3,735.

In the Caribbean, Haiti's AIDS cases amounted to 2,331 but its large population gave it a rate of only 5, much less than half the U.S. figure of 12 per 100,000 people. Jamaica's 141 cases were much less than Trinidad and Tobago's 557 but slightly more than Barbados' 122.

ARGENTINA

426 AIDS Cases Recorded in Eight Years

*PY3006143290 Buenos Aires TELAM in Spanish
1851 GMT 29 Jun 90*

[Text] Buenos Aires, 29 Jun (Telam)—Alberto Cormillot, Buenos Aires Life Quality Department secretary, has

reported that between 1982 and 1990 there were 426 AIDS cases in the federal capital, of which 96.5 percent were men.

Cormillot made this statement during a joint news conference with Celia Wainstein, head of the municipal program for the control of AIDS and of sexually transmitted diseases.

BOLIVIA

AIDS Cooperation Agreement With EEC Signed

*PY2606030290 La Paz Television Boliviana Network
in Spanish 0030 GMT 26 Jun 90*

[Excerpt] Under Secretary for Public Health Guillermo Cuentas has reported that the EEC has granted Bolivia \$300,000 through a cooperation agreement aimed at implementing an AIDS prevention program. [recorded passage omitted]

BRAZIL

New Type AIDS Virus Found in Sao Paulo, Rio de Janeiro

*PY0707125690 Brasilia Domestic Service in Portuguese
2200 GMT 6 Jul 90*

[Excerpt] The Health Ministry has admitted the existence of another type of AIDS virus in Brazil.

Eduardo Cortes, the director of the AIDS Division of the Health Ministry, today stressed that the second type of virus that provokes the illness, (HIV 2), has been found in four persons in Sao Paulo and in two in Rio de Janeiro. [passage omitted]

CHILE

Country Diagnosed in 'Initial Stage' of AIDS Epidemic

*PY2306134690 Santiago Domestic Service in Spanish
1100 GMT 23 Jun 90*

[Excerpt] Dr. Rodrigo Hess, who is in charge of the ministerial AIDS control program, states that 495 AIDS cases have been reported so far in Chile. Based on world-level figures, the number of AIDS cases in Chile shows that our country is at the initial stage of an AIDS epidemic. Hess attended the opening session of the second international AIDS symposium at O'Higgins hotel. The symposium, sponsored by the Health Ministry, is being organized by the 5th region's branch of the Chilean Society of Respiratory Diseases. [passage omitted]

CUBA

Massive AIDS Testing in Pinar del Rio

*FL1406210890 Havana Radio Reloj Network
in Spanish 1937 GMT 14 Jun 90*

[Text] Some 7,000 residents of Candelaria Municipality, Pinar del Rio, will be tested for AIDS, thus, resuming the prevention tasks in the territory. Dr. Leil Acosta, in charge of the AIDS control program in Pinar del Rio, stated that the testing will be conducted not only in the Candelaria Community Polyclinic but also at mobile vehicles in various work and education centers in the territory.

All sexually active people between the ages of 15 and 65 will be tested this time. The results of the AIDS tests in Candelaria, Pinar del Rio, will be given at the Municipal Health and Epidemiology Center in San Cristobal. This territory and Los Palacios will soon conduct a massive testing.

Health Officials Discuss AIDS

*FL0507113290 Havana Tele Rebelde Network in
Spanish 0100 GMT 3 Jul 90*

["Open Agenda" program entitled, "AIDS is Faceless," with journalist Lucia Gonzalez; Dr. Hector Terry, Cuban vice minister of public health; and Dr. Jorge Perez, director of the Santiago de las Vegas AIDS Sanitarium, in studio; panelists identified by caption; all figures as heard—live]

[Excerpts] **Gonzalez:** Good evening. Currently there are six to eight million people infected with the AIDS virus throughout the world. By the year 2000, 15 to 20 million people are expected to have the virus. [passage omitted including indistinct portions]

It is a fact that this terrible disease exists and it can be contracted by you and me. As the name of our program says: AIDS is faceless. The purpose of this Open Agenda program is to get you to think about yourselves, your sexual and social conduct and—why not?—to get you to also think about the lives of those people who have already been infected with this terrible illness.

During the program, the panelists will answer questions the people have called in to the phone numbers provided by the Public Health Ministry and to the phone numbers that have been installed in our studio. We will also present some testimonials. They are very valuable testimonials by AIDS carriers who are residents of the San Antonio de las Vegas Sanitarium.

We will now speak with our panelists: Dr. Hector Terry, vice minister of public health; and Dr. Jorge Perez, director of the San Antonio de las Vegas Sanitarium.

Dr. Terry, the first question has to do with the situation in our country. How many people are ill? How many are carriers? How many have died?

Terry: Since we began the program in 1986, between the months of February and April, the country has conducted, through 28 June 1990, 8,065,997 tests. These tests have detected 458 people who are carrying or were carrying the AIDS virus. Of these 458 people, 35 died and, up to the moment, 423 are still alive. Some of these seropositive cases have developed different stages or clinical symptoms of the disease. We have a total of 73 people with AIDS, including those who died and those who are still living with the disease. Up to 1990, 19 AIDS patients died. Thus far this year, we have had 16 deaths. In other words, one person has died from AIDS every 11 days. Of these 33 deaths—two died in accidents so they are not included in the statistics of AIDS deaths—four were women, 28 were men, and one was a little girl who died recently.

These statistics reveal the current situation. The WHO has reported that there are 266,000 AIDS patients. The United States of America has the highest incidence of AIDS. As of last week, the statistics presented at the international event in Los Angeles [as heard] indicate that the United States has about 134,000 cases and it has had more than 83,000 deaths.

Gonzalez: As we said at the start, we have some very interesting video clips to show you of sanitarium patients. In this case, the video is about a person who is already sick. He was very interested in doing this interview because he wants to make a contribution by speaking on this program, even though he feels very ill. I think we can see the video now. [Begin recording]

Gonzalez: Orlando, do you have any idea how and when you were contaminated with the AIDS virus?

Orlando: [Patient identified only as Orlando] No, we have not been able to determine that. We have not been able to determine that because I have had a life that has been a little.... [does not finish sentence]

Gonzalez: You were telling me that your life is limited. What would you like to do the most now?

Orlando: I would like to finish my book. I want to make that contribution. I want to leave that contribution to society.

Gonzalez: In deciding to grant an interview to Cuban television, you had a disagreement with your family.

Orlando: Yes, I have had a disagreement. They oppose it. They opposed my giving this interview because they feel people will act against them. They are afraid of being rejected. I feel, however, that everything in life has a beginning. There will always be pioneers and there is always someone who has to break with what is bad. If there is bad propaganda and this "Open Agenda" program can provide the rest of the country with news, if journalists, the press, the mass media—more so television than the press because youths do not read newspapers very much—if all the press unites throughout the nation, because this is a problem for all of humanity....

[does not finish sentence] It is not a local problem. It is not Cuba's problem. It is a problem for all of humanity, for the existence of humanity. [end recording]

Gonzalez: I think that this testimony by this AIDS carrier.... No, he is no longer a carrier. He now has the disease. This makes this testimony doubly valuable because he feels ill, very ill.

What he says about the program is true. This is the first time that the "Open Agenda" program broaches this topic in this manner, although we have discussed it on previous programs. [passage omitted]

The primary form of transmitting AIDS in our country continues to be through sexual contact.

Terry: Yes, it continues to be sexual contact. Heterosexual relations are as risky as homosexual or bisexual relations—people who have relations with others of their own sex or with the opposite sex. For example, of the 458 seropositive cases we have, 126 of them are homosexual and 125 of them are women. [passage omitted]

I think we could, taking into account the importance of how the disease is transmitted, discuss how certain chains of transmission have developed. I think it would be interesting to see this. Can we see this now?

Gonzalez: Yes, we can see it.

Terry: Ok, let's see the first case. [Terry holds up a flow chart showing how the disease spread from one person to several others] The first case is a heterosexual patient. He was very promiscuous. He was infected through sexual contact with foreign prostitutes. He later had relations with 16 women in our country. He infected an average of 10 people. We can see from the chart how that chain of transmission developed starting with this person. We detected a total of 118 sexual contacts from this chain. This chain had 23 seropositive cases, zero homosexuals, 16 women, 7 heterosexual men. Five people who were declared to be seropositive contacts. Three people are now ill. We have had no deaths from this chain while 20 people remain seropositive.

We can now proceed to the second chain of transmission. [Terry holds up flow chart showing how the disease was transmitted from one person to several others] This chain belongs to a very promiscuous homosexual patient. As you can see in the chart, it was determined in the first study that this patient had 42 homosexual contacts during the last three or four years. This patient was very promiscuous. [words indistinct] 248 people had relations. Twenty people in this chain of transmission were found to be seropositive, 14 were homosexual or bisexual men, four were women, and two of them were heterosexual men. This chain gave us an average of 12.4 seropositive people. [Words indistinct] remain seropositive, 16 are asymptomatic. The average number of seropositive cases is 12.4. There are some individuals who have had 42 contacts or 21, 16, or 47. We are talking

about an average but within that average, there are people who have had 47 contacts.

Gonzalez: They have had 47 contacts?

Terry: They have had 47 contacts during their sexual lives in a two-year period.

Gonzalez: That is a substantial statistic.

Terry: Yes, it is. We have a third chain. [Terry holds up a flow chart showing how the disease was transmitted from one person to several others] As you can see, the two patients are homosexual. One declared 56 contacts. The other said he had 19. This, up to now, has been the largest chain of transmission we have had in the country. They declared 362 contacts. We detected 23 seropositive cases, 19 of whom are homosexual or bisexual men, three are women, and one is a heterosexual man. The average number of contacts declared by the seropositive cases in this change was 15.7. That has been the highest average. In this chain, nine people are now ill, four have died, and 10 people are carriers. [Words indistinct] Even though the average is 15.7, some people have had 48 contacts in their recent sexual lives. Some have had 56, 35, or more contacts.

[Words indistinct] Transmission has been through sexual contact. We have to provide as much information as possible to all the population, to everyone so that they can have an idea of the magnitude of the problem we might have to face because of this type of conduct, if they do not change their behavior or obtain the vaccine that Dr. Perez was talking about. The only vaccine that works against AIDS is individual conduct and education to protect oneself from this and other sexually-transmitted diseases.

Gonzalez: Of course. As we said earlier, we have a few videos to present. We have another video by an AIDS carriers who are living at the sanitarium. Although the patients have different types of sexual conduct, the thing they have in common is promiscuity. We can see the video now. [Begin recording]

First unidentified man: My behavior was promiscuous, very promiscuous. I had many sexual relations over several years because I was immature. At that time, I was not as mature as I am now. It was not the same then. Now I am older. It is not because I now have AIDS; it is that I have a different way of thinking now. I have a different way of thinking and behaving, even though I have AIDS.

What can I tell you of AIDS? Well, I can tell you that it is not a disease that hurts, understand? What hurts is the fact that someone made you sick.

Second unidentified man: I would say that I was promiscuous in all ways because I am bisexual. Anyway, I was promiscuous. It was very difficult for authorities to locate me. But in the end, from the history, when one feels [words indistinct], you realize that your sexual conduct was negative, promiscuous, even though it is

sometimes difficult to accept it. I can say that I was promiscuous at a certain time in my life. I no longer am. When I contracted the disease, when it was detected, I no longer was promiscuous. Nevertheless, I had to pay for everything I did earlier. Everything was ruined. An entire set of plans was ruined when the disease was detected.

Gonzalez: When you were informed that you were an AIDS carrier, what was the hardest thing for you? How did you react?

Third unidentified man: The most difficult thing was the change in my social life [words indistinct]. I had to begin from scratch.

Gonzalez: Everything?

Third man: I had to start from scratch at work, in my social life [words indistinct].

Gonzalez: Did this also apply to your friends?

Third man: Yes, it applied to my friends. [Words indistinct]

Gonzalez: [Words indistinct] friends because of a lack of information? Did they reject you?

Third man: It was because of a lack of information because everyone wonders if the same thing can happen to them.

Gonzalez: Do you have any idea how you were infected.

Third man: I was promiscuous. That is the basic thing. It's a viral infection.

Gonzalez: Were you infected in Cuba or abroad.

Third man: Abroad.

Gonzalez: Can you give us some information without giving us any names?

Third man: I visited brothels. As everyone knows, these do not exist in Cuba so I decided to visit one to see what it was like. [Words indistinct]

Gonzalez: Are you married? Did you have a comrade or a stable relationship in Cuba when you went abroad?

Third man: I wasn't married but I had a stable relationship.

Gonzalez: Did you infect her?

Third man: Yes, I did.

Gonzalez: How did that affect your relationship with her? Did she reject you? Did you continue together?

Third man: No, she did not reject me because [words indistinct]. I explained the situation, how I am. At any rate, the damage has been done.

Gonzalez: She feels responsible?

Third man: Yes, she feels responsible for all the consequences because she can't have children. [Words indistinct]

Gonzalez: You don't have any children?

Third man: No. [end recording]

[passage omitted]

Gonzalez: One of the videos by AIDS carriers that we have prepared includes a testimonial by a girl. We'll show the video now. [Begin recording]

Gonzalez: When you were told you were a positive AIDS carrier, that you were seropositive for the AIDS virus, what did you think? How did you feel? Were you surprised? How was it?

Unidentified girl: I was surprised. I knew absolutely nothing about the disease.

Gonzalez: You were in school. Did you get any kind of information on sexually transmitted diseases, including AIDS?

Girl: I never received any kind of information on sexually transmitted diseases, especially AIDS, which is the disease that has afflicted the entire world.

Gonzalez: Did you have a stable relationship?

Girl: Yes, I had a stable relationship?

Gonzalez: You were a couple?

Girl: Yes, we were a couple.

Gonzalez: When you had sexual relations with that comrade, did you know him? Did you know him for awhile before having sex with him?

Girl: I knew him but very little.

Gonzalez: Did your friends, neighbors, or your comrades in school find out you carried the virus?

Girl: Yes, they did.

Gonzalez: And how did they act?

Girl: Some of them rejected me; others didn't.

Gonzalez: How did your family react?

Girl: At first, they knew I had the virus and they did not reject me at home. But now, there is a certain amount of rejection on the part of my father and his wife.

Gonzalez: What form does that rejection take?

Girl: They won't allow me to enter their room, share their dishes or glasses, or give them a kiss. Before taking a bath, they make me run hot water in the tub. They won't let me get too close to my sister or lend her my clothes. At first I felt bad, but now I am fighting for my life. I am fighting for my life and I feel very optimistic. I

am very hopefully that a medication will soon be developed. As long as I can speak to someone and teach them how the disease is transmitted, [words indistinct], I'll do it. [end recording]

Gonzalez: That was an unpleasant testimony. I think we have to provide more information on how the disease is transmitted because it is not humane for people who have this disease to feel so rejected.

Perez: Unfortunately, this is a very common thing throughout the world.

Gonzalez: Yes.

Perez: Even though there are not a lot of cases like this in our society, we unfortunately have testimonials like these, which are painful and also shameful, because in reality, there are a lot of patients who have been submitted to this type of discrimination and this is not fair. It is not fair to them.

Gonzalez: Of course.

Perez: There are very great human values within these patients, which, unfortunately, are affected by the development of this disease.

Gonzalez: Of course. I would like to speak a little bit about the sanitarium because we have had a lot of questions on this.

Some people say that if all the AIDS virus carriers are kept in a sanitarium, the population is protected and they lose their fear of contracting the disease and, thus, do not care about changing their sexual conduct.

Perez: That is an interesting question. In reality, the purpose of the sanitarium is to protect our population, but to primarily protect the people who are seropositive and who have AIDS. They are provided with a number of things that are better than what they can obtain from our society. They have a special diet, very adequate medical treatment, etc. Of course, some people may falsely believe that all AIDS cases are in the San Antonio de las Vegas sanitarium. This is important because we are talking about the affect of education and news on this matter. I think it is important. Like the name of the program says: AIDS is faceless. Someone can have it at any given time and he may not know it unless a test was done at a certain time. Thus, it can be transmitted.

Many people think this way. When the population was polled, many said that the seropositive cases were in the sanitarium. In reality, this is not the way to avoid AIDS. The way to prevent AIDS is for people to educate themselves, to not be promiscuous, as we have said. Of course, the sanitarium does give a certain degree of security since the virus is not markedly spread. It is important to realize that this does not guarantee 100 percent protection against AIDS and one could get a false sense of security, which in reality should not exist. The [words indistinct] education and promiscuity.

Gonzalez: It depends on everyone's individual conduct. I have several questions on the sanitarium which I will read to you to see if you can give us a brief response because we are running out of time. We were asked: Does the sanitarium treat the virus carrier psychologically and socially? Have there been any changes in the sanitarium? Do the patients get passes [preceding word rendered in English]? Could you explain the advantages of the sanitarium? These are the questions, more or less.

Perez: Those are a lot of questions all together.

Gonzalez: Yes, but they are all questions on the sanitarium.

Perez: Eh, I don't know exactly where to start.

Gonzalez: Ok, shall I repeat them to you?

Perez: Yes, give me the first one again?

Gonzalez: Are the patients given psychological and social care?

Perez: A group of psychologists work in the sanitarium. That is clear. They have conducted studies and have demonstrated that AIDS behaves like any other chronic disease we have. People who have cancer confront their disease in the same way and they are not greatly effected visibly. You see them walking around and you think they have something else wrong with them.

The patients at the San Antonio de las Vegas sanitarium are included in social, recreational, and labor activities in the sanitarium itself. Many of these activities are outside the facility. In reality....

Gonzalez: [interrupting] But this isn't the only sanitarium in the country?

Perez: No, besides this one, there are several others. There is one in Sancti Spiritus, one in Santa Clara, another one in Ciego de Avila, and another one in Granma. There are several other sanitariums besides the one in Santiago de las Vegas which have been built to try to keep the patients closer to their families so that they can have direct contact with their families. These....

Gonzalez: [interrupting] In regard to this contact, do they receive visits?

Perez: These patients receive daily visits. They go out to their homes. They visit their families. If they have a problem, they can go immediately to their homes. We have made sure it will be this way. The patients who want to work can do so at a number of workshops. There are many jobs for mechanics, economists, and other activities in the sanitarium itself. Of course, once they are involved in these activities, any other kind of psychological tension is reduced.

Gonzalez: They feel better then. Dr. Terry....

Terry: [interrupting] I have to say that we have to improve the work done in the sanitariums. I don't think

we can ever say that everything is perfect. I think that in these four years, we have learned many ways to create all the conditions needed to convert the sanitariums into a center to educate patients, to educate AIDS patients on their social behavior to prevent the disease from being transmitted to others. That work is being done insufficiently and with deficiencies. However, there is no doubt that we know much more about the sanitarium now than we knew in 1986 and, with everything that was done by the sanitarium and also because of the work done by the Tropical Medicine Institute and other scientific centers, we have created new possibilities for the institutions.

At this time, we are studying new possibilities and that is why the technical commission that was created by the ministry, which meets periodically, is analyzing each situation. We must also observe the results to determine how the life expectancy is affected in the sanitarium. This is an important problem because we are beginning. We do not want to be sensational. We want to be objective but I think we are progressing more in the area of the life expectancy of our patients and I am sure that with the new possibilities that are being promoted in the scientific area, we will also find the likelihood of a greater life expectancy.

However, I think we have good sanitariums. From the time we had the AIDS program last year with Comrade Resillez [Journalist Resillez, another host of the "Open Agenda" program] through the present, we have made much more progress in the work of these institutions. We have incorporated a larger cadre of psychologists. The psychologists play an enormous role in guiding all our work with patients in the social area and we are looking for new ways to integrate the patients into society, etc. We will be adopting new ideas in the next few months.

Perez: We have made constant dialectic changes in the sanitarium. You have visited the sanitarium several times. I think you have also been able to observe this.

Gonzalez: Yes, of course.

Perez: In reality, things have changed in many areas and we also believe that things must continue to change. We must make sure it is an educational center, primarily for the patients, a center for classifying and evaluating patients, as well as a center that will allow us to determine which patient may have a certain kind of conduct and which won't. We also want to try and integrate the patients more each time into social activities, which is fundamental. We want to integrate them into all kinds of social activities. That is one of the goals of the Public Health Ministry.

Gonzalez: Dr. Terry, how much does it cost the Cuban State to care for an AIDS carrier or for someone who is ill with AIDS in a one-year period, taking into account his food, his [word indistinct], medications, salaries?

Terry: I think we would have to consider several things. We would have to first consider the testing and subsequent epidemiology work. This program, even though we

have national technology—we have three kinds of diagnostic systems: one is conventional and the others are done by genetic engineering—the country still needs to obtain raw materials and some resources for laboratory work. We still have to spend from \$300,000 to \$500,000 to buy material abroad to maintain the AIDS testing program. As time passes, we will reduce these costs. However, for laboratory work, we must invest between \$300,000 and \$500,000 annually, depending on the kind of technologies. For example, there is a new technology that will allow us to get quicker serum results in certain patients who have not given a positive response using the antibody technology. There is a technology that will detect particles of the antibody without the antigen in the patient's blood. The technology [words indistinct]. We already have it in the country but that also means we have new expenses in using and developing this technology in the country.

Terry: When it comes to the work of the sanitarium, we could say, for example, in the case of the San Antonio de las Vegas sanitarium, which is four years old and which we have been observing on a daily basis, with the number of beds it has, it costs us [words indistinct] a year. If we extend this to the hospital stage, then it's another thing.

Gonzalez: It would be much more.

Terry: In the United States and in other countries, for example, treatment is very expensive because the labor force—the internist, anesthetist, intensive care attendant, etc.—is also paid highly in the hospitals that treat AIDS patients. In these places, the patient incurs a lot of costs.

Here, we are giving a group of patients AZT, a very expensive medicine. Each tablet costs \$1.80. We are proposing, as Perez said, to provide this universally for all patients who are ill or who are asymptomatic to extend their life expectancies. For example, I brought this little container. [Holds up plastic medicine pill container] This little container holds a medication we are buying. We have spent \$30,000 on containers of this kind. This little container holds 300 tablets of an antimycodermatitis medicine that was requested for one of our patients. Each tablet costs us \$10. The treatment of this patient required 500 tablets and we had to have them. It cost us \$5,000. AIDS is expensive. It is a very expensive problem and it will create serious problems in all health services in developed and underdeveloped countries.

Gonzalez: They ask us, considering the country's economic condition—which all our people are familiar with—if we will be able to maintain this level of health care with the growing number of seropositive cases.

Terry: What would happen if we didn't maintain this health care?

Gonzalez: No, I'm asking you a question.

Terry: And I'm asking you another question and I will answer you with a question. If we do not continue this health care, what could possibly happen? How many ill people would we have on the street? How much would a patient cost us then?

I think that these things, the economy, must be viewed from a macroeconomic point, as we said. What would you do if these problems arose? The question would thus arise: Why don't we test everyone who goes to the dentist for AIDS? In Cuba, 18 million visits are made to the dentist. [Words indistinct] for each AIDS test at 50 cents would cost us 9 million pesos just from conducting tests at the dentist's office. If we go to the other extreme, as you said, we would have to test people at the barber shop or the beauty shop. This problem must be viewed globally and I think that there would be a lot of pros and cons.

However, we have an ethic we follow in our health system. Our country has an ethic in public health. We have to give a patient, regardless of what he has, the best treatment he can receive.

Gonzalez: Exactly. I think that....

Terry: That is a challenge that we have to confront in the country. That is the kind of ethic we have.

Gonzalez: Of course, health is more important. It is not an ethical problem. It is a principle in our revolution.

Terry: And it is a principle of medical ethics.

Perez: Almost all medications for opportunistic diseases are extremely expensive. All the antiviral, antimycodermatitis medicines are very expensive. All the antibiotic....

Gonzalez: [interrupting] Well, doctors, we have approximately 10 minutes left in the program and we have a few videos to see. I would like to ask you to be more brief because the people keep calling and it seems that even though the program has been extended....

Terry: program.

Gonzalez: Yes, I think we will.

Perez: I think we'll have to have several more programs.

Gonzalez: Yes, of course, I think so but we'll have to try and make do. We have a question here....

Perez: [interrupting] This is the only program that has discussed AIDS on several occasions.

Gonzalez: Yes the "Open Agenda" program has done this.

Perez: And a few more programs should be done on AIDS so that we can discuss other things.

Gonzalez: That is true. We have received questions in regard to the tests that are performed on anyone who is

admitted to a clinical-surgical or maternity-infant hospital. They are: Are these tests mandatory? If someone doesn't want the test, can he still receive medical treatment?

Terry: but care units perform routine analyses. When a patient enters a hospital, the doctor routinely requires a lot of tests and we routinely request the AIDS test, just as we require an examination for parasites, a mammogram, a hematocrit, a urinalysis, and other tests that are routinely performed.

Gonzalez: Because of the importance of the problem we have, we felt it was important to make the AIDS test a routine health care procedure for hospitalized patients. I don't think that we can ask a hospitalized patient if he wants a test or not. He is hospitalized and we must do what the medical staff feels is needed for his best treatment and recovery.

Gonzalez: One question we have heard a lot is....

Perez: [interrupting] We also have to consider that when a person has surgery, the doctor also runs the risk of infection so the doctor needs to know that this risk exists and this is an important issue in any kind of surgery. [passage omitted]

Gonzalez: We only have five more minutes. We have another testimonial, well, we have four. We have four other testimonials by AIDS carriers that we will not be able to show. I think that these testimonies, the questions the people have asked, have helped you think about the problem, but I think that the most important thing is to leave you with a video that will summarize this program. [Begin recording]

Gonzalez: Why did you agree to grant this interview to the "Open Agenda" program but with the condition that your identity not be revealed?

Unidentified man: First, I think it is important to know what is on the minds of the seropositive people who are hospitalized in the San Antonio de las Vegas sanitarium. I don't think that there is anyone in the country who can speak the truth on this disease better than we can.

On the other hand, I don't think I should reveal my identity because I have a family. Under other conditions, I might have done so, but at this time, there is a lot of misinformation, a lot of rejection toward the HIV-positive patient.

Gonzalez: You're talking about the people in general.

Man: Yes, the people in general are very misinformed. They are actually disinformed. The people are still not clear on how the disease is transmitted. Thus, it would be very unpleasant for my mother, daughter, father, or family member to go out on the street and hear someone say, that is the child, the parent, or some relative of someone who has AIDS. It would also be very

unpleasant for me to be in a public place, for example, and be rejected. That is why I do not want to be identified.

Gonzalez: When you were told that you were an AIDS virus carrier, did you know anything about the disease and why do you think you contracted it?

Man: At the time I was told I was HIV-positive, I had been following the disease since the beginning, since the first case appeared in Spring 1981 in New York. I tried to follow the disease. Unfortunately, I had very little information on it. I thought it was a disease for drug addicts, prostitutes, homosexuals, for sexual deviants, and I thought it couldn't affect me.

I think I have been infected since 1983. When one first receives the news that he is seropositive, it has a tremendous impact.

Gonzalez: How did it affect you?

Man: I thought: How can it be, if I'm not among those risk groups cited by the press or the information in general? How can that be? In addition, the possibility that you will die in six months also has a tremendous impact. You can hardly think of anything else. After awhile, time passes and you realize that you cannot continue to think about it. This is a disease that has a very special characteristics. You can wait six months, two years, four years, 12 years, I don't know how long, without a symptom. I feel fine. I don't feel sick. I have been in the sanitarium for three years, almost four, and I have not gotten sick. I feel fine. I have all my mental and physical facilities.

I think that when one realizes he is a carrier, he has to find a new meaning in his life. He has to begin to live again and he has to find new meaning because it is not easy to be in there [the sanitarium] without working. You have to have a reason for living. You have to integrate yourself.

As I said, there is a false idea on the street that AIDS is locked up in the sanitarium. That is totally false. There are a lot of people on the street who have not been tested and who will not be tested or perhaps they were tested last year and they were negative; but today, they are positive. Nevertheless, people continue to have sexual relations in a disorderly fashion. I think that is what we must do: change the attitude of the people in general. They have to have relations in a more responsible manner. [end recording]

HONDURAS

Health Authorities Report on AIDS Cases

PA2606234090 Panama ACAN in Spanish
1546 GMT 21 Jun 90

[Text] Tegucigalpa, 21 Jun (ACAN-EFE)—The Honduran Health and Social Aid Ministry informed the

community today that there are 291 people infected with AIDS and freely walking around the country.

Jose Enrique Zelaya, president of the AIDS Control Commission pointed out that the 291 cases have been clinically confirmed but the whereabouts of the infected people are unknown.

An unspecified percentage of infected people are prostitutes who are constantly moving around the various cities throughout the nation.

Zelaya said that there are 706 recorded cases of AIDS in the public health files, 220 of which were reported in 1990.

Eighty percent of the infected people are between 20 and 39 years of age and the number of infected men is twice the number of infected women.

In Honduras the AIDS virus is considered a "time bomb" because there are 40,000 carriers of the disease who have not developed the symptoms yet.

According to Zelaya, every day two more people are diagnosed as suffering from the so-called "illness of the century."

JAMAICA

Health Officials Report More AIDS Cases

FL2206234890 Bridgetown CANA in English
2014 GMT 22 Jun 90

[Text] Kingston, Jamaica, June 22, CANA—Eighteen additional cases of the killer disease AIDS were reported in Jamaica between January 1 and May 31, bringing to 155 the total number, health officials reported. Sixteen of the 18 cases are adults and two are children. Health Minister Easton Douglas told parliament that 94—or 61 percent—of the cases have died.

Of the total number affected, 107 were males and 48 females. Forty-eight cases were in the age group 30-39, 35 between 20 and 29 years, 29 in the 40-49 age group, 12 were over 50 years, and four were over 60 years.

URUGUAY

Health Ministry Reports AIDS Figures

PY1207172490 Montevideo LA HORA POPULAR
in Spanish 6 Jul 90 p 12

[Summary] The Health Ministry has reported that 129 AIDS cases have been detected as of the end of June 1990, of which 65 have been fatal. There are 625 AIDS carriers throughout the national territory. During the last three-month period, the number of AIDS cases grew by 15 percent.

BANGLADESH

First AIDS Carrier Found, Dhaka Comments

Man a "Healthy Carrier"

54500103 Dhaka THE BANGLADESH OBSERVER
in English 23 May 90 p 1

[Text] The first ever Bangladesh national found a carrier of HIV, the virus that causes AIDS, is an unmarried man in his 20's.

The National AIDS Committee, which has kept him under observation, will not disclose his identity.

Prof S.G.M. Chowdhury, Chairman of the AIDS committee formed by the Government, told this correspondent Monday the man is a "healthy carrier" with no symptom of AIDS.

Prof Chowdhury said necessary precautions had been taken to ensure that the HIV carrier does not spread the virus.

He has also been 'adequately counselled' so that he can lead a normal life without posing any danger to others.

It is important that he does not marry since sex is a major mode of transmission of the AIDS virus. So the man has been advised not to marry.

The man, while working abroad was found an HIV carrier. So he had to come back home. On his return here, his blood was tested at an AIDS screening centre set up by government with WHO assistance. He was found HIV antibody positive, confirming that he does have AIDS-causing virus in his body.

He may remain healthy for years. For, HIV has a long incubation period.

Official Statement

54500103 Dhaka THE BANGLADESH OBSERVER
in English 24 May 90 p 1

[Text] Government attention has been drawn to a news item published in one of the national dailies referring to a HIV positive carrier, says a PID handout on Wednesday, reports BSS [Bangladesh Sangbad Sangstha].

In order to remove any misgivings, the government wishes to make it absolutely clear that there is no 'AIDS' case in Bangladesh and the person reported to be a carrier is not an 'AIDS' case.

EGYPT

Health Minister Questioned on 'True Scope' of AIDS Cases

90WE0217A Cairo AL-AHRAM in Arabic
18 May 90 p 17

[Interview with the Egyptian Minister of Health Dr. Muhammad Raghieb Duwaydar; first four paragraphs are AL-AHRAM introduction; date and place not given]

[Text] Is it true that the Egyptian Ministry of Health is concealing from Egyptian public opinion and from the international organizations concerned the true scope of the AIDS cases occurring in Egypt?

This was a serious charge, which Egyptian Minister of Health Dr. Duwaydar confronted after the charge was made repeatedly, vehemently and unequivocally, in an international seminar held recently in a European capital. The eminent Egyptian expert who participated in it carried that charge back to Cairo with intense bitterness and did not wish to specify it.

It is the same charge which I have heard and hear from many inside the country who claim that the Ministry of Health is purposely hiding this, for political and economic motives, in order to avoid alarming the people and frightening the tourists.

The Minister of Health received the question involving this serious charge with great confidence and replied:

Dr. Duwaydar: I want to say, first of all, two obvious things which completely invalidate the charge. The first is the matter of my character, for the responsible minister is not portrayed as concealing truth from the people. The second matter is my logic, since there is no justification whatsoever for concealing the AIDS cases we have while the highest percentage of cases are in America and Europe, to the extent that the ratio has reached four in every 10,000 in Switzerland, for example. So why, when this ratio is publicized in the advanced world, should we conceal the scope of the real cases we have, which are, in Egypt as in every country in the Middle East, extremely low and cannot be compared to the high percentage in America and Europe?

AL-AHRAM Reporter: I think that in completing your response to the charge you must announce in numbers, like a responsible minister, the scope of the AIDS cases in Egypt exactly.

Dr. Duwaydar: The scope of the AIDS cases in Egypt from the time I assumed the responsibility in 1986 up until now is 54 cases among Egyptians, of whom 10 have died. Not a single infection has been transmitted by the rest to an Egyptian or a foreigner, which is a matter of profound importance to be recorded for Egypt—in fact, it is almost without parallel. We discovered 93 cases of AIDS among foreigners, of whom four have died and the rest were sent back to their countries. This is an urgent

measure we are taking with foreigners when the blood analysis proves them to have AIDS.

AL-AHRAM Reporter: Pardon. The word "when" prompts me to ask obtrusively: Does the analysis happen by chance or according to a specific plan?

Dr. Duwaydar: Certainly we do not wait for chance to uncover a case for us. There is a precise plan for performing the analyses from which we do not deviate. With respect to foreigners, we require AIDS analyses to be carried out for every foreigner who comes to the country to work or train or teach at the universities, or for any similar purposes, for a period longer than a month. Anyone whom we find to be infected with AIDS is sent back to his country immediately. In this way, we have discovered the cases of the 93 foreigners whom I mentioned previously and deported them.

AL-AHRAM Reporter: And with respect to the Egyptians?

Dr. Duwaydar: A random analysis is performed monthly on 1000 samples, at least, taken from the highest-risk groups for infection with the disease from all parts of the republic. Among them, for example, are convicts and those who work fighting moral crimes. Until now, 21,000 samples have been analyzed, not one of which has turned out positive. This operation is what is called "epidemic detection."

AL-AHRAM Reporter: Perhaps the skepticism of some is aroused as to the extent of the soundness of the testing equipment or the chemical solutions themselves?

Dr. Duwaydar: I have one categorical response to this skepticism: We perform every analysis in two places at the same time, in the Egyptian laboratories and in the American organization. We do not accept any results unless there is consistency between the laboratories of the two parties.

AL-AHRAM Reporter: And if the results differ?

Dr. Duwaydar: We retest until we get two consistent results. Can there be less reason for skepticism after that?

AL-AHRAM Reporter: In light of analyses going on, what is the average number of cases monthly?

Dr. Duwaydar: Not more than three cases a month. All of the Egyptians afflicted at present contracted it outside the country.

AL-AHRAM Reporter: Is every case discovered subjected to a study of why it happened?

Dr. Duwaydar: Definitely, so that we may exert our utmost efforts to define the causes and contain them.

AL-AHRAM Reporter: Then the question now automatically on the tongues of millions must be, "What are the causes of the AIDS cases precisely?"

Dr. Duwaydar: First, sexual relations. What was meant by that when AIDS was first discovered was deviant relations, but now it has become any sexual relations between a sick and a well person, exactly like the syphilis.

Secondly, the transmittal of contaminated blood, whether during surgery or via contaminated needles. By God's mercy, the AIDS virus is not found in large amounts in blood and one contaminated needle does not bestow it. It only happens through repeated injections with a contaminated needle. Were it not for this blessing from God, every drug addict who uses needles would be afflicted with AIDS from the first needle, for most of the needles with which they inject themselves, if not all, are contaminated. Because the addicts use these needles more than others, the percentage of AIDS cases among them is rising more.

Thirdly, the transmittal of the disease from the pregnant AIDS victim to the fetus. This occurs at a rate of 50 percent, but not always and not in all cases.

AL-AHRAM Reporter: What was said about the possibility of the disease being transmitted through public baths and swimming pools?

Dr. Duwaydar: There is no truth to that whatsoever. There are only the three causes which I mentioned for the transmittal of AIDS. I want to reassure the people fully of the impossibility of getting AIDS from someone sick with it through mingling with him in the waters of a public bath or a swimming pool, by shaking hands with him in an office, or through spray diffused from his mouth or through his saliva. He is a sick person who remains a very ordinary person. There is nothing whatsoever to fear from him if the three causes of the disease are avoided.

AL-AHRAM Reporter: The three causes of affliction which you mentioned specifically and which you said that you were specifying in order to contain and prevent them lead us to an inevitable question: How do you bring about this kind of prevention?

Dr. Duwaydar: With regard to the first cause, connected with the infection of a sound body by a sick body through sexual relations, we need no more than enlightenment. Egyptian society, by custom, traditions, and behavior and within the framework of the teachings of its religions, is totally immune to infection with AIDS through sexual relations.

With respect to preventing the transmittal of contaminated blood causing AIDS, we no longer import blood at all. From another standpoint, we have completed supplying all the Egyptian laboratories and blood banks with very modern equipment to discover AIDS in blood. Not a single vial of blood is sent now from any part of the country until it is analyzed and we are absolutely certain that it is safe. This operation has cost us \$5 million, in cooperation with the American AID Organization and the World Health Organization.

AL-AHRAM Reporter: But we still import some blood derivatives.

Dr. Duwaydar: This is true, but we prohibit their use until after they are analyzed for AIDS. We are not satisfied at all with a certificate from their place of origin attesting to their being free of it. We insist upon making sure ourselves.

AL-AHRAM Reporter: And with regard to preventing infection with contaminated needles?

Dr. Duwaydar: I think it is very obvious to everyone that we have very quickly converted to the needle which is used one time. In the last year alone we used 30 million of them to vaccinate children, and there are three factories for producing them in Egypt now. In one year, in all treatment and health care sites, we will not use a single needle of the kind which is used repeatedly even once. With regard to the criminal side, primarily the addicts' needles, where the danger is more glaring because of the repeated use of the needle, the matter is essentially dependent on the exhausting efforts now being exerted to clean out the dens of addiction and enlighten youths about its dangerousness.

AL-AHRAM Reporter: What about the third cause, having to do with the infection of the fetus with AIDS by pregnant mothers who are sick with it?

Dr. Duwaydar: We cannot do anything about this except to initiate the measure of testing infants as soon as they are born and following their condition, but without isolating either them or the mothers.

AL-AHRAM Reporter: The matter of not isolating the AIDS sufferer was questioned by many.

Dr. Duwaydar: The AIDS sufferer is not isolated and is not treated as though he is an outcast of society. We are fighting the illness of AIDS, but we are not fighting the AIDS victims. They are in the beginning and ultimately human beings and must be provided with humane treatment, just like others. There is no need at all for isolation, as is the case with those ill with fevers or the plague, because infection absolutely cannot occur by just living with AIDS sufferers, but happens only due to the three causes previously specified.

AL-AHRAM Reporter: Perhaps we should finally meet the demand also being made by many that those coming from abroad must be examined at all of the country's entry points to prevent the threat completely, since you are certain that all of the cases of AIDS are coming from abroad.

Dr. Duwaydar: First, this measure has been forbidden by international organizations. Second, no country in the world has resorted to it. Third, it is impossible to implement it with the tens of thousands who enter Egypt daily, whether Egyptians or foreigners. Fourth, such a measure as this certainly infringes upon the sanctity and honor of the family. Fifth, all previous considerations aside, if we assumed hypothetically that we tested all

those coming in, and all the specimens came back negative on the day of the test, would that reassure us totally that everyone is free of the disease? Perhaps some of them might have gotten AIDS only days before they arrived in Egypt. That is, there are circumstances where the AIDS virus does not show up in testing because it does not show up, as scientific fact confirms, until three or four weeks after one is infected. In such cases as this, what do we gain by testing upon arrival?

INDIA

Health Ministry's Plan To Combat, Control AIDS Announced

54500096 Bombay *THE TIMES OF INDIA in English*
13 May 90 p 7

[Article by Sabina Inderjit]

[Text] New Delhi, 12 May (The Times of India News Service)—Alarmed by the increase in the number of people carrying the AIDS virus, the health ministry has prepared an ambitious Rs 32-crore plan for the prevention and control of the Acquired Immuno Deficiency Syndrome (AIDS) in the country.

The three-year plan beginning this year has been prepared in consultation with the World Health Organisation (WHO). The proposal was first mooted by the WHO in October 1988.

The plan will come into effect as soon as the donor agencies finalise the formalities of providing the major portion of funds (Rs 21.5 crores) at a meeting next month.

The government has an annual budget of Rs 3.5 crores for its national AIDS control programme but with this plan it will be sending thrice the amount.

Though only 44 cases of AIDS have been detected so far, clinical and sero-surveillance has over the years clearly indicated that HIV infection (human immuno deficiency virus which causes AIDS) has gained a foothold in the country. Moreover such cases have increased at an alarming rate. The incidence is particularly high among blood donors.

While in 1987-88 only 73 cases of sero-positivity were diagnosed among 9,500 blood donors screened, in the next six months 37 cases were detected. The latest figures show that about 3,613 cases out of 352,470 blood donors screened in the last one year tested positive.

The plan seeks to strengthen the AIDS programme of sero-surveillance, health education and screening of blood and blood donors. While the government will be providing Rs 10.5 crores, the rest will be given by donor agencies—WHO, other UN organisations and countries like the United States, France, etc.

Recently, a WHO team visited 14 states to study the AIDS problem in the country. The UN is also playing a central role in developing, coordinating and leading the global response to AIDS. With its global programme on AIDS the WHO is working with over 150 countries helping them develop strong AIDS control programmes.

It facilitates and promotes bio-medical, social, behavioural and epidemiological research in HIV infection and AIDS. It designs strategies and provides guidelines for health education and assists local, national and international agencies in AIDS prevention and control work.

In the proposed plan, a major portion of the funds, 16.8 percent, will be spent on prevention of transmission of AIDS through blood.

As the existing 45 surveillance centres in the country are only screening centres for AIDS cases, the plan proposes to lay emphasis on epidemiological survey, trends in high-risk groups along with case detection in 34 of the centres. Though sample studies are conducted, sound epidemiological data is essential to assess the gravity of the situation.

A survey team of research officers, technicians and medico-social attendants will be provided mini-vans to carry out their work.

Though the government spends crores of rupees on AIDS projects, voluntary organisations and citizens working in the field have been seeking a realistic approach by the government to tackle the problem. There should be explicit assurance that HIV positive people will receive proper follow-up care, treatment and protection against discrimination and till that is done testing for HIV virus should not be done, they have urged.

A question which has been worrying those preparing programmes in the field is what comes after surveillance. After a person has been detected of carrying the virus, what can the government and its agencies offer? In Parliament there has been no mention so far on schemes to prevent AIDS.

In its health education programme which is under the Central Health Education Bureau (CHEB), the plan proposes to strengthen the existing health education bureau in eight states—Delhi, Maharashtra, West Bengal, Tamil Nadu, Gujarat, Karnataka and Meghalaya. A periodical knowledge, attitude, belief and practice survey among the public will also be undertaken with the help of research organisations to get feedback on its educational programme.

Though the CHEB educates people on AIDS through posters and other forms of literature, their distribution is a sore point. Voluntary organisations find it difficult to get these. They hardly ever reach the high-risk areas like

the red-light area. The mass media, effective medium for educating the public and target audiences, has not been put to use for the purpose.

The plan proposes to strengthen its 28 blood and blood product screening centres. Training of personnel in this field will be undertaken in 11 regional centres. Further, 37 more centres for screening blood will be set up in various states and cities.

The government had set up these centres in 1987. In January 1989 two samples of anti-D vaccines manufactured by an Indian firm were found to be AIDS-infected. While the blood product had been banned it was still available with chemists even after a month.

One of Goa's Three Diagnosed AIDS Cases Dies

54500098A Bombay THE TIMES OF INDIA
in English 14 May 90 p 8

[Article: "First Goan To Die of AIDS"]

[Text] Panaji, May 13. Shunned by relatives and ignored by friends, Mr Joaquim Afonso, 31, died an agonising death of AIDS in the isolation ward of Asilo Hospital, near Mapusa, early on Thursday.

He is the third victim of the disease in the state, but the first Goan to have succumbed to it. The other two who died during the last one year were foreigners.

Mr Afonso was isolated on April 6 when he began to show symptoms of the full-blown disease and his family reportedly washed their hands of him. Initially, sources say, he was able to attend to his ablutions, washed his clothes and ate without assistance.

However, the diarrhoea he suffered from, when he was admitted, progressively became worse and he lost 28 kgs within the first two weeks. In the next two weeks, Mr Afonso reportedly dropped four more kilos. The health minister, Dr Kashinath Jhalmi, said on Thursday that Mr Afonso was being fed intravenously on fluids and protein-rich nutrition, which he failed to retain.

The fear psychosis surrounding the disease only enhanced Mr Afonso's agony, it is learnt. Even the hospital staff treated him with revulsions. His only contact with the outside world was through a bell near his bed that rang in the detoxification centre below the isolation ward. However, struggling towards the bell one night, he reportedly fell but no one heard his cries for help.

Mr Afonso, who hailed from Santo Estevam village in north Goa, is believed to have contracted the killer disease when he was in Dubai and Hong Kong. Although Goa's former controversial Health Act was amended to make isolation for AIDS' carriers optional, Mr Afonso was compelled to appeal to the director of health services after his family refused to nurse him.

However, six of his relatives were present at his burial in the Mapusa cemetery on Thursday. His body was wrapped in two layers of polythene in accordance with the regulations issued by the Indian Council for Medical Research.

Mr Afonso is one of the 39 detected cases of AIDS' carriers in Goa. While eight of these are of Goan origin, the others are foreigners. Mr Jhalmi said a recent survey by the government had identified foreigners, prostitutes and truck drivers as high-risk groups.

AIDS Spreading Rapidly in Manipur

54500095 Calcutta *THE TELEGRAPH* in English
13 May 90 p 9

[A time bomb has hit Manipur. As many as 64 persons, the bulk of them intravenous drug users, have been identified as carrying the AIDS virus. Amit Ukil reports on the implications.]

[Excerpts] From the air, the picturesque state of Manipur, famous for its colourful dances and handloom and handicrafts, looks very inviting. Its people are lucky to have a very congenial climate and a rich heritage of culture and tradition. The government, in recent years, has undertaken a number of projects to make the state more attractive and prosperous.

But all this and much, much more are suddenly at stake. The virus of the most dreaded disease the world knows today—AIDS—has reared its head in the state, inflicting an increasing number of people everyday. The AIDS surveillance programme in Manipur was taken up in September 1986, almost simultaneously with the other states in the country, under central government guidelines. It was only in January this year that the first HIV positive cases, or persons found to be carriers of the AIDS virus, were detected.

Screening tests had been carried out since the inception of the programme on high-risk groups—blood donors, prostitutes, those attending clinics for sexually transmitted diseases and prisoners. The first six confirmed HIV positive cases were jail inmates. And all of them were intravenous heroin users, or mainlining drug addicts.

When the preliminary Elisa tests carried out on their blood samples at the Regional Medical College at Imphal indicated positive, the samples were sent to the National Institute of Cholera and Enteric Diseases (NICED), Calcutta, for further tests by the Western Blot technique. The reports returned and health officials in the state had the greatest singular cause for concern ever. Manipur had entered the AIDS map of the country.

The onslaught by the virus continued. In February, 15 more cases were confirmed, in March the number of new inflictions was 23 and on 30 April 1990, a total of 64 persons were carriers of the AIDS virus, of whom as many as 62 were intravenous drug users.

But the actual figure is well over a hundred. The ominous fact was confirmed by Dr S.C. Pal, director of NICED, where a third and larger batch of blood samples has been sent from the northeastern state. "There are a large number of persons in the high-risk group both in the towns and districts whose blood is yet to be tested," he said. "Once it has struck, the virus is bound to spread," Manipur's director of health services, Dr P. Kumud Singh, said early this week.

As the number of HIV positive cases began growing, all government departments in the state were put on alert. The chief minister, Mr R.K. Ranbir Singh, was apprised of the situation by Indian Council for Medical Research officials, whose additional director-general, Dr S.P. Tripathi, met him along with Dr Pal on 27 February. The chief minister reportedly wrote to the Prime Minister's office seeking trained personnel, equipment and funds to combat the spread of the virus through awareness programmes.

At the state level, the health department has geared up to tackle the epidemic. A modal officer has been appointed who is responsible for intensifying the screening of high-risk groups. The district medical officers of the eight districts in Manipur have been asked to collect blood samples and send them to the Regional Medical College in Imphal, which is also the only AIDS surveillance centre in the northeast.

The Director General of Health Services in New Delhi as well as the ICMR have been asked to urgently provide trained staff and training programmes for the management of HIV positive cases. In the face of resource constraints, the two central organisations have been asked to help out with any form of assistance from wherever possible, including international bodies. [passage omitted]

Asked in Calcutta how many of the 64 infected cases will become full-blown AIDS patients, Dr Pal said once the HIV antibodies were detected, about 20 percent of the cases become full-blown AIDS patients within two years. "Within five years, about 50 percent of them will be down." Many among the 64 will be just carriers, where the virus can stay dormant for an indefinite period, he said. [passage omitted]

According to an ICMR update on the AIDS situation in the country, 2167 persons have been found sero-positive from a total of 4,61,118 persons screened between October 1985 and 31 March 1990. Of these, 1,277 were heterosexually promiscuous. Blood donors numbered 512 and recipients of infected blood totalled 50. The number of intravenous drug users was only five.

Obviously, the recent findings in Manipur had not been taken into account. The developments there have blown the statistical evaluation to bits while exploding the myth that in India the risk of AIDS infection through drug addiction was relatively low compared to Thailand and the United States, which have very high incidence of AIDS.

But how did Manipur reach this dangerous mark? The most important factor is its proximity to the Golden Triangle of Laos, Thailand and Burma, where most of the world's opium fields and heroin processing units exist. Following the strict checks carried out by the Western nations on drug traffickers and trafficking routes since the early 80s, and even stricter penalties, smugglers in search of an alternate way to turned to India.

Manipur shares a 352-km-border with Burma. There are only five or six border posts run by the BSF on the Indian side. Moreover, a government gazette notification in the mid-Fifties allows a 20-km-stretch on either side of the border in which tribals can roam freely with only permits that just have to be renewed periodically. This facility

was made available as many tribals have relatives on the other side. With a little reward, the tribals could easily be pursued to carry a few kilograms of heroin across to a contact in India. [passage omitted]

On the emergence of the AIDS virus as late as January, Dr Pal said it could easily have entered the state as far back as 1988, when a smuggler-addict from Burma sat down with an addict in India. Since the virus needs a "build-up period" and screening till December 1989 had been low-key, the probability of detection was low. It is estimated that there are about 30,000 addicts in Manipur, though the official figure is 10,000. Of this, 80 percent are mainline addicts, which speaks volumes for the danger ahead.

Computer Diagnosis of AIDS

90WE0089 Moscow *MEDITSINSKAYA GAZETA*
in Russian No 111, 15 Sep 89 p 1

[TASS report, from Elista: "The Computer Makes the Diagnosis"]

[Text] A specialized consultation, diagnostic and therapeutic center has begun to operate in the capital of Kalmykia. The center is engaged with AIDS problems. The center has already taken upon itself the organization of all epidemiological examinations of the local population, methodological and prophylactic work, and outpatient observation. The center's personnel have acquired the latest medical equipment for its work, including imported and domestic computers that enable the personnel to perform efficient work in the identification and treatment of infected persons.

UDC 616.98:578.828.6]-036.1-07

HIV-2 Induced Infection

54001013 Moscow *ZHURNAL MIKROBIOLOGII, EPIDEMIOLOGII I IMMUNOBIOLOGII* in Russian
No 10, Oct 88 (manuscript received 12 Apr 88) pp 18-20

[Article by V. V. Pokrovskiy, Z. K. Suvorova, T. N. Mangushev, Central Scientific-Research Institute of Epidemiology, USSR Ministry of Health, Moscow: "HIV-2 Induced Infection in USSR"]

[Text] The HIV-2 virus was first described as an etiological agent of AIDS in 1986 [1, 2]. In contrast to HIV-1 which has caused the current pandemic, HIV-2 was at first described as a variation which was epidemic for the countries of the western African coast. Later, however, it was detected among inhabitants of France [2], Italy [3], and the FRG [4] who belonged to the usual risk groups—homosexuals and drug addicts who had no direct connections with Africa.

The purpose of this study is to evaluate the probable penetration of HIV-2 induced infections into the USSR and the effectiveness of using serological screening to identify the virus.

Materials and methods.

In the test-systems Diagnostic Pasteur, Elavia-2, and LAV-2 BLOT, we examined the sera of 20 persons with atypical reactions to HIV-1 antibodies in the Dupont immunoblot test system and for which variable results were obtained in eight previous test systems for detecting antibodies to HIV-1.

Results and Discussion

The results of sera testing in various test systems for immunoenzyme analysis and immuno blotting with HIV-1 and HIV-2 are given in the Table.

Seven sera (Nos. 1, 2, 3, 4, 7, 8, 20) reacted with all HIV-2 antibodies. Photographs of a typical immuno blotting of such sera are given in the diagram.

These sera reacted with HIV-1 in the protein region with molecular weights of 24, 31, and 55 kilodaltons (kD), yielded separate bands in the glycoprotein (GP) region with a molecular weight of 41 kD and did not react at all with GP with a greater molecular weight. The HIV-1 positive sera reacted in the protein (P) region with molecular weights of 26 and 56 kD in the immuno blotting test with HIV-2 and did not react in the region of P 16 and GP 106.

A large part of the test systems yielded crossover reactions as well as non-specific positive reactions. These included the Elavia-2 test system for detecting HIV-2 antibodies.

A large part of the HIV-2 positive sera was not detected by the Wellcome and Biochrom test systems which is attributed to the highly specific nature of those test systems, whereas such sera were detected by less specific systems. This observation can probably be used for differential diagnostics.

Serum No. 1 (taken in 1987) belonged to a student from Mali. No. 2 (1987) belonged to a Soviet woman who had many foreign sexual partners. No. 3 (1986) belonged to a student from Burundi, and sera Nos. 4, 7, 8, and 20 (1987) were from citizens of Guinea-Bissau.

The test results for one other serum (No. 6) which belonged to a student from Guinea-Bissau was considered doubtful, although it is quite probably that he had an HIV-1 infection. The remaining sera belonged to persons infected with the HIV-1 virus or who reacted positively to the HIV-1 antigen. In two doubtful infectious cases (Nos. 14 and 15), we noted non-specific reactions: The antibodies disappeared in three months in patient No. 14, and the immunoblotting picture in patient No. 15 did not change after three months which confirms the non-specificity of the reaction. Both patients remain under observation.

Upon a second interrogation, the Soviet woman in whom we detected HIV-2 antibodies informed us that one of her partners in 1983 was from Ghana, i.e., from a country which was in the HIV-2 endemic zone, and probably the source of her infection. Her only sexual partner from the USSR whom we succeeded in examining four and nine months after their initial contact, did not have any antibodies to HIV-2. In May 1988 a daughter was born to them in whom HIV-2 antibodies were detected. In consideration of the fact that these could be maternal antibodies, the child was not diagnosed as being infected by the HIV-2 virus.

The twenty-three year old student from Burundi left his homeland for the first time and claimed that he had only one female sexual partner and received up to 10 parenteral injections between 1981 and 1985.

Results of Sera Testing

Commercial test systems: 1—Organon teknika, 2—Antigen, 3—Bering verke, 4—Biochrom; 5—Wellcome, 6—Virgo, 7—Labistem, 8—Serodia, 9—Elvaia-2 Diagnostik Pasteur. Note + positive reactions, - negative reactions, +/- weak immunoblot reactions

Key: 1.1. Number of sera. 2. Contingent 3. Test systems for screening* 4. Immunoblotting with components of variable molecular mass, kilodaltons 5. Evaluation of results 6. African 7. Sex partner of an African 8. Person on assignment in West Africa 9. Sex partner of a seropositive person 10. Donor 11. Drug addict 12. HIV-2 13. HIV-1 14. Not infected

The remaining persons with antibodies to HIV-2 were from West Africa where they had from three to fifteen heterosexual sex partners and where each had received from three to 40 parenteral injections in the last five years.

All of the persons with HIV-2 antibodies did not exhibit other clinical indications of HIV infection except a moderate lymphadenopathy.

Thus, our studies have shown that HIV-2 induced infections tend to have the same propagation tendencies as HIV-1 in which connection it is essential to undertake measures to design and make more accurate test systems for broad-scale testing for antibodies to both viruses.

Conclusions

1. The first case of HIV-2 infection in a Soviet female citizen has been recorded.
2. Test systems for diagnosing HIV-2 infections must be designed.

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CANADA

AIDS Incidence, Risk to Health Workers, Infected Prostitute

National, Provincial Incidence

54200027 Toronto *THE GLOBE AND MAIL*
in English 1 May 90 p A4

[Article by Christie McLaren: "Canadian AIDS Cases Fall Short of Prediction"]

[Text] More than 3,700 Canadians have developed AIDS, according to the most recent federal statistics.

But visible cases of AIDS have not appeared in the numbers that at least one senior federal health official predicted five years ago.

In 1985, Dr. Alastair Clayton, head of the Federal Centre for AIDS, predicted there would be 20,000 people with AIDS in Canada by the end of the decade.

Untold numbers of cases may be hidden from view for two reasons: first, many may be undiagnosed, and thus unreported.

Second, thousands of people may be infected with the human immunodeficiency virus and not yet show symptoms, and the government does not collect comprehensive statistics on HIV infection.

A person is counted as having AIDS only after the infection has progressed to physical symptoms.

In an informal survey of provincial laboratories, the *Globe and Mail* reported in January, 1988, that more than 10,000 Canadians (of 150,000 who sought the test) were infected with the HIV virus.

Until recently, Ottawa has not kept track of how many otherwise healthy people are infected.

Six studies are under way in four provinces to screen the blood of anonymous men, women and children in order to determine the prevalence of HIV in the population.

"We're right on the verge now of having extensive results from two of the studies," Betsy MacKenzie, an epidemiologist at the federal AIDS center, said in an interview yesterday.

One study already has surprised scientists with the high rate of infection in women who gave birth to babies in Montreal. It found that one in every 394 new mothers was infected with the AIDS virus. This rate was higher than San Francisco's, but lower than New York City's.

Similar studies are being carried out in British Columbia, Manitoba and Ontario.

By the end of March, the total number of AIDS cases in Canada reported to the federal government stood at 3,735, according to the monthly statistical update of the Federal Centre for AIDS.

More than half those people—2,233 or 59.8 percent—have died.

The figures show that in Canada, AIDS remains a disease that primarily afflicts homosexual males.

The vast majority of people with fully developed AIDS—93 percent—are men. Of these, 84 percent are listed under a risk group of homosexual or bisexual activity, the figures show. This figure has changed little since 1986.

British Columbia continues to have the highest concentration of AIDS cases, with 232.7 for every million people. Quebec has the next-highest concentration, at 165.5 per million, and Ontario is a close third with 156.9 cases per million people.

Ontario, however, has more AIDS cases than any other province, reporting 1,501 to date, followed by Quebec with 1,107 and British Columbia with 711.

Ontario also has a far higher death rate than the other provinces, according to the figures: 69.6 percent of the reported cases have died. In British Columbia and Quebec, 58 percent and 50 percent have died, respectively.

Across Canada, at least 230 women reportedly have developed AIDS.

New Brunswick has the highest proportion of women with AIDS—5 cases out of a total of 20, or 25 percent. However, this figure may not be statistically reliable because the numbers are so small to begin with.

Among provinces with many cases, however, Quebec has the highest proportion of women with AIDS.

Alberta has reported 237 cases, followed by Nova Scotia with 60, Manitoba with 44, Saskatchewan with 32, New Brunswick with 20, Newfoundland with 15, Prince Edward Island and the Northwest Territories with 3 each, and Yukon with 2.

Danger to Health Workers

54200027 Ottawa *THE OTTAWA CITIZEN* in English
2 May 90 p B8

[Article by Sharon Kirkey: "Needles Pose Greatest AIDS Risk to Health Care Workers, Study Finds"]

[Text] Health care workers aren't being appropriately protected against contracting AIDS from patients, a study suggests.

Researchers at McMaster University in Hamilton found the greatest risk of AIDS transmission from a patient to

a hospital worker is by accidentally pricking the skin with a needle contaminated with the AIDS virus.

But universal precautions used in hospitals to prevent the spread of AIDS provide little protection against needle injuries, said Dr. Susan Stock, of the community medicine residency program at McMaster.

Instead, most of the three-year-old measures developed by the U.S. National Centre for Disease Control and adopted by Health and Welfare Canada involve using gloves, masks, goggles and gowns to protect people against splashes of blood or other bodily fluids from any patient, whether or not they are known to have AIDS.

But Stock—whose study was published in this month's *Canadian Medical Association Journal*—said health care workers run a much lower risk of contracting AIDS from a blood splash than from a needle injury.

She based her findings on six Canadian, American and British studies involving 2,178 health care workers who were exposed to blood and other body fluids of AIDS patients.

Of the 1,394 workers who suffered a needle injury, five, or .038 percent, contracted the HIV virus that causes AIDS.

None of the 784 who were splashed with blood or other bodily fluids contracted the fatal virus for which there is still no known cure.

Nurses, housekeeping staff, laboratory workers and doctors are at greatest risk of a needle injury, said Stock. She said studies show up to 40 percent of the injuries occur when a needle is being recapped, when it is left in linen, trash cans or surgical trays.

Other injuries occurred during procedures such as inserting intravenous lines, stitching skin or through the use of scalpels or other sharp objects.

Stock said more research needs to be done to minimize the risk of injury, such as redesigning sharp surgical equipment and developing alternatives to stitching and cutting with blades.

Victoria Prostitute

54200027 Vancouver *THE SUN* in English 4 May 90
p B7

[Excerpts] Victoria—A 20-year-old Victoria prostitute infected with the AIDS virus could be taken off the streets immediately, the president of the Victoria Medical Society says.

The Health Act allows anyone known to be spreading a communicable disease to be quarantined, Dr. John McCaw said Thursday.

The woman had a one-year-old child who also is infected with the acquired immune deficiency syndrome virus.

She has worked the streets in Victoria for months, agreeing not to use condoms in exchange for more money from her customers.

McCaw said the woman is also an intravenous drug user and is known to share her needles.

Dr. Shaun Peck, Capital regional district medical health officer, said Wednesday the woman can't be criminally charged unless one of her clients will testify he had unprotected intercourse with her. [Passage omitted]

John Garrison, regional district representative on the AIDS Vancouver Island needle-exchange committee, said there are 13 B.C. prostitutes known to be carrying the AIDS virus.

Seven of them are also intravenous drug users, he said.

As of April 30, 3,747 AIDS cases had been diagnosed in Canada, including 2,238 deaths.

Isolation Order for Prostitute

54200027 Toronto *THE GLOBE AND MAIL*
in English 11 May 90 p A5

[Article by Deborah Wilson: "Prostitute with AIDS Evades Isolation Order"]

[Excerpt] A 20-year-old prostitute with the AIDS virus was in hiding yesterday as police sought to enforce an order by health officials to place her in medical isolation.

The isolation order issued by Victoria's chief public health official is the first ever used against a person with the AIDS virus, but the woman, who is known as Renee, is not the first prostitute with AIDS to work on the streets in British Columbia, according to Vancouver health officials.

Nor is she the first prostitute with AIDS to shun safe-sex practices, such as the use of condoms, to prevent the transmission of the deadly virus.

Dr. John Bardsley, medical officer of health for Vancouver's North Health Unit, said another prostitute with AIDS in Vancouver was refusing to use condoms more than a year ago, but she died in hospital from complications of the illness not long after he learned of the problem and spoke to her about it.

Dr. Shaun Peck, Victoria's medical officer of health, said that 113 people in British Columbia who have tested positive for the AIDS virus are either drug users or prostitutes or both. He said most prostitutes are intravenous drug users, and many of them work as prostitutes to support their addictions.

Dr. Peck issued the isolation order against Renee late last week after learning that the woman, who he said is a heavy intravenous user of cocaine, was continuing to work as a prostitute and refusing to use condoms to prevent AIDS transmission.

The order was made under a 1987 amendment to the Health Act that was intended to restrain tuberculosis sufferers from spreading the disease.

Health and law enforcement officials had been at a loss for a way to stop the woman from pursuing her trade. Dr. Peck said that the Health Act amendment appeared to be the best course of action after officials, including police and Crown attorneys, studied provisions of the Criminal Code and the Mental Health Act.

Dr. Peck said action could also be taken against the woman concerning an alleged assault.

He had previously ordered the woman not to have sexual intercourse without a condom and not to exchange needles. He said that for a while it appeared that the woman was complying with the order, but "she has a sort of attitude that she doesn't care."

The medical officer said the prostitute's clients knowingly take a risk by choosing to have sex without condoms, but he said that those clients' spouses, lovers and children are "innocent victims."

Last week Renee was apparently chased off the street in Victoria by other prostitutes. She is believed to have gone to Vancouver with a boy friend. [Passages omitted]

'Aids and Youth' Conference Held in Toronto

Funds for Prevention Request

54200028 Ottawa THE OTTAWA CITIZEN in English
16 May 90 p A5

[Article by Sharon Kirkey: "Delegates Plead for Funds"]

[Text] Toronto—Canada's youth must be given priority in the federal government's impending strategy on AIDS, a national meeting of social and healthcare workers agreed Tuesday.

About 500 delegates to the national conference on AIDS and youth called on federal and provincial governments to provide increased long-term funding for social service and education programs aimed at preventing the spread of AIDS among youth.

They want to see more AIDS awareness programs in schools, starting as young as kindergarten, and easier and possibly free access to condoms—one of the most effective ways of preventing the spread of AIDS.

They also want more funding for social service programs for so-called high-risk youths, including street kids, young offenders, drug users and prostitutes.

AIDS, or acquired immunodeficiency syndrome, is passed through blood and semen. It attacks the body's immune system, rendering it incapable of fighting infection and disease.

Joan Anderson, of the Canadian AIDS Society, said studies show the incidence of AIDS is doubling every 18 months among teens.

According to the Federal Centre for AIDS, there were 13 confirmed cases of AIDS among children aged 15 to 19 as of April 2. But researchers estimate hundreds more are infected with the HIV virus.

Of the 3,735 known AIDS patients in Canada, 20 per cent, or 730, are in their 20s and likely contracted the virus in their teens.

Federal Health Minister Perrin Beatty is expected to release the government's national AIDS strategy next month.

Meanwhile, social service agencies told the conference that foster parents have the right to know when a child placed in their care is infected with the AIDS virus.

But so-called high risk children should not be forced to test for the AIDS virus, Val Kinjerski, of Alberta's Ministry of Social Services said.

Because of their lifestyle or family background, many of the children placed in foster homes have engaged in behavior that puts them at risk of AIDS. Some have been sexually abused by a parent or relative. Others are sexually promiscuous, or experiment with injection drugs.

Wendy James, of the Children's Aid Society of Ottawa-Carleton, said her organization does recommend testing for some high-risk children, but each child is considered on an individual basis.

Effect on Social Services

54200028 Ottawa THE OTTAWA CITIZEN in English
16 May 90 p A5

[Text] Toronto—The number of children with AIDS under the care of social service agencies is climbing, but the agencies are ill-prepared to deal with the effects of the disease, a national conference heard Tuesday.

A report by Central Toronto Youth Services, released at Canada's first national conference on AIDS and youth, shows 10 social service agencies in Toronto cared for 19 youths with AIDS in 1989, up from six in 1988.

The agencies also cared for twice as many youths infected with the virus that causes AIDS in 1989 than in 1988.

The findings suggest social agencies, every bit as much as health services, will bear the brunt of the AIDS epidemic, said Karsten Kossman, AIDS project manager at Toronto's youth services.

Yet few youth agencies have written policies to provide clear guidelines for staff and youth, he said.

And, he said, "Most of these were just one-line or one-paragraph statements passed by a board of directors."

Few of the agencies provided free condoms to sexually active youth, Kossman found.

According to the study, half of the youths carrying the virus were hemophiliacs infected from contaminated blood products or born to mothers who carried the virus. The other half contracted the virus through unprotected sex or the sharing of needles and syringes.

Diane Carbonneau, a youth worker with a regional testing and prevention program in Quebec City, said her research shows "nobody in social services is really talking about AIDS."

Carbonneau said many social service staff in group homes, rehabilitation programs and foster homes suffer from a basic lack of information and awareness about AIDS, and few are comfortable dealing with the issue of sexuality.

IRELAND

Increase in Heterosexual AIDS Cases

54500092 Dublin IRISH INDEPENDENT in English
9 Apr 90 p 11

[Article by Brian Dowling]

[Text] Ireland could face a serious AIDS crisis among the heterosexual population by the end of the decade unless immediate action is taken a conference on family planning was told at the weekend.

The National AIDS coordinator, Dr James Walsh, said that while the transmission of AIDS among homosexuals was slowing down, about four percent of total cases now come from the heterosexual community. This compared with 1987 when there were no reported heterosexual cases of AIDS.

Nurse Simeon Orr, chairperson of the Association of Family Planning Nurses, warned that couples were taking huge risks by not using contraceptives.

"It appears that many are unconcerned or, indeed, oblivious to the risks they run in relation to the transmission of the HIV virus and do not seriously consider AIDS to be a concern for heterosexuals," she told the conference.

Ms Orr feared the four percent figure may only be the tip of the iceberg, and she urged family planning doctors and nurses throughout the country to use their position in the community to increase awareness of the dangers of AIDS among the general public.

She said women, in particular, did not seem to take full account of the risks they faced by not using contraceptives, such as condoms.

Dr Walsh said there were now 140 cases of AIDS and 922 people who were HIV positive in Ireland. The percentage of drug-related cases is now 36 percent of all cases compared with 20.5 percent in 1986 in the 12 EC countries.

ITALY

Parliament Approves Anti-AIDS Measures

90WE0206A Milan L'UNITA in Italian 17 May 90 p 5

[Article by Nedo Canetti: "New Hospital Beds and Labs for AIDS Patients"—first paragraph is L'UNITA introduction]

[Text] The programs for emergency measures for the prevention and fight against AIDS are now law. Yesterday the Health Commission of the Senate gave the final approval after the approval of the House of Representatives. Favorable were the majority parties and the Italian Social Movement, opposed were the Communists, the Independents of the left, and the European Federalists. The Minister of Health Mr. De Lorenzo was satisfied. The Communist representative, Imbriaco, commented: "In the text the law is ambiguous and unclear."

Rome—Yesterday, during a resolution meeting, the Health Commission of the Senate cast the final vote approving the bill already accepted by the Chamber of Deputies to establish "urgent" programs for the prevention and fight against AIDS. Favorable were the majority parties and the Italian Social Movement; against were the Communist Party, the Independents of the left, and the European Federalist Group.

The law allocates 2.1 trillion lire to build and refurbish the hospital wards for infectious diseases and to open or improve virology, microbiology, and immunology laboratories in hospitals and clinics. This was recommended by the national commission for the fight against AIDS in accord with the Region and in view of the expected epidemic and consequent need for health care. Assistance for drug addiction and for sexual transmitted diseases will also be increased. The program includes home care (or care in halfway homes) for a maximum of 2,100 patients. In regard to the new hospital facilities, each region must announce, within 60 days from the date the law becomes effective, how many and where the facilities are needed. During the following two months, CIPE [Interministerial Committee for Economic Planning] must approve a plan and choose "one or more companies among those qualified" to manage the organization. To get the program started immediately, the Ministry of Health will sponsor regional meetings. Additional doctors and nurses will be employed in the hospital wards to guarantee the assistance. The law also requires "that the statistical studies of the illness must be done so as not to reveal the identity of the patients, that no one can be subjected without his consent to tests for determining the HIV infection, unless they are needed

for chemical reasons for the best interest of the patient, and that a person testing HIV positive cannot be discriminated against when applying to a school, taking part in sport activities, and applying for or to retaining a job." The law clearly states that "public and private employers are forbidden to investigate their employees or job applicants to determine whether they test positive."

According to the Communist Nicola Imbriaco: "The law has some positive elements and qualities. There are, however, some ambiguities and also some dubious aspects, such as the use of excessive resources to obtain a specific number of hospital beds. This could result in a push to hospitalize and thus exclude or reduce prevention and home care." According to the PCI [Italian Communist Party], other weak points of the law are a certain isolation of the patients (the program is centered especially on highly specialized hospitals), and the unclear procedure for awarding contracts of the works. The Minister of Health De Lorenzo was very satisfied. He defined the new law as "an act of great importance that sets the pace for the national health plan." For the Christian Democrat Mario Condorelli, the law is positive but Parliament must carefully follow its application because, he states: "We cannot yet foresee exactly what will be the state of the epidemic, the number of those testing positive, the number of patients, and the reported cases of AIDS." Sestino Zito, a Socialist, had some concerns regarding the regulation for reporting the positive cases and for the screening process. He said: "These concerns were set aside because it was urgent to vote and avoid sending the modified text back to the Chamber of Deputies. However, the argument is not closed and other legislative initiatives can be taken, if necessary." Franco Corleone, Federalist, who also fears the dangers of over hospitalization, feels that it is important "to start facing the AIDS problem in its complexity and with the necessary resources."

In the meantime there has been a "special program" in the lobby of the Chamber of Deputies provided by an AIDS patient, M.L., who was infected through blood transfusions. M.L. surprised everyone when he appeared with a sign saying: "No to State AIDS, yes to the protection of the patients." The 38 year old man came from Turin, where he lives with a woman also infected with AIDS.

NORWAY

AIDS Statistics Cited, Analyzed

90WE0209A Oslo ARBEIDERBLADET in Norwegian
8 May 90 p 3

[Article by Nina Johnsrud: "The AIDS Curve Flattens Out"]

[Text] Only nine new cases of AIDS have been recorded in Norway so far this year. The number of persons recently infected with HIV is small in all high-risk groups. "It's too early to say that the danger is past, but

in relation to the most pessimistic forecasts the number of newly infected persons has stabilized and is lower than feared."

So says Viggo Hasseltvedt, medical director of the State Institute for Public Health, to ARBEIDERBLADET. Hasseltvedt works in the division of preventive medicine and has just received recent figures on the course of the HIV epidemic during the first four months of the year.

So far this year, 37 new cases of HIV infection have been recorded altogether. That is roughly the average for the last two years when the number of new HIV-positive cases has been ten per month.

154 AIDS Cases

As of 2 May this year, 154 cases of AIDS had been recorded in Norway. One hundred of these patients had died. On the same date, 906 persons had been recorded as seropositive for HIV. "We estimate that there are 600-700 Norwegians seropositive for HIV who haven't been tested—just under 1,500 persons HIV-positive altogether," says Hasseltvedt.

We need only go back to September 1987 to read that Norwegian authorities estimated there were 2,500 Norwegians infected with HIV. At that time, 650 persons altogether had been recorded seropositive for HIV.

"Even though the number of persons recently infected with HIV has stabilized, we can count on a great increase in AIDS cases in the future," says medical director Viggo Hasseltvedt.

One Million Tested

All told, roughly 440,000 Norwegians have been tested for HIV. Not included in this figure are blood donors, military recruits, and women who are pregnant or seeking an abortion. They alone constitute an equally high figure, and many have been tested several times. This means that close to 1 million Norwegians have been tested.

Eighteen of the 209,406 pregnant women have been found to be seropositive for HIV. Three of the 55,458 recruits in basic training have tested positive for HIV. In the blood donor group of approximately 145,000 only two or three tested positive for HIV in 1985 and one this year.

Ten Per Month

Every month 12,000-14,000 Norwegians have themselves tested for HIV. In this way, 10-12 persons have been found to be seropositive for HIV during the last six months. In late 1987 and early 1988, the test revealed twice as many persons seropositive for HIV as today—22 to 24 each month.

"Physicians have been required to report HIV and AIDS since 1983, but the charting system didn't get under way until August 1986. For this reason we have a big backlog

of previously unreported cases. So it's difficult to compare the years," says Hasselvedt.

Mostly Men

Up through the first quarter of this year, 153 cases of AIDS had been reported in Norway: 139 men and 14 women. As many as 113 of the men were infected as a result of homosexual or bisexual activity. Of the eight new cases of AIDS this year (through 31 March), all are men. Seven are homosexual or bisexual, while one was infected heterosexually.

Eight persons in the AIDS group are intravenous drug users, while one was infected through a combination of homosexual activity and intravenous drug use. Five are hemophiliacs, while 11 persons were infected after having received HIV-tainted blood or blood products.

Twelve were infected as a result of heterosexual activity. There is one child among those sick with AIDS.

Explosion

While homosexuals and bisexuals make up the largest group of AIDS sufferers, there are almost as many intravenous drug users who are HIV-positive.

Of the 901 persons who are HIV-positive, 709 are men and 192 are women. Three hundred forty-seven are homosexual or bisexual men, 294 are intravenous drug users, and 24 mention both homosexual activity and intravenous drug use as possible sources of infection.

There are a total of 21 hemophiliacs—a figure which has remained constant—in the HIV-positive group, while 20 persons have been infected by HIV-tainted blood or blood products. There are five HIV-infected children, born to HIV-positive mothers. In ten of the HIV cases, the cause of infection is unknown.

Abroad

Of the 180 persons infected heterosexually, 59 percent were infected in countries where the disease is endemic—often central African countries where HIV infection is much more common than here. In this group there are both Norwegians and persons native to those countries.

Nine of the 12 new persons infected heterosexually this year were infected abroad: in Europe, in Latin America, and in Central Africa. The development of heterosexual infection in Norway has been slow.

HIV Increase Among Drug Addicts?

"Norway's substance abusers are a thoroughly tested group. We know a great deal about HIV infection in substance abusers. Barely 300 HIV-positives have been reported, while only eight have developed AIDS. Here we can expect an explosive development."

So says Viggo Hasselvedt, medical director of the State Institute for Public Health. But fewer HIV infections

have also been recorded among substance abusers. Most who visit treatment centers have long been known to be HIV-positive.

"Our experience has been that HIV-positive persons live longer as HIV-positive without being diagnosed as having AIDS, and those who develop AIDS live longer than we feared," he says.

25 Percent Infected

Today there are 22 substance abusers at the Ullvin Treatment Center in Oslo. Twenty-five percent are HIV-positive. "They can stay with us regardless of whether they start to get sick. There are enough rumors out there," says Center director Jan Lanesskog.

He thinks it is true that the epidemic has slowed down somewhat. "It appears as if those infected with the HIV do surprisingly well under normal conditions. They 'last' longer than we thought they would several years ago, and they struggle more. The disease runs a chronic course," says Lanesskog.

On the Street

He fears that many HIV-positive substance abusers are about to give up. "They deteriorate faster, and they have it tougher. Many decide to hit the streets instead of seeking help at treatment centers."

At Veksthuset in the Gaustad section of Oslo, 20 percent of the clients are HIV-positive. Veksthuset has room for 30 residents, and the average age is twenty-six. A person must be capable of rehabilitation in order to get in. Veksthuset is not supposed to be a sick bay.

"We've had people who've had the disease a long time, and only a few who were recently infected. Our residents come here under their own steam and are taken 'right off the street,'" says medical director Christian Hartwig to ARBEIDERBLADET.

None at Hov i Land

At the State Clinic for Drug Addicts (SKN) at Hov i Land, however, there is not a single HIV-positive case today among the 42 substance abusers. In 1989 the number of HIV-infected persons was 25.8 percent. In 1988 the figure was 12.6 percent, while the figure for 1987 was 4.2 percent. "This is very surprising and isn't due to changes in criteria for admission," director Magne Engeseth assures us.

27 Years Old

He thinks it may have something to do with the fact that SKN cannot accept substance abusers from Oslo and that there is a tendency to admit whole families and married couples. The average age of adults is 27 years.

PORTUGAL

HIV-Infected Prostitutes Still Active

90WE0212B Lisbon EXPRESSO in Portuguese
26 May 90 p A21

[Article by Orlando Raimundo]

[Excerpts] Prostitutes infected with the AIDS virus and facing certain death according to physicians are continuing to ply their trade in nightclubs and the bars of some of Lisbon's main hotels, ignoring appeals by doctors to stop their activity, according to what EXPRESSO has learned from experts on communicable diseases.

The fatal disease is therefore spreading uncontrolled, and the situation is described as causing "great concern." Physicians, prevented by the rule of professional silence from identifying people and locations, say they are powerless to find a solution that will halt the "rampant spread" of the virus.

Voluntary 'Homicide'

The fact that those women are continuing their activity, even though they have been told about the illness and its consequences, constitutes, in the opinion of experts consulted by EXPRESSO, the "crime of homicide."

Difficult to identify on first contact because they do not fit the classic pattern, they generally refuse to use condoms. "Some of them are pretty and well dressed and blend in with relative ease," explained one of our sources. It is felt that, along with single men living a bohemian life-style, many tourists also have direct contact with the infection by that means. [passage omitted]

One physician told us: "Ignoring our advice, one of the prostitutes working in one of those nightclubs decided to get pregnant twice, thus sentencing her own child to death the first time and forcing us to perform an abortion the second." Advised by the specialist to give up her profession, the woman answered that she would do so only if someone guaranteed her the 30 contos she was earning every night.

Danger of Illegality

When Salazar issued a decree in the late 1950's declaring prostitution illegal, he made it impossible for the health services to continue the control they had exercised until then. Physicians, who flatly refuse to do any policing, deplore the hypocrisy involved. They say: "Everyone knows that prostitution is not eliminated by decree and that it is a thousand times more dangerous when it takes place secretly."

But specialists fear the possibility that efforts will be made to restrain those having the disease. They warn that segregating such patients, restricting their freedom, or confining them to special institutions would be "an invitation to secret activity" and make medical knowledge and clinical intervention impossible.

In light of that principle, professional secrecy, which is indissociable from trust in one's physician, is considered beyond discussion. One of our sources said: "If trust is maintained, we will be able to intervene clinically; otherwise, we will no longer know who has had sexual contact with whom and will irremediably lose track of how the infection is being spread."

Besides being extremely difficult, the attempt to test everyone who has had sexual contact with reported AIDS patients, either directly or indirectly, does not seem feasible because the principle underlying the spread of the disease would make it necessary to keep testing them forever. [passage omitted]

50,000 Cases in Portugal

Knowledge concerning the spread of the disease is still imperfect in Portugal. One hospital specialist in communicable diseases told EXPRESSO: "It is generally admitted that there are already 50,000 cases in our country." That estimate is a projection based on the 1,500 cases already reported, 600 of which are on file at Santa Maria Hospital.

Strangely, however, the AIDS Group, probably out of a concern to avoid "alarmism," continues to present as correct the information that only 500 cases have been reported.

SPAIN

Reportage on 4th International AIDS Conference

Prejudice, Rejection

90WE0213A Madrid YA in Spanish 25 May 90 p 57

[Report by J. Rodriguez Fernandez: "AIDS Patients Denounce Ongoing Ostracism"]

[Text] Madrid—Overcoming society's unjustified fears, seeking ways to integrate, and making society realize that AIDS patients and carriers of the virus are entitled to a normal life are the objectives of the Fourth International Conference for People With AIDS, which opened yesterday in Madrid.

More than 600 AIDS sufferers and carriers of the virus from 40 countries have gathered in a Madrid hotel to exchange experiences and seek ways of integrating into society while confronting increasingly intransigent social attitudes. Spain's minister of health, Julian Garcia Vargas, inaugurated the conference by extending a hand to the AIDS sufferers and virus carriers, at a time when polls indicate that one-fourth of the population of Europe, where there are already more than 30,000 cases, are openly spurning them.

Hector Anabitarte, the president of the Anti-AIDS Foundation of Spain, told this newspaper that "the main objective of this conference is to get those who are

suffering from the disease to organize themselves, support each other, reflect on their situation, learn to protect themselves, stay healthy, and decide on a strategy for dealing with a society that is ostracizing and discriminating against them."

At present there are some 600 people from everywhere in Madrid, representing around 150 self-help groups. Most of these associations are just beginning to organize themselves, explained Hector Anabitarte, but in a number of countries these groups have been in operation for several years and can thus convey their experience to the other organizations that are still getting started.

"This is going to be a very important international event," remarked the president of the Anti-AIDS Foundation of Spain, "inasmuch as 5 or 10 million people worldwide are estimated to have AIDS. Unfortunately, this issue is not yet normalized because society does not see an AIDS sufferer for what he is, a person with a disease; rather, he is viewed with fear, prejudice, and unjustified rejection."

As far as the spokespersons of the international anti-AIDS movement are concerned, the main thing during this period is to see to it that people with AIDS become the masters of their own situation and raise society's awareness so that it learns to live with AIDS, just as people with the disease have.

"When there are specific instances of rejection," Anabitarte went on to say, "like the girl in Malaga or the children in Zaragoza, such prejudice becomes news and is covered by the mass media. But many other such children have had no trouble integrating into their schools or day-care centers; so one of our objectives must be to try and give as much publicity as we can to these examples, because in these cases reflection and information have enabled these persons, or these children, to lead normal everyday lives like anyone else without problems on top of their condition."

There have also been cases in which understanding has been lacking among adults. "There have been some cases of discrimination in the workplace. The AIDS problem has been normalized in the public health system, but troubles reemerge when patients need care that is not strictly medical but collateral to their condition. Cases of rejection tend to arise here. This has forced Caritas of Madrid to set up a home to take in these patients, in which the Anti-AIDS Foundation cooperates in every way. There's another center in Bilbao, but the one in Madrid is a real home in which patients can live and continue to lead a normal daily life."

Another of the major goals of the Fourth Conference is to dispel once and for all the idea that an AIDS sufferer comes from the fringes [of society]. "When a person is identified as carrying the virus, the general reaction is to single him out. But because of the lack of information in years past, AIDS can be dormant in anyone, in spite of the obvious difficulties in spreading it. People still think

that only someone abnormal, someone odd or on the fringes can have AIDS, and this is really no longer true."

TV Cameras Not Present

Madrid—TV cameras and newspaper cameramen were not able to cover the opening of the Fourth International Conference for AIDS Sufferers because those with the virus feared being recognized by their relatives and friends. Manuel Trillo, a member of the organization sponsoring the gathering, described the participants' stance as logical.

"At present," Trillo added, "some people are under heavy social pressure to ostracize themselves. What is more, if they ever admitted that they have AIDS, they would automatically lose their jobs and would be ousted from their social environment."

European Poll

90WE0213B Madrid YA in Spanish 25 May 90 p 57

[Text] Madrid—A recent poll commissioned by the European Commission reveals that one-fourth of the citizens of the EEC think that AIDS can be transmitted just by shaking the hand of someone who has the antibodies.

At a press conference after the opening session of the Fourth International Conference of People With HIV/AIDS, Alexander Berlin, the director of public health of the European Commission, expressed his concern over this piece of information and others, such as that two of every three Europeans feel that it makes sense to force someone who has AIDS to acknowledge as much or that more than half do not know exactly how the disease can be transmitted and think that AIDS can be contracted by sharing a bathroom or caring for a patient.

Some 2.5 percent of the respondents said that they knew someone with AIDS in their social environment. Twenty percent of them said that they had told others of this; 70 percent said that there was no change in how they treated that person, while 13 percent remarked that they felt more sympathy for him, and 10 percent chose to distance themselves.

According to the most recent data of the Foundation Against AIDS, there are 31,937 recorded cases in Europe. This figure should be multiplied threefold to estimate the actual cases (95,811), and the latter number should be multiplied by 10 to calculate the number of serum-positive individuals, of whom there could be around 1 million, only 300,000 of whom know they are carriers. There could be some 120,000 carriers in Spain, which would make it the European country with the fourth highest incidence.

Alexander Berlin said that between four and five percent of the serum-positive individuals are children. In his opinion, the school-enrollment problems of these children will spread in the years to come, because the overwhelming majority of them are very young. Cases

such as that of Montse, the girl from Malaga, will become common throughout Spain in the coming years. In this connection, he announced the drafting of a European Code of Conduct on AIDS, which is specifically designed to raise the consciousness of the educational community.

Incidence of AIDS, Deaths Reported

Catalonia Data

90WE0214A Madrid DIARIO 16 in Spanish
10 May 90 p 12

[Article by Jose Miguel Fernandez: "Twenty of the 43 Children Infected With AIDS Through Transfusions and Direct Transmission From Their Mothers Have Died in Catalonia Since 1981"]

[Text] Barcelona—According to data revealed yesterday by the Department of Health of the General Council, over half of the children under 13 years of age infected with AIDS in Catalonia have succumbed to the disease. Since 1981 43 cases of AIDS in children have been recorded in this community. In 34 of them the disease was transmitted directly by the mother.

Half of the children under 13 years of age infected with AIDS in Catalonia have died, according to data from the Department of Health and Social Security of the General Council of Catalonia presented during the conference on psychosocial care for those infected with this disease, which ended yesterday at Physicians' College in Barcelona.

All told, the number of cases of children infected with AIDS since 1981 in Catalonia has risen to 43, 34 of which contracted the disease through direct transmission from their mothers and nine through transfusions of blood or plasma. Some 20 of these Catalonian children with AIDS have died since data on the disease have been recorded.

Last year Catalonian health officials uncovered 11 new cases of AIDS in progress in the child population.

New Carriers of the Virus

Among adults 742 new cases of AIDS carriers were verified in 1989, representing half of those recorded since 1981 in Catalonian hospitals, whose number has risen to 1,429. Thus along with the Basque Country, Catalonia is the autonomous community in which the highest number of cases of people infected with this disease which destroys the immune system has been recorded.

Organized by the University School of Social Welfare and the General Consulate of Great Britain, for two days the conference brought together all the professional people—social workers, doctors, and psychologists—who daily deal with AIDS patients from the time they become carriers until they reach the terminal phase, and their families. Thus some 20 specialists who carry on

their work in health centers and prisons were able to compare their experiences with carriers of the virus.

In Barcelona's Modelo Prison over 40 percent of the inmates are seropositive, which means that they could develop the disease during their stay in prison, as Dr. Andres Marco, the head of the prison medical department, explained yesterday at one of the conference sessions.

Nearly all of the infected persons—over 90 percent of them—are heroin addicts and they contracted the disease through the use of contaminated needles.

Barcelona's Clinical Hospital also contributed eloquent data on the fear of being identified as carriers of the AIDS virus. Despite the fact that it has a special department for detecting the disease, the hospital normally admits many persons to its blood bank who, using the excuse of donating blood, really want to find out whether they are carriers of the virus.

The efforts that have been made in the United Kingdom to prevent AIDS and help those who are infected, where it is anticipated that 750 people may die of this disease this year and where over 40,000 cases of seropositive individuals have been uncovered, were used as a basis for the proceedings.

Psychosocial Support

The psychosocial support of specialists and the family are of special importance for those patients who are in the terminal phase. "The family, which is really afraid of contagion, ought to assume responsibility for providing the patient with social support, but with the moral and financial support of the government." DIARIO 16 was told by Nuria Pellegrero, a social worker and member of the conference organizing committee.

For Pellegrero it is important that psychological support for the doctors who treat terminal AIDS patients not be forgotten either "because, instead of seeing the process of personal deterioration in mature adults, they witness it in young people under the age of 30."

During the conference the discrimination practiced against schoolchildren with AIDS antibodies, a situation that has recently been created in various Spanish schools, was condemned.

Basque Country

90WE0214B Madrid DIARIO 16 in Spanish
19 May 90 p 16

[Article by Juan F. Palomo: "Number of Patients in Basque Country Increased by 81 Percent This Past Year; Spain Is European Country Where AIDS Has Increased Most"]

[Text] San Sebastian—Spain is the European country with the highest rate of growth in the number of AIDS patients, according to an announcement made yesterday

by Jose Manuel Freire, a consultant to the Basque Government's Department of Health and Consumer Affairs. The number of people infected with the acquired immune deficiency syndrome doubled in our country this past year (the rate is 2.13), whereas in France the rate is 1.57 and in Italy 1.76.

In the Basque Country the number of AIDS patients rose spectacularly this past year, according to the same source. Thus while 345 cases were recorded in March 1989, the number of infected persons was 626 in the same month of this year, which means an increase of 81 percent. Of this number 38 percent of them have already died, which means a total number of patients at present is no higher than 400.

The figures for the number of patients in all of Spain as of 30 April 1990 total 5,295, making Spain the third highest in Europe, after France and Italy, which are the countries that have been most badly hit by the disease.

The Basque Country is the autonomous community with the second highest rate, with more patients per million inhabitants, 226 cases, exceeded only by Catalonia with 232 cases. Despite the spectacular increase in the figures, Jose Manuel Freire pointed out that the Basque Department of Health's (Osakidetza) efforts to ease the effects of the disease are focused on three points. These are: to keep more people from being infected with the disease, which, the consultant emphasized, is possible; to provide patients with appropriate care; and to prevent discrimination against carriers of the virus.

On this last point, Freire underlined the fact that in the Basque Country there is less social discrimination against AIDS patients than in the rest of the country, as is demonstrated by the fact that children who are carriers of the virus of this disease do not have any problems in the schools they attend.

As for the data on seropositive individuals—AIDS carriers not all of whom will develop the disease—Osakidetza only has figures on Guipuzcoa, where 2,500 persons are carriers, 2,000 of whom are drug addicts and the rest also maintain some sort of relations with this group of people. Extrapolating these figures for the rest of the Basque Country, it is estimated that 6,500 persons are seropositive.

Canary Islands

*90WE0214C Madrid DIARIO 16 in Spanish
20 May 90 p 13*

[Article by Cristobal Penate: "Since This Disease Has Been Discovered, Four Children Have Died Before Their First Birthday As AIDS Victims in Las Palmas"]

[Text] Las Palmas—According to information from the Department of Epidemiology of the Canaries Government, at least four children under the age of one have died in Las Palmas, the victims of AIDS, since this disease was discovered in the Canaries six years ago.

While three cases have been officially recorded, the fourth could not be completely confirmed, although it does figure in the statistics on the disease that have been recorded.

The four above-mentioned cases are in keeping with diagnoses that were made involving the children of mothers who are at risk for this disease. All the cases were treated at the Island and Maternity and Infants Hospitals in Las Palmas, Grand Canary. The first case was uncovered in March 1987.

Epidemiologist Domingo Nunez, who is employed as a consultant in the Department of Health, was of the opinion that the fact that all of the cases officially recorded in the Canaries come from the province of Las Palmas is due to the fact that there has been a lower incidence of AIDS in Santa Cruz de Tenerife.

Dr. Domingo Nunez indicated that the latest statistics compiled by the Department of Health's consultants office show that a total of 96 cases have been recorded on the islands over the past six years, which means that the incidence of the disease in children under the age of one year is somewhat more than four out of 100.

Madrid Data

90WE0214D Madrid DEIA in Spanish 6 May 90 p 3

[Article: "During the Period 1981-1989 the Highest Number of AIDS Deaths Was in Madrid and Catalonia"—first paragraph is DEIA introduction]

[Text] Catalonia and Madrid are the two autonomous communities in which the highest number of deaths of individuals suffering from AIDS in the period from 1981 to 1989 occurred, according to information from the Ministry of Health.

Madrid—Rafael de Andres, the secretary general of the National Anti-AIDS Program, has informed EFE [News Agency] that 473 of the 1,356 persons diagnosed [as having AIDS] died during this period in Catalonia, while in Madrid 386 of the 938 identified cases died.

In the Basque Country 163 of the 472 diagnosed persons died during this period, in Andalusia 165 out of 510, and in the Community of Valencia 88 of the 317 diagnosed persons. According to the Ministry of Health figures, the diagnosed cases mean a rate of 203.51 per million in Catalonia, 202.10 in the Basque Country, 190.22 in the Balearic Islands, and 174.49 in Madrid.

The number of deaths dropped in 1989 due to more experience in diagnosing the disease and the appearance of drugs that were unknown during the early years of the appearance of the disease; drugs that produce remission of the effects of the disease, according to Rafael de Andres.

He did, however, admit that some 600 new cases are recorded every quarter due to people's failure to use

contraceptives or other sanitary precautions in sexual relations and to infection through needles and syringes.

At-Risk Groups

Most of these cases are found in the at-risk groups of intravenous drug addicts, 62.79 percent, and homosexuals, 17.38 percent. The death rates differ: 55.03 percent in the first group and 20.88 in the second, which means death rates of 31.80 and 43.60 percent respectively in terms of [the relative size of] the group.

Recipients of blood transfusions and the children of at-risk mothers are conspicuous among the figures provided by the ministry.

Seventy-one cases were discovered during the first years of this period, 1.53 percent of them in the at-risk groups, 43 of whom died, representing 2.56 percent of the total number infected with AIDS, or a death rate of 60.56 percent for the group.

There were 94 cases of children suffering from the disease who were born of at-risk mothers, representing 2.03 percent of the total, 40 of whom, 2.38 percent, died, which is equivalent to a death rate of 42.55 percent.

In Rafael de Andres' opinion, the figure for patients who acquired AIDS through blood transfusions or blood derivatives "will not increase" due to the verification procedures that now exist in hospitals and blood banks, and he expressed the hope that "the disease would tend to diminish [in intensity and frequency]" in the rest of the at-risk groups due to the new drugs and information on how AIDS is contracted.

Between 1981 and 1989 the disease was diagnosed in 54 cases involving children under the age of one, 28 of whom died, and in a total of 135 cases of children under the age of 12, 61 of whom died.

The Case of Ivan

Manuel Montero Gomez, a consultant to the Department of Health of the General Council of Galicia, assured Cerdedo Ivan Alejandro Garrido in writing that it was impossible that his son had been infected with AIDS since, according to the analysis to which he was subjected, he was not suffering from it. In the same communication he indicated that he "is in a position to state that, according to the information received from both the doctors and members of the family, Ivan is not suffering from AIDS," but he added that the child was suffering from a primary "gamma globulin" immune deficiency syndrome that had nothing to do with the former disease and that he was being treated for it.

The consultant's letter concluded with the affirmation that the child was being treated at the Health Center in Orense with gamma globulin, which he is deficient in, to strengthen his defenses and prevent him from contracting any infection.

Diagnosis and Mortality		
Year	Persons Diagnosed	Deaths
1981	1	1
1982	4	4
1983	13	12
1984	46	39
1985	155	125
1986	403	291
1987	881	470
1988	1,706	509
1989	1,336	210

Cases and Deaths by Autonomous Communities

Autonomous Community	Cases	%	Deaths	%*
Andalusia	510	11.01	165	9.82
Aragon	79	1.71	36	2.14
Asturias	91	1.96	38	2.26
Balearic Islands	142	3.06	51	3.03
Canaries	81	1.75	31	1.84
Cantabria	53	1.14	14	0.83
Castilla y Leon	103	2.22	35	2.08
Castilla-La Mancha	59	1.27	25	1.49
Catalonia	1,335	28.82	473	28.14
Valencian Community	317	6.84	88	5.23
Extremadura	40	0.86	7	0.42
Galicia	180	3.89	66	3.93
Madrid	938	20.25	386	22.96
Murcia	51	1.10	25	1.49

Cases and Deaths by Autonomous Communities (Continued)

Navarre	51	1.10	25	1.49
Basque Country	472	10.19	163	9.70
La Rioja	18	0.39	7	0.42
Ceuta	6	0.13	3	0.18
Melilla	2	0.04	1	0.06
Unknown	70	1.51	20	1.19
Other countries	35	0.76	22	1.31
Total	4,663	100.00	1,681	100.00

* The percentage of deaths refers to the total number of deaths recorded for all groups.