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Worldwide Report
EPIDEMIOLOGY

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WORLDWIDE REPORT
EPIDEMIOLOGY

CONTENTS

HUMAN DISEASES

INTER-AMERICAN AFFAIRS

- New Dengue Mosquito Threat Eyed in Caribbean
(Port-of-Spain TRINIDAD GUARDIAN, 13 Nov 86)..... 1

INTER-AFRICAN AFFAIRS

- Briefs
Regional AIDS Seminar Held 2

BANGLADESH

- Encouragement Seen in Announced Immunization Programs
(Editorial; Dhaka THE NEW NATION, 11 Nov 86)..... 3

BARBADOS

- Diabetes Found To Be Nation's 4th Greatest Cause of Death
(Bridgetown BARBADOS ADVOCATE, 4 Nov 86)..... 5

BRAZIL

- Briefs
Bubonic Plague Spreads 6
Malaria, Hepatitis Noted 6

CANADA

- Study Shows Sharp Drop in Sexual Diseases Among Homosexuals
(Margaret Munro; Ottawa THE OTTAWA CITIZEN, 27 Nov 86).... 7

CHILE

- Polio Prevention Campaign
(Santiago LA TERCERA DE LA HORA, 3 Sep 86)..... 9

COLOMBIA

- Rabies Statistics Disclosed
(Ramiro Velasquez Gomez; Medellin EL COLOMBIANO,
21 Oct 86)..... 11

- Briefs
AIDS Testing System Operational 13

COSTA RICA

- Update on Infectious Diseases
(San Jose LA NACION, 17, 31 Oct 86)..... 14

- Hepatitis Data 14
Rats, Dengue Fever Statistics 14

ETHIOPIA

- Child Vaccination Campaign Termed Successful
(Harare THE HERALD, 26 Nov 86)..... 16

HONG KONG

- Number Exposed to AIDS on Increase Since 1985
(Hong Kong SOUTH CHINA MORNING POST, 3 Nov 86)..... 17

- New Statistics Given, by Sa Ni Harte 17
Hypocrisy Versus Humanity, Editorial 18

INDIA

- Goiter: 'Silent Epidemic of Hills'
(Nirmal Ghosh; Calcutta THE TELEGRAPH, 26 Oct 86)..... 20

- Cancer Cases on Rise in Jammu, Kashmir
(Yusuf Jameel; Calcutta THE TELEGRAPH, 26 Oct 86)..... 22

- Encephalitis Deaths in Andhra Pradesh, Tamil Nadu
(Madras THE HINDU, 31 Oct 86)..... 23

Increase in Malaria Cases Attributed to Faulty Control (Diptosh Mazumdar; Calcutta THE SUNDAY STATESMAN, 2 Nov 86).....	24
Cholera Deaths Reported in West Dinajpur (Calcutta THE SUNDAY STATESMAN, 26 Oct 86).....	26
'Alarming' Spread of Rabies in Kerala Reported (New Delhi PATRIOT, 28 Oct 86).....	27
Briefs	
Encephalitis in Bengal	29
Free AIDS Tests	29
JAMAICA	
Hospital Opens Video Telecom Link With Canadian Hospital (Byron Balfour; Kingston THE DAILY GLEANER, 7 Nov 86).....	30
Canadians Assist With 'Major' Immunization Project (Kingston THE SUNDAY GLEANER, 30 Nov 86).....	31
Flu, 'Pink Eye' Epidemics Joined by Chicken Pox Outbreak (Kingston THE DAILY GLEANER, various dates).....	32
Ministry Report	32
New Flu Viruses, by P. Prabhakar	33
Parish Situation	33
Chicken Pox Situation	34
KENYA	
Briefs	
Letter on Long-Time Presence of AIDS	35
Cholera Outbreak	35
MEXICO	
National AIDS Statistics (Mexico City EXCELSIOR, 31 Oct 86).....	36
MOZAMBIQUE	
Briefs	
Vaccination Campaign in Beira Successful	37
NIGERIA	
Eye Disease Epidemic Claims Lives in Benue State (John Omanchi; Lagos DAILY TIMES, 6 Nov 86).....	38

Guinea Worm Reported in Anambra State (Rex Okechukwu; Enugu DAILY STAR, 7 Nov 86).....	40
Yellow Fever Epidemic (Lagos Domestic Service, 4 Dec 86).....	41
Containment Measures Announced	41
Affected States, More Containment Measures	41
Briefs	
No AIDS Cases Reported	43
Yellow Fever Epidemic	43
 PAKISTAN	
Cholera Claims 17 Lives in Jacobabad (Karachi DAWN, 16 Nov 86).....	44
 PORTUGAL	
Briefs	
AIDS Statistics	45
 SOUTH AFRICA	
Nation Seen as Sitting on AIDS Timebomb; Call for TV Public Warning (Johannesburg SUNDAY TIMES, 16 Nov 86; Johannesburg THE CITIZEN, 19 Nov 86).....	46
West's Anti-AIDS Campaign Cited, by Cas St Leger, Evelyn Holtzhausen	46
Dispute on AIDS Denied	47
Health Department Diagnoses 14 AIDS Cases (Johannesburg SAPA, 2 Dec 86).....	49
Health Department Releases Statistics of 1986 AIDS Cases (Johannesburg THE STAR, 3 Dec 86).....	51
Witchdoctors Recruited in Anti-AIDS Campaign (Johannesburg THE STAR, 3 Dec 86).....	52
AIDS Cases Could Double in One Year (Johannesburg THE CITIZEN, 29 Oct 86).....	53
AIDS Claims First Victim in Natal (Johannesburg THE CITIZEN, 5 Nov 86).....	54
Briefs	
Rabies Threat Increasing	55

SPAIN

AIDS Cases, Mortality Levels Analyzed (Barcelona LA VANGUARDIA, 29 Aug 86).....	56
Rise Expected in AIDS Cases Among Drug Addicts (Jesus de las Heras; Madrid EL PAIS, 12 Sep 86).....	58

TURKEY

Typhoid 'Epidemic' in Zonguldak (Istanbul MILLIYET, 22 Jul 86).....	60
Diarrhea 'Epidemic' in Istanbul (Istanbul CUMHURIYET, 22 Jul 86).....	61
Briefs Quarantine Against Anthrax	62

UGANDA

Briefs Rabies in Moroto	63
----------------------------	----

UNITED KINGDOM

Nurses, Police Call for Vaccinations Against Hepatitis (David Fletcher; London THE DAILY TELEGRAPH, 2 Dec 86)....	64
Water Systems in Legionnaires Outbreak Being Checked (Paul Stokes; London THE DAILY TELEGRAPH, 11 Nov 86).....	65
Sheep Miscarriage Disease Spreading; Pregnant Women Warned (David Brown; London SUNDAY TELEGRAPH, 14 Dec 86).....	66
Meningitis Screening of Entire Cotswold Village Under Way (Colin Randall; London THE DAILY TELEGRAPH, 4 Nov 86).....	67
Village Mass Testing for Meningitis Uncovers 70 Carriers (David Fletcher; London THE DAILY TELEGRAPH, 12 Dec 86)...	68
AIDS-Control Measures Spotlighted as Concerns Grow (London THE DAILY TELEGRAPH, various dates).....	69
BMA on Public Screening, by David Fletcher	69
National Educational Campaign, by George Jones	69
Concentration in London, by Alison Beckett	71
Special Health Authority, by David Fletcher	71
Incidence by Area	73
Latest Statistics, by Christine Doyle	73

Briefs		
Hospital Delays		74
YUGOSLAVIA		
Briefs		
First Zagreb AIDS Death		75
ZAMBIA		
Briefs		
Students Return With AIDS		76
ZIMBABWE		
Report Links Locally Used Pesticide to AIDS Virus		
(Harare THE HERALD, 21 Nov 86).....		77
Doctor in Health Ministry Confirms 20 AIDS Deaths		
(Harare THE SUNDAY MAIL, 7 Dec 86).....		78
Plans To Settle People in Tsetse-Free Zones		
(Harare THE HERALD, 7 Nov 86).....		79

ANIMAL DISEASES

ARGENTINA

HERALD Reports on Controversy Over Antirabies Research		
(Andrea Rodriguez; Buenos Aires BUENOS AIRES HERALD,		
20, 26 Nov 86).....		80
Scientific Requirements Not Met		80
Details on Rabies Research		81

BANGLADESH

Briefs		
Cattle Disease Outbreak		83

BOTSWANA

Briefs		
Rabies Reported		

TURKEY

Rabies Spread, Scare Reported (Istanbul CUMHURIYET, 21 Jul 86; Istanbul MILLIYET, 1 Aug 86).....	85
Quarantine in Bursa Villages	85
Misuse of Vaccine in Istanbul	86
Launching of Campaign Against Rabies Reported (Turan Yilmaz; Istanbul CUMHURIYET, 22 Sep 86).....	87

PLANT DISEASES AND INSECT PESTS

INTER-ASIAN AFFAIRS

New Threat to Leucaena Plant (Fauziah Haji Ismail; Kuala Lumpur BUSINESS TIMES, 30 Oct 86).....	89
---	----

INTER-AFRICAN AFFAIRS

Briefs Locusts Threaten Red-Sea Region	90
---	----

BARBADOS

Blast Disease Having Serious Effect on Onion Crop (George Vanterpool; Bridgetown WEEKEND NATION, 7-8 Nov 86).....	91
---	----

GHANA

Briefs Emergency Grasshopper Control Agreement	92
---	----

GUYANA

Plant Quarantine Workshop Looks to Improved Services (Georgetown GUYANA CHRONICLE, 18 Nov 86).....	93
---	----

INDIA

Briefs Crop Disease Study	94
------------------------------	----

JAMAICA

Agricultural Exports Being Threatened by Diseases, Pests (Kingston THE DAILY GLEANER, 26 Nov 86).....	95
--	----

SOUTH AFRICA

Armyworms Ravage Maize, Grasslands
(Davison Maruziva; Harare THE SUNDAY MAIL, 30 Nov 86)..... 96

VIETNAM

Hanoi Cites Communique on Pest Situation
(Hanoi Domestic Service, 19 Nov 86)..... 98

ZIMBABWE

Copa's New Researcher Studying Red Leaf Blotch
(Harare THE FINANCIAL GAZETTE, 17 Oct 86)..... 100

Locust Control Committee Taskforce Set Up; To Monitor Presence
(Harare THE SUNDAY MAIL, 2 Nov 86)..... 101

Briefs

Armyworm Causing Damage to Maize 102
Armyworm Attacks Mukumbura 102
Armyworm 'Defeated' 102

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NEW DENGUE MOSQUITO THREAT EYED IN CARIBBEAN

Port-of-Spain TRINIDAD GUARDIAN in English 13 Nov 86 p 16

[Text]

KINGSTON, Nov 12, Cana— A MICROBIOLOGIST at the University of the West Indies (UWI) here has warned that a new mosquito, a more potent carrier of the dreaded dengue fever than the Aedes Aegypti, now seemed poised to enter the Caribbean.

Dr C S Rawlins, writing in the Press here, said that the mosquito, called Aedes Albopictus, though a native of the Far East, has been found breeding in the mid United States and was established in parts of Brazil.

"Little by little it is getting closer to us," Dr Rawlins, a Senior Lecturer in the UWI's Department of Microbiology wrote.

He added: "What is frightening is that this insect is a more efficient transmitter (vector) of epidemic dengue and its haemorrhagic complications.

"It has a higher susceptibility to oral infection with these viruses than its close relative, the yellow fever or dengue mosquito, with which we are all familiar."

All Four Types

Dr Rawlins said that further, the female of the mosquito could transmit all four types of dengue viruses to a new generation of mosquitoes through its eggs and through its larval stages.

"Also, this new mosquito has a wide host range, feeding on various mammals as well as birds. Thus, the mosquito will survive and it will be possible to maintain the viruses during inter-epidemic periods," he pointed out.

Moreover, the scientist said, laboratory studies have shown that the Aedes Albopictus can support a large range of other viruses infectious to man.

The mosquito, which probably arrived in the Americas from Asia in containers such as second tyres, held serious public health implications, Dr Rawlins said.

It was more aggressive than the Aedes Aegypti, and breeds in a wide variety of areas, including tree holes and bamboo plants.

/9274

CSO: 5440/028

BRIEFS

REGIONAL AIDS SEMINAR HELD--Delegations from six Central African countries have begun a week-long seminar in the northeastern Rwandan town of Giseny to discuss a common strategy on AIDS (Acquired Immune Deficiency Syndrome) screening techniques, the official Rwanda Radio reported. The meeting--the first of its kind in the region said to be one of the world's worst affected by the killer disease--is sponsored by the World Health Organisation (WHO). In his opening speech, Rwandan Health Minister Francois Muganza said AIDS was not an over whelming problem in this small, land-locked Central African state. He did not give any figures but late last year, the Rwandan government disclosed it had diagnosed 319 AIDS cases in a population of just four million and that 106 of the victims had died. The radio, monitored here listed the countries attending the seminar as Burundi, the Central African Republic, Cameroun, Congo, Rwanda and Zaire. [Text][Addis Ababa THE ETHIOPIAN HERALD in English 20 Nov 86 p 3]/12828

CSO: 5400/68

ENCOURAGEMENT SEEN IN ANNOUNCED IMMUNIZATION PROGRAMS

Dhaka THE NEW NATION in English 11 Nov 86 p 5

[Editorial: "Immunization--In The Near Future"]

[Text] A newspaper report has come up with the encouraging piece of news that two upazilas in Chittagong, namely, Mirsarai and Boalkhali, will be brought under a comprehensive programme of immunization from January next year with a view to intensifying the health programmes currently being operated by the authorities. Under the immunization programme in the said upazilas, a total of about thirty-eight thousand children upto the age of two as well as one hundred and ten thousand woman in the child bearing age category, will be vaccinated against six diseases by the end of next year. Side by side with the news from the two upazilas, there is the more encouraging bit of information that the governmental authorities plan to implement, from January 1987, a programme of vaccination involving about seven million children and twenty million mothers all over the country. The immunization programme, as we understand, will encompass such diseases as tuberculosis, measles, tetanus, polio, et cetera.

Programmes pertaining to immunization have always formed the core of the nation's basic health programme over the years; and in recent years, with the expansion of medical services in the rural interior, it has become a little less difficult for citizens to lay claim to proper medical attention. Of course, problems still abound and it would be naive to suggest or even pretend that all is beginning to be well with our citizens' health. It is, however, to be noted that endeavours such as immunization

programmes make a great degree of impression on the public mind and at the same time go a long way in giving the national health programme the rudiments of a secure base. The immunization plan under review, as the Director of the Expanded Programme for Immunization (EPI) project informs us, will depend for its implementation on an army of three hundred and ten EPI technicians and twenty-seven thousand health employees. The plan is without question exhaustive, one that will require all the strength and seriousness of purpose that the authorities can muster. One only hopes that the target that has already been set is not, for one reason or another, missed.

Talk of the nation's well-being, that is, the health of its citizens, invariably leads to discussions of a wide-ranging nature for the simple reason that all our drawbacks have a starting point in the socio-economic issues that we daily encounter in the pursuit of our lives. For the present, however, it would be worthwhile to note that basic health programmes such as those in the nature of immunization programmes are a pointer to what the nation could achieve vis-a-vis health. We would venture to suggest that apart from carrying out the immunization programme through the EPI project, the authorities could give it a necessary boost through a well-coordinated publicity campaign in the rural as well as urban population centres. Since the professed goal of the authorities is to ensure health for all by the year 2000—a rather daunting task, if ever there was one—it is only proper that all available resources be put into maximum use in the interest of our collective future.

/12828

CSO: 5450/0052

DIABETES FOUND TO BE NATION'S 4TH GREATEST CAUSE OF DEATH

Bridgetown BARBADOS ADVOCATE in English 4 Nov 86 p1

[Text]

Diabetes ranks fourth among the 10 major causes of death in Barbados, according to Mr. Keith Simmons, Minister of Health.

He said yesterday that the 1980 "One Per Cent Population Survey" carried out by the National Nutrition Centre, suggested a prevalence rate of 6.5 per cent of the total population or approximately 17 000 diabetics. The majority of cases occurred in women over 40.

Mr. Simmons was delivering the feature address at a half-day seminar on "Diabetes" at the Barbados Community College, Eyrie, St. Michael.

The minister observed that hospitalisation for the diabetic was three times that of the average patient.

In 1985, over Bds \$1 million was spent on in-patient care for diabetics. Between June 1985 and July this year, some Bds \$1.6 million was spent on the drugs used for treating diabetics, both in the private and public sectors.

Mr. Simmons noted that while hard data on

the major complications associated with the disease were scarce, the impression was that strokes and heart attacks, as well as eye and kidney diseases were commonplace in older diabetics.

Gangrene and amputation of limbs was also a major problem. The Minister pointed out that in 1984, some 150 amputations were carried out at the Queen Elizabeth Hospital (QEH). Last year alone, there were 108 cases of amputations all due to diabetes.

About 4 000 patients attend the out-patients clinics at the QEH, and last year, some 286 new patients were added to the Diabetic Register.

Not accurate

According to Mr. Simmons, there were no accurate figures for attendance at the polyclinics, but efforts were being made to compile the information.

He said that the statistics showed the immense socio-economic impact of diabetes on the community, and highlighted the necessity

of trying to manage and control the disease effectively.

While diabetes cannot be prevented, Mr. Simmons noted, its onset can be effectively slowed and it could be kept under control if persons at risk could be identified.

Groups at risk include obese persons, especially women over 40 years old; women who have had multiple pregnancies; women with large babies; those who have had unexplained foetal deaths; and relatives of diabetics.

"Even if you do not fall into the 'at risk' group but you experience unexplained weight loss; excessive thirst; a desire to urinate frequently; numbness in the feet or a blurring of vision; then you should not delay in visiting your doctor. A check of weight and blood sugar levels of people over 40 should also be practised," Mr. Simmons said.

Noting that diet played a major part in the control of diabetes, the Minister said that the population must pay attention to its nutritional habits.

/13046

CSO: 5440/030

BRAZIL

BRIEFS

BUBONIC PLAGUE SPREADS--According to reports from the interior of Paraiba State, the bubonic plague is spreading and is now threatening Alagoas, Pernambuco, and Rio Grande Do Norte States. There is a shortage of personnel trained to fight the disease. [Summary] [Sao Paulo Radio Bandeirantes in Portuguese 1500 GMT 8 Nov 86 PY] /9599

MALARIA, HEPATITIS NOTED--Senator Eunice Michiles has reported malaria outbreaks in Maues and Humaita countries, Amazonas State. Michiles also reported a hepatitis outbreak in the area. [Summary] [Brasilia Domestic Service in Portuguese 2100 GMT 7 Nov 86 PY] /9599

CSO: 5400/2011

STUDY SHOWS SHARP DROP IN SEXUAL DISEASES AMONG HOMOSEXUALS

Ottawa THE OTTAWA CITIZEN in English 27 Nov 86 p A15

[Article by Margaret Munro]

[Text]

VANCOUVER — Homosexuals are more careful in their sexual practices than young heterosexual Canadians, according to the author of a study showing how fear of AIDS is affecting human behavior.

The study, the first of its type in Canada, found a dramatic — more than 60 per cent — drop in sexually transmitted diseases in the homosexual population in Alberta. It is the first province to document the trend believed to be taking place across the country.

By contrast, the rate of sexually transmitted disease in Canada is rising in many segments of the heterosexual population. Fifteen to 25-year-olds are being infected with diseases such as gonorrhoea, syphilis and pelvic inflammatory disease by the thousands each year.

"They are the ones who acquire and keep spreading infection," says the study's author, Dr. Barbara Romanowski, director of Alberta's sexually transmitted diseases control agency.

While the number of AIDS cases in the general population is still low, she says heterosexuals must start practising "safe" sex to keep it that way.

"People have got to stop thinking of AIDS as a gay disease that they don't have to worry about," she said in an interview this week.

"Everyone has heard about AIDS but they think of it as somebody else's problem. They say 'why should I wear a condom or get my partner to wear a condom?'" says Romanowski, who also chairs the federal government's recently-formed expert committee on sexually transmitted diseases.

"I'm somewhat frightened that if society doesn't take notice we are going to be in big trouble."

Today in Canada, 20 to 30 per cent of homosexuals are believed to have had contact with the AIDS virus and may be capable of spreading the disease.

When the alarm bells started to ring, Romanowski says the homosexual community started taking precautions; choosing their sexual partners carefully and using condoms.

The impact is evident, she says, in the incidence of sexually transmitted diseases in Alberta's gay community. The total number dropped from 858 in 1980 to 338 in 1985.

"Gays are responding to the threat of AIDS," says Romanowski. "They are practising 'safe' sex and their sexual practices, for the majority, have changed dramatically." In Edmonton, for example, the rate of rectal gonorrhoea has dropped by 79 per cent since 1980.

It is, however, too late for many individuals already infected by the virus that can take years to cause full-blown AIDS. So far 416 Canadians, most of them gay, have died.

Romanowski says the general population in Canada is still in an excellent position to prevent a major epidemic. Only a fraction of one per cent of heterosexuals are believed to be carrying the AIDS virus.

She says a key to preventing the spread of the disease is more well-focused public education and better sex education in schools.

Greg Smith, co-ordinator of the federal AIDS centre in Ottawa, says young people are considered one of the three "biggest problem groups" when it comes to AIDS education. "They often feel they're invulnerable."

The other two groups are intravenous drug users, "who are traditionally intransigent as far as education goes," and bisexual men.

There is no estimate on the number of bisexuals, says Smith, adding they are particularly worrisome because they represent the bridge from the homosexual to heterosexual population. "A guy is not going to go home to his wife after years of not using a condom and start using one."

In an effort to reach these groups, Smith says the Canadian Public Health Association will be launching a federally-funded \$3.7-million, five-year public education campaign in 1987.

/13104
CSO: 5420/7

POLIO PREVENTION CAMPAIGN

Santiago LA TERCERA DE LA HORA in Spanish 3 Sep 86 p 4

[Text] Under-Secretary of Health Dr Augusto Schuster indicated yesterday that those children who were not vaccinated in the massive polio prevention campaign should participate in the regular immunization programs at the respective health services, and he added that the special three-day polio vaccination program had reached 90 percent of the juvenile population between 2 months and 7 years of age.

He pointed out that the original goal had been to vaccinate 2 million children, of which 1.8 million actually received the vaccine. "Nevertheless, he indicated that there is a lack of information regarding rural areas, but that in any case this campaign had been very encouraging." [sic]

Schuster further explained that the regular SNSS vaccination program will resume as of October 1 for those children who received their vaccines between Friday and last Monday.

Dr Schuster emphasized that this massive vaccination campaign was intended to reinforce the vaccines regularly provided at SNSS clinics, and he pointed out that the last two cases of poliomyelitis in Chile were reported in 1975. Since that date, there have been no known cases of children affected by this disease in the country.

He added that this statement "is very categorical and is intended to reassure the population with respect to certain questions regarding the possible health reasons for this immunization program."

Monitoring

Schuster acknowledged, however, that in the weeks prior to the national prevention campaign, a lot of polio vaccines had been withdrawn after having been found to be too weak. "In view of the doubt, we preferred to withdraw them," Schuster stated. He further explained that the health sector regularly sets up an epidemiological monitoring system in order to evaluate contagious diseases, such as polio, meningitis, tetanus, measles and others. At the same time, the vaccines against these diseases are monitored to ensure that the doses effectively immunize those who receive the vaccines.

Responding to questions as to whether deficiencies have also been found in the measles vaccines, Schuster indicated that there was no information in that regard and that the doses administered against this disease conform to recommended health standards.

Animal Rabies

With respect to rabies, he indicated that the appropriate health measures have been taken following detection of two cases of the disease in the metropolitan area, and that those who had contact with the affected animals have been vaccinated.

13031/12379
CSO: 5400/2085

RABIES STATISTICS DISCLOSED

Medellin EL COLOMBIANO in Spanish 21 Oct 86 p 13-A

[Article by Ramiro Velasquez Gomez]

[Text] In 1985 there were two cases of human rabies in Antioquia, one of them in Medellin. The two people died.

That year there were 2,184 bites in the department. From the follow-up done on the animals, 8.7 percent had positive rabies tests.

In the first 3 months of 1986, the number of bites reported increased. There were two disturbing signs: the cases caused by rodents increased and treatment of the disease decreased.

Vaccination decreased between January and March because of a shortage of the biological product used.

Valle del Aburra, the Ancon Sur zone, and Uraba are considered the three highest risk areas in Antioquia for that disease.

The data are contained in the last two issues of the BOLETIN EPIDEMIOLOGICO DE ANTIOQUIA issued quarterly by the Sectional Health Service.

Data

The largest number of bites were caused by dogs, 1,849 cases, with second place going to rodents, 158. There were 72 cases involving cats and 39 involving cattle.

There were 32 accidents reported in 1985 through family or institutional contact with the two cases of human rabies mentioned.

Valle del Aburra which has the largest population had the largest number of bites, 1,090. However, the rate is low because of the size of the population. The zones of Porce-Nus, Magdalena Medio, and Ancon Sur have a higher rate based on that same ratio of cases per 100,000 inhabitants.

During the year, there were 1,735 pet dogs and 47 cats responsible for bites with negative test results for almost all.

There were laboratory examinations of 208 animal brains with 8.7 percent yielding positive results. Of those 18 cases, 14 came from Antioquia and 4 from Choco. In this department, there were 6 cases in Uraba, 4 in Valle del Aburra, 3 in Ancon Sur, and only 1 in Magdalena Medio.

There were 135,811 vaccinations, 117,434 to dogs and the rest to cats. About 70 percent were given in urban areas.

The number of vaccinations is low. It is estimated that barely 27.8 percent of the dogs and 21.8 percent of the cats were covered.

Despite having the product, only 411 stray dogs were eliminated.

Humans

The two cases of human rabies were a 27-year-old woman residing in Medellin and a 17-year-old man who lived in Chigorodo but came from Choco. Both died.

The increase in the number of bites was due to better control than last year. Therefore, 538 cases were reported in the first quarter of 1986, 90 percent by dogs predominantly in the urban zone.

During that period, more treatments were given to people residing in the urban area but there were more positive rabies tests in the rural area. It is believed that this situation is due to lack of investigation of bites in urban zones like Valle del Aburra.

Recommendations are to promote the strategy of eliminating stray dogs and promote broader education of the community, especially in the higher risk areas.

7717

CSO: 5400/2010

BRIEFS

AIDS TESTING SYSTEM OPERATIONAL--Cartagena, 11 Oct (COLPRENSA)--A system to detect the presence of the AIDS [Acquired Immune Deficiency Syndrome] virus in the blood was introduced here during the Clinical Laboratory conference. The method called HTLV-II was developed by scientist Jean Pierre Allain, a doctor from the University of Paris with a Ph.D. in immunology and biochemistry. The test measures whether the blood contains antibodies that develop in the organism after the presence of AIDS is detected. This disease is a virus that attacks organic cells, the "T lymphocytes," which are indispensable to the body's defenses. When the virus appears, defenses develop; the test detects their presence. This system, which is already used in Colombia, serves especially to avoid the risk of transmitting the virus through blood transfusions. The tests that have been done show an effectiveness of 68 percent which means that of every 100 patients with the disease, 68 have had positive results. There are high rates among what are considered high-risk populations: male homosexuals, drug addicts, women who have had relations with AIDS patients, and hemophiliacs. However, the scientist explained that a positive test using the HTLV-II does not necessarily mean the presence of the disease. He warned that it is better to send the patient to a specialist for a final diagnosis. [Text] [Cali EL PAIS in Spanish 13 Oct 86 p C-8] 7717

CSO: 5400/2010

UPDATE ON INFECTIOUS DISEASES

Hepatitis Data

San Jose LA NACION in Spanish 17 Oct 86 p 8-A

[Article by Maria Isabel Solis R.]

[Excerpt] Hepatitis

According to the list drawn up by the Epidemiological Department of the Ministry of Health, 2,738 cases had been reported as of 4 October 1986. On the same date last year, there were 1,863 and in the same period in 1984 there were 2,504.

Investigations even show that the number of reports so far in 1986 surpass the total in 1985. At the end of that year, 2,438 cases had been reported.

The zone most affected is the Central Region with 41 percent of the cases, followed by the Huetar Norte region with 21.2 percent, Brunca with 20.5 percent, and Chorotega and Huetar Atlantica with 8.6 percent.

According to the epidemiologists, this disease peaks every 3 years. Therefore, an increase in people affected is expected. (There was an increase 3 years ago when there were 5,410 people sick.)

Despite these explanations, the truth is that little is being done to break the chain of transmission of this disease. It is known that the hepatitis A virus (the most common in our country) is eliminated through the feces. The specialists said that if hygienic conditions are not optimal, it is possible for the disease to remain latent.

Rats, Dengue Fever Statistics

San Jose LA NACION in Spanish 31 Oct 86 p 8-A

[Excerpts] The Ministry of Health will initiate a plan to decrease the rat population throughout the country in January, according to the minister of health, Dr Edgar Mohs, yesterday.

The minister explained that studies done show the urgency of eliminating those animals that affect health and agricultural production.

Between 10 and 12 children are admitted to the children's hospital alone each year with rat bites. There are data that state that 2 percent of our total grain production is lost because of rodents.

The extermination program will begin in the city of Canas and then will be carried out in San Jose and continue to the rest of the main cities in the country.

Also the minister announced yesterday that seven cases of dengue fever have been reported although the disease has not yet been confirmed. A number of tests that have never been done here must be carried out.

He also warned that an outbreak of Venezuelan equine encephalitis was reported recently in Los Chiles. The ministry has begun preventive work to kill the mosquito that causes it and keep humans from being infected.

Rats and More Rats

Dr Mohs explained that rat extermination will be carried out with a donation from the Bayer Company, the aid of community organizations in each city, and the municipalities.

The first step included photographs from a helicopter to survey the zone along with a housing and agricultural study and an analysis of the sewage system.

The minister revealed that rat poison will be placed in strategic locations (holes, ditches, and sewers). They will also fumigate to prevent the spread of fleas from the dead rats. Personnel from the ministry and the communities will collect the dead rodents and bury them. Dr Mohs stressed that everything will be done very carefully to keep the rat poison from affecting people.

Dengue, Equine Encephalitis

Dr Mohs revealed that barriers have been established on the borders of our country to stop the mosquitoes that carry dengue fever. It is expected that this will soon be done in airports and ports.

Now every vehicle that crosses the border is fumigated. According to the minister, the objective is to have this done in the airports as it was in the past.

This is the only way to stop the disease since there is no vaccine for it.

Concerning Venezuelan equine encephalitis, the minister reported that vaccine had already been requested from PAHO for the horses in the area.

So far the death of 28 animals has been reported in Los Chiles.

Dr Mohs stated that cases of this disease have also been reported in Guanacaste but the outbreak has been minor.

CHILD VACCINATION CAMPAIGN TERMED SUCCESSFUL

Harare THE HERALD in English 26 Nov 86 p 3

[Text]

ADDIS ABABA. THE capital of Ethiopia, Addis Ababa, is one of the first large African cities to have succeeded in immunising the vast majority of its children under two years of age against the six leading child-killer diseases.

"Approximately 70 percent of Addis children under two have now been fully immunised against measles, diphtheria, whooping cough, polio, tuberculosis and tetanus," according to Ms R. Padmini, Unicef country representative in Ethiopia. This compares with only 25 percent a year ago.

"The percentages are substantially higher for individual diseases," she said.

She went on to support her argument with the relevant statistics: "For example, 89 percent of the 'under-twos' are now immunised against measles, whereas only 42 percent were 12 months ago. Ninety-six percent have received BCG shots against TB, an extremely high percentage.

DPT (diphtheria, pertussis or whooping cough and tetanus) and polio each require three doses,

and usually there is a very high drop-out rate by the third round.

Commenting on the Addis Ababa record, Dr Ralph Henderson, head of the World Health Organisation's expanded programme of immunisation said:

"It is really quite a remarkable achievement, and it has meaning for other countries in Africa, as well as in Asia and Latin America. One of the world's least developed countries, Ethiopia, has shown what an extremely poor country can do for the health of its children."

Conscious that something drastic had to be done, the Addis Ababa city council and the ministry of health issued a joint report in May 1983 proposing a down-to-earth programme of primary health care (PHC) based in the city's 284 community health districts or "kebeles". Each of these has a trained, full-time, paid community health worker and traditional midwife.

"So, the stage was set for an urban PHC programme in Addis Ababa when James Grant, the executive director of Uni-

cef, visited Ethiopia three months later in August," Ms Padmini pointed out.

Mr Grant asked Mayor Zewdie Teclu if he would undertake a campaign to reduce infant mortality by about 50 percent in four to five years. "We accept your challenge," replied Mayor Teclu.

Mr Grant responded by offering the municipal authorities \$600 000, a modest Unicef contribution to a huge problem. It helped to start things rolling.

For Befekadu Girma, the city council's chief health expert, "our goal is to bring down the number of infant deaths from 136 per 1 000 to 70 by the end of 1987 and to 46 by 1990".

Of course, the problem is not limited to infants or under-twos. There are about 435 000 children under nine years of age in Addis Ababa. The mortality rate in the one-to-four-year group last year was 92 per 1 000.

A question frequently raised about immunisation campaigns is whether one can sustain the enthusiasm or, be sure of immunising all

the children born in following years.

Ms Padmini's reply is positive: "I am convinced the city authorities will be able to maintain the momentum. Their initial success stimulated them. Actually, the greatest achievement was not so much the high immunisation rate but the almost 100 percent contact with the city's entire population and the establishment of a permanent infrastructure to promote and expand primary health care."

More and more community health agents are being trained. Television and radio have regular weekly programmes on immunisation. There are also regular review meetings on immunisation with the participation of city council, ministry of health, kebele leaders and Unicef.

Ms Padmini noted that the urban PHC network has some 8 500 health "animators" more and more of whom are being trained in PHC. There is also an impressive number of health volunteers from labour, women's and youth organisations who work three hours a week.

/9274

CSO: 5400/73

NUMBER EXPOSED TO AIDS ON INCREASE SINCE 1985

New Statistics Given

Hong Kong SOUTH CHINA MORNING POST in English 3 Nov 86 pp 1, 2

[Article by Sa Ni Harte]

[Text]

AT LEAST 69 people in Hongkong have been exposed to the AIDS virus - 44 of them haemophiliacs - and three have died.

This is an increase of 16 since the Government released the first set of figures in December last year.

With the latest figures came a warning from the Government that although in Hongkong and most parts of Asia AIDS is predominant among the homosexual group, it could spread to heterosexuals.

This warning came from Dr E.K. Yeoh, chairman of the Government's scientific working group which is in charge of monitoring the AIDS (acquired immune deficiency syndrome) problem.

Between last April and September this year the virus unit of the Medical and Health Department conducted a total of 30,012 HIV (human immune deficiency virus) tests.

Of the 69 people found to have AIDS antibodies, 44 were haemophiliacs (a third of them children), six were patients of social hygiene clinics, 10 referrals from private practitioners and nine were patients at Government hospitals or clinics - includ-

ing three confirmed AIDS patients who died in 1985.

Dr Yeoh stressed that a positive test indicated a person had been exposed to the virus and might be a carrier, but he or she might not develop AIDS.

Some studies have reported between five to 30 per cent of individuals who were antibody positive would eventually develop AIDS, he said.

"AIDS is in Hongkong but there is no fear of an explosive spread," he said.

"However, there should be no room for complacency. We need to keep up our efforts because if it spreads, it would be difficult to contain.

"But because of its low prevalence we are in a good position to try and limit the spread, and health education measures are even more valuable."

The department will continue with its surveillance program including the health education and counselling service to monitor the AIDS situation in Hongkong.

Of the 69 people exposed to the AIDS virus, 23 contracted it by sexual contact.

Dr Yeoh said most had contracted the virus by homosexual or bisexual practices, but three were via heterosexual contacts with prostitutes abroad.

About 1,200 female pros-

titutes who attended the social hygiene clinics had been tested but none of the results were found positive.

"This does not mean there are no prostitutes in Hongkong who are not positive - we have tested only those who turned up at the clinics," he said.

Dr Yeoh said that there were ways to reduce the risk of contracting the virus.

These included:

- Engaging only in monogamous relationships;
- Having sexual contact without the exchange of body fluids; or,
- Using barrier contraceptives such as condoms.

Although haemophiliacs comprised 64 per cent of those exposed to the AIDS virus, Dr Yeoh said he did not expect any more positive cases from this risk group.

Some 200 haemophiliac patients in Hongkong have been receiving regular treatment with blood products imported from the United States, where AIDS is prevalent.

But the blood products have been made virus-free since August last year by a form of compulsory heat treatment.

The Hongkong Red Cross Blood Transfusion Service also reported three positive

AIDS test results from its donors between April 1985 and September this year.

In August last year the Red Cross started its mass screening program - the first city in the Southeast Asia region to do so - and a total of 156,710 tests were carried out on blood donors.

Of the donors, three were positive and were counselled by the Red Cross and advised to contact either their own private doctors or the Government AIDS clinics.

Dr Yeoh said the necessity for blood donor screening for antibodies was illustrated by the fact that two newly-detected people with antibody positive had received blood transfusions in 1984 before the screening program.

He dismissed fears of contracting AIDS by casual contact such as shaking hands, or being in the same room with someone who has been exposed to the virus.

AIDS is transmitted by three routes - sex, needles, blood transfusions - and perinatal (mother to infant during birth).

He said the public had reacted well, with none of the hysteria experienced in Western countries.

Dr Yeoh said: "Some of the hysteria, if there is any, is being conjured by some people who are advocating that

antibody positive individuals should be segregated, which is ridiculous."

In Hongkong, Wan Chai District Board member Dr Albert Cheung has advocated that haemophiliac children exposed to the AIDS virus should be put in special schools.

Dr Cheung, a biochemist, made the suggestion earlier this year in the hope that children would not be ostracised as they have been in the United States and other countries.

A spokesman for the Haemophiliac Society said he found the suggestion "very distasteful".

"Many people have a general misunderstanding of

how the disease is transmitted and we urge the Government to intensify the current health education program on AIDS," he said.

Some of their members who had been exposed to the AIDS virus suffered from pressure from outsiders who treated them as aliens, he said.

Commenting on criticism of official secrecy surrounding AIDS, Dr Yeoh said: "What we are keeping from the public is the identity of the individual exposed to the virus. They have the right to their own privacy and confidentiality and this is what we are maintaining."

The public should have confidence in the special

counselling clinic established last November at the Queen Elizabeth Hospital, he said.

Dr Yeoh denied rumours that the telephones at the clinic were bugged or that it was linked with the police Special Investigation Unit.

The clinic provides counselling for people who fear that they may have contracted the disease and for those with a positive HIV test.

A total of 2,170 calls have been received and 272 blood tests were conducted for callers.

Dr Yeoh said the only way of combating the problem was by health education and providing health counselling, and special AIDS consulta-

tion clinics.

The consultation clinic also offered advice to general practitioners about recent developments and the treatment available.

He said: "We know that people are still wary about coming to the Government and we understand their reluctance even though it is not warranted.

"We are organising workshops on AIDS for private practitioners so they can be updated on developments and to emphasise the importance of health counselling."

Three workshops have been planned for private practitioners, the first one scheduled for this Friday.

Hypocrisy Versus Humanity

Hong Kong SOUTH CHINA MORNING POST in English 3 Nov 86 p 24

[Editorial]

[Text]

THE new details released yesterday in relation to acquired immune deficiency syndrome (AIDS) in Hongkong should give no rise to public panic, as happened in some other parts of the world when the extent of the epidemic was first realised. The authorities have carried out 30,012 tests for AIDS antibodies; the Red Cross has screened 156,710 donors, and the total number of people with AIDS antibodies is 69, of whom, tragically, 44 are haemophiliacs who were exposed to the virus through contaminated blood before screening procedures were introduced.

Hongkong has set up a special counselling clinic, with a backup medical consultation service, and generally is acting sympathetically to sufferers of the disease. Compare this with the reaction of China, which has finally awoken to the fact it cannot expect to remain forever isolated from AIDS. An AIDS Risk Prevention Bureau has been set up, and is already envisaging a set of

preventive measures which appears unduly harsh. Medical examinations for all foreign residents, the "repression" of Chinese homosexuals and alarming calls for the "elimination" of homosexuality, promiscuity and prostitution are unlikely to prevent a single death from this mystifying disease. Nor does linking AIDS to "rich Americans" and the defects of the capitalist system add to the informed discussion which is so far the only defence - apart from chastity - against the virus.

AIDS does not recognise racial divisions, and it is no longer possible to describe it as a disease which only affects minority groups, such as homosexuals or intravenous drug users. It has spread beyond these groups, and recent figures show that heterosexuals are becoming vulnerable. The association of AIDS with decadent capitalism is equally inaccurate; although the virus was first identified in the United States and France, poverty-

stricken Africa provided the earliest indications of the threat the disease poses and the rapidity with which it can spread. Statistics from East Berlin first showed that heterosexuals who consorted with prostitutes were also at risk.

The authorities should take note of a recent comment by the US Surgeon General, Dr Everett Koop: "It is time to put self-defeating attitudes aside and recognise that we are fighting a disease - not people." It would be unfair, however, to confine our strictures against the ostrich approach to AIDS control to Chinese officialdom. The Russians at first gloated about this new evidence of the superiority of their way of life, but finally admitted it had spread across the Iron Curtain early this year. Some African nations refused at first to co-operate with World Health Organisation efforts in case the extent of the disease deterred foreign tourism. There are suspicions worldwide that cases have been drastically under-reported, both to prevent panic and because of the stigma that attaches to it.

The facts about AIDS, however, are relatively simple and certainly offer no justification for the near hysteria the disease seems to generate, nor for official hypocrisy or duplicity. Among non-drug addicts, it is spread through sexual contact and nothing else. There is no evidence that the ordinary, non-promiscuous members of populations in any country are at risk. Just as promiscuity,

heterosexual as well as homosexual, is largely responsible for the spread of AIDS, sexual restraint - monogamy or chastity - will help minimise its impact. Morality need not play any part in this phase of the discussion; restraint is now just a question of being "good" but of avoiding the possibility of a lingering and unpleasant death.

The more informed publicity about AIDS the better. It has already been the occasion of some disgraceful displays, particularly where children have been afflicted following blood transfusions. The little Hongkong boy isolated in hospital, his family ostracised; the Australian family forced to move to New Zealand because of their neighbours' reaction when their daughter became a victim; children forced to stay away from school in the United States and Britain ... All of this because people have not bothered to acquaint themselves with the facts. Perhaps the greatest shame of the AIDS epidemic is precisely this reaction brought about by ignorance.

Those who are exposed to the AIDS virus do not necessarily succumb to the disease; instead they face the anguish of several years waiting to see whether the first lethal symptoms appear. Until governments take the lead in dealing with AIDS openly and without fear, these people face the added torment of societies which react unthinkingly to their plight. The real moral issue which underlines this disease is not promiscuity versus chastity, but of hypocrisy versus humanity.

/9274

CSO: 5450/0051

GOITER: 'SILENT EPIDEMIC OF HILLS'

Calcutta THE TELEGRAPH in English 26 Oct 86 p 10

[Article by Nirmal Ghosh]

[Text]

It is disappointing to note that even the word of the Supreme Court is sometimes not heeded or is even ineffectual. Such has been the case with goitre, a condition that affects 40 million people in India alone: a staggering 33 per cent of the population of the "goitre belt."

This belt, for the most part, runs across the northern mountainous regions of India, from west to east, describing an arc between western Kashmir and Himachal Pradesh and the northeastern states. With Nepal, it forms the most intensive goitre belt in the world. Although a high incidence of goitre has also been reported from other parts of India (including Delhi) the problem is of a very large magnitude in the crescent-shaped hilly belt.

Goitre, or hypothyroidism, is the swelling of the thyroid gland in the neck due to a deficiency of iodine in the environment and hence in the human system. The swelling itself is painless but causes discomfort and extreme lethargy. The frightening part is that if infants with neonatal hypothyroidism (NH) are not treated within months of birth, they run a risk of becoming deaf-mute, mentally retarded or stunted, a condition known as cretinism. Such individuals were in fact the origin of the term "cretin."

It is a fact today that every hour, two children are born in India's goitre belt who will never realise their full mental or physical potential.

Amazingly, goitre is nothing new. The environmental iodine deficiency itself is caused by topsoil erosion and flooding, which is common in areas which are geographically prone to flooding and coupled with a population which is not environmentally aware, and which, because of poverty, is driven to degrade the land for fuel, fodder and crops—with no thought to the future.

Goitre has been studied and discussed by the international medical fraternity for more than ten years now, and it is ironic that India has contributed the most knowledge. And yet it cannot control her own goitre problem. Testing for NH, which is a mandatory

practice in many advanced countries, is not done in India because of the impossibility of deploying equipment, however simple, and at least semi-qualified personnel among such a vast population.

NH is one of the two most common causes of mental retardation the world over, and is very easily treated. The treatment of iodine-deficiency victims by supplementary iodine in the form of tablets, injections or iodated salt is unbelievably simple and cheap: adding iodine to salt in India would cost 50 paise per person per year!

Why, though, cannot India control goitre by salt iodation, considering we have 72 plants now capable

of processing 16 lakh tonnes a year? Utilisation of this salt, though, is being interfered with because of the complicated procedure for its distribution. One can narrow the problem down to several reasons, as Dr. C.S. Pandav, a goitre expert at the All India Institute of Medical Sciences in Delhi, explained to The Telegraph: "The price difference in salts has not been subsidised by the government. Salt is also a seller's commodity: we should identify the retailer and give him incentives. Despite existing priority to iodated salt, distribution is poor and two-thirds of the cost of salt is its transportation to the selling point."

At present between the salt manufacturers and the wholesalers, there is a government department run by a salt commissioner. This department shows all the signs of being a complicated and inflexible, futile monolith. The test is very simple: take Gonda in UP. Gonda's percentage of goitre incidence is staggeringly high.

Today, iodated salt is, quite simply, unavailable in Gonda! Even more bizarre, Dr Pandav reports, is that iodated salt is sometimes actually transhipped at Gonda for supply to Nepal, without the people of Gonda being even aware of it, leave alone having access to it!

Such situations continue to baffle administrators and medical personnel alike, and unless something is done soon, 12 children will continue to be born every day in the goitre belt into a world of misery and horror, while goitre, dubbed India's "silent epidemic," continues to spread insidiously in sleepy little hamlets in the deceptively serene Himalayan foothills.

/12379

CSO: 5450/0039

CANCER CASES ON RISE IN JAMMU, KASHMIR

Calcutta THE TELEGRAPH in English 26 Oct 86 p 6

[Article by Yusuf Jameel]

[Text]

Srinagar, Oct. 25 : As many as five cancer patients report to the Sher-i-Kashmir Institute of Medical Sciences here every week and every fourth patient who underwent surgery in recent months was found to be suffering from stomach cancer.

Dr Gulam Muhammad Khan, cancer specialist at the institute, told newsmen here yesterday that 350 patients were operated upon in the last 30 months and one out of every four subjected to surgery had cancer of the stomach.

Dr Khan and Dr A.K. Nagpal, director of the institute, said cancers of the stomach and the oesophagus were common in the Kashmir Valley because the people drank steaming hot tea which caused internal burns. Use of the traditional salt tea common to the Valley also caused extensive damage to the stomach.

The findings are based on SKIMS data which put the hospital deaths caused by oesophagus cancer at 12 per cent compared to the world figure of 18 to 20 per cent and were the result of studies conducted by the Srinagar government Medical College in collaboration with the Indian Council of Medical Research (ICMR).

Dr Nagpal, replying to a question said there was no positive evidence of the occurrence of AIDS in Kashmir. The AIDS screening centre set up by the ICMR at Skims on May 1 this year had so far collected 200 samples of suspected AIDS cases from high-risk segments of the population such as homosexuals,

blood donors and those who came in regular contact with foreigners.

These cases were first checked at the referral centre at SKIMS, one of the six centres in the country, and later sent to the Sasoon General Hospital at Pune. Dr Nagpal said tests there had showed there was no positive evidence of the disease in Kashmir. SKIMS has requested the ICMR to supply it equipment for the western blot test for examining AIDS cases.

Recounting the achievements of SKIMS he said the first coronary bypass surgery in Jammu and Kashmir was done at the institute 10 days ago by Dr Abdul Ahad Guru. Dr Guru has several cases of open heart surgery to his credit at SKIMS. The coronary bypass patient, Mr Nazir Ahmed Khan, 54, talked to the newsmen and appeared quite fit.

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CSO: 5450/0038

ENCEPHALITIS DEATHS IN ANDHRA PRADESH, TAMIL NADU

Madras THE HINDU in English 31 Oct 86 p 13

[Text]

HYDERABAD, Oct. 30.

Encephalitis has claimed 213 lives in Andhra Pradesh till Wednesday.

Dr. D. Sundara Rao, Director of Health, said 48 of the 125 cases reported in Kurnool district proved fatal. The corresponding figures for Guntur district were 45 deaths out of 211 cases. In Prakasam district 93 cases were reported out of which 27 proved fatal. Over 660 cases had been reported in 17 districts of the State.

"The disease is still in a virulent form, and more villages are being affected", Dr. Sundara Rao said.

The State Government has requested the Centre, to import ten lakh doses of vaccine from Japan, through the World Health Organisation. This is an expensive proposition, because each dose costs \$4. This quantity would be adequate to immunise five lakh children against the disease because each child has to be given two doses. Like polio vaccine, encephalitis vaccine cannot be administered during an epidemic and the imported vaccine can be given only to children in districts free from the epidemic, according to the Director of Health.

The Government has asked Municipal Commissioners to segregate pigs, the main carriers of the encephalitis virus, and to control mosquitoes.

CUDDALORE, Oct. 30.

Twenty-two children have died of encephalitis in South Arcot district of Tamil Nadu so far.

Mr. R. C. Panda, District Collector, told newsmen here today that out of the 36 children afflicted by the disease 10 in Cuddalore health division, three of Villipuram and nine in Kallakurichi died.

Dr. A. Ramalingeswara Rao, Joint Director, Public Health, visited the affected pockets in the district today.—Our Staff Reporter

In Madras Mr. P. U. Shanmugham, Health Minister said the Government had directed that all "stray pigs" in the affected taluks should be killed, as pigs were "reservoirs" of this virus which was carried to human beings by mosquitoes. Wherever pigs were reared in an organised manner, anti-mosquito spraying would be undertaken.

Mr. Shanmugham said a Japanese vaccine was effective in providing immunisation against the disease. But the Centre had stopped its import as the cost was prohibitive. Hence, anti-mosquito measures were the only way to prevent the spread of the virus.

In the neighbouring taluks also, the spraying operations were conducted in sheds where pigs were reared, he said.

/12379

CSO: 5450/0043

INCREASE IN MALARIA CASES ATTRIBUTED TO FAULTY CONTROL

Calcutta THE SUNDAY STATESMAN in English 2 Nov 86 p 3

[Article by Diptosh Mazumdar]

[Text]

EVEN though a year has passed since a high-power committee of international experts submitted its "in-depth evaluation report" on the Modified Plan of Operation under the National Malaria Eradication Programme, the Union Health Ministry is yet to act upon the time-bound recommendations, several of which should have been implemented this year. While the report, submitted on October 28, 1985, is gathering dust at Nirman Bhavan in New Delhi, more and more malaria cases are reported from different parts of the country, the main reason being the Centre's erratic and faulty control programme.

The committee was set up for two months and began functioning from September 4, 1985. Its terms of reference included "assessment of the MPO against malaria with special reference to the P. falciparum Containment Programme during 1977-1983"; "measures for strengthening of malaria control activity through the primary health care system"; and "identification of the constraints and limitations in the effective implementation of the programme and recommendation of measures for remedying the same".

This was the first committee to evaluate the Centre's concerted action against malaria since the mid-70s. It may be recalled that the country had been combating the disease since the early '50s and the National Malaria Control Programme was taken up in 1953. The programme proved to be a success and in consonance with the decision taken at the Eighth World Health Assembly in 1955, it was intensified and renamed the National Malaria Eradication Programme in 1958.

BRIEF SUCCESS

The NMEP was implemented with determination and, at first, it was hoped that the disease would

be eliminated within a decade. The success story continued till 1955, after which the control acquired over the menace was lost and malaria broke out in several parts of the country. Eradication of malaria came to be considered a dream and several committees were subsequently set up before the Modification Plan of Operation under the NMEP was taken up in 1977 to tackle malaria outbreaks and prevent the same under the prevailing conditions.

Among the 1985 in-depth committee members were Dr V. N. Rao, Dr K. J. Nath, Dr R. Reuben, Dr V. P. Sharma and Mrs Mridula Krishna—all from different Indian medical institutions and other bodies such as the Planning Commission. There were several representatives of the Swedish International Development Authority, including Dr G. J. Gille, Professor B. L. Hubendrick, Mr G. T. Shute and Dr G. Tamm. There was an Egyptian expert, Dr M. A. Farid, and an expert from the USSR, Dr V. S. Orlov. Dr R. Pal represented WHO.

In the executive summary of the report, the committee strongly criticized the programme authorities and the Union Health Ministry. It observed that the "problem of malaria in India at present is grossly underestimated". The MPO, according to the committee, "is no longer able to project itself in the framework of a sound long term control programme".

LACK OF SUPPORT

The report said the "effective control of malaria has been seriously jeopardized owing to the lack of adequate professional support and varied commitment on the part of the State Governments" and that the "increasing extent of the technical problems, that is vector resistance to insecticides and resistance of P. falciparum to anti-malarial drugs substantially reduced the efficacy of the tools available to

the programme". According to the report, "the low level of knowledge-generating capability through research stands in no proportion to the financial outlays and operational complexity of the programme".

The committee stated that the "total lack of inter-sectoral coordination has led to a dramatic increase of malaria", especially in urban areas and development project sites. It noted with concern that "active community participation and health education have neither been promoted adequately, nor supported in spite of being laid down as a basic approach in the MPO". Only the distribution of drugs under the programme was praised by the committee, which said that "it had a positive impact in reducing mortality and morbidity due to malaria".

The committee felt that the eight committees on malaria control—starting from the Hinman Committee (1960) to the Consultative Committee of Experts to determine alternative strategies under the NMEP (1974)—had made specific suggestions and recommendations. The experts said, "It is regrettable that these recommendations were not fully implemented nor implemented in time". "Contrary to reality, the Centre continued to accept reports of satisfactory performance from the different State Governments which were patently incorrect".

Migration

Urban malaria and malaria induced by development projects were increasing at a rapid pace because of large-scale migration to urban areas and owing to a rise in development activities, the report said. Even if the States are expected to tackle the problem, the Central assistance given for the purpose is inadequate. The report observed that the Centre "has not been

playing its desired role regarding the control of urban malaria and project-induced malaria".

Besides the conversion of the malaria control programme from a Centrally-sponsored to a Centrally-assisted programme in the Sixth Plan, with the Central and State Governments equally sharing the expenditure, created certain problems. Some of the States were not able to bear their 50% share, especially in providing the staff for spraying insecticides in malaria-prone areas. The report said the States did not even lift the full quota of insecticides allotted to them by the Centre.

Based on these observations, the committee made several recommendations. It advised that "malariaogenic stratification" of the country should be done in the first six months and, based on this, "a three-year strategy plan operation for malaria control" should be drawn up "by the end of 1986". This recommendation is considered vital for it implies the need for a totally new action plan. Though six months have passed, after the report was submitted the stratification programme is yet to begin. Similar to the fate of the strategy plan which should have been drawn up by the end of this year.

Training

Other recommendations mentioned that training in malariology and the allied fields should receive the highest priority under the National Anti-Malaria Programme Direc-

torate by creation of training centres at the national and State levels and that the training facilities, both at the Central and State levels, "should be developed immediately but not later than 1987". The experts also recommended that a plan of action to enlist active community participation and propagate health education be worked out jointly by the Central and State Health Education bureaus, the Anthropological Survey of India, NAMP and ICMR within six months.

The committee suggested that "planning and epidemiological assessment" and "operational research and development" divisions be opened in the NAMP headquarters and also in the States by the end of 1986. To reduce dependence on insecticidal spray, environmental intervention against the disease should be brought about by coordinating the different programmes being implemented throughout the country, including the IRDP, NREP, RWS, IDSMT, ICDS, tribal welfare and social forestry programmes.

There were several other recommendations which specifically mentioned where the stress should be laid. The recommendations were made time-bound as the committee obviously felt that the situation demanded an urgent and concerted action on the part of the authorities. Why the Health Ministry remained silent on the report is not known. All that is known is that the malaria control programme remains as ineffective as ever in combating the dreaded disease.

/12379

CSO: 5450/0042

CHOLERA DEATHS REPORTED IN WEST DINAJPUR

Calcutta THE SUNDAY STATESMAN in English 26 Oct 86 p 16

[Text]

THE Congress (I) leaders, Dr Zainal Abedin, MLA, and Mr Apurbalal Majumder, general secretary of the WBPCC(I), told Mr Jyoti Basu on Friday that 17 people had died of cholera since October 10 in different villages in the Itahar police station area, West Dinajpur.

Dr Abedin and Mr Majumder told reporters that at a meeting with the Chief Minister at Writers Building they had pointed out that many people were also suffering from the disease.

However, Dr Ambarish Mukherjee, the State's Health Minister, said he had no information that cholera had broken out in Itahar. Three doctors had been sent to the villages and another officer of the Health Department would soon leave for the spot to collect details.

The Congress (I) leaders said they had drawn the attention of the Chief Minister to the alleged

"high-handedness" of the police who made lathi-charges and fired on the people who came to parti-

cipate in a village market at Chanchol in Maida district on the morning of October 22. About 100 people were injured in the lathi-charge and many people were arrested. The police also damaged articles in the stalls. They demanded an impartial inquiry into the incident.

The State Police Headquarters in Calcutta was informed during the day that officials of the Customs Department had raided the village market at Chanchol on October 22 and seized 1,300 metres of synthetic fabric. When some people attacked them, the officials sought the assistance of the police who tried to disperse the crowd. The crowd became violent and attacked them. The members of the police party then fired two rounds from their guns. No one was, however, injured, the police said.

/12379

CSO: 5450/0040

'ALARMING' SPREAD OF RABIES IN KERALA REPORTED

New Delhi PATRIOT in English 28 Oct 86 p 5

[Text]

Trivandrum, Oct 27 (UNI) — The proliferation of stray dogs and the lack of satisfactory measures to immunise domestic pets is causing rabies to spread at an alarming rate in Kerala, claiming many lives and forcing thousands of people to undergo a painful and at times risky course of anti-rabies treatment.

The shrill cry of "mad dog" is a frequent cause of terror in city streets and village lanes.

In the Trivandrum General Hospital alone, 19 people died last year and nine till September this year in the "rabies cell". Several more patients, without any hope of survival, were mercifully taken home by their relatives if only to avoid spending the final hours in the bleak cell.

According to the official all-India estimate, at least 25,000 rabies deaths occur a year. The State Directorate of Health Services, however, does not have up-to-date statistics on rabies deaths.

In recent week, there has been a spurt in attacks by mad dogs. Three women, one from Mannamoola in the city, another from Pravachampalam in the suburbs and a third from Oorootampalam in the nearby Neyyattinkara taluk, died of rabies two weeks ago.

Three of the nine people from Konni, Pathanamthitta district, who were bitten by a pet dog died in the general hospital and the medical college hospital here last week due to complications arising from vaccine treatment.

It was alleged that the vaccine administered to them at Konni over a two-week period was not stored in a refrigerator. Doctors, however, said the patients had not observed the strict

regimen recommended to them during the course of the treatment. The Government had ordered an inquiry into the matter.

In the local public health laboratory, between 100 and 150 people come every day for the anti-rabies treatment, according to Dr K J Ratha, Director of the laboratory.

The laboratory manufactures anti-rabies vaccine from the brain of sheep. About 2,500 sheep are annually killed to prepare the vaccine.

A major problem with the vaccine developed from sheep brain or horse serum is the risk of paralytic strokes in some of the patients. According to a rough estimate, one in 5,000 people undergoing the vaccine treatment suffers paralytic strokes, Dr Radha said. Many people, therefore, go in for human tissue culture vaccine which is free from such reactions.

According to the National Institute of Communicable Diseases, New Delhi, rabies is endemic in India and cases of infection occur throughout the year in all parts of the country, except Lakshadweep and Andamans.

The disease accounts for at least 25,000 deaths annually. Institute statistics show that more than 500,000 people in India undergo anti-rabies treatment every year.

The financial loss due to rabies in livestock is also quite heavy. The Institute feels that the "alarming increase" in the incidence of rabies in cattle, sheep, buffaloes, horses and other animals has not yet been fully appreciated.

The National Institute of Communicable Diseases, which conducted a national seminar on rabies in October last year, has evolved a five-year programme for the control of rabies in human beings and animals.

The major objective of the programme, to be implemented in 1986-87, is to bring down the incidence of canine rabies by vaccination of pet dogs and reduction of stray dogs "through humane means of destruction".

During 1986-87, it is proposed to cover all Municipal Corporations and 80 districts. The second phase, from 1988 to 1990, will see the programme extended to Union Territories and 118 districts. From 1991 to 1995 the remaining 206 districts will be brought under the programme.

/12379

CSO: 5450/0041

BRIEFS

ENCEPHALITIS IN BENGAL--Sixty people have died of encephalitis in Memari, Kalna and in the fringe areas of Burdwan town till Sunday, according to Mr Ambarish Mukherjee, Minister of State for Health, West Bengal, on Monday. So far 273 encephalitis attacks have been reported from these areas. The Minister said that a team of specialists had gone to West Dinajpur following reports that encephalitis had also broken out in that district. Reports of break out of gastro-enteritis had also been received from Malda district. A team of doctors had also been sent there. According to the Minister 75 deaths from encephalitis had been confirmed in the State till October 23. [Text] [Calcutta THE STATESMAN in English 28 Oct 86 p 3] /12379

FREE AIDS TESTS--Calcutta, Oct. 19: The National Institute of Cholera and Enteric Diseases will conduct free blood tests in the city to those suffering from AIDS, the institute director, Dr S.C. Pal, said here today. Dr Pal said a workshop on AIDS, organised by the institute and the British Council was likely to be held in the city in mid-November. Scientists from eastern India and three British doctors will participate in the workshop and discuss ways to prevent the outbreak of the disease in India. Dr Pal said the institute had so far tested 804 blood samples for AIDS virus out of the 1,000 it had received. Only a prostitute from the Watgunge area was found to have the disease. The institute had also conducted tests on 350 persons, who donated blood to Army hospitals in the eastern region. The tests yielded negative results. Though there was no cause for panic, Dr Pal said the state government had been informed by the institute to remain vigilant against the spread of the disease mainly among prostitutes and homosexuals. [Text] [Calcutta THE TELEGRAPH in English 20 Oct 86 p 1] /12379

CSO: 5450/0044

HOSPITAL OPENS VIDEO TELECOM LINK WITH CANADIAN HOSPITAL

Kingston THE DAILY GLEANER in English 7 Nov 86 p 1

[Article by Byron Balfour]

[Text]

OTTAWA, Nov. 5:

A tele-conference communications network (simultaneous audio and visual telecommunications system) today linked the Children's Hospital of Eastern Ontario here, with the Bustamante Children's Hospital in Kingston, Jamaica, paving the way for regular exchange of medical ideas between staffers of both institutions.

It was the latest in a series of goodwill gestures between both institutions, since they were twinned two years ago.

Ontario Health Minister Murray Elston spoke with and saw Jamaican Health Minister Kenneth Baugh on the tele-conference screen, as both men launched the programme.

Dr. Baugh expressed "excitement" at the new development and Elston said it was "a marvellous" breakthrough for the two hospitals.

To mark the historic occasion a nurse at the hospital here made a presentation lecture to Jamaican nurses, who will soon reciprocate.

Doctors, nurses and administrative staffers of both institutions will now be able to hold conferences of this

nature whenever they please, and exchange notes and ideas on medical matters.

Inauguration of the tele-conference system is the latest in a series of exchange ideas between Jamaica and Ontarian hospitals over the past five years. Jamaican hospitals have received millions of dollars worth of medical equipment from hospitals in this province, a number of which are twinned to their Jamaican counterparts.

A team from the Ontario Ministry of Health returned to Toronto Monday night, after helping to instal kitchen equipment at the Cornwall Regional Hospital, Montego Bay.

/13046

CSO: 5440/029

CANADIANS ASSIST WITH 'MAJOR' IMMUNIZATION PROJECT

Kingston THE SUNDAY GLEANER in English 30 Nov 86 p 1

[Text]

A MAJOR immunization project is being carried out at the Denham Town Health Clinic in West Kingston as a collaborative effort between Jamaica and McMaster University in Canada.

The project began Thursday and will be conducted by medical students from McMaster University under the supervision of Kingston and St. Andrew Corporation (KSAC) health personnel.

Over Can.\$76,000 worth of equipment and medical supplies have been donated to the project which is named Immunization-JAMAC. These include vaccine, insulated coolers, icepacks, needles and syringes, alcohol swabs, and portable megaphones.

The immunization project was designed by the McMaster University medical students international health group, in consultation with the Foundation for International Self-help and Development (FISH), the Ministry of Health, KSAC and the University of the West Indies.

It is aimed at increasing the number of pre-school children who are fully immunized and at increasing public awareness about the benefits of immunization. It also provides a suitable learning environment for medical students interested in international health care.

The project is a charitable one and will be conducted by volunteers from McMaster University,

two of whom arrived in the island last week-end.

The two medical students, Scott Musson and Patrick Critchley, will remain in the island for four weeks after which they will be replaced by two other volunteers. The programme will be conducted every Thursday and Friday until February 27.

As an incentive a raffle has been incorporated into the project and each child will receive a free raffle ticket after being given the vaccine.

FLU, 'PINK EYE' EPIDEMICS JOINED BY CHICKEN POX OUTBREAK

Ministry Report

Kingston THE DAILY GLEANER in English 11 Nov 86 pp 1, 3

[Excerpts]

THE DANGEROUS influenza virus 'A' and the pink eye virus are currently stalking the land.

The influenza which has been described as terrifying and painful by some of its victims, affects all ages, particularly the very young and very old. The virus has resulted in many people being absent from work.

Dr. Peter Figueroa, acting epidemiologist at the Ministry of Health, told the *Gleaner* that an influenza virus at this time of year was not unusual, but he warned that the very young or the very old could die from the virus. He said that in the case of the elderly, they were more susceptible and vulnerable; therefore it was true that when they got the 'flu', the impact on them was greater.

Asked how many people have so far died from the influenza virus 'A', Dr. Figueroa said that the Ministry had not received any reports of deaths.

Victims of the influenza virus said that they have had continuous and very painful headaches; high fever; high temperatures; burning and watery eyes and pains in the joints. They said in the beginning stages of the 'flu', they have had headaches for days. One victim complained that she has had a headache for four days, while another complained that he has had a lengthy headache with burning and watery eyes and pains in the joints.

Speaking about the 'pink eye' virus, Dr. Figueroa said it also was still going around, although to a lesser extent. He said a "self-limitation" treatment was utilized and the virus should clear up between five to ten days.

Reports reaching the *Gleaner* said that chicken pox could be going around as well, as there has been one reported case so far. Dr. Figueroa said he had had no report.

Checks with public hospitals provided little information. At the Kingston Public and University Hospitals, doctors said they were unable to give the figures of those who had been treated for either flu or 'pink eye'.

New Flu Viruses

Kingston THE DAILY GLEANER in English 15 Nov 86 p 1

[Article by Dr P. Prabhakar, Lecturer/Consultant Microbiologist, UWI]

[Excerpts]

CURRENTLY, two types of influenza virus strains are causing outbreak of "flu" in Jamaica. Preliminary investigations at the Virus Laboratory, Department of Microbiology, UWI, Mona, indicate that the like strains are influenza A/Taiwan/8/86 (H1N1) and B/Ann Harbour/1/86.

Both viruses are distinct from those which caused outbreaks in 1984 and 1985, respectively.

These viruses which have been isolated in the Far East and USA are spreading in communities and causing a wide spectrum of clinical symptoms in children, adolescents and adults.

The symptoms include feverishness, chills, severe myalgia and headache, sore throat, diarrhoea, with or without cough and cold. In addition to these symptoms, children less than 4 years old and high risk persons are more prone to pneumonia, myocarditis and nervous system infection similar to poliomyelitis. Influenza A and B are associated with excess mortality in high risk groups in several other

countries.

Whether we like it or not, influenza or "flu" is going to be a public problem as the virus either remains in several animal species as a recombinant or in the environment.

The impact of current influenza outbreak may not be known unless systematic collection of data pertaining to school absenteeism, office absenteeism, attendance at hospital/health centres, hospitalisation rates for children and adults is conducted.

Influenza is known to cause hospital outbreaks, hence measures such as single/group isolation, limiting visitors and avoiding admission during an influenza epidemic to limit transmission within hospitals or institutions need to be encouraged.

Research methods for forecasting and predicting "flu" outbreaks in a year should be developed in order to institute control measures. We should formulate guidelines for future surveillance and control of "flu" outbreaks.

Parish Situation

Kingston THE DAILY GLEANER in English 20 Nov 86 p 5

[Text]

ISLINGTON, St. Mary

THERE has been an outbreak of influenza in the Islington area of St. Mary and people are suffering badly because of the absence of proper medical services here. The very poor people of this community especially those who cannot find the \$80 to pay a private doctor are finding life very difficult.

For the past five months there has been no doctor available on a regular

basis at the Islington Health Centre. A new nurse practitioner has recently come to the clinic to replace the one who migrated but residents view with alarm the fact that Wednesday after Wednesday citizens attend the clinic to see that no doctor is available.

Investigations by this correspondent has revealed that there is no medicine at the health centre so the nurse practitioner is limited in what

she can do. Citizens of Islington are therefore making an appeal to the Port Maria Hospital administrator, the Port Maria Hospital Board and the Minister of Health to look into problems of Islington and try to give to the people especially the very old and the very poor the required medical assistance to fight off the "flu" and whatever ailments might come upon them.

Chicken Pox Situation

Kingston THE DAILY GLEANER in English 21 Nov 86 p 1

[Excerpts]

Chicken pox, a disease which affects mainly children, leaves some scarred with spots is currently affecting several Jamaica children though it is not widespread. At the same time the dangerous influenza virus and "pink eye" virus continue to stalk the land.

Dr. Peter Figueroa, acting epidemiologist at the Ministry of Health told the *Gleaner* that there were reports of chicken pox going around. He said however it was not widespread.

He said that the main health problem in terms of epidemic, continues to be the influenza virus A.

Responding to a question on whether or not measles could be going around, Dr. Figueroa said that diseases like measles, there were usually sporadic cases. There were, he said, usual periodic cases but not in large numbers. A bulletin previously issued from the Ministry of Health on treatment of influenza or "flu" said one should drink plenty of liquids to weaken the virus. Symptoms for the influenza virus are: continuous and very painful headaches; high fevers; high temperatures; burning and watery eyes and pains in the joints. Pink eye or conjunctivitis, which was contagious should be treated by one's physician and eye drops or ointments prescribed, the bulletin said.

/13046

CSO: 5440/029

BRIEFS

LETTER ON LONG-TIME PRESENCE OF AIDS--All the fuss about Aids having only recently been imported to African countries is unfounded. Thorough research would lead to very different results because people are known to have seen cases with similar symptoms to those of today's Aids, I'm not a researcher, but there is evidence that a disease with all the symptoms of the Aids has existed since the colonisation of Africa. Some Arab slave merchants were carriers of the disease. What the old folks used to call muchochoma was very much a kin to Aids. Because of their superstitious outlook, however, they believed that it affected men who had intercourse with women who had had a miscarriage or were pregnant. Such a man was considered the original carrier and could spread the disease to the health, both men and women in many ways. Elsewhere in Meru they called it mutheera, meaning that which leaves the body dry. It was said to infect those who had unnatural sex. Africans did not practise homosexuality until visitors from the East arrived on the continent. And you think the solution to Aids is just around the corner? Our forefathers could treat the disease if detected before it was a year old. If the Kenya Medical Research Institute could ask for the information, they would certainly get it. [Text] [Nairobi DAILY NATION in English 23 Oct 86 p 7] /9274

CHOLERA OUTBREAK--Five people have died of cholera in Mbita Division, South Nyanza District, following an outbreak in the area, the Mbita District Officer, Mr Richard Rakuomi, has said. Mr Rakuomi told mourners at the funeral of a South Nyanza Councillor, the late Councillor Ogweno Omenda, that the deaths were reported last Friday. He banned funeral feasts and public gatherings to avoid further spread of the killer disease. The councillor was found hanging, from a tree at his Gembe home last Saturday. The DO told the mourners that the outbreak had been confirmed by the District Medical Officer of Health, Mr William Jimbo. He said the deaths of three men and two women, were confirmed as cholera cases, and surveillance team had been dispatched to the area. He urged wananchi to observe cleanliness at all times, and to stop eating in public places such as open air markets. He also told teachers to ensure school compounds were clean. [Text] [Nairobi DAILY NATION in English 25 Oct 86 p 5] /9274

CSO: 5400/59

NATIONAL AIDS STATISTICS

Mexico City EXCELSIOR in Spanish 31 Oct 86 STATES section pp 1, 2

[For related item, see JPRS WORLDWIDE REPORT: EPIDEMIOLOGY of 25 July 1986 (JPRS-TEP-86-016), p 38.]

[Text] Tijuana, Baja California Norte, 30 October--AIDS has attained the same progressive levels in Mexico as in the United States; there are 166 registered cases, and 70 people have died from the so-called disease of the century. This was revealed here by the chief of the Health Secretariat's Department of Communicable Diseases, Dionisio Aceves.

He stated that both Baja California Norte and Ciudad Juarez, because they border on that country, are high-risk focal points for the contagion of the Acquired Immune Deficiency Syndrome.

Aceves, who is making a tour of Tijuana, indicated that in tourist centers such as Acapulco and other vacation spots, AIDS has been contracted by 10 percent of the prostitutes.

The specialist explained that these women have contracted the virus, but there is no way of knowing how many are developing the illness, since that depends on the physical condition of each organism. In other words, "they are not sick with AIDS yet, but they run a high risk of coming down with it."

He pointed out that because Mexico is a neighbor of the United States, where the principal risk groups are located, there has been a significant increase in the development of the disease.

8926
CSO: 5400/2012

BRIEFS

VACCINATION CAMPAIGN IN BEIRA SUCCESSFUL--During a door-to-door campaign launched between August and September of this year with the help of UNICEF, the Beira Health Department vaccinated the same number of children and pregnant women as in the first 6 months of 1985. A Health Department source told NOTICIAS that in the first 6 months of 1985, 5,727 people were vaccinated against tuberculosis, 4,610 against measles, and 9,120 against diphtheria, tetanus and polio. The August-September results are yet to be analyzed. [Summary] [Maputo NOTICIAS in Portuguese 20 Oct 86 p 2] /6091

CSO: 5400/53

EYE DISEASE EPIDEMIC CLAIMS LIVES IN BENUE STATE

Lagos DAILY TIMES in English 6 Nov 86 p 24

[Article by John Omanchi]

[Text] About 100 people are reportedly killed by a strange eye epidemic which broke out in Ito District, Oju Local Government, Benue State, last week.

Latest reports on Tuesday said that Mr. Samuel Ajene, of Adum East lost three of his children a few hours after they were struck by the strange eye sickness.

It was learnt that because the epidemic had spread to other districts in the local government, seven primary schools in the area have been shut down and pupils ordered home.

A medical personnel who does not want his name mentioned said that about 400 patients have been treated of the unidentified eye epidemic in the four sick-bays created in four primary schools in the area.

The chairman of the state's Local Government Service Commission, Mr. O. Okpabi appealed to the government to sink bore holes and complete work on the hospitals in the area as soon as possible.

Mr. Okpabi attributed the eye sickness to bad drinking water and lack of medical facilities in the area.

And last week the state Commissioner for Health, Dr. Ikurior later directed that the sample of the diseases got from the eyes of the victims be sent to the National Veterinary Research Institute Vom in Plateau State for identification.

Contacted yesterday Dr. Ikurior said that Radio-Immuno-Assay equipment which could have detected the virus was not available anywhere in the country.

He said that the University of Ibadan Teaching Hospital (UCH) was now trying to use another method in identifying the virus.

Dr. Ikurior said that the initial report from UCH indicated that yellow fever was responsible for the eye epidemic but added that this report was not conclusive because the final report was still being awaited.

Health Minister Professor Olikoye Ransome-Kuti could not be reached yesterday for comments.

A voice from his house said: "The minister has travelled outside Lagos."

/13104

CSO: 5400/64

GUINEA WORM REPORTED IN ANAMBRA STATE

Enugu DAILY STAR in English 7 Nov 86 p 1

[Article by Rex Okechukwu]

[Text] **A**N outbreak of guinea worm disease has been reported at Oduma in Awgu local government area of Anambra State.

The deadly disease which has resulted to the death of tens of inhabitants, is attributed to the poor source of drinking water in the area.

Among the victims of the epidemic are adults and children of school age.

The traditional ruler of the community, Chief Alfred O. Eneh, told the 'Daily Star' that the state of affairs had culminated in a mass exodus of primary school teachers and other government workers in the place.

Chief Eneh called on the state and federal governments to come to the aid of his people

before more lives were lost.

The natural ruler explained that the inhabitants of the place were predominantly farmers, but regretted that there was no motorable road to evacuate their produce.

Chief Eneh stated that his greatest achievement in office so far was the construction of a seasonal road from Nenwe to the area, adding that the project had gulped N83,000 generated by the people.

He was however grateful to the state military governor, Group Captain Emeka Omeruah, for directing the state task force on road reconstruction to embark on the rehabilitation of the road.

Chief Eneh disclosed that the community had so far contributed N54,000 to the state education and technology (ASET) fund.

/13104

CSO: 5400/64

YELLOW FEVER EPIDEMIC

Containment Measures Announced

AB040935 Lagos Domestic Service in English 0600 GMT 4 Dec 86

[Text] The minister of health, Prof Koye Ransome-Kuti, yesterday announced measures being taken by the Federal Government to contain the yellow fever epidemic now affecting parts of Benue, Cross River, Imo, and Anambra states. He told newsmen in Lagos that the Federal Government had made available \$1.5 million for the procurement of vaccines and that 500,000 doses of the vaccines had been received and distributed to Benue and Cross River states. Imo and Anambra states, the minister said, had each received 50,000 doses of the vaccines.

Professor Ransome-Kuti announced that each state in the adjoining areas already affected by the epidemic would be sent 50,000 doses to stop the disease from spreading. He advised those traveling to the affected areas to get themselves immunized.

Today the minister will meet the commissioners of health of states affected by the epidemic and those of adjoining states.

Affected States, More Containment Measures

AB042134 Lagos Domestic Service in English 1800 GMT 4 Dec 86

[Excerpts] Cases of yellow fever have been confirmed only in Benue and Cross River states. The minister of health, Prof Koye Ransome-Kuti, told newsmen in Lagos today that there were no confirmed cases in Anambra, Imo, Kwara, and other states. Correspondent Ogie Oboigbe has the details:

[Begin Oboigbe recording] Recent reports have indicated that the yellow fever epidemic has spread to five states. To get the situation reports, Professor Ransome-Kuti met today with commissioners for health from Gongola, Plateau, Kwara, Bendel, Rivers, Anambra, Imo, and Benue states. The ninth state, Cross River, was not represented because the cabinet has just been dissolved. From the meeting, it became clear that confirmed yellow fever cases are in Benue and Cross River states only and while 270 are known to have died in Benue,

the figure from Cross River State could not be ascertained, since the commissioner was absent at today's meeting. At the meeting, strategies to be adopted in tackling the emergency were discussed and it was agreed that immunization should start immediately in all local government areas in Benue and Cross River states. In Imo, Anambra, and Rivers, immunization should start in the local government areas bordering Cross River and Benue states. Professor Ransome-Kuti said there were enough vaccines to start the operation. Each state commissioner took home today between 20,000 and 50,000 doses of vaccine to start with. They are to come back for more next Monday, since the target for each local government is to have 50,000 vaccines in the nine states. Every state will also receive 400 bottles of intravenous fluid for the treatment of those who already have the yellow fever. Professor Ransome-Kuti said the strategies adopted today were capable of containing the epidemic.

Apart from the fact that people traveling to the affected states have to ensure that they are immunized, anybody from Benue and Cross River states should not leave their areas without being immunized. This is to minimize the risk of spreading the disease to other states. Professor Ransome-Kuti cautioned newsmen on their reports on the epidemic saying that the commissioners for health were concerned that such reports might cause panic among the people. [end recording]

/8309

CSO: 5400/63

NIGERIA

BRIEFS

NO AIDS CASES REPORTED--Although the Federal government has set up a committee on the prevention of the dreaded Acquired Immune Deficiency Syndrome (AIDS), not one case has been reported, Health Minister Olikoye Ransome-Kuti said while opening the N1.5 permanent quarantine and port health division headquarters building at the Murtala Muhammed Airport, Lagos. He said the port health services would maintain internationally acceptable environmental standards at the ports. [Text] [London AFRICAN CONCORD in English 6 Nov 86 p 34] /13104

YELLOW FEVER EPIDEMIC--The Federal Government is to send 250,000 doses of vaccines to the Cross River State Government to combat the outbreak of yellow fever in parts of Ogoja local government area. The minister of health, Professor Koye Ransome Kuti, disclosed this while on an assessment tour of the epidemic-affected areas in Ogoja. The chief medical consultant of the area, Dr Tiro Ogon, told the minister that more than 1,000 doses of vaccine sent to the area did not get to their destination. Meanwhile the death toll from the yellow fever outbreak has risen to 170. [Text] [Lagos Domestic Service in English 2100 GMT 28 Nov 86 AB] /12232

CSO: 5400/60

CHOLERA CLAIMS 17 LIVES IN JACOBABAD

BK261343 Karachi DAWN in English 16 Nov 86 pp 1, 3

["From our correspondent"--passages between slantlines published in boldface]

[Text] Sukkur, 15 Nov--Cholera has so far claimed 17 lives including those of 15 children in Jacobabad, according to reports reaching here. Eighty persons have been admitted to the Civic Hospital, and a camp has been set up by the administration for the treatment of the patients. The areas most affected by cholera include Dastagir Colony and Phool Bagh.

It is suspected that contaminated drinking water and some cooking oil are responsible for the spread of the disease in an epidemic form.

/DC's Version:/ The DC [District Commissioner] Jacobabad told on the telephone tonight that the deceased were victims of gastro-enteritis or diarrhea and not of cholera. He said he called a meeting of the authorities concerned today and it has been decided that the situation would be reviewed after every 24 hours. He further disclosed that at least 200 persons had been affected by the disease in Jacobabad City.

The DC said that all the precautionary measures have been taken to affectly [as published] check spread of the disease and special wards have been set up in the Civic Hospital for that purpose.

The DC said there was no cause for alarm as the administration was fully aware of the situation and was doing everything to quickly control the disease.

Sufficient stocks of medicines were also available at the hospital, he added.

/9738

CSO: 5400/4702

BRIEFS

AIDS Statistics--AIDS, which has already killed 24 persons in Portugal "is going to have the same development here as in other countries," declared Dr. Jorge Torgal Garcia at a meeting on "Infection in Hemodialysis." All together there were 30 officially-known cases of AIDS up to 30 September. Almost all of those cases involved homosexual and bisexual males (of sexually active age), with only one case of drug addiction, said Torgal Garcia, who is an assistant at the Faculty of Medical Sciences. "The situation is not yet alarming but it is well that we be attentive because for each diagnosed case it is estimated that there are 15 cases of infection by the AIDS virus." Another of the speakers at the meeting: Dr Antonio Terrinha of the Portuguese Institute of Oncology, was more pessimistic, saying that "for each case of AIDS diagnosed, there are 50 to 100 infected persons who can transmit the disease." Therefore, there may exist "two or three tens of thousands of individuals who are carriers of the AIDS virus," in Portugal, he said. [Excerpts] [Lisbon DIARIO DE NOTICIAS in Portuguese 8 Nov 86 p 14] 8908

CSO: 5400/2415

NATION SEEN AS SITTING ON AIDS TIMEBOMB; CALL FOR TV PUBLIC WARNING

West's Anti-AIDS Campaign Cited

Johannesburg SUNDAY TIMES in English 16 Nov 86 pp 1, 2

[Article by Cas St Leger and Evelyn Holtzhausen]

[Text]

SOUTH AFRICA is sitting on an AIDS timebomb . . . and the threat is so serious that the Government may launch a TV campaign similar to the one which shocked Britain this week.

The enormity of the crisis facing the whole of Africa was hammered home when a team of American and European scientists issued a report on Friday saying the disease was spreading through the continent at a rate that could prove "devastating".

According to one scientific projection of today's AIDS statistics and population growth, there could be more than 30 000 cases of the disease in South Africa in 10 years.

There have been 43 cases of AIDS in South Africa since monitoring began in 1982. Thirty-four caught the disease in South Africa, the balance contracted it elsewhere.

While SA politicians and medical men differ in their interpretation of the threat, leading nations of

the Western world have moved swiftly to react to growing public concern over the peril.

America and Britain are leading the battle against the deadly Acquired Immune Deficiency Syndrome virus which has been described as the bubonic plague — "Black Death" — of the 20th century.

Doctors fear that the spread of AIDS, which destroys the body's natural defences against illness, could cause unprecedented social panic around the world.

Debate

Britain this week launched a massive R30-million awareness campaign — spearheaded by explicit adverts on TV.

Underlining the British Government's mounting concern, AIDS is to be the subject of a full day's debate in the House of Commons this week, and Social Services Secretary Mr Norman Fowler will propose govern-

ment plans to deal with the crisis.

Mrs Margaret Thatcher has set up a special AIDS committee headed by deputy PM Lord Whitelaw.

Similarly in the United States, President Reagan has established a national strategy committee to deal with the problem.

The committee has reported that AIDS requires "the most wide-ranging and intensive efforts ever made against an infectious disease".

In America there are 25 to 30 new cases daily, with 25 000 expected by the end of this year. And, unless the spread of the disease is halted, doctors estimate it will kill 50 000 Americans in four years, and 200 000 in eight years.

Urgent

In South Africa, a television campaign on AIDS prevention and counselling may soon be launched on SATV.

The question of TV advertising — which already has the backing of the Medical Research Council and the SA Blood Transfusion Services — is to be thrashed out at a November 28 meeting of the Government-appointed Advisory Group on AIDS.

The blood transfusion services are deeply concerned. Already, 45 potential blood donors have been identified as carriers after the testing of donors began at the end of last year.

The screening came after the tragic death of 13-year-old Marcello del Frate, who died from AIDS after a transfusion of contaminated blood.

Medical experts in Britain have agreed that the most effective way to check the spread of AIDS until a cure is found is a no-holds-barred advertising campaign aimed at creating greater public awareness.

In Scotland, researchers are gauging the effectiveness of a television advertising campaign during which viewers were told that the makers of the advertisement would not apologise for "frightening" them.

"Mankind," said the advertisement, "is now facing a new plague — the greatest threat to our existence for more than a century."

The advertisement reached more than two million viewers in an area which includes Edinburgh and Dundee — the cities which have the highest per capita number of carriers in Britain.

Mrs Thatcher's AIDS committee has decided that every household in the country will be sent a leaflet giving details about the disease.

The leaflet, titled "AIDS, Don't Die Of Ignorance", will be sent to more than 23-million homes early next year and supported by a massive television campaign.

The leaflet will urge people to stick to one sexual partner, or always use a condom with new partners.

It will also warn drug addicts of the dangers of contracting the virus through the sharing of infected needles.

The television and leaflet broadside will also be accompanied by a newspaper advertising campaign and a special programme aimed at educating youngsters about the virus.

Medical advisers to the Government have emphasised that the disease will soon reach plague proportions if the spread of the virus is not halted.

Action

Southern Africa will not escape the "devastation" that faces the rest of the continent unless urgent action is taken, warns Professor Andries Brink, chairman of the SA Medical Research Council, the man who is leading the drive to alert South Africans to the peril.

He estimates that should the disease be unchecked, by 1996 there will be 31 232 cases. This estimate is based on scientific projections of today's figures.

Professor Brink has called for immediate action — but

there is division in the medical world over the magnitude of the crisis.

While Professor Brink argues that the full extent of the disease in South Africa is not known, Professor Jack Metz, director of the SA Institute for Medical Research and chairman of the Advisory Group on AIDS, believes that South Africa has been protected geographically, and the country's low incidence figure reflects that.

Professor Brink says there is an immediate need for wider studies and research.

"The situation is already urgent. We are not doing enough to gather information and to alert the public," he said.

He has asked that R2-million be invested in education and investigative studies.

Professor Metz agreed that research was never

wasted, but said: "We have all the facts. We are in a tremendously better position than the rest of Africa. AIDS started in Central Africa and it has not spread further south than Malawi.

"There is only one high-risk area, and that is Malawi," he said.

"Annually, 30 000 Malawians come to South Africa to work. Of these, 20 000 work on the mines and are tested as they arrive.

Testing

"The balance come in to different employment and there is no way they can be tested."

He saw no danger in the untested 10 000 and no need for wider blood testing.

The 45 carriers identified by SA Blood Transfusion Services screening are regarded by Professor Metz as a low percentage — one person in 10 000 — but blood donors represent a particular section of the population and may not be representative.

Professor Barry Schoub, of the Institute of Virology, is establishing a laboratory in Cape Town, due to open at the beginning of 1987, to investigate the special strains of AIDS infecting Africa.

Dispute on AIDS Denied

Johannesburg THE CITIZEN in English 19 Nov 86 p 11

[Text]

THE chairman of the Advisory Group on Aids, Prof J Metz, has denied impressions given by a Sunday newspaper that he and Prof Andries Brink, president of the Medical Research Council, differed on the issue of spending R2 million on informative and investigative studies into the disease.

Prof Metz said in a statement that he and his group fully support a proposed public education campaign on Aids and investigative studies into the disease in South Africa.

"I was quoted as saying that research was never wasted, but that we have all the facts. I made no such absurd claim — neither we nor anyone else in the world has all the facts.

"Moreover, promotion of education on Aids is one of the important functions of the group," Prof Metz said.

He said that studies on the prevalence of the Aids virus infection in South Africa, which had

already been started and were ongoing through routine screening of blood donors, mineworkers, patients attending sexually transmitted disease clinics, prostitutes and other high-risk groups, should be continued and expanded.

"I was also quoted as saying that Aids had not spread further south than Malawi. Although no cases of 'African' Aids have been recorded in South Africa, cases have in fact been reported from Zambia, Zimbabwe, Botswana and Caprivi.

"Nine cases of Aids and others suffering from minor manifestations of the infection have been referred to this country for investigation and treatment," he said.

Prof Metz said he had explained to the news-

paper that of the 30 000 Malawians who came to work in South Africa every year, 20 000 worked on the mines and were being tested for Aids virus antibodies.

The rest were employed elsewhere but at present it was not feasible to test them.

"I was alleged to have said that I saw no danger in the untested 10 000 and no need for wider testing. This is a misinterpretation of what I said.

"There is always a danger that Aids may be imported into this country and cause infection in the local population, but at present, the risk seems to be small."

He said that studies so far had shown no evidence of infection in Black prostitutes serving certain mining areas.

/9274

CSO: 5400/56

HEALTH DEPARTMENT DIAGNOSES 14 AIDS CASES

MB021046 Johannesburg SAPA in English 0746 GMT 2 Dec 86

[Text] Johannesburg, Dec 2, SAPA--Fourteen cases of AIDS have been diagnosed in South Africans so far this year and five patients have died, according to the Department of National Healths Advisory Group on AIDS.

The number of cases was six up on the previous year's total but was in line with expectations, the group said in a statement released in Johannesburg.

It said the present situation was reassuring but there was a potential threat that the disease could spread as in other parts of the world.

The group had therefore drawn up a long-term plan to contain the spread of the disease through surveillance and education.

The plan would be referred to the Department of National Health and Population Development for possible implementation.

According to the group's statistics, six of the 14 cases of AIDS diagnosed this year were from Johannesburg, two from Durban and six from Cape Town.

All the patients were males and no cases of AIDS among intravenous drug abusers had been reported.

Seven AIDS patients from neighbouring countries were referred to South Africa for diagnosis and treatment this year, the statement said.

The statement said the state of AIDS in South Africa was reviewed at a meeting of the advisory group in Bloemfontein at the weekend.

The meeting found there was room for "cautious optimism" on the disease.

This view was based on the low rate of increase of AIDS, the fact that no cases of "African" AIDS had been identified and the low incidence of exposure to the AIDS virus in the almost 900,000 South Africans tested by blood transfusion services to date.

"Until June 1986, the number of people found to be infected with the virus has been less than six in 100,000.

"Only four of the 34 local cases of AIDS recorded in South Africa since 1982 have been other than homosexual or bisexual.

"Two contracted the disease after receiving contaminated blood in a transfusion several years earlier before this was recognised as a mode of transmission and before blood was being tested. The other two were haemophiliacs who had been treated with blood products mostly imported from the United States."

The group said it was unlikely that some cases of AIDS were not being brought to its attention.

/8309

CSO: 5400/62

HEALTH DEPARTMENT RELEASES STATISTICS OF 1986 AIDS CASES

Johannesburg THE STAR in English 3 Dec 86 p 6M

[Text]

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"The other two were haemophiliacs who had been treated with blood products mostly imported from the United States."

The group said it was unlikely that some cases of AIDS were not being brought to its attention.

Blood sampling of black South

African labourers, mainly from rural areas, showed a "negligible" incidence of exposure to the virus, the statement said.

There had been no cases of AIDS in South African women, although the number of female AIDS victims in the US and Britain appeared to be increasing.

"There is, however, no room for complacency. The group has therefore drafted a plan in which it lays down a long-term strategy whereby it hopes the spread of AIDS in South Africa will be contained.

"The plan is based on surveillance of the disease and education of the high-risk groups, members of the health care professions and various sectors of the general public, including schoolchildren, on the nature and prevention of the disease."

The group praised the "responsible" handling of AIDS news by the SA media but called a recent report in a Sunday newspaper "sensational" and said it contained "gross inaccuracies and misquotations".

The statement added that an information pamphlet on AIDS published by the Department of National Health was available to interested groups and the public. — Sapa.

/9274

CSO: 5400/71

WITCHDOCTORS RECRUITED IN ANTI-AIDS CAMPAIGN

Johannesburg THE STAR in English 3 Dec 86 p 6M

[Text]

DURBAN — Witchdoctors are to be drawn into the battle to control AIDS in Africa.

In the first meeting of its kind, about 200 sangomas — witchdoctors — from all over the country will be educated about AIDS later this week.

AIDS expert Dr Ruben Sher, who is the head of Cirology at the South African Institute of Medical Research and a member of the AIDS advisory group, said about 80 percent of the black population went through the hands of sangomas before they saw medical doctors.

The bid to draw sangomas into the battle is being done in the hope that the spread of AIDS here will not take off and reach alarming proportions it has in neighbouring states.

Other more conventional moves to control the disease in South Africa now include the testing of prostitutes and the testing of 90 000 donors at blood transfusion centres.

Dr Sher said: "The problem is going to be to convince these sangomas that AIDS is spread from personal contact. They don't believe that diseases are spread from person to person."

It is vital to reach this sector of the population and educate them, as AIDS is spreading alarmingly in countries such as Tanzania and Uganda.

In neighbouring Mocambique the breakdown of health services had made it difficult to track the extent of infection.

Dr Sher said at his meeting this week he would speak to the sangomas on ways of preventing the spread of AIDS; for example avoiding promiscuity and using condoms.

Of the 43 confirmed AIDS cases in South Africa, only one male had been black and he had come from outside South Africa.

Professor Peter Brain, head of Natal's Blood Transfusion Centre, confirmed that of the 43 AIDS cases, 29 of the men had been homosexual or bisexual.

"Blood transfusion centres countrywide have completed 90 000 AIDS tests on blood donors. So far only 50 people have been found to have the anti-bodies which means they may get it in future," said Professor Brain.

These figures are extremely low and made up less than one percent of blood donors.

/9274

CSO: 5400/71

AIDS CASES COULD DOUBLE IN ONE YEAR

Johannesburg THE CITIZEN in English 29 Oct 86 p 19

[Text] The number of Aids cases in South Africa was expected to double in twelve months, Dr Frank Spracklen, a member of the Aids Advisory Group, said in Cape Town.

Though the disease was not as rampant here as it was in other parts of the world, the virus was spreading faster than expected.

There were 42 reported cases of Aids in the country, with 24 deaths caused by the disease and one other death caused by an Aids-related virus.

Dr Spracklen said Aids in South Africa was following the American line rather than the African pattern.

"Like America, there are no female Aids victims in South Africa. In other African states, up to 50 percent are female," he said.

"All South Africans who contract the virus are homosexuals or bisexuals. As soon as women contract the disease it spreads faster. They pass it on to the 'straight' men and babies in the womb," Dr Spracklen added.

The reason for the low number of people contracting the disease in South Africa was because "people are wary of being too promiscuous and are taking precautions when they have intercourse with more than one person.

"The only advice we can give the public is to refrain from having too many sex partners. They should ease up on promiscuity and settle for safe sex."

/12828

CSO: 5400/48

AIDS CLAIMS FIRST VICTIM IN NATAL

Johannesburg THE CITIZEN in English 5 Nov 86 p 12

[Text]

DURBAN. — Acquired Immune Deficiency Syndrome (Aids) has claimed its first victim in Durban — a man unable to live with the threat of the incurable disease who committed suicide two weeks ago — and another sufferer is in a serious condition in Addington Hospital.

Although experts stress that in Durban there is no cause for alarm over the disease which is sweeping parts of Africa, the United States and Europe, they say there are many carriers in South Africa.

At least two patients under treatment are regarded as "pre-Aids" and are likely to develop a full case of the virus.

They are members of the "high risk" category of either homosexuals, haemophiliacs or those who have visited high risk areas such as Zaire.

The middle-aged local man who took his life two weeks ago apparently contracted Aids in his youth, before the disease was identified, and the virus had lain dormant for years.

The man being treated in Addington, also middle-aged, was admitted in May.

The hospital's deputy medical superintendent,

Dr Raph McCarter, said his condition is slowly deteriorating and it is unlikely that he will return home.

"He keeps getting infections, obscure bugs that would not really bother you or me.

"It is a slow business, a lingering death sentence."

He said as Aids is still not a notifiable disease the man is responsible for his costly hospital bills.

One Aids expert, Dr Ruben Sher, said while there are several million carriers and a million deaths expected in the next few years in Africa, there were still only about 4 000 carriers of the virus in South Africa and 41 cases of the disease to date.

Durban had particularly few cases.

It was the opinion of South African medical experts that there was no immediate threat or real danger to people in South Africa, apart from homosexuals.

The "saving grace" in this country was that the disease had not yet become a heterosexual problem and was thus not being spread at the same rate as elsewhere in the world, he said.

BRIEFS

RABIES THREAT INCREASING--The threat of rabies on the Natal South Coast is becoming increasingly serious and concerted preventive action is urgently needed, according to the head of the province's venterinary services, Dr Bill Posthumus. He said there were points of infection from Durban down to Port Shepstone and it was particularly worrying that two rabid stray dogs had been found near the holiday areas of Amanzimtoti and Illovo Beach within four days. Rabid dogs have also been put down recently at Umtentweni and Eston. [Text][Johannesburg THE CITIZEN in English 29 Oct 86 p 19]/12828

CSO: 5400/48

AIDS CASES, MORTALITY LEVELS ANALYZED

Barcelona LA VANGUARDIA in Spanish 29 Aug 86 p 19

[Excerpts] During the past 5 years, 93 of the 145 patients confirmed to be victims of acquired immune deficiency syndrome have died, putting the death rate from this illness at 64 percent. Only 8 percent survive 3 years after having been diagnosed as AIDS patients. Experts meeting in Paris in June of this year predicted that cases of acquired immune deficiency syndrome in Spain would triple by 1988.

As of this date, studies made by the National Working Commission on AIDS show a 64 percent mortality rate from acquired immune deficiency syndrome in Spain. Of the 145 patients confirmed to be suffering from the disease, 93 have died.

So far, the National Commission has studied the records of 213 suspected AIDS patients. Their case histories were reported to the General Subcommittee for Epidemiological Control by physicians from various Spanish provinces. Of the 213 patients, 145 (131 men and 14 women) were confirmed to be AIDS victims.

The first AIDS diagnosis in Spain was confirmed during the last quarter of 1981. Since that date, the number of confirmed cases has risen to 2 in 1982, 10 in 1983, 24 in 1984 and 93 in 1985. During the first 4 months of this year, 15 cases were recorded, the same number as was recorded during the same period of 1985.

A statistical mortality study released on 18 March 1986 shows that the odds of surviving after an AIDS diagnosis are 57 percent at the end of 3 months, 34 percent after a year and 8 percent after 3 years.

Opportunistic Infections

Opportunistic infections are the pathological conditions most often associated with AIDS, representing 80 percent of the cases studied. The most frequent, according to General Public Health Administration data, are: esophagitis, caused by "candida albicans," pneumonia, due to "pneumocystis carinii," cerebral toxoplasmosis, cryptococcosis, cryptosporidiasis, progressive multifocal leukoencephalopathy, herpes simplex infections and strongyloidosis.

Cases diagnosed according to risk groups confirm that in Spain, drug addicts are the most often affected, followed by homosexuals. These statistics bear

out minister Ernest Lluch's claim that the trend in Spain is the reverse of that shown in other European countries. A total of 72 drug addicts were affected (with 42 deaths), followed by 30 homosexuals (19 deaths) and 27 hemophiliacs (22 deaths). (See chart.) The next biggest group is composed of homosexuals who are also addicted to drugs.

Recorded Cases and Risk Groups

<u>Risk Groups</u>	<u>Cases</u>	<u>Deaths</u>
Homosexuals	30	19
Homosexual drug addicts	8	5
Drug addicts	72	42
Hemophiliacs	27	22
Children of parents at risk	2	1
Transfusions	1	1
Others/Unknown	5	3
Total	145	93

Finally, the number of cases and deaths by age group shows that the 20- to 29-year-olds are most often affected (76 cases, 45 deaths), followed by the 30- to 39-year age group (38 cases, 23 deaths). Most notable, finally, are the statistics among children, which show 3 cases (2 deaths) among the 1- to 4-year-olds, 3 cases (2 deaths) among the 5- to 9-year-olds and 3 cases (3 deaths) among the 10- to 14-year-olds.

The 93 fatalities were distributed among the various provinces as follows: Madrid, 44 cases, Barcelona, 24, Guipuzcoa, 10, Vizcaya, 8, Valencia, 8, Sevilla, 7, Malaga, 4, Salamanca, 4, Toledo, 4 and Cordoba, 3.

At a meeting of 2,500 worldwide specialists held in Paris late in June, it was asserted that AIDS cases would increase 9-fold in Spain by 1988.

Among the papers presented at the congress, one statistic was particularly striking. The Center for Infectious Disease Control in Atlanta confirmed 3,040 AIDS cases in 1983. Three years later, that same center documented the existence of 25,154 persons affected by AIDS in 92 countries.

8631/5915
CSO: 5400/2402

RISE EXPECTED IN AIDS CASES AMONG DRUG ADDICTS

Madrid EL PAIS in Spanish 12 Sep 86 p 28

[Article by Jesus de las Heras]

[Excerpts] Madrid-- Some 200 drug addicts die every year in Spain, according to public health statistics. This death rate could increase 10-fold during the next 5 years due to the spread of acquired immune deficiency syndrome (AIDS) among Spanish drug addicts, according to administration forecasts. This estimate is only relative, however, since the syndrome's incidence can vary due to diverse factors, among them the preventive measures that are adopted.

According to officials, the WHO and the Spanish government--particularly the departments charged with providing public health assistance in drug-related matters--are greatly concerned about the foreseeable increase in the AIDS death rate among drug addicts in Spain in coming years.

Sources close to the medical subcommission of the Spanish government drug agency concede that, should present circumstances remain unchanged, the current death rate among drug addicts would increase ten-fold. This prediction is based on the most pessimistic studies among estimates of public health statistics for the next 5 years. In this respect, public health sources note that the WHO considers AIDS to be the greatest health problem among drug addicts. Public health statistics show that at present, 200 drug addicts die in Spain every year. A quarter of these fatalities occur in Madrid. Thus far, the principal causes of death in this group are drug overdoses, hepatitis and endocarditis. Deaths among drug addicts in Spain could reach 2,000 annually if certain measures are not established.

Brown sugar (heroin) is quite well accepted on the drug market (60 to 70 percent of the heroin used in Spain is of this type). This is because in spite of its impurity when cut the drug is obviously a direct derivative of the opium plant.

Preventive Measures

All these drug-related health problems pale beside the risk of AIDS to the drug-dependent population. According to the WHO, "this danger is of much greater importance to health and society than other causes of death."

"Health education, particularly hygiene, is essential to prevent this risk (increased AIDS among drug addicts)," the health officials explained. "These campaigns are being waged, particularly through drug treatment centers," the same sources said, "but the main obstacle is the reticence of the drug addicts themselves. They usually don't give much consideration to the recommendations that are made to them."

8631/5915

CSO: 5400/2402

TYPHOID 'EPIDEMIC' IN ZONGULDAK

Istanbul MILLIYET in Turkish 22 Jul 86 p 12

[Text] A typhoid epidemic has hit Zonguldak's Karaelmas District, which has a population of approximately 12,000, due to contamination of drinking water by sewage.

It was learned that Orhan Boz, who was hospitalized with a high fever and diarrhea last weekend, his daughter Figen Boz, Ramazan Demircioglu, and Erdogan Mertoglu have contracted typhoid fever.

Meanwhile, with close to 30 persons under treatment at Zonguldak state and SSK [Social Security Organization Directorate General] hospitals, health directorate teams called a state emergency. Because all of the patients are from the same residential district, warning signs, "Coli bacilli present. Do not drink," were posted at all fountains in the area.

While health directorate teams were shutting off fountains, residents of the district were warned not to use the water in their homes without boiling it first.

Public health teams attached to the provincial Health and Social Welfare Directorate later combed the entire district collecting samples of drinking and household water. While it was being determined by analyses that drinking water was contaminated by sewage water, it was seen that the number of patients, particularly children, with high fever and diarrhea increased with every passing day.

Weekend leave for provincial Health and Social Welfare Directorate employees was suspended because of the typhoid epidemic, and those seriously affected by typhoid, which strikes very young children the hardest, were hospitalized.

Health teams continue to work ceaselessly in order to prevent the epidemic from spreading, and broad measures have been taken to prevent residents of the district from panicking.

Zonguldak Province Health and Social Welfare Director Dr Abdullah Kaynak said, "We have determined that sewage has contaminated one well and four fountains in the 12,000-resident Karaelmas District. Those who use water from the fountains and the well are the ones who contracted typhoid. At this time, six typhoid patients are in the state hospital and 15 are in the SSK hospital.

DIARRHEA 'EPIDEMIC' IN ISTANBUL

Istanbul CUMHURİYET in Turkish 22 Jul 86 pp 1,8

[Text] Because of broken sewers, drinking water has been contaminated by sewage for 2 months, and 30 persons from Bakirkoy Gungoren Akincilar District have been treated for diarrhea at various hospitals in the last 2 months.

It was learned that Akincilar District sewers have been in need of repair for 2 years, but only in the past 2 months has drinking water been polluted by sewage. Residents of the area report that, although they have explained the situation on at least ten occasions during the 2-month period to the Bakirkoy municipal and ISKI [Istanbul Water Works and Sewerage Administration] officials and requested repairs, they have received absolutely no assistance. They claim that municipal officials have avoided speaking with them this past week and charge that officials whom they had contacted responded by smiling when they complained they "have been drinking sewage for 2 months."

At 10:30 a.m. yesterday, Akincilar District residents met and went as a group to the Bakirkoy Municipality Gungoren Department Directorate once again. After being rebuffed by officials, they spoke with a CUMHURİYET reporter. Sixty-year-old Fatma Oktar asserted that she had gone to see Bakirkoy Municipal Chairman Naci Eksi four times in the past 2 years to report the broken sewers. She said, "The chairman told me that the sewer line had collapsed and that they would repair it. They did, but 2 days later, it happened again. They repaired it. It collapsed once again. The municipality then gave up. Who wouldn't feel ashamed to have a 60-year-old woman knock on the government's doors because she has to drink sewer water?"

Residents of Akincilar District say that, because of the contamination of drinking water by sewage, they have been trying to meet their needs for drinking water by purchasing bottled water at the store, but say that they cannot afford to continue to buy bottled water. Residents note that the prime minister, ministers, and deputies are laying foundations every day in certain areas as investments in upcoming elections. They charge, "If there were an election in Bakirkoy, we would be spared this suffering."

It was learned that, in addition to the 30 cases of illness caused by contamination of drinking water by sewage, Ulker Sarigul, who resides on Ortac Street in Akincilar District, and Neriman Inceyilmaz went for treatment for diarrhea to Cerrahpasa Hospital yesterday.

11673

CSO: 5400/2559

TURKEY

BRIEFS

QUARANTINE AGAINST ANTHRAX--The village of Gurgun in Rize's Guneyce District has been quarantined against the disease anthrax. A Turkish Radio and Television correspondent reports that a person who wanted to strip the skin from two cows that died of anthrax became infected with the same disease and later died. In the wake of the incident, the village was quarantined. Rize Governor Erol Cakir said three other persons from Gurgun with symptoms of anthrax were taken to the hospital and work is underway to disinfect the village and inoculate the villagers against the disease. [Text] [Ankara Domestic Service in Turkish 1700 GMT 24 Nov 86 TA] /12624

CSO: 5400/2416

BRIEFS

RABIES IN MOROTO--Rabies has killed over 37 people in Moroto District in recent months, and others still in hospitals and sick in the villages. The disease which has now nearly covered the whole district started in extreme South Karamoja especially in Nakapiripirit, Lolachat and Nabilatuk. The first diagnosis of the disease was in Nakapiripirit where a mad but tamed puppy bit a wife of a police officer. This happened in January this year and the woman died in April. In Lolachat sub-county, six people who were bitten by mad dogs also died after a period of two months. And in Nabilatuk, a gang of nine maddogs attacked Acegeretolim P.7 school. The dogs attacked a teacher who managed to fight them off. He escaped unhurt because he was wearing boots where most of the dogs planted their teeth.. In the same attack, a school girl was bitten by one of the stray dogs. She was rushed to the nearest Tokora Hospital. As the stray dogs travelled further, more people were attacked. Most of the victims have reportedly died. The disease has now reached Moroto town - the main and Regional headquarters of Karamoja four miles away. At Nawanatau a distance away from Moroto, two boys have died of rabies. Reports of deaths resulting from rabies are coming in from Lotome Sub-county also, just 19 kilometres from Moroto. At least 11 people are said to have been killed by rabies in the area. The Veterinary department, medical authorities and administrators seem to have no immediate solution. In August, a circular from the Ministry of Animal Husbandry was sent to Karamoja authorities. The letter declared that the region was affected by rabid dogs and therefore, the only medicine was to declare "war with dogs in both Moroto and Kotido districts." The campaign to destroy stray dogs appears to be effective in certain affected areas, especially in South Karamoja where many people have died of rabies. In the area, many people now walk with sticks, clubs and with whips. The missionary hospital, Matany, has some anti-rabies vaccines which is being used to vaccinate suspected cases of rabies. A special team has been set to vaccinate people against this killer disease, and a programme has been planned by the hospital to educate the rural masses. [Text] [Kampala WEEKLY TOPIC in English 22 Oct 86 pp 1, 12] /13104

CSO: 5400/44

NURSES, POLICE CALL FOR VACCINATIONS AGAINST HEPATITIS

London THE DAILY TELEGRAPH in English 2 Dec 86 p 4

[Article by David Fletcher]

[Text]

VACCINATIONS against the blood-borne disease Hepatitis B were demanded by police and nurses on operational duties in separate pleas to the Government yesterday. A vaccine course costs £79 and the cost of treating all nurses and operational police is estimated at about £40 million.

Leaders of both police and nurses have said that their members come into contact with carriers of the disease, which can be fatal. Protection was essential.

Nurses in high risk areas, such as renal units and drug abuse clinics, are given free injections of the vaccine, but not routinely. Some nurses say they have been refused it.

The Royal College of Nursing Safety Committee is urging the Government to provide the vaccine to all nurses. Mr John Goddard, RCN labour relations officer, said: "Hepatitis B is much, much more infectious than Aids.

Spoon-size threat

"A teaspoonful of the hepatitis virus dropped into a swimming pool would infect you, and if a nurse accidentally pricks herself with a needle which has been injected into a patient with hepatitis, she stands a very good chance of developing the disease.

"Enormous numbers of injections go unnoticed because a

nurse may feel ill for a while and then recover, without realising that she has become a carrier. Twenty years later she may develop cirrhosis of the liver or cancer," said Mr Goodlad.

The disease is carried in body fluids, including saliva, urine and blood. Mr Goodlad said that student nurses were particularly vulnerable because they were not as aware of the danger as nurses in high risk areas.

Between 1965 and 1982, 119 hospital staff in western Europe died from Hepatitis B and several thousand contracted the disease.

Mr Tony Judge, spokesman for the Police Federation, said there had been instances of police becoming infected through contact with drug addicts or the blood of accident victims.

"We are totally with the nurses on this. We want the Government to authorise expenditure so that all police on operational duties can be protected.

"The vaccinations are available in some forces but it is often a struggle to obtain them. We believe they should be offered as of right," said Mr Judge.

WATER SYSTEMS IN LEGIONNAIRES OUTBREAK BEING CHECKED

London THE DAILY TELEGRAPH in English 11 Nov 86 p 4

[Article by Paul Stokes]

[Text]

ALL WATER cooling systems in Gloucester are to be checked following an outbreak of Legionnaires' Disease in which one man has died and five people have been infected.

The cases fell within a two month period.

Health officials say they would normally only expect one case a year in a community such as Gloucester, with a population of about 100,000. The cases have been confined to the south-east of the city.

Family doctors are being asked to notify any cases of pneumonia recorded since September and hospital records are also being checked in an effort to establish the source of the infection.

The man who died was in his sixties and has not been named. Four other victims are being treated in hospital, while the fifth has fully recovered.

Gloucestershire Environmental Health Department is surveying all water cooling systems in the city, of which some 30 are in commercial and industrial use.

Samples are being taken and the owners advised on disinfection procedures.

Last month the South West Regional Health Authority, which takes in Gloucester, ordered the removal of 17 water cooling systems from the hospital.

Legionnaires' disease is a type of pneumonia which can be treated with antibiotics. Symptoms are a high-temperature and feverishness.

SHEEP MISCARRIAGE DISEASE SPREADING; PREGNANT WOMEN WARNED

London SUNDAY TELEGRAPH in English 14 Dec 86 p 3

[Article by David Brown]

[Text]

A SHEEP disease which can cause miscarriages in women is on the increase in Britain. It is so rife that Government scientists have warned pregnant women to stay away from sheep during the lambing season, which will begin shortly.

The disease, caused by an organism named Chlamydia Psittaci, is the most common cause of abortion in sheep and it has increased fourfold over the past seven years. Three farmers' wives are known to have lost their babies this year and doctors suspect that other miscarriages have been caused by the disease.

The Department of Health and the Ministry of Agriculture are warning farmers: Do not allow women in any stage of pregnancy to help with ewes giving birth to lambs, new-born lambs or with milking sheep during the lambing season.

Pregnant women who suffer from fever or 'flu-like symptoms after contact with sheep are urged to seek immediate medical help.

Farmers are also being warned to have immediate tests made on ewes which have aborted their lambs. They must also burn or bury or dead lambs and afterbirth immediately to prevent the disease from being spread by birds.

New intensive methods of rearing sheep have been blamed for the increase in the disease. A Ministry of Agriculture expert said: "Farmers have attempted to reduce accidental loss of lambs by moving sheep inside farm buildings just before the lambing season. This permits closer supervision but increases the risk of transmission of the bacteria between sheep and from sheep to people."

Last year nearly 1,200 cases of the disease were reported among sheep compared with fewer than 300 in 1978. Experts expect the figure to rise again this year because farmers have been increasing their sheep flocks.

Experts believe that farmers will find it difficult to comply with the latest Government warnings because women are particularly useful at lambing time because of their smaller hands.

CSO: 5440/042
/9317

MENINGITIS SCREENING OF ENTIRE COTSWOLD VILLAGE UNDER WAY

London THE DAILY TELEGRAPH in English 4 Nov 86 p 5

[Article by Colin Randall]

[Text] HEALTH OFFICIALS yesterday began an unprecedented exercise in which they hope to screen the entire population of a Cotswold town where meningitis cases have reached up to 14 times the national average.

But as the project in Stonehouse, near Stroud, Glos, got under way, the Meningitis Trust called for early clinical trials of a new American-developed vaccine.

The trust is a nationwide charity inspired by the outbreak of the infection in the area.

Mr Steven Tomlin, the trust's campaign co-ordinator, said: "We would never suggest rushing headlong into anything that could produce a repetition of the Thalidomide affair.

"But there must not be unacceptable bureaucratic delays, and we see no excuse for trials not being allowed to go ahead by next Spring."

Attacks brain

A team of doctors, nurses and health officials is to spend the next fortnight taking swabs and blood and saliva samples from as many of the 6,000-7,000 residents of Stonehouse as can be persuaded to participate.

Stonehouse appears to be at the centre of a disturbing outbreak of the Meningococcal B15 strain of the disease, which attacks the brain.

Ten out of 12 cases in the town have occurred on one housing estate with 2,000 inhabitants.

In the wider Stroud area, population 103,600, 56 people have been struck by the disease since 1981. Three young people have died, including one seven-year-old boy from Stonehouse.

The South Western Regional Health Authority described the mass-screening survey, which began yesterday, as the most comprehensive meningitis research project ever mounted in a civilian community.

The Department of Health and Social Security has provided £57,000 to cover the cost of blood testing and throat swabs.

The Meningitis Trust has contributed £20,000 to a simultaneous project by Edinburgh University to study possible links between vulnerability to meningitis and an absence of blood substances in saliva.

High rate

Samples will be analysed at public health laboratories in Gloucester, Bristol, Hereford and Manchester, as well as Edinburgh University.

Dr James Stuart, senior registrar in community medicine for Gloucester Health Authority and the project's joint co-ordinator, said in Stonehouse yesterday: "Unless we try to

increase our knowledge of this disease, we will not have much hope of improving our control of it."

Dr Keith Cartwright, Director of Gloucester's Public Health Laboratory, emphasised that the tests were intended to help towards research into meningitis, rather than treatment.

The Department of Health and Social Security said that some confusion surrounded the question of which vaccines were available to combat meningitis.

The Porton Down Research Establishment is working on a vaccine developed in America, but a Health Department spokesman said clinical trials were probably "at least a year away".

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CSO: 5440/026

VILLAGE MASS TESTING FOR MENINGITIS UNCOVERS 70 CARRIERS

London THE DAILY TELEGRAPH in English 12 Dec 86 p 2

[Article by David Fletcher]

[Text]

MASS testing for meningitis in the Gloucestershire village of Stonehouse has revealed 70 carriers of a virulent strain of the disease, it was disclosed yesterday.

More than 6,000 people were given throat swabs and blood and saliva tests last month to try to find the cause of an unexplained outbreak of the disease in the Stroud area.

The 70 carriers, all aged between four and 55 and not concentrated in any one area of the village, will now be re-tested along with their families to check for the continued presence of the disease.

B15 strain

A spokesman for the South Western Regional Health Authority said they had all been identified as carrying the B15 strain of meningococcal meningitis, a particularly severe form of the disease.

It is the same strain of the disease which killed a 7-year-old Stonehouse boy last summer and which has also claimed the lives of five other Gloucestershire people.

The spokesman stressed that the proportion of carriers, about

1 per cent of the population, was normal and had been expected.

"The fact that they were shown up as carriers does not mean they are in danger of contracting meningitis or passing it on to others. We have always known that a percentage of the population does carry the meningitis bacteria."

Antibiotics offer

The 70 people and their families are to be offered antibiotics as a precaution if further testing shows they are still carrying the infection.

The findings are the first concrete results of the Government-funded screening exercise in which 85 per cent of Stonehouse residents volunteered to take part.

But the lack of any pattern or link between those found to be carriers of the disease suggests that the screening has failed to pinpoint the cause of the outbreak.

A 12-year-old boy from Chelmsford, Essex, has died from meningitis but doctors believe it is an isolated case. His family and friends have been screened and cleared.

CSO: 5440/042
/9317

AIDS-CONTROL MEASURES SPOTLIGHTED AS CONCERNS GROW

BMA on Public Screening

London THE DAILY TELEGRAPH in English 11 Nov 86 p 4

[Article by David Fletcher]

[Text]

COMPULSORY screening of the whole population for Aids, backed by two thirds of the population according to an opinion poll, is impractical and unworkable, the British Medical Association said yesterday.

A spokeswoman for the association said the idea was "nonsense" and added that doctors would refuse to carry out Aids tests on people against their will.

She said: "Doctors would not do them because it would be unethical and an assault if people did not give their consent."

The sheer practical difficulties of testing millions of people would be insurmountable. "Are you going to have dawn raids on drug addicts? What if they share a needle afterwards? How often are you going to test?"

Free needles

The issue is expected to be discussed by the Cabinet's Aids committee which holds its first meeting today.

The committee is likely to recommend a television advertising campaign telling people how to avoid the Aids virus, a scheme to give free needles and syringes to drug addicts and extra funds for voluntary groups which provide counselling for Aids victims.

Latest monthly official figures show that 278 people have died of Aids in Britain since it first appeared three years ago and 548 have developed the disease. More than 30,000 are estimate to be infected.

National Educational Campaign

London THE DAILY TELEGRAPH in English 12 Nov 86 p 1

[Article by George Jones]

[Text]

EVERY HOUSEHOLD in the country is to be sent a leaflet giving details about the dangers of Aids as part of an unprecedented nationwide public education campaign.

A special Cabinet committee gave the go-ahead last night for the leaflet, "Aids: Don't

Die of Ignorance", to be sent out to nearly 23 million homes, probably early next year. The leaflet will be backed by a TV advertising campaign.

After the two-hour inaugural meeting of the committee, Mr Fowler, Social Services Secretary, held a press conference in Downing Street at which he appealed to people to help stop the spread of Aids by avoiding casual sex.

Asked what the leaflet's message would be, he said: "The most important thing is that people should stick to one partner.

"If that is not possible, they must make sure a condom is used".

The leaflet will also warn drug addicts about the dangers of catching Aids from infected needles.

Mr Fowler said it would go out as soon as the Post Office could make arrangements. But it is unlikely to be distributed before Christmas because Ministers fear the impact may be lost among the festive preparations.

Threat of plague proportions

The Cabinet committee, set up to coordinate the Government's response to Aids, decided that public education should be the first priority in the campaign to check the disease, for which there is no cure.

Ministers have been told by the Government's medical advisers that Aids poses a threat to public health of plague proportions. So far 250 people have died of the disease in Britain and the number of new cases is doubling every 10 months.

As well as sending the leaflet to every household, there will be a further round of newspaper advertising the weekend after next.

Plans are also being drawn up for a campaign targeted specifically at the young, who are one of the groups increasingly at

risk if the Aids virus continues to spread unchecked.

Mr Fowler said that the leaflet would be supported by television advertisements. It would not be a 'flashy' campaign but a responsible one, putting across the message directly.

He added: "The message we are trying to drive home is that, if the public take action, we will prevent the spread of Aids in this country.

"It is not just a matter for the Government. It is matter for the general public."

The cost of the campaign will be met from £6 million already allocated by the Government. There was no indication last night that the Cabinet committee had decided to authorise more money at this stage.

Labour's social services spokesman, Mr Michael Meacher criticised the level of funding on Aids. He wrote to the Prime Minister calling for an extra £100 million to be spent.

The Cabinet committee, chaired by Lord Whitelaw, deputy Prime Minister, includes Mr Fowler, Mr Baker, Education Secretary, Mr Hurd, Home Secretary, Sir Geoffrey Howe, Foreign Secretary and Mr Younger, Defence Secretary.

It is expected to be a permanent feature of Whitehall for some years to come. Mr Fowler said: "This issue will be with us for the next 10 years, conceivably for the rest of this century."

Over the next few weeks the committee will consider further initiatives, including:

- **MAKING** clean needles available to drug addicts and supplying condoms free to "at risk" groups, such as homosexuals.
- **SETTING** up a new council headed by a prominent figure, possibly a pop star to lead the public education campaign.
- **SCREENING** groups most at risk of catching the disease, or checking visitors arriving from countries in Africa where Aids is rife.
- **DECIDING** whether there should be tougher notification and isolation rules for people with Aids or carrying the virus in their blood.

Concentration in London

London THE DAILY TELEGRAPH in English 12 Nov 86 p 40

[Article by Alison Beckett]

[Text]

ALMOST four times as many cases of Aids have been identified in London and the Home Counties as in the rest of the United Kingdom, according to the latest figures from the Department of Health.

By the end of last month 548 cases had been reported, of which 430 were in the four health regions covering the capital and parts of the surrounding counties. Before long it is feared some hospitals could be virtually taken over by Aids patients.

The number of Aids cases forecast countrywide by 1988 is 3,000 according to a report in the current issue of The Lancet

compiled by doctors at the Communicable Disease Surveillance Centre in London.

Specialist's warning

Harley Street specialist Dr John Seale, meanwhile, has warned that the spread of the disease, if unchecked, could wipe out at least one third of Britain's population within 15 years.

A British Medical Association spokesman said Dr Seale was an "eminent doctor who had studied the field of Aids." The BMA itself could not give an opinion on his warning, but believed the way ahead to be an explicit public health campaign and education programme in schools.

Reasons for the larger-than-average number of people suffering from Aids in and around London are thought to include the existence of gay discos, bars and clubs. The same applies in Brighton, which is believed to have had 10 cases since the first reported death two years ago.

In Scotland so far 13 cases have been recorded, of whom nine have died. Up to 2,000 drug users are also thought to have the Aids virus and 25 per cent or more of them are expected to go on to develop the disease.

Edinburgh has been found to have one of the heaviest infection rates among drug users.

Special Health Authority

London THE DAILY TELEGRAPH in English 22 Nov 86 pp 1, 40

[Article by David Fletcher]

[Text]

THE Government is to set up a Special Health Authority to direct a public information campaign to combat the fatal and incurable disease Aids at a cost of £20 million—eight times the current sum allocated for education about the disease.

Launching the biggest health campaign ever run in Britain, Mr Fowler, Social Services Secretary, said yesterday that the Aids virus was still spreading and urgent action was needed to protect the public.

The campaign will open on Sunday with a series of Press advertisements. Posters will go up on hoardings throughout the country over Christmas and advertisements aimed at young people will appear in youth magazines and be broadcast on radio.

Leaflets warning of the risks of Aids will be put through every letterbox in 23 million households early in the New Year.

And a four-week series of TV commercials beginning on the day after Boxing Day will reinforce the message, together with commercials on 1,500 cinema screens.

The Government is considering a plan to make free needles and syringes available to drug addicts and is also discussing a call by the British Medical Association to make free condoms available through all doctors.

It has not totally ruled out the possibility of screening visitors from overseas countries with high levels of Aids, but Mr Fowler said there were "very real practical difficulties".

Before Christmas teenage magazines will carry advertisements showing the letters AIDS wrapped in Christmas paper and adorned with holly.

Underneath appears the stark question: "How many people will get it for Christmas? Christmas is a time for giving. But don't let anyone give you Aids."

Youngsters will also be warned in another advertisement: "Your next sexual partner could be that very special person—the one that gives you Aids."

The two main messages

The advertisements have two main messages:

● **HAVE only one sexual partner or use condoms during sexual intercourse.**

● **DO NOT inject drugs, but if you cannot stop never share needles or syringes with another addict.**

The advertisements warn in straightforward language that men and women can give the virus to one another in "ordinary sex" if one of them is infected.

"If a man carries the virus, it's in his sperm. If a woman carries it, it's in her vaginal fluid", says one message.

"When you meet someone you fancy at a party or in the pub, just remember this. You can't tell whether someone has the virus by looking at them."

People carrying the virus may not feel ill, may have no symptoms and may not even know they have it, but they are nevertheless infectious, the message goes on.

"So in the future, sleeping around is quite simply risking your life. But if you do have sex with someone you're not completely sure about, always use a condom or make your partner use one. It's safer for both of you."

Mr Fowler said language had been chosen which would be easy to understand and it was possible some people might be offended.

"I regret that, but the greater danger is that the message does not get through."

"At the moment the infection is still virtually confined to the few relatively small groups. Unless we all take action, it will

spread more widely into the heterosexual population as it is doing in other countries."

"So our message cannot be confined to those groups. That means striking a balance between warning everyone of the risks while not causing unnecessary panic."

Doubts on mass screening

Mr Fowler announced that he is to visit America, Europe and the World Health Organisation to discuss screening, but he doubted whether mass screening was possible.

"The medical profession generally have made it clear that in their view a test should be administered only on a voluntary basis and only if the implications are understood by the person being tested," he said.

"There is a fear that any element of compulsion may drive people away from seeking advice or help."

Mr Fowler said Aids was a long term problem which will not disappear in the next six months or so.

"The likelihood is that it is a problem for at least the next ten years—probably the rest of the century. The number of Aids cases is inevitably going to increase whatever we do."

The new Special Health Authority is to be given the major executive responsibility for public education about Aids and will be an integral part of the National Health Service.

It will replace the Health Education Council, an independent information body, registered as a charity, but funded to the tune of £10 million a year by the Health Department.

Most of its staff will transfer to the new Special Health Authority, but no decisions have yet been taken about the future of the director, Dr David Player, and senior officials.

He said last night "I see the new health authority as becoming the preventive wing of the NHS. It is a development I have been urging for a number of years."

The new authority is to have a "much larger budget" than the Health Education Council, but the Government has not said how much it will get.

All district health authorities have been asked by the Health

Department to submit plans for dealing with Aids by the end of next month, and Mr Fowler said he would take account of the plans when distributing future resources.

In addition, Sir Donald Acheson, Chief Medical Officer, is to write to all doctors bringing them up to date on Aids and "giving more information about what they should do".

There have so far been 548 cases of Aids in Britain and 278 deaths.

An estimated 30,000 people are infected and about one-third of them are expected to develop the full disease.

The Communicable Diseases Surveillance Centre estimates that there will be 1,300 new cases next year and 3,000 new cases in 1988.

The Government's campaign received a general welcome yesterday, but one family doctor said that reliance on condoms was an insufficient safeguard against Aids.

Dr Adrian Rogers, an Exeter GP, said: "Sheaths may offer some protection, but they are an unreliable form of contraception as they may break or leak."

"The only safe rule is not to sleep around and to remain faithful to one partner and one only."

Incidence by Area

London THE DAILY TELEGRAPH in English 22 Nov 86 p 8

[Text]

Nearly half the number of Aids cases in the United Kingdom are in the North West Thames Health Authority area, according to figures released yesterday by Mr Newton, Health Minister. He said that of the total of 565, 253 were in the North Thames area.

The break-down in health authorities is: Northern 17;

Yorkshire 8; Trent 8; East Anglia 5; North West Thames 253; North East Thames 87; South East Thames 41; South West Thames 23; Post Graduate Hospitals and private physicians in Thames regions 29; Wessex 13; Oxford 5; South Western 11; Mersey 7; West Midlands 10; North Western 23; Wales 10; Scotland 13; Northern Ireland 2.

Latest Statistics

London THE DAILY TELEGRAPH in English 2 Dec 86 p 4

[Article by Christine Doyle]

[Text]

FIGURES on Aids released yesterday by the Department of Health show 599 cases recorded up until the end of November, of which 296 have died.

Experts find little room for optimism in the figures because they represent only fully diagnosed "end-stage" Aids.

Many hundreds more are believed to be suffering with an earlier "Aids-related" stage of the disease.

Around 4,000 people have had tests showing evidence of infection with the Aids virus. An estimated 30,000 people could be carrying the virus, most of them without knowing it.

Deadly accuracy

The figures confirm that Aids is beginning to gain a foothold among heterosexuals outside the recognised high risk groups, such as intravenous drug addicts and haemophiliacs.

They record four heterosexuals who were infected in Britain, and who have since died, and 16 who were infected abroad, of whom eight have

died.

Some of those infected abroad come from parts of Africa where Aids is widespread among heterosexuals and have sought care in Britain. Others are British nationals whose sexual partners may have been infected while visiting Africa.

The figures following with deadly accuracy numerous statistical projections and are similar to the pattern of spread in the U.S. and the rest of Europe.

Pressure on clinics

"The Government's campaign to alert heterosexuals of the dangers is vitally important", says Dr Anthony Pinching, who treats Aids patients at St Mary's Hospital in London.

"In this country the number of heterosexuals with Aids is low, but we must emphasise the importance of modifying sexual behaviour if we wish to keep it this way."

Young heterosexual men and women are beginning to follow their American counterparts by requesting screening for evidence of Aids infection.

Slowly but surely, pressure on Health Service clinics is building up. St Mary's clinic, among others, has been exceedingly busy with requests for Aids

tests.

Dr Pinching concludes: "Clearly if the Government's educational campaign continues along the present lines there will be an enormous work load for clinics."

"Now is the time to begin providing the extra resources that will be required."

Department of Health figures showing Aids cases and deaths up to November 1986:

Cumulative totals

	Men	Women	Total
Total No. of cases	582	17	599
Deaths			296
<i>Homosexual/bisexual</i>			
No. of cases	533		533
Deaths			249
<i>Haemophiliacs</i>			
No. of cases	22		22
Deaths	20		20
<i>Intravenous Drug Addicts</i>			
No. of cases	7	2	9
Deaths			2
<i>Homosexual/Intravenous Drug Addicts</i>			
Addicts	3		3
Deaths	2		2
<i>Recipients of Blood</i>			
No. of cases	7	4	11
Deaths			9
<i>Heterosexuals infected in U.K.</i>			
No. of cases	2	2	4
Deaths	2	2	4
<i>Heterosexuals infected abroad</i>			
No. of cases	8	8	16
Deaths			8

/9274

CSO, 5440/034

BRIEFS

HOSPITAL DELAYS.—Health Service hospital waiting lists have gone up for the first time since strikes sent them soaring three years ago, Mr Newton, Health Minister, announced yesterday. The number of patients waiting for treatment rose by nearly 12,000 to 673,107 in March compared with 661,249 six months earlier. Mr Newton said the increase amounted to 1.8 percent over a six-month period, but there was a slight fall over the 12 months since March, 1985, when the figure was 674,453. The rising waiting list is an undoubted blow to the Government which has been campaigning to overcome the view that hospital services are being cut back through lack of money. A spokesman for the Health Department said the slight rise was due to increasing demand for hospital treatment thanks to medical advances and the increasing number of old people in the population who wanted treatment. [Text] [London THE DAILY TELEGRAPH in English 22 Nov 86 p 1] /9274

CSO: 5440/034

BRIEFS

FIRST ZAGREB AIDS DEATH--Zagreb--Had it not been for a breakdown in the ambulance that was transporting Omer Smakovic to a hospital in Ljubljana, the first AIDS death in Zagreb would not have been recorded. Here is what happened. Omer Smakovic was employed by a Slovenian firm that operated in Austria and Germany. There he contracted AIDS. His treatment commenced in the hospital in Ljubljana, but in the beginning of November he was sent to his village, Zelina Donja near Gradacac in Bosnia-Hercegovina. Five days after his return to his home his condition worsened significantly, so it became necessary to send him back to the hospital in Ljubljana. In the course of the trip the ambulance breakdown occurred, so Omer Smakovic was taken to the infectious disease hospital in Zagreb, and at 1440 on 3 November [as published] he died there. In accordance with regulations, his remains were transported to his birthplace, Zelina Donja, in a special metal casket. For reasons of prevention, the driver of the special vehicle was also equipped with a facemask and protective gloves and clothing so that there would be no physical contact. When he arrived in Zelina Donja, Smakovic's family attempted by force to carry out its religious duties toward Omer, that is, to "cleanse" his corpse. Seeing that they wanted to open Smakovic's special casket, the driver, Eng Mladen Pezelj, stopped them from doing so. A major struggle ensued, so he was forced to go to the police station in Gradacac. The health inspector was immediately summoned, and at the last moment he prevented the opening of the casket. Later, as prescribed by regulations, the first AIDS victim was buried in the local cemetery in Zelina Donja. [Text] [Zagreb VECERNJI LIST in Serbo-Croatian 12 Nov 86 p 5] /9274

CSO: 5400/3003

BRIEFS

STUDENTS RETURN WITH AIDS--Helsinki--Several Africans studying in Finland have returned home suffering from the killer disease Aids, Dr Jukka Suni of the Helsinki Aurora Hospital said yesterday. He said tests carried out in the last two years on about 60 African students, mainly from Zambia which shares projects with Finland, showed that some 10 percent carried the Aids virus. [Text] [Harare THE HERALD in English 10 Dec 86 p 2] /9274

CSO: 5400/73

REPORT LINKS LOCALLY USED PESTICIDE TO AIDS VIRUS

Harare THE HERALD in English 21 Nov 86 p 1

[Text]

A CHEMICAL pesticide which has reportedly been linked by American scientists to Aids has been in widespread use in Zimbabwe this season.

According to a leading British newspaper the chemical Temik, which is manufactured by Union Carbide and marketed in granula form for use in controlling certain pests, "can break down the immune system of people and animals leaving them more susceptible to the Aids virus and other diseases".

It is popularly used in Britain and the Sunday Telegraph reported this week that a British parliamentary committee on agriculture had started investigations on farm pesticides eight months ago.

The committee chairman, Sir Richard Body, is quoted as saying: "We have recently returned from Canada and America where we heard some

disturbing evidence about farm chemicals but we have a lot of work still to do before we publish our report."

The damaging report was made by Dr John Osion of the department of health in Wisconsin state and Dr Ronald Hindsill from Wisconsin University and was published in a British journal, Farming News.

But Union Carbide has rejected the claims saying other independent research has shown the product to be safe. "We would want all the research work to be put forward to the select committee if they want to see it. We have no fears," company spokesmen were quoted as saying.

A nematologist at the tobacco research board, Ms Jennifer Way, told The Herald yesterday that Temik had been registered for use in Zimbabwe two seasons ago but last year it was on "limited release".

"Because it was new and we had to find out if farmers liked it, we had to limit it and it was used mostly in the northern parts of the country which have a greater pest problem," she said.

But this year it had been fully released and the Harare depot of the only licenced importers of Temik was out of supplies yesterday even though its other country depots still had stock.

Temik is not the most widely used pesticide in the country because most cotton and tobacco farmers use ethylene dibromide but the distributors said Temik was gaining more acceptance.

Here the chemical is distributed under a "purple label" which means that full protective clothing including gloves should be worn when applying it.

Growers of chrysanthemums also use it as it kills aphides and jassets and controls red spider mites.

/13104

CSO: 5400/65

DOCTOR IN HEALTH MINISTRY CONFIRMS 20 AIDS DEATHS

Harare THE SUNDAY MAIL in English 7 Dec 86 p 2

[Text]

THE death toll in Zimbabwe from the disease Aids is now 20 and it is likely to rise dramatically if Zimbabweans do not follow the rules for the prevention of the disease, a top Ministry of Health official said last week.

Dr Office Chidede, the Permanent Secretary in the Ministry of Health, told our Bulawayo Correspondent in an interview that although his ministry could not at the present time make a definitive diagnosis of Aids, it conducted tests which could show that a patient had been exposed to Aids virus.

"We send the results of our tests overseas to New York or Los Angeles for confirmation. So far about 20 people have died of Aids in Zimbabwe. This is the information I have from a committee in my ministry which has the responsibility of collecting all information on Aids from all hospitals and collates it with that from the Blood Transfusion Service who carry out all the tests related to Aids."

Dr Chidede said Aids itself does not kill a patient: It only reduces his body defence mechanism, making him vulnerable to any disease. Patients whose tests had confirmed they had Aids were told by doctors not to have any sexual relations.

"We can only advise the patient to refrain from sexual activity and advise his relatives on the nature of his illness.

"We don't allow patients to donate blood and those Aids patients who are pregnant must have their children examined at birth.

"Those patients whose tests have prov-

ed positive but are otherwise in good health are let free but they are examined every four or six weeks."

Dr Chidede said there was no need to admit Aids patients to hospitals who were not ill. What the hospitals did were follow-ups and treatments for symptoms. He thought it was not a good idea to quarantine Aids patients because this was not done elsewhere in the world.

The public could take several steps to prevent getting Aids. They should not have too many sex partners. They should not take drugs by using intravenous needles. They should avoid homosexuality and prostitution. Other than through these there were not other ways individuals could get Aids, the doctor said.

Discussing contingency plans his ministry had taken to deal with a possible Aids epidemic, Dr Chidede said his ministry was mounting an Aids awareness campaign.

It was producing pamphlets which were about to come out, explaining everything there was to know about the disease.

"But we want to be careful and not give the impression that everyone is dying of Aids. Later we shall mount television and radio commercials as part of the awareness campaign."

Meanwhile, an American weekly news magazine has claimed that in 11 countries stretching from the Congo to Tanzania, 50 000 have died from Aids since its first confirmed appearance in Africa in the late 1970s.

/9274

CSO: 5400/74

PLANS TO SETTLE PEOPLE IN TSETSE-FREE ZONES

Harare THE HERALD in English 7 Nov 86 p 3

[Text]

BULAWAYO.
A NUMBER of ministries, departments and donor organisations have been holding meetings to draw up plans for the controlled settlement of tsetse-free areas.

A Department of Agriculture spokesman said on Tuesday that Agritex, the Government department responsible for the settlement of areas which have been freed from tsetse fly infestation was holding inter-ministerial and departmental meetings to decide on the correct land use of these areas.

"The Government does not want unplanned settlement of these areas in the north-east and the Zambezi Valley as this will lead to land degradation and over-population," the spokesman said.

He said Agritex is liaising with the ministries of Local Government, Urban and Rural Development, Natural Resources and Tourism, Mines and Finance as well as a number of donor organisations to plan the allocation of the areas for settlement.

The spokesman said the planning committees were considering plans to integrate the wildlife of the tsetse-free zones into game farms controlled by settlers moving there.

"We are trying to find a balance — we cannot do without the wildlife and we cannot stop people from moving into areas that have been cleared of tsetse flies," the spokesman said.

The head of the Gov-

ernment's tsetse control branch, Mr Brian Hursey, said that 10 700 sq km in the north-east and Zambezi Valley areas were sprayed from June to October this year, as part of the campaign to eradicate the tsetse fly in Zimbabwe, Mozambique, Zambia and Malawi.

He said ground-spraying using DDT was also used to eradicate the tsetse fly in a 3 000 sq km area between the Gokwe and Omay communal lands.

Responding to criticism by wildlife societies that the use of DDT is dangerous to wildlife, Mr Hursey said his department had not found it had any adverse effects on the wildlife population.

/9274
CSO: 5400/54

HERALD REPORTS ON CONTROVERSY OVER ANTIRABIES RESEARCH

Scientific Requirements Not Met

PY202358 Buenos Aires BUENOS AIRES HERALD in English 20 Nov 86 p 9

[By Andrea Rodriguez]

[Text] Animal Health National Service (SENASA) Director Oscar Bruni yesterday told the HERALD that the killing of the cattle used in the Wistar Institute's anti-rabies research experiments at the Panamerican Zoonosis Centre in Azul effectively ended his role in the matter and that future action was now in the hands of the Foreign Ministry, should charges be filed before the relevant international forums.

However, two questions linger. First, it has yet to be determined how the antirabies vaccine entered the country, and, in the second place, what will be the consequences for the rural workers innocently involved in the research?

"The vaccine probably entered Argentina in a diplomatic pouch. That is the only way they could have gone through Customs," said Bruni. He explained that when the national health authorities asked the centre's researchers that question, they obtained no answer.

In fact, silence seems to be the rule at the centre. The HERALD contacted their Buenos Aires headquarters and was told that: "We are not authorized to provide information, We cannot talk and all the data has already been given to the government."

According to Bruni, the centre has nothing to say because "the whole experiment was held under very irregular conditions." He explained that a scientific commission appointed by the government to analyze the research had produced "most unfavourable reports regarding the scientific procedures followed during the investigation." The reports said that the research did not meet the scientific requirements of a scientific investigation.

"Besides, they gave contradictory explanations. For example, when I asked them why they were using dairy cattle instead of beef cattle, one of the researchers said it was because they were conducting dairy research, even though they had previously admitted that they were experimenting with an antirabies vaccine," Bruni said.

As for the consequences for the rural workers who were looking after the cattle and who were not told the animals were inoculated with an experimental vaccine, Bruni said that "unfortunately, only time will tell."

"Our action was preventive. The risk is potential because it is an unknown virus. Nothing might have happened but we had to do away with the potential risk," he added.

"So far tests taken by the health secretariat have shown nothing but we have to take into account that this type of experiment is banned worldwide," Bruni explained.

Details on Rabies Research

PY261823 Buenos Aires BUENOS AIRES HERALD in English 26 Nov 86 p 9

[By Andrea Rodriguez]

[Text] The Panamerican Health Organization [PAHO] has broken what seemed to be a "vow of silence" regarding the controversial anti-rabies research held at the Panamerican Zoonosis Centre in Azul, which was ended when the Animal Health National Service (SENASA) ordered the killing of the cattle used in the experiments.

In somewhat "defiant" statements to the press in Washington, PAHO information chief Richard Leclerc said the experimental vaccine was showing good results until the research was called off by the Argentine authorities in October, admitting that his organization did not inform the government about the experiment. He added that no official claim has been presented before the PAHO.

Leclerc went on to say that the same type of bio-genetic investigation, which consisted in the application of a vaccine combining a bovine chickenpox virus and a rabies gene to 20 cows, has been held in Europe, but was not conducted in the United States because "there is no such type of rabies (wild rabies) in the United States."

However, in a recent article published by the NEW YORK TIMES, U.S. experts said that rabies was a "plague" among racoons, foxes and wild animals in the United States and Canada, and that there was an "urgent need" to find a solution to this problem. In fact, the vaccine was first produced by the Philadelphia-based Wistar Institute 3 years ago.

The local health authorities said there has not been a single outbursts of rabies so far this year and that it only affects restricted areas in the Mesopotamia, with an estimated annual loss of 5 million dollars. This figure is not relevant when compared to the 110-million dollar annual loss caused by the foot-and-mouth disease.

Laclerc also expressed surprise at the reaction of Argentine authorities because 2 years ago Argentine proposed to carry out the same experiment, applied for a vaccine license and even offered to sign a cooperation agreement with the Wistar Institute.

In this respect, SENASA Director Oscar Bruni yesterday told the HERALD that an Argentine private laboratory requested authorization to conduct a similar experiment 2 years ago, but with four animals and in a closed lab. Such authorization was never granted.

Reliable sources told the HERALD that the PAHO authorities were "very irritated" by Leclerc's statements since nobody at the Azul Centre or at the PAHO was authorized to provide information on this affair. The "silence vow" has been broken, and the controversy goes on.

/12232

CSO: 5400/2013

BANGLADESH

BRIEFS

CATTLE DISEASE OUTBREAK--Serajganj, 31 Oct--Cattle disease has broken out in an epidemic form in Tarash upazila. It is learnt that since current rainy season, death of cattle has been reported from different parts of the upazila almost every day. Recently four heads of cattle of village Ardha Saguna died, while the local livestock department took no measure for treatment. When contacted upazila livestock officer told this correspondent that due to scarcity of medicine no step could be taken to combat the disease. [Text]
[Dhaka THE NEW NATION in English 2 Nov 86 p 2] /9274

CSO: 5450/0054

BRIEFS

RABIES REPORTED--Gaborone--There has been an outbreak of rabies throughout Botswana, the Minister of Agriculture, Mr Daniel Kwelagope, told Parliament yesterday. Mr Kwelagope said in a special statement there had been reports of rabies from Selibe Pikwe, Orapa, Francistown, Kanye, Jwaneng and many other rural areas. Jackals were reported to be the carriers. [Text]
[Johannesburg THE STAR in English 4 Dec 86 p 11] /9274

CSO: 5400/73

RABIES SPREAD, SCARE REPORTED

Quarantine in Bursa Villages

Istanbul CUMHURİYET in Turkish 21 Jul 86 pp 1,10

[Text] Bursa--Following the deaths of 19 water buffalo, three donkeys, and six sheep infected by rabies after being bitten by a rabid dog, the village of Karaoglan in Mustafakemalpaşa District of Bursa Province has been put under quarantine.

The transport of animals into and out of the 400-dwelling village of Karaoglan, which is located 95 km from the city of Bursa and 13 km from Mustafakemalpaşa, has been prohibited. Residents of the village, who have been unable to collect close to 70 million liras in money owed them by the Akfa Tomato Paste Factory, are also forbidden to sell their livestock.

According to information obtained from the village official, the rabies incident that led to the quarantine of Karaoglan took place about a month ago.

A dog belonging to villager Hasan Soma was infected with rabies and later attacked some of the village's water buffalo, donkeys, and sheep. Following the attack by the rabid dog, 19 water buffalo, three donkeys, and six sheep became rabid and died.

Karaoglan official Canip Acar said that the quarantine will remain in effect for another 5 months and that the villagers will be in a difficult financial position during this period. According to information provided by village official Acar, all the dogs of the village were destroyed following the rabies incident. In addition, the 3,000 sheep and 200 goats in the village were vaccinated by the administrative district veterinarian. Because of the "difficulty in inoculating" them, the 1,000 head of cattle were not vaccinated.

The village official reported that the Bursa governor's office placed a sign at the entrance to the village stating, "There is rabies in this village. Animals cannot be brought into or out of the village." He said, "Who will have compassion for our situation? We cannot slaughter our livestock for food. We cannot sell them. Furthermore, we are not being paid what is owed us for our tomatoes. Every villager is in financial difficulty. Everyone borrows to buy fuel oil. We will only be able to purchase fuel oil while our gardens produce. We wonder what will become of our village due to the quarantine."

Misuse of Vaccine in Istanbul

Istanbul MILLIYET in Turkish 1 Aug 86 p 11

[Text] Those who have been speaking of the danger of rabies in Istanbul in recent days report 30 cases of rabies in the past month. MILLIYET investigated the incidence of rabies, which has created fear among residents. Conclusions reached are that inoculations given for every cat scratch and dog bite unnecessarily exaggerates the danger of rabies.

According to official statistics, there were only three cases of rabies per year in Istanbul in 1983, 1984, and 1985. The consensus of opinion among veterinarians is:

"It is necessary to differentiate between rabies and a dog bite. There is no doubt that inoculations and treatment must be given when a dog bites, but, when rabies is mentioned, a disease that results in death comes to mind. The topic of rabies must not be exaggerated, and fear must not be created among citizens."

In addition to the foundation to combat rabies located in Gemberlitas, rabies inoculation stations have been established within the structure of health clinics in six additional districts of Istanbul. It is possible to obtain inoculations in Kartal, Kadikoy, Eyup, Kemerburgaz, Sile, Silivri, and even Yalova.

It is reported that an average of 800 persons are inoculated each day as a result of a dog bite or cat scratch. If a dog bites a person above the waist, shots are given in the stomach for 20 days. If the bite is below the waist, the duration of shots is 14 days. The amount of serum used varies according to the severity of the bite.

Meanwhile, it is stated that 100 stray dogs, on the average, are destroyed each day by dog eradication services established within the structure of the Istanbul and administrative district municipal offices. The dogs are shot with revolvers loaded with poison cartridges.

In reaction to this, the Animal Defense Society opposes the destruction of the dogs. Animal lovers denounce the measures being taken and propose the establishment of dog farms where stray dogs can be taken and inoculated after being rounded up.

11673

CSO: 5400/2558

LAUNCHING OF CAMPAIGN AGAINST RABIES REPORTED

Istanbul CUMHURIYET in Turkish 22 Sep 86 p 16

[Report by Turan Yilmaz]

[Text] Ankara--War has been declared on rabies, which became widespread with the onset of the summer months. According to Minister of Health and Social Assistance Mehmet Aydin, some 80,000 people are bitten by various animals every year, and 15-20 of them cannot be saved and die. It is understood that 40,000 to 50,000 animals are treated against rabies annually. As part of the anti-rabies campaign, domestic cats and dogs are inoculated and strays are destroyed.

According to specialists, the rabies germ is "very perishable." It cannot survive contact with cologne, alcohol, soap and water, or disinfectants, and it perishes in a few minutes when exposed to a temperature of 30-40 degrees Centigrade. The experts have urged that the present primitive method of destroying stray cats and dogs by shooting be discontinued, adding that the best way of fighting rabies is by reducing the number of strays by sterilization.

As the rabies epidemic has begun to spread, so have the number of measures to fight it. The Ministry of Interior has begun having stray cats and dogs destroyed as part of the campaign, while the Ministry of Agriculture, Forests and Village Affairs has begun inoculating domestic animals that have owners. The latter ministry is combing the villages for cases of rabies, and inoculations are being provided at veterinary directorates at district and sub-district level. Prophylactic "Kepler" and post infection "Simple" inoculations, produced at the ministry's Etlik Veterinary Control and Research Institute, are being supplied to regions that need them. Officials have said that this year's plans for the production of inoculations envisage the treatment of some 40,000 to 50,000 animals, saying that for an effective struggle against rabies, it is necessary to reinoculate animals at intervals of 6 months to a year.

Stating that some 15 to 20 persons die of rabies every year Minister of Health and Social Assistance Mehmet Aydin pointed out that some 80,000 cases of humans bitten by animals are referred to health establishments each year. He explained that "the number of deaths due to rabies in

Turkey is reliably known as a result of the very tragic form of death due to this disease," and he affirmed that there were no deaths due to faulty inoculations.

The destruction of stray cats and dogs is an important part of the campaign against rabies. The Interior Ministry, which has responsibility for this measure under the campaign program, is implementing it through headmen in villages and the municipalities at district and subdistrict level. Specialists have stated that it is essential to obtain expert opinion in destroying rabies-infected animals, explaining that unqualified officials are incapable of differentiating between rabid and healthy animals. Pointing out that the animal function of perspiring to cool the body in hot weather is performed by panting in the case of dogs, and that all dogs salivate visibly while panting, they said that "salivating cannot serve as the basis for a diagnosis of rabies." They enumerated the symptoms of rabies as follows:

"The animal becomes aggressive, suffers from loss of balance, and shows paralysis of the rear legs; the eyes are bloodshot and constantly open due to the paralysis of the lower eyelids, the lower jaw hangs open due to paralysis of the throat muscles; the animal cannot eat or drink."

Describing the symptoms of a rabid animal in the first 3 days of the disease as "choosing strange substances to eat, avoiding light and noise, and hiding away in dark and out-of-the-way places," specialists have said that in the later stages the animal shows signs of aggression, imbalance, and stumbling due to paralysis in the mouth and legs. They have stated that the widespread belief that a rabid animal has a phobia of water is wrong and that, due to the paralysis of the throat muscles, the animal cannot drink water and becomes irritated with it.

13184/9190
CSO: 5400/2410

NEW THREAT TO LEUCAENA PLANT

Kuala Lumpur BUSINESS TIMES in English 30 Oct 86 p 2

[Article by Fauziah Haji Ismail]

[Text] A NEW pest — an insect called "Heteropsylla Incisa" — is spreading through the Pacific to South-East Asia with devastating effect on leucaena plants, commonly known as "petai belalang".

According to a report in the latest edition of The Planter, a monthly publication of the Incorporated Society of Planters (ISP), the pest has spread to the Philippines, Indonesia and Malaysia.

Leucaena is a crop with many uses. It produces protein efficiently and economically and is also used in land reclamation, erosion control, water conservation, reforestation and soil improvement programmes.

In the Philippines and Indonesia, this legume is frequently used as a shade tree in cocoa and coffee cultivation.

Locally, the plant's young pods are consumed as a vegetable.

"By all accounts, leucaena is an economically important plant and is an exciting new crop being exploited in many developing countries," said The Planter.

The ISP said a research programme should be carried out to search for and evaluate natural enemies for biological control of the pest.

The insect, reported to be spreading through the Pacific to South-East Asia, is believed to be native to Central and/or South America. The insects were found in Batu Tiga in Selangor in July this year.

The insects lay their eggs on unopened leaflets and feed on young fresh leaves of the leucaena plant.

Within a couple of months, many young shoots had dried up and the plants were completely defoliated within two and a half months.

Current methods to protect the plant involving the use of contact or systemic insecticides are too expensive and will offset the benefits of growing the plant as an economic crop for small farms.

The only viable way is through biological control and this will require a search for effective natural enemies in the area of origin of the pest.

/13104

CSO: 5400/4316

INTER-AFRICAN AFFAIRS

BRIEFS

LOCUSTS THREATEN RED-SEA REGION—A plague of locusts threatens Red Sea regions of Sudan, Ethiopia and Yemen while grasshoppers endanger crops in West Africa, the head of the United Nations Food and Agriculture Organisation said on Thursday. Director-general Edouard Saouma said in an interview that urgent action was needed to combat desert locusts from Mauritania which appear set to spread to the Red Sea. [Text] [Harare THE HERALD in English 10 Dec 86 p 9] /9274

CSO: 5400/73

BLAST DISEASE HAVING SERIOUS EFFECT ON ONION CROP

Bridgetown WEEKEND NATION in English 7-8 Nov 86 p 1

[Article by George Vanterpool]

[Text]

BARBADOS' 1986 onion crop has suffered a disastrous setback with farmers yesterday reporting great losses due to "blast", a disease that affects this vegetable.

Mr. Richard Knight, president of the Food Crop Farmers Association confirmed that there was a problem of disease but said that the extent of the damage was unknown. Not even the Ministry of Agriculture was able to say with certainty that it was "blast" which caused the damage, he added.

He explained that a survey was being carried out by the ministry and that if Barbados was hit by an onions shortage ways of getting supplies would have to be examined.

Manager of Constant Estates Ltd in St. George, Jeremy Whitton, reported a loss of 27 acres to blast.

"I am frightened to plant again because there is no insurance and everything is at the grower's risk," Whitton noted, adding that his total losses exceeded \$1 000 an acre and that it would be difficult to compensate for this in vegetables — a low yielding crop.

The manager suggested that more research be done on the causes of the disease before more large-scale growing is undertaken.

Another estate owner said he planted nine and one-quarter acres, but only about 40 holes had been hit by the disease. Although he had treated the crop, blast did not always respond.

Manager of the Mount Plantation — also in St. George — Sydney Shepherd, said they lost approximately \$6 000 on the six acres planted. He blamed the problem partly on the weather, saying researchers should look into the association of climatic conditions and blast.

Manager of Grove Plantation, Richard Kirton, said: "We had a retarded yield because of the blast."

/13046

CSO: 5440/030

BRIEFS

EMERGENCY GRASSHOPPER CONTROL AGREEMENT--Ghana and the Food and Agriculture Organization, FAO, today signed a \$30,000 emergency assistance agreement for the control of grasshoppers in the country. Under the agreement, the FAO will provide machinery and insecticide to strengthen the supply capacity of the plant protection and quarantine unit of the Ministry of Agriculture to control the sporadic outbreak of grasshoppers. The secretary for Agriculture, Commodore Steve Obimpeh, signed for Ghana and Mr (N. Dmomandji), FAO representative, signed for his organization. In a speech, Commodore Obimpeh restated that the country is under no threat from locust invasion presently. He assured the public that the plant protection and quarantine unit of the department crop services of the ministry is closely monitoring the situation, both within the country and along the borders. [Excerpt] [Accra Domestic Service in English 1800 GMT 19 Nov 86] /9599

CSO: 5400/58

PLANT QUARANTINE WORKSHOP LOOKS TO IMPROVED SERVICES

Georgetown GUYANA CHRONICLE in English 18 Nov 86 p 4

[Text]

A five-day national workshop on Plant Quarantine is now under way at the Agricultural Inservice Training and Communication Centre, Mon Repos.

The workshop was declared open yesterday morning by Permanent Secretary, Ministry of Agriculture, Cde Fitzgerald Dorway who called on participants to apply themselves seriously to the training the workshop would provide.

SERVICES--

Lack of the right support over recent years has been responsible for the present limited services and run down facilities available at the Quarantine Unit, Cde Dorway noted. The

workshop, he said, is aimed at strengthening and rehabilitating the unit.

SUPPORT

The Ministry of Agriculture is placing priority on training, and, as such, the Workshop and the Quarantine Unit is assured of its support.

The 30 participants at the workshop are drawn from the Ministry of Agriculture, the National Agricultural Research Institute (NARI), National Edible Oil Company Limited (NEOCOL), Guysuco, Guymine, New Guyana Marketing Corporation, Guyana Rice Marketing and Milling Authority (GRMMA), National Paddy and Rice Grading Centre (NPRGC) and Regions One, Six

Nine and Ten.

Topics to be discussed at the workshop include duties and responsibilities of Plant Quarantine inspectors, techniques used in plant protection and quarantine, special procedures related to introduction, detection and survey programmes, Plant Quarantine procedures at international airports and seaports and plant protection and quarantine legislation.

RECOMMENDATIONS

The workshop is also expected to submit recommendations on the effective operation of the Quarantine Unit.

The workshop is a joint Guyana Government/ Food and Agriculture Organisation (FAO) project.

/9274

CSO: 5440/037

BRIEFS

CROP DISEASE STUDY--Coimbatore, Oct 22 (PTI)--The Tamilnadu Agricultural University here has intensified its research on two serious rice crop diseases--blast and tungro diseases--which took epidemic form in the recent years affecting the crop in the State. In a press release, Vice-Chancellor V Rajagopal has said the university has constructed a Rs three lakh rice pathology glass house at the paddy breeding station to study the diseases and develop cost effective technology for plant disease management. He said work relating to identifying different physiological races of the blast fungus would be carried out in the glass house so that developed resistant varieties to blast would be stabilised in the coming years. It had also been proposed to undertake vector indexing to prevent the recurrence of tungro disease in order to give timely warning to the farmers on the possible outbreak of the disease, he added. Dr Rajagopal said research on another rice disease called 'Yellow Dwarf' recently found in some parts of the State was also being intensified. He advised farmers to carry out field operations such as sowing, transplanting and plant protection at the proper time so that the pests and diseases could be effectively kept under check. [Text] [New Delhi PATRIOT in English 23 Oct 86 p 5] /12379

CSO: 5450/0045

AGRICULTURAL EXPORTS BEING TREATED BY DISEASES, PESTS

Kingston THE DAILY GLEANER in English 26 Nov 86 p 29

[Text]

MEMBERS of the Jamaica Produce Exports Council met last week to discuss the grave danger posed to non-traditional agricultural exports by the threat of cut-off of Jamaican exports to its most important markets from plant pests and diseases entering Jamaica with imported seed stocks and fruits imported for planting purposes.

A number of serious pests threaten the island. At least one virulent plant virus could be loose in the island if care is not exercised in the sourcing of passion fruit planting stock. Bad as the threat is to growing plants in Jamaica, it poses an even further threat of cut-off of imports of fruit and vegetables from Jamaica by the United States Department of Agriculture.

Produce exporters warned that the non-traditional agricultural export trade, which last year earned US\$15.8 million could be seriously hurt if produce were to become infected by disease or infested by imported pests. There is the further danger that many of the pests that affect fruits and vegetable plants are also a danger to floriculture and could seriously affect horticultural exports. Total agricultural exports to U.S. were US\$10.5m.

An example is the Mango Seed Weevil, which is already established in the Eastern Caribbean islands of St. Lucia, Martinique, Guadeloupe, Dominica and Barbados. Generally found in parts of Africa, Asia and Pacific Islands, it was previously unknown in South, Central or North America. The only way this pest could have been introduced into these islands was in mango seeds or fruit carried into the island.

This durable pest is active only during the mango season. The adult

bug lays its eggs and the young worms find their way into the fruit to feed on the seed inside.

Unlike plant diseases, these insects are not destroyed by spraying or treatment of the picked fruit. For this reason, if the disease is found among Jamaican fruit, there is every chance that mango exports will be forbidden to enter the United States. With Jamaica endeavouring to establish mango exports to overseas markets, this could prove a serious blow to future success in export markets.

Another potential danger comes from infestation of Jamaican Passion Fruit by the Woodiness Virus. This disease is widespread in Australia, as well as in Brunei, Kenya and Suriname. Jamaica has already imported Passion Fruit planting stock from Australia, and while the disease has not been discovered in Jamaica, the danger exists if this source is used. This virus also infects peanuts, types of beans and other tropical legumes. Brown Spot is another disease of Passion Fruit at present not found in Jamaica but which could be introduced.

It is interesting that the diligence of Jamaican attempts to rapidly expand agricultural and horticultural exports may produce problems. What is needed is careful intensive inspection of all plants coming into the island. Jamaica should not import plants from countries infested with diseases or pests which would prevent exports being made directly from those countries to the markets which Jamaica wishes to enter.

Among the other imported plants which could pose serious dangers to Jamaica are grape cuttings from En-

gland. There are no recognized grapevine virologists in England. It is unlikely that the wide range of tests needed to ensure that cuttings are disease-free can be conducted effectively. Such imports should only come from countries where these crops are monitored by government virologists. Mushroom spawn is another propagating stock that should only come from recognized spawn producing companies in countries which have their production monitored by official examiners able to give clearances.

Carnation cuttings from France, Holland and Israel bring with them the danger of various forms of bacterial wilt (slow wilt, Fusarium) Heliconias from Guyana, where Moko disease is known, could pose disastrous dangers to the island's banana industry.

Virus diseases in cowpeas and sweet potatoes are well established in Nigeria. They are so prevalent that even certificated imports should be checked for viral infection. Legume viruses from Nigeria are known to have seriously infested cowpeas in several countries which have imported from that country, and aphid borne mosaic disease could not only cause grave disease problems in Jamaica but could close the door to the export of sweet potatoes and cowpeas from this country.

Warnings have also been issued against the possible importing of Sunblotch Viroid Disease with avocados from Trinidad. The distribution of this disease is not fully understood and infestation of Jamaica's avocado crop could block exports.

ARMYWORMS RAVAGE MAIZE, GRASSLANDS

Harare THE SUNDAY MAIL in English 30 Nov 86 p 1

[Article by Davison Maruziva]

[Text] The invading armyworm has devastated nearly 7,000 hectares of maize crops and grassland in four areas of the country since it was first sighted more than a week ago.

First seen in the Hoya Valley in Muzarabani in the north eastern areas of Zimbabwe, where the armyworm had also invaded about 240ha of Mukumbura and Kaitano districts of Mashonaland Central, the pest was being reported in Wedza, Gweru and Chiwundura, where larger hectares were bared of grass cover.

Last Tuesday, 16 of the 46 farmers in the Wedza commercial farming area met to consider ways of combating the plague. More than 2,400 ha were devastated in barely five days of the armyworm being sighted in the area.

The damage caused showed the vulnerability of the country's agricultural producers. Marondera has the second largest affected area reported so far. And according to one of the farmers, Mr Mike Hill, the 16 farmers resolved that direct spraying costs would have made it too prohibitive an exercise.

So it was decided to contain the armyworm by circling the affected areas so that as they spread they would eat the contaminated grass and perish. The exercise cost more than \$3,000.

A farmer in the area since 1948, Mr Hill said that the armyworms appeared to go for the regrowth that followed the October grass burning--and they were cleaning out everything.

Describing invading armyworms as "a black carpet," Mr Hill said in a sense the farmers had been fortunate in that their tobacco had not been devoured. The armyworm in the area is the type that does not like Tobacco, so it had gone for the new pastures.

In Chiwundura, more than 100 ha were reportedly affected last week, but one of the hardest hit areas was Clear Water Kop Farm. A whole maize crop was wiped out there and the armyworms were invading the grasslands as well.

The director of the Plant Protection Research Institute in Harare, Dr Shadreck Mlambo, told The Sunday Mail last week that the armyworms may be controlled by spraying carbyl, malathion or trichlofon insecticides.

He appealed to farmers to be on the alert for the pest and report its presence to the institute with full details.

Asked about locusts, already reported in South Africa and Botswana as well as Zambia, Dr Mizambo said that Zimbabwe remained unaffected.

/9274

CSO, 5400/71

HANOI CITES COMMUNIQUE ON PEST SITUATION

BK201449 Hanoi Domestic Service in Vietnamese 1100 GMT 19 Nov 86

[Text] The Vegetation Protection Department recently issued a communique on the situation of pest and blight infestation over the past 10 days.

In the south, stem borers have ravaged 30,000 hectares of winter-spring rice and tillering or budding 10th-month rice in Long An, Tien Giang, and Hau Giang Provinces. The density of stem borers has reached 3 to 5 per square meter. Particularly on some 10,000 hectares, the density of these insects has even reached 10 to 25 per square meter.

Every year, rice gall flies will appear in great quantities in the central coast provinces. Their larvae will ravage early winter-spring rice seedlings, with an average density of 40 to 100 per square meter. Leaf folders are appearing in abundance and are causing heavy damage to tillering or budding 10th-month rice in the Mekong River Delta region, with a density of 3 to 5 per square meter or even 20 per square meter in certain localities.

In the north, stem borers and stem borer butterflies of the sixth litter have appeared in abundance in the Bac Bo Delta and midland and Nghe Tinh Provinces. Stem borer butterflies alone have appeared at a rate two or three times greater than that in 1985. The butterflies have laid eggs in nests on the areas of 5th-month spring rice seedlings. The average density of these nests is 0.2 to 0.5 per square meter or even 3 to 5 per square meter in certain areas.

It is forecast that in the days ahead, stem borers and leaf folders will develop vigorously in the south and will cause damage to winter-spring rice and tillering or budding 10th-month rice in the Mekong River Delta provinces as well as to early rice seedlings in the central coastal provinces.

In the northern provinces, stem borers have hatched in abundance and have caused heavy damage to early 5th-month spring rice seedlings in some localities, aphid sp and cirphis salebrosa are developing and ravaging the early planting of corn, and curlytop and mosaic are continuing to cause damage to potatoes and tomatoes.

The Vegetation Protection Department suggests that the northern provinces eradicate stem borers to protect 5th-month spring rice seedlings in areas with a high density, catch rice hispa, uproot stubble, and clean up ricefields, while actively caring for winter crops. Meanwhile, in the south, efforts should be made to eliminate stem borers, leaf folders, brown planthoppers, and sweet potato sphinx moths in localities with a high density in the Mekong River Delta provinces and stamp out rice gall flies on the areas of early winter-spring rice seedlings in the central coastal provinces.

/9599

CSO: 5400/4313

COPA'S NEW RESEARCHER STUDYING RED LEAF BLOTCH

Harare THE FINANCIAL GAZETTE (Farming) in English 17 Oct 86 p 18

[Text]

THE Commercial Oilseeds Producers' Association has appointed Clive Levy as research officer.

Levy is at present completing research for a doctorate at the University of Zimbabwe. His research programme covers the control and assessment of yield loss due to red leaf blotch of soyabeans in Zimbabwe and Zambia.

In his capacity as research officer for Copa Levy will screen fungicides against this disease in time to quantify yield loss. Since 1982 some 3 000 experimental lines have been screened for resistance to RLB at sites of high natural infection within Zambia and Zimbabwe, but no genotype has been found to have immunity to the disease. Several selections have a tolerance, however.

Born in Harare, Levy completed his education at Prince Edward School before going to the University of Natal at Pietermaritzburg. He graduated in 1981, with a BSc (Hons) degree in biochemistry and plant pathology.

In July 1982 he entered the department of crop science at the University of Zimbabwe to begin his research into red leaf blotch disease. Earlier this year he went on a six-month study trip to the University of Illinois in the United States of America, where he studied various aspects of the disease.

/13104
CSO: 5400/44

LOCUST CONTROL COMMITTEE TASKFORCE SET UP; TO MONITOR PRESENCE

Harare THE SUNDAY MAIL in English 2 Nov 86 pp 1, 11

[Text]

ZIMBABWE has established the Locust Control Committee, a taskforce to deal with any presence of destructive creatures as most countries in the region continue to experience the second successive invasion.

The onset of the rains creates conditions conducive to the hatching of the locust eggs. Zimbabwe has remained relatively uninvaded by the locusts, while Botswana and South Africa have reported massive invasions, which they have and are struggling to deal with.

The critical months for Zimbabwe, if there is to be an outbreak, are the period from November until March.

The head of the Plant Protection Research Institute in the Ministry of Lands, Agriculture and Rural Resettlement, Dr Shadreck Mlambo, yesterday told The Sunday Mail that creation of the taskforce had been brought about by the threat this year and that it would remain in operation until the locusts have disappeared from the region.

Dr Mlambo and the Deputy Minister of Lands, Agriculture and Rural

Resettlement, Dr Swāthun Mombeshora, yesterday returned from Nairobi, Kenya, where they had gone to attend the 16th session of the Governing Council of the International Red Locust Control Organisation for Central and Southern Africa. The meeting ended on Friday.

Dr Mlambo went as a technical adviser to Cde Mombeshora, and yesterday he said that the main message to come out of the Nairobi meeting had been the urgency for tightening the system of reporting locust sightings so that once a country is invaded its neighbours are immediately warned.

Under Zimbabwe's Locust Act it is a serious offence not to report the presence of locusts. But the authorities have tended to play down the penalty element because there has been no invasion. In their reasoning, the authorities argue that to highlight the Act would create "unnecessary alarm and panic. But this will be activated when we think we are really in serious danger".

Stressing that Zimbabwe was fully prepared and equipped for any locust invasion, Dr Mla-

mbo said that his department had trained extension workers and some members of the Zimbabwe National Army in certain areas as well as some officers from National Parks to be on the lookout for locusts and on how to handle them.

On the benefit of the Nairobi meeting to the Zimbabwe delegation, Dr Mlambo said it was very useful for locusts were pests which knew no boundaries. "We were able to examine all the activities of the organisation, and to examine the programme of work for the coming season, as well as equipment that will be required to carry out those things."

Part of the work of the organisation will be to establish a radio network so that any sightings will be radioed to the headquarters. "Each country was also requested to have its own basic stock of materials."

Locusts can eat whole sugar estates, leaving just stalks stripped bare of their leaves, and in other serious cases the locusts could eat maize cobs.

There are basically three types of locust species: the brown locusts sighted in South Africa;

the red locusts which have surfaced in Botswana and Mozambique and the African migratory locusts sighted in Tanzania, Botswana and Zambia.

The appearance of the red locusts is on a 50-year cycle, while the brown locusts have a 10-year cycle and current work is aimed at establishing the cycle of appearance of the African migratory locusts.

The deputy minister said that a campaign to increase awareness through schools and the radio was being considered. The United Nations Food and Agriculture Organisation had provided the funding for this campaign.

The locust organisation was also to acquire a helicopter which would be used in assisting in combating the locust menace, where there is difficult terrain such as in Tanzania. But the minister said that the Plant Protection Research Institute was ready and prepared for any possible invasion.

"So far no sightings have been reported. But prevention is better than cure, and the meetings helped to increase the need to be always ready," Dr Mombeshora said.

BRIEFS

ARMYWORM CAUSING DAMAGE TO MAIZE--The armyworm has caused extensive damage to newly grown maize in the Midlands and some parts of Mashonaland East, Zimbabwean news agency Ziana reports. The head of the Ministry of Lands, Agriculture and Rural Resettlement's department of specialist services, Dr Shadreck Mlambo, told Ziana this week that a large area of grazing land in Chiwun dura, in the Midlands, as well as some commercial farms between Marondera and Harare had been attacked by the armyworm. He said the department was organising control measures in the area and in other areas it expected to be attacked. "Government resources are very limited, which makes it impossible to spread our control measures to the commercial farming sector, so we appeal to them (the commercial sector) to do whatever they can to combat the attack. We will however, give advice to all those who need it," Dr Mlambo said. He said there were indications that the worms came from Mozambique's Tete Province, but it still had to be established exactly where they originated from. [Text] [Johannesburg THE STAR in English 27 Nov 86 p 11M] /13104

ARMYWORM ATTACKS MUKUMBURA--A heavy outbreak of armyworm has been reported in Hoya Valley, Kaitano and Mukumbura districts of Mashonaland Central. Farmers are being warned of the presence of this pest, a Ministry of Lands, Agriculture and Rural Resettlement official said yesterday. The active armyworm caterpillars are velvety black in colour and have fine yellow or whitish lines running along the length of the body. The public are requested to report the presence of the armyworm to the Plant Protection Research Institute in Harare on telephone 704531 or 704541. [Text] [Harare THE HERALD in English 22 Nov 86 p 1] /9274

ARMYWORM 'DEFEATED'--No new outbreaks of the armyworm have been reported and the situation in areas that had been invaded by the pest is under control, the head of the Plant Protection Research Institute, Dr Shadrack Mlambo, said yesterday. The armyworm was first reported in Hoya Valley, Muzarabani and in Mukumbura, Kaitano and Mashonaland Central and Wedza, Gweru and Chiwundura areas. [Text] [Harare THE HERALD in English 12 Dec 86 p 9] /9274

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