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15 February 1983

WORLDWIDE REPORT

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DOCTOR WARNS THAT TB COULD GET OUT OF CONTROL IN NSW

Sydney THE SYDNEY MORNING HERALD in English 17 Nov 82 p 10

[Article by Grham Williams]

[Text]

Tuberculosis could get out of control in NSW unless the State's anti-TB services were improved, Dr Keith Harris, warned yesterday.

The former State director of anti-TB measures, Dr Harris said the increase in TB among homeless men in NSW and Victoria — reported in The Herald yesterday — indicated major problems ahead unless the State Government acted.

"There is a rise in notifications of new TB cases not only in NSW, Victoria and South Australia, where TB monitoring services have been sharply reduced in the past few years," he said.

"More TB cases are also being detected when the disease is very active and advanced, and more difficult to treat.

"Rare forms of TB — military TB in which the organisms are carried in the blood to infect any part of the body — and tubercular meningitis, which affects the brain, are also reappearing."

The Australian TB and Chest Association — an umbrella group for all voluntary anti-TB groups — met on Friday in Sydney and expressed concern about the growing problems.

The association, of which Dr Harris is secretary, called for more direct government action to control TB with preventative measures and adequate supervision and treatment of TB.

"Tuberculosis is a silent disease. People can have the disease in their body and not realise it," he

said.

He said the rising incidence of TB among homeless men could spread TB to people in the general community — and many people could have it for years before it became active.

"What is also worrying is that there is a rise in the number of undetected TB cases. One expert has said that one undetected case of TB can infect 20 people.

"Half of those people in whom TB becomes active will develop the disease in the first five years after infection, the rest over the next five to 60 years.

He said derelicts who had the disease could transmit it to people outside their group — in pubs, parks, workers in hostels and others they came in contact with.

Dr Harris, who retired as State director in the TB fight two years ago, said he was appalled at the way that TB services had been truncated and wound down by the Government.

"They only have two mobile x-ray caravans now and these are x-rays of high-risk groups such as homeless men, migrants and unemployed," he said.

"We used to have 20 mobile caravans when chest x-rays were compulsory. It was proper to abandon the mass chest x-ray program — but now there are too few caravans to monitor the high-risk groups so that the disease can be contained."

Dr J. Campbell, director of Medical and Allied Services for the NSW Health Commission, who

said on Monday that TB services were adequate, said that "we could put more caravans on the streets and pull out radiographers to carry out surveys if the necessity arose."

But Dr Harris said radiographers could only be taken from the hospitals, which would disrupt the hospital programs.

"In Britain and the United States TB x-rays were cut out a few years ago — but they too had to reinstate the regular x-rays for certain groups when they found a rise in TB among the homeless," he said.

CSO: 5400/7529

INCREASE IN DOCTORS THREATENS QUALITY OF MEDICINE

Melbourne THE AGE in English 15 Nov 82 p 4

[Article by Philip McIntosh]

[Text]

The latest report on medical manpower in Victoria shows that the number of new doctors has been growing six times faster than the population.

The report, by two doctors at Monash University, suggests that the quality of medical training and medical care may fall if there is not a substantial reduction in medical school intakes and further restrictions on foreign doctors.

It warns that if the rapid increase in the number of general practitioners continues, "significant over-servicing may result".

The good news in the report is that more GPs are setting up practice in parts of the State where there has been a relative shortage of doctors.

"Distribution of general practitioners within the local government areas of Melbourne also has improved since 1978," the report says. "The number of GPs has decreased in the over-doctored areas of Melbourne and the inner suburbs, while the under-doctored western suburbs have had a 30 per cent increase."

The report is by Dr Ian Rowe and Professor Neil Carson of the university's department of com-

munity practice. The department has conducted surveys of medical manpower in Victoria since 1977.

Between 1977 and 1980 the number of doctors on the medical register rose by 1376 or 17.6 per cent. In the same period the State's population increased by only 2.85 per cent.

Of all the doctors working in Victoria, 83 per cent are in Melbourne.

Dr Rowe and Professor Carson estimate that the number of doctors working in Victoria (some practise overseas and interstate and some are retired) is 7446 in 1980, a doctor to population ratio of 1:522.

They say the 1980 ratio of one GP to every 1395 people in Victoria was inadequate and a ratio towards 1:1000 would make possible many desirable changes.

"The decrease in patient load will permit the average GP to become involved in neglected aspects of work such as preventive medicine and patient education," the report says.

"Surveys have indicated that patients consider same-day service highly desirable in many circumstances. Improved access of patients to their GPs should be possible now."

CSO: 5400/7529

AUSTRALIA

BRIEFS

OUTBACK FLU EPIDEMIC--A VETERAN doctor believes this year's 'flu epidemic in the outback is related to the drought. In an article in The Medical Journal of Australia, Dr H.J. McMeekin of Broken Hill said he believed the severity of the 'flu outbreak might be closely related to the nation's worst drought in 40 years. He said 80 per cent of the population of Broken Hill had caught the bug and many had been ill repeatedly. "After the first 12-hour bout, which hits hard, patients drag on for several weeks with aches, pains and depression, losing a lot of time from work," Dr McMeekin said. He said he had not seen such a high percentage of the population with viruses since the 1958-1959 drought. "I believe that the 'flu could be closely tied to the drought and the dry air." However, he said the symptoms and course of this 'flu were different from any he had seen. Dr Wendy O'Dea of Broken Hill said the general practitioners and locals agreed that the extent of the 'flu was related to the drought. [Canberra THE AUSTRALIAN in English 17 Nov 82 p 3]

RUBELLA IMMUNIZATION PROBLEMS--A RECENT study of the NSW rubella vaccination program has found that the refusal rate for the injection was up to 14 per cent in the western metropolitan region. The NSW Health Commission's adviser in communicable diseases, Dr Peter Christopher, said yesterday the commission had been concerned at the finding because in a significant number of cases there was no valid reason for refusal. Refusals were anticipated from girls who had received the injection from their own doctor or were going to, but this accounted for only a small number of the refusals in the Fairfield-/Cabramatta region. More often, the refusals were due to the fact that the girls or their parents did not believe in or understand the importance. The acceptance of immunisation was low among some ethnic groups. The Health Commission had taken some measures to combat the problem. The consent form was now printed in several languages, because in some instances the barrier to consent was that the parents could not understand the form. [Canberra THE AUSTRALIAN in English 18 Nov 82 p 3]

EAST TIMOR ANTIMALARIA PROGRAM--The Australian defense minister, Mr Sinclair, has announced details of an antimalarial program which Australia and Indonesia will start in East Timor next month. Speaking in Dili, the capital of East Timor, Mr Sinclair said the project would cost \$250,000 over the next 3 years. He said that under the program, the Australian army's medical corps would provide the Indonesians with field staff. Mr Sinclair flew to Dili from Bali today for a brief visit--the first to East Timor by an Australian Government minister since the former Portuguese colony was incorporated into Indonesia 6 years ago. During his stay, the defense minister is expected to visit several developmental projects and be briefed by local military commanders on the security situation. Mr Sinclair will fly to the Indonesian province of Irian Jaya later today before returning to Australia tomorrow. [Text] [BK280916 Melbourne Overseas Service in English 0830 GMT 28 Jan 83]

BRIEFS

MANIKGANJ DIARRHEA, CHOLERA--MANIKGANJ, Nov. 26--Diarrhoea and cholera have claimed 56 lives within the last three weeks, official sources said, reports BSS. The Deputy Civil Surgeon, Manikganj confirming the figure said that eating of hilsa fish and drinking of polluted water were the main cause of the disease. Unofficial sources, however, put the death figure at 76 out of 400 attacked with the disease. Manikganj Modern Hospital sources said on an average five persons were being admitted to this hospital daily. [Dhaka THE BANGLADESH TIMES in English 27 Nov 82 p 2]

CHUADANGA DIARRHEA DEATHS--CHUADANGA, Nov 28--Six persons died of diarrhoea and 30 others were attacked in three villages, two in Alamdanga thana and one in Gangni PS it is learnt. According to a report the strong diarrhoea disease has broken out in village Amtoli under Shoetaka Union of Gangni PS of Meherpur subdivision in the house of one Khokalimondal where three inmates of the house died of the disease on 18 November and ten others were attacked in the village. Three more persons died of the disease, two in village Baushbarla and another in village Chotoptunary under Alamdanga police station. Twenty persons were attacked with the disease in those viage official sources admitted out break of strong diarrhoea and confirmed the death figure and told Times that situation had been brought under control and medical teams were working in the ffected areas and taking curative measures. Public health staffs were also launching anti cholera drive. The local people however named the attacking disease as cholera and not darrhoea. [Dhaka THE BANGLADESH TIMES in English 29 Nov 82 p 2]

GOPALGANJ DIARRHEA DEATHS--GOPALGANJ, Dec. 1--Gastro-enteritis has claimed 14 lives in Gopalganj Pourashova and adjoining four unions over last few days. When contacted over telephone, the Deputy Civil Surgeon of Gopalganj told the Times on Sunday that the situation was now under control and no report of further attack was received on Saturday and Sunday. The Deputy Civil Surgeon said that a total of 134 persons, most of whom were children between the age group 1 and 10 were attacked. He said that there was no incidence of cholera in the area. The gastro-enteritis victims were mostly mal-nourished and suffering from worm infestation, he said. The Deputy Civil surgeon said that nine teams headed by health inspectors were constantly visiting the affected areas, which included Gopalganj Pourashava, Latifpur, Durgapur, Haridaspur and Chandra Dighalia unions, with oral saline, water purification tablets and thalazol tablets. Besides, people in the area were being given anti-cholera

vaccine, he said. The Deputy Civil Surgeon said that so far 700 packets of oral saline, 3,000 water purification tablets and some thalazol tablets were distributed in the affected areas. Besides, about 14,000 cc of anti-cholera vaccine were injected in the affected areas, he said. However, unofficial sources said that there was short supply of vaccine, oral saline, cholera saline, water purification tablets and thalazol tablets. The sources said that preventive measures could not be taken in other areas of the sub-division due to the shortage of vaccine. [Dhaka THE BANGLADESH TIMES in English 2 Dec 82 p 2]

CHOLERA IN FARIDPUR--FARIDPUR, Dec. 2--Eighteen persons died and 18 others were attacked with cholera in six unions under Gopalganj thana of Faridpur district during the last fortnight. Civil Surgeon after visiting the affected areas told this correspondent that ten medical teams consisting of 60 medical personnel have been working to control the situation. In addition, Deputy Civil Surgeon, Additional Civil Surgeon and District Sanitary Inspector were deputed to supervise and to take preventive and curative measures. Sufficient quantity of medicine inoculation water purifying tablets and oral rehydration salt have been despatched in the affected areas. The Civil Surgeon also disclosed that worst affected area is the village Betgram of Durgapur Union. Death toll raised upto 10 in this village so far. Other affected unions are Latifpur, Haridaspur, Ulpur, Karpara and Gopalganj town. [Dhaka THE BANGLADESH TIMES in English 3 Dec 82 p 2]

CSO: 5400/7073

HEALTH MINISTER REVIEWS 1982 ACTIVITIES, 1983 PROSPECTS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 Dec 82 p 15

[Text] Brasilia--The Ministry of Health is to receive 46 billion cruzeiros from FINSOCIAL [Social Welfare Fund] next year for the sole purpose of implementing food programs for low-income people, according to a statement made yesterday by Minister Waldyr Arcoverde in reviewing that sector's activities in 1982 and commenting on its prospects for 1983. He lamented the fact that, in view of the shortage of funds, he was not able to extend the scope of PROAB (Project for the Supply of Staples) which the minister considers the most intelligent program of his ministry.

According to Waldyr Arcoverde, PROAB lends assistance precisely to people who end up paying higher prices for the food they consume: residents of the outskirts of various capitals. The provisioning plan, carried out through local networks of retailers, consists in the sale, through COBAL [Brazilian Foods Company], of subsidized foods to merchants. The latter, in turn, are forced to sell the products in accordance with price lists fixed by INAN (National Food and Nutrition Institute), 30 to 40 percent cheaper than those of the supermarkets of those areas.

In addition to receiving subsidies for the marketing of products classified by INAN as fundamental to each area, the retailers also obtain loans from state governments for the establishment of turnover capital. According to Waldyr Arcoverde, in the past 3 years of activity, limited to six capitals (Recife, Maceio, Fortaleza, Joao Pessoa, Natal and Piau), PROAB has provided assistance to only 550,000 people; this month that figure rose to 1.8 million, and, in 1983, it is expected to reach 6 million beneficiaries when the program is extended to other capitals of the north, northeast and centralwest, provided with 4.4 billion cruzeiros from FINSOCIAL.

The PNS (Health Department Food Program), which consists in the distribution, at health stations, of a basket of food to pregnant women, wet nurses and children up to the age of 7 years, will receive 41.6 billion cruzeiros from FINSOCIAL next year, and the number of recipients will increase from 2.5 million to 9 million. According to the minister, beginning this month, the program will provide assistance to 4 million people. Adding the 6.5 billion cruzeiros in funds from the Treasury Department, a total 48.1 billion cruzeiros will be allocated to the program in 1983.

According to Waldyr Arcoverde, programs for food assistance, the control of transmittable diseases avoidable through vaccines and the combat of major epidemics will continue to be priorities at the Ministry of Health next year. Although the food assistance sector was not satisfactory in 1982, the minister pointed out that the immunization program obtained favorable results, principally in combating poliomyelitis. According to Waldyr Arcoverde, the strategy of mass vaccination, with two national campaigns per year, is highly effective in controlling the disease. According to him, in contrast to the annual average of 2,400 cases of infantile paralysis reported prior to the campaigns, only 122 cases were verified in 1981 and only 26 cases up to November of this year. With that result, Brazil is internationally among the countries which have attained the control limits established for poliomyelitis.

Although the administration of measles vaccine has not yet reached an ideal average in the country in 1982, the major accomplishment in this sector was the capability of the Oswaldo Cruz Foundation to produce this immunizing substance on a completely national basis, thus assuring the supply of 15 million doses for next year. Meanwhile, according to the minister, the incidence of measles in 1982 reflects the results of the accelerated vaccination program, even though not yet ideal. During 32 weeks of this year, 18,600 cases were reported throughout the country, while in the period from 1976 to 1981, an average of 35,460 cases per year were reported during those same weeks.

Control of the four principal epidemics--malaria, Chagas disease, schistosomiasis and yellow fever--was the priority task of the Superintendency for Public Health Campaigns (SUCAM) this year and will continue to be in 1983, according to Waldyr Arcoverde. Next year, the superintendency will have a budget of 39 billion cruzeiros, 26 billion being a budget allocation, 12 billion from FINSOCIAL and 1 billion from the Social Assistance Fund (FAS).

According to Waldyr Arcoverde, the basic health network (health stations, centers and combined units) comprises a total of 12,036 units in 1982, representing an increase of 107 percent in the past 3 years. With regard to next year, the minister said that the health sector plans to create 500 health stations, 200 centers and 32 combined units in addition to renovating 200 health units, constructing and equipping 50 regional public health laboratories and equipping 250 dental offices.

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CSO: 5400/2035

STATUS OF YELLOW FEVER INCIDENCE DISCUSSED

Rio de Janeiro O GLOBO in Portuguese 31 Dec 82 p 7

[Text] Brasilia--This year 24 cases of yellow fever were reported in Brazil, representing an increase of 90 percent over 1981. The high incidence of the disease stems from an epidemic which occurred in Mato Grosso do Sul at the beginning of this year, according to a report issued by the Ministry of Health.

In the past 21 years, 271 cases of yellow fever were reported in the country, and the mortality rate was more than 75 percent. The disease is transmitted by the *Aedes aegypti* mosquito and appears both in rural and urban areas.

According to the ministry's report, infestation by the vector mosquito was controlled in 1982 in Rio Grande do Norte, with a close watch being kept to discover any remaining foci or areas of infestation. An emergence of the vector was also identified and controlled in Boa Vista and Caracarai, in Roraima.

It is expected that the *Aedes aegypti* will soon be eradicated in Salvador, Foz do Iguacu (Parana) and Ponta Pora (Mato Grosso do Sul). In Rio de Janeiro, activities associated with the eradication of the vector are being subjected to a thorough review, since, according to the report, the characteristics of a large metropolis are such that little progress was made this year.

About 2.7 million vaccinations against yellow fever were administered in 1982; inasmuch as immunization is the only known method used in controlling the disease, the Ministry of Health considers it essential to vaccinate individuals living in or moving toward endemic areas: jungle areas of the northern and central western regions.

Resources

Next year, the National Superintendency for Public Health Campaigns will have 2.8 billion cruzeiros for the control of yellow fever. Activities are planned to reduce the incidence of the disease in the rural area and eradicate the vector in city areas.

According to the document of the Ministry of Health, the only effective and permanent way to avoid the risk of dengue and urban yellow fever (eradicated in Brazil since 1942) is to eradicate the transmitting mosquito.

It is also pointed out that there is need for all Latin American countries to strive toward this objective to avoid the danger of reinfestation.

"Eradication is possible, feasible and recommended inasmuch as we cannot carry on a constant program of attack against the mosquito due to the great quantity of resources required, principally in personnel, and the risk of resistance to the insecticide over a period of time," the document notes.

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CSO: 5400/2035

BRIEFS

INTENSIFICATION OF MEASLES IMMUNIZATION--Brasilia--Next year the Ministry of Health [MINSA] will intensify its immunization program against measles to control the disease throughout the country and will allocate 1.1 billion cruzeiros for the purchase of 15 million doses of vaccine which will be distributed to all state Secretariats of Health. Measles ranks fourth among the causes of infant mortality in the country; in this regard, more than 65,000 cases (3,386 deaths) were reported to MINSA in 1979. In 1980, more than 99,000 cases were reported, and, in 1981, 61,000. The total number of cases reported in 1982 is still being computed at MINSA, but, by mid-August, more than 18,000 cases of the disease occurred. MINSA experts acknowledge that the official figures do not correspond to Brazilian reality, attributing the discrepancy to an underreporting of cases and deaths. They state that most of the cases of measles are identified and treated in the home or by informal health services without notifying the health authorities. Beginning in 1983, Brazil will be self-sufficient in the production of vaccines against measles, since all the immunizing agents required by the program established by MINSA will be supplied by the Oswaldo Cruz Foundation. The Brazilian vaccine--whose technology was developed through a Brazilian-Japanese technical cooperation agreement--had its effectiveness verified through field tests made in Para and Pernambuco states. In tests made with 340 children from 6 to 12 months of age, it was ascertained that 75.9 percent of the infants from 6 to 8 months of age and 95.2 percent of those more than 9 months old were immunized. [Text] [Rio de Janeiro O GLOBO in Portuguese 2 Jan 83 p 7] 8568

PARANA FLOOD VICTIMS AFFLICTED--Londrina--An increase in the number of cases of hepatitis and diarrheal diseases among river-dwelling residents of northeastern Parana, affected by the flooding of the Parana River which had risen 4.7 meters above its normal level yesterday, was ascertained by mobile units of the Department of Public Health who are providing assistance to the thousands of islanders driven from their homes by the flooding of the Parana River in seven municipalities located in this area. This information was divulged by Dr Marcos Giostri of the health district of Paranavai--a department of the Parana Secretariat of Health--in whose opinion the outbreak of those diseases is a result of the dissemination of feces and sewer materials among the islands affected by the flooding. Inasmuch as those islands have no basic sanitation facilities, the water and food consumed

by the river-dwelling people are contaminated. Moreover, Giostri said that it is impossible to determine the number of people who have probably contracted hepatitis or other infectious diseases, "since those people, driven from their homes on the islands, scatter throughout the area, and, since, in these types of cases, the hospitals do not notify the Department of Public Health, we are unable to determine how many victims have contracted such illnesses." The Department of Public Health knows only that the number of cases has increased inasmuch as the sick people seek aid at the city halls which, in turn, direct them to the hospitals. [Text] [Rio de Janeiro 0 GLOBO in Portuguese 4 Jan 83 p 5] 8568

CSO: 5400/2035

HEALTH PACT SIGNED WITH NICARAGUA

FL181745 Bridgetown CANA in English 1512 GMT 18 Jan 83

[Text] St Georges, Grenada, Jan 18, CANA -- Grenada and Nicaragua have signed a five-year agreement to cooperate in the area of health, according to an official statement issued here.

The agreement, the first of its kind between the two countries, was signed by the minister of health of Grenada, Christopher de Riggs, and Lea Guido, the health minister of Nicaragua's Sandinist Government.

Under the accord signed in the Nicaraguan capital, Managua, the two countries agreed to inform each other about their public health structures, and legal procedures involved in [words indistinct] The two states have also agreed to inform each other about their methods and results concerning public and community health, food hygiene, education and insect control, as well as an exchange of information on preventative medicine.

The release added that the two countries, in order to facilitate cooperation in medical sciences, agreed to an interchange of results on research in the fields of health science, as well as to support each other in the development of human resources needed to accomplish health programmes.

On the question on contagious disease, the statement noted that Grenada and Nicaragua agreed to provide information to each other on important cases related to epidemics which could have an influence on the epidemiological situations in both countries.

The agreement reached between the two countries was in accordance with the principle of equality and sovereignty of both nations, as well as non-intervention in each other's internal affairs, and solidarity between the peoples of Nicaragua and Grenada, the statement added.

CSO: 5400/2040

GUYANA

BRIEFS

MEASLES OUTBREAK--Georgetown, Guyana, 8 Jan (CANA)--The Guyana Ministry of Health has reported that three children have died as a result of an outbreak of measles in Kaikan, a small settlement on the right bank of the Guyana River. The ministry added that of the 31 children living in the area 28 have contracted the disease. The ministry said it is not German measles and that the children who died had developed other complications such as pneumonia. [FL101445 Bridgetown CANA in English 2048 GMT 8 Jan 83]

CSO: 5400/2041

BRIEFS

NORTH ARCOT MEASLES DEATHS--VELLORE, Dec. 9--Five more measles deaths today at Vadakadappanthangal near Sholinghur has raised the toll of the disease to 23 in North Arcot district in one week. Mr. N. Narayanan, District Collector, said in Poondi, Gudimallur and Chennasamudram villages, where measles broke out, only one more death was reported on Wednesday. The immunisation programme had been completed in the three villages. Dr. Jacob John, Head of the Virology Department, CMC Hospital, said adequate vaccine had been sent to the affected villages. [Text] [Madras THE HINDU in English 10 Dec 82 p 12]

MORE MEASLES DEATHS--TIRUPATTUR, Dec 11 (UNI)--Six more children died of measles in North Arcot district on Thursday raising the total deaths due to the disease to 23 in the past few weeks. Five of the victims were from Sholinghur taluk and the sixth from Walajah taluk, official source said. Health Department officials began anti-measles immunisation work in Sholinghur taluk yesterday after vaccination campaign in Walajah taluk, officials added. [Text] [New Delhi PATRIOT in English 12 Dec 82 p 7]

CSO: 5400/7068

BRIEFS

MEASLES IN BANYUMAS REGENCY--In Karangasalam Village, Banyumas Regency, 105 pupils were released from classes when its SD I and II [primary and secondary level village schools] were closed because of a measles outbreak. The disease which frightened the local people first attacked an SD I pupil on 5 November. A rash broke out on the pupil's face and body. Sumiarso, the SD I principal who was contacted by this reporter, explained that initially only one person was affected but the disease was allowed to spread to other pupils. Thus by the time the spread of the disease was disclosed, 105 were infected. [Excerpt] [Jakarta MERDEKA in Indonesian 17 Nov 82 p 4] 6804

GASTROENTERITIS IN SUBANG REGENCY--Since 28 October, 13 villages in Purwadadi Subdistrict, Subang Regency, were stricken by a gastroenteritis epidemic. There were 83 cases with 6 deaths, MERDEKA reported. Of the 14 villages in the subdistrict stricken by gastroenteritis, only Ciruluk Village has not reported an epidemic. According to data of the Purwadadi Subdistrict Public Health Center, from 27 October to this past Tuesday [16 November] 86 cases were reported, 2 of whom resided outside the subdistrict. The victims were children under 10 years of age and adults over 40 years of age. [Excerpt] [Jakarta MERDEKA in Indonesian 19 Nov 82 p 4] 6804

GASTROENTERITIS, DENGUE IN BANDUNG REGENCY--Gastroenteritis and dengue fever ran through Bandung Regency in turn as though it were an experimental area for various diseases, an official of the Bandung Regional Health Service told the Indonesian National News Agency on Thursday, 11 November. He explained that last month almost all newspapers reported that hospitals in Bandung were filled with gastroenteritis patients. Most of them resided in the eastern and southern portions of Bandung Regency. The official said reports were received recently from the western and northern regions of Bandung Regency that people there were suffering from a strange disease. A bloody rash appeared on the bodies of the victims of this strange disease. Their temperatures rose and sometimes the victims lost consciousness. After they were examined at the public health center, their strange disease was diagnosed as dengue fever. [Excerpts] [Jakarta MERDEKA in Indonesian 16 Nov 82 p 4] 6804

CHOLERA, DENGUE IN TANGERANG REGENCY--Cholera is still taking its toll of victims in Tangerang Regency and is now attacking rural residents. Nevertheless the death rate from this contagious disease is kept low due to improved treatment by the health service, noted Dr H. Kimar Wiradimadja, chief of the

Tangerang Regency Health Service. He said there were 1,686 cholera cases in 1981 with 36 deaths or 2.13 percent of the victims. In 1982-83 there were 1,580 cases with 13 deaths or .82 percent of the victims. Aside from cholera, during the first half of this year there were 18 cases of dengue fever with 1 death. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 16 Nov 82 p 2] 6804

COMMUNICABLE DISEASES--Jakarta, 14 Jan (ANTARA/OANA)--According to the result of a survey conducted by the Health Department, communicable diseases still pose a serious problem for Indonesia, Dr Adhayatma, director general for communicable diseases eradication and control, stated here Wednesday. He pointed out that sma-lpox, plague and frambesia were among several contagious diseases already eradicated in Indonesia. But some other communicable diseases are still rife in this country. Dr Adhayatma said that the government would intensify the eradication of tuberculosis in Indonesia. A number of 1,017 out of 33,010 people suffering from cholera died in 1982, Dr Adhayatma disclosed. Around 30,000 to 50,000 people are infected by cholera every year, but the number of those killed by this dangerous disease continues to decline, according to him. Concerning leprosy, he said this disease infected around one to four out of 1,000 people in south Sulawesi, north Sulawesi, Irian Jaya, south Kalimantan and Aceh. The Health Department recorded 125,625 lepers in Indonesia last year. [Text] [Jakarta OANA in English 0715 GMT 14 Jan 83 BK]

CSO: 5400/4365

DISABLED RECEIVE SPECIALIZED CARE AT NEW HEALTH CENTERS

London JAMAHIRIYA REVIEW in English No 31, Dec 82 pp 15-16

[Article by Dr Alan George]

[Text]

THE LIBYAN Jamahiriya's commitment to the care and welfare of the handicapped was highlighted in 1977, when Tripoli proposed the designation of 1981 as United Nations International Year of the Disabled. Libya's special concern for the disabled stems from the high proportion of its citizens that suffer handicaps. In part, this is the legacy of Libya's grim recent history as one of the world's poorest lands, ravaged by malnutrition and disease, as a target for European colonialism, and as a major arena for the battles of World War II. A concerted welfare programme for the disabled has been possible only since the advent of oil revenues in the 1960s, while welfare efforts have been given a major boost since the Al Fateh Revolution in 1969, with its stress on the overall expansion of Libya's health and welfare services.

In the years following Libyan nominal independence in 1951, the majority of the population outside the major cities of Tripoli and Benghazi were nomadic bedouins who supplemented their meagre incomes by salvaging scrap metal from the Second World War battlefields. In some years, scrap metal was Libya's single most important export item. Scouring the battlefields, however, was hazardous. The competing European armies had laid, and re-laid, vast minefields during their campaigns, and hundreds of Libyans were killed or maimed when they accidentally detonated the abandoned munitions. The oil industry and the country-wide construction boom that has followed the advent of

oil revenues, have offered Libyans more lucrative and safer employment opportunities, but the Second World War explosives continue to kill and maim to this day.

The extent of the problem was underlined at a special conference held in Geneva in March 1981 to discuss the legal and moral responsibilities of the Allied and Axis powers in helping to mitigate the costs to third parties of abandoned war materials. The conference, jointly sponsored by the UN Institute for Training and Research and the Research Department of the Jamahiriya's Foreign Liaison Bureau, heard that there are still mines on twenty per cent of Libyan territory, and on an astonishing 86 per cent of its agricultural land. The total area of minefields in the Jamahiriya was estimated at three times the area of its arable land. 10,000 square kilometres of agricultural land — 27 per cent of the country's total — was reported to be unusable because of the mines. Resultant losses suffered by the agricultural sector since the end of the Second World War were put at \$350 million.

Since 1960, the Geneva conference was told, 1,956 Libyans had died in accidental detonations of mines, and 1,777 had been maimed. Since 1971 about five people had died each year, with a maximum of ten in 1975.

The activities of the European armies in the Second World War, however, were merely the culmination of a long period of interference by foreign powers in Libya.

As many as 750,000 were killed in the first half of this century during the long and bitter struggle against the Italian invaders, who arrived in 1911. Thousands were maimed. Hundreds more Libyans were killed or wounded as innocent bystanders in the savage battles of World War II.

The Second World War liberation struggle against the Italians, and accidental explosions of abandoned munitions have taken a heavy toll. But another large group of disabled were created by the disease and malnutrition that ravaged Libya in the years of independence preceding the oil boom, when there were simply no funds for any but the most basic curative and preventive health services. Polio and tuberculosis were a major problem, and eye infections were particularly widespread. Libya headed the World Health Organisation list of countries affected by malaria.

Strong feelings

During the monarchy, Libya's handicapped were seen above all as a humanitarian problem. Since the 1969 Revolution, however, they have in addition become potent symbols of the country's former poverty and suffering. To the revolutionary authorities, intent on consolidating Libyan independence, the large numbers of Libyan's maimed in Second World War battles and in the explosion of abandoned European munitions vividly recall a period when the country's status had been relegated to a mere battleground for foreign powers. The depth of feeling on the subject has been evident from the Jamahiriya's persistent efforts to secure reparations from Britain, Italy and Germany for the destruction they wrought on Libyan territory during World War II.

With the development of the oil industry in the 1960s, funds became available for the expansion of health facilities, and the Al Fateh Revolution's firm commitment to social welfare has brought particularly rapid development since 1969. By 1968 there were 41 hospitals in the country, with a total of 5,646 beds. By 1980, the number of hospitals had risen to over fifty, with 14,472 beds. The ratio of beds per thousand population rose from 3.1 in 1968 to 4.5 in 1980. A country-wide system of regional and local clinics has been established, and special emphasis has been given to preventive medicine. Vaccination against a range of illnesses has been made compulsory. Formerly

more than 100 people in 10,000 was affected by tuberculosis, but by 1975 the figure had been reduced to six in 10,000. Malaria has been eradicated.

The expansion of medical facilities has been accompanied by an equally impressive increase in the numbers of skilled medical personnel. The ratio of doctors to population rose from 1:5,800 to 1:755 in 1980.

The continued emphasis on the improvement and expansion of the national health service is clear from the Jamahiriya's 1981-85 development plan, in which \$1.9 billion is allocated to the health sector. The plan provides for the construction of 24 new hospitals, including specialist surgery, tuberculosis and mental hospitals, as well as for the continued expansion of the network of regional and local clinics and medical centres. The number of hospital beds is due to increase to 23,765, with an increase in the ratio of beds per thousand population to 6.0. By 1985 there should be one doctor per 750 Libyan citizens.

Improved health services and public hygiene have brought a dramatic decline in the number of Libyans who are disabled each year, but the legacy of the past weighs heavily. In 1976 there were a recorded 50,920 Libyans suffering physical or mental disablement, in a total population of only 2.5 million. Despite the widespread occurrence of disablement in Libya, it remains a sensitive topic. Families are reluctant to 'admit' the presence of disabled relatives, and official statistics accordingly understate the scale of the problem. One Libyan doctor who specialises in the care of the handicapped estimates that the 1976 figures could be off-target by as much as forty per cent. If so, the actual numbers of disabled Libyans in that year was in fact about 71,300 — nearly three per cent of the total population.

Initially, and inevitably, since Libya's health care programme started virtually from scratch, the aim was the provision of basic general services, although a centre for the care and rehabilitation of polio victims was established in Tripoli in 1955, and another for the blind in Benghazi in 1960. The first law covering the disabled was issued in 1962, and stressed the need to employ handicapped people. In the same year, benevolent societies for the care of the blind were established in Tripoli and Benghazi.

Wide programme

Since the 1969 Revolution, however, greater efforts have been exerted, and there has been a marked trend towards the provision of specialised facilities as part of a wider programme aimed at ensuring a valid role in society for the disabled. In 1970 a special committee was set up to study the whole question of rehabilitation of the handicapped, and in 1972 the Ministry of Health was authorised to undertake a census to enumerate the deaf and dumb, and the same year the Amal (Hope) School for the Deaf and Dumb was established in Tripoli. Also in 1972, Law No 72 was issued, entitling citizens incapacitated through work injuries to long term financial assistance. In 1973 a special rehabilitation department was set up in the Ministry of Health to supervise rehabilitative work at hospitals, to oversee the centres for the disabled and to formulate plans for the development of the country's rehabilitation services.

In 1976 the country's first purpose-built rehabilitation and vocational training centre for the physically handicapped was opened in Tripoli. Built at a cost of \$5.1 million, the centre provides care and training for ninety in-patients and 200 out-patients. Instruction is given in a wide range of skills, including pottery, metal work, carpentry, and radio and television repairs. A similar centre has been set up at Al Qawarsha in Benghazi, while four workshops for the disabled have been established at Tripoli, Benghazi, Derna and Sebha. In addition, a number of sanatoria for the mentally disabled have been established.

Trend

The trend towards specialised care of the handicapped was highlighted last summer by the opening of two ultra-modern rehabilitation centres, one in Tripoli the other in Benghazi. The two centres, of similar design, each cost \$48.8 million to build and equip.

The main contractor was the Swedish firm Skanska Cementgjuteriet, while design was by London's W T Partnership Ltd. The two centres have a range of facilities unrivalled in most industrialised countries. Each has a 100-bed hospital with an operating theatre and X-ray equipment, and each can cater for more than 200 out-patients daily.

The centres have been built complete with staff accommodation, each having 78 staff buildings, ranging from halls of residence, with communal facilities such as dining rooms, to detached three-bedroomed houses. Particular care has been taken to employ traditional Islamic architectural themes.

For disabled people to secure a meaningful role in society nevertheless entails more than the provision of rehabilitation facilities, however advanced. Old attitudes and prejudices against the handicapped die hard, in Libya as elsewhere, and must be broken down if the disabled are to gain self-respect. Encouraging evidence that the Jamahiriya is aware of the problems, and is responding with practical measures, came in September 1981, when Benghazi became the venue for the country's first ever sports competition for the handicapped.

BRIEFS

CHOLERA REPORTED IN KEDAH--Three cholera cases, all children, from Yen District in Kedah, were confirmed today. A health officer says this is the first cholera outbreak in the state since 1980. The general hospital in Alor Setar has set aside a ward with extra security for cholera cases. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 12 Jan 83 BK]

CHOLERA CASES IN SABAH--Kota Kinabalu, Malaysia, 15 Jan (AFP)--Nine cases of cholera were detected in Sabah during the past week, bringing the month's total to 23. Bernama News Agency, quoting state medical and health services director Dr K. C. Chan, said the latest reported cases were in Kota Kinabalu (3), Sandakan (3) and three other districts of Renempang, Labuan and Keningau. Health authorities have already stepped up anti-cholera measures in the state, Bernama added. [Text] [Hong Kong AFP in English 1042 GMT 15 Jan 83 BK]

CSO: 5400/4366

KADUNA STATE HEALTH FACILITIES DETAILED

Kaduna NEW NIGERIAN in English 16 Dec 83 p 11

[Article by Dupe Motojehi

[EXcerpts] OVER 50 per cent of the people who die in our hospitals usually suffer preventable diseases, the Deputy Governor of Kaduna State, Alhaji Mu'azu Aliyu Ahmed, said in Kaduna yesterday.

Addressing the joint graduation ceremony of eight health training institutions in the state, he said in developing nations, the average life expectancy was 45 years compared to about 70 years in developed nations.

He said improved health care delivery was a priority of the state government. Thus far, he said, "we have completed the basic health unit started by the Federal Government in the state."

The unit consisted one Comprehensive Health Centre, four primary health centres and 20 health clinics, the deputy governor stated.

The government had embarked on the construction of two units in different parts of the state in addition to five rural hospitals and specialist hospitals in Kaduna and Katsina which, he said, were nearing completion and billed to commence operation next year.

"When all the projects being undertaken are completed", the deputy governor said, "beds in our health institutions will increase by over 800 in addition to the present 1,377 beds."

A total number of 1,108 students of the eight institutions graduated, according to the state Commissioner of Health, Mr Asandu Gwanyo.

CSO: 5400/134

BRIEFS

MEASLES KILLS TWO--TWO children have died following an outbreak of measles in Obazu village, Mbieri in Mbaitoli Local Government Area, Imo State. Reports said that hundreds of children are now suffering from the attack of the measles which had spread the area since the Christmas and New year celebrations. According to reports, parents in the area are said to have been gripped with fear of loosing more children as no help had so far come from the state ministry of health. The report said that officials of the state ministry of health were not available to tackle the outbreak of the measles because of the long holidays. Meanwhile, a village head in the area, Nze P.O. Njoku has appealed to the Ministry of health to rush its men to the area to combat the menace of the measles. Mr Njoku urged that any further delay would result to loosing more children to measles. [Rich Nmaram] [Text] [Enugu DAILY STAR in English 14 Jan 83 p 4]

CSO: 5400/133

PUNJAB PLANS TO REDUCE INFANT MORTALITY

Karachi DAWN in English 10 Jan 83 p 4

[Text]

LAHORE, Jan 9: Government of the Punjab has decided to accelerate three components of primary health care with a view to achieve remarkable reduction in infant mortality and death rate of children under five years.

Government has approved a scheme of Rs. 15 crore to achieve the following targets in two years.

Providing immunization to all the children of the province for protecting them against six diseases, namely T.B. diphtheria, whooping cough, tetanus, polomyelites and measles.

Saving death occurring due to diarrhoea by treating diarrhoea cases with 80 lakh packets of oral rehydration salt every year in the province.

Government of the Punjab Health Department has appointed one assistant district health officer in each district to implement these special programmes.

A training workshop for district health officers and assistant district health officers is commencing from Jan. 8 to Jan. 20 in Hotel Faletti's, Lahore.

This is being inaugurated by Brig. Manzoor Malik, Secretary to Government of the Punjab, Health Department, Lahore.

Experts from World Health Organisation and UNICEF and a representative from UNHCR will also participate in the workshop.—APP

CSO: 5400/4708

BRIEF

ISLAMABAD HOSPITAL COMPLEX--Islamabad, Jan 5--Minister of State for Health and Social Welfare, Begum Afifa Mamdot, has expressed her disappointment over the progress of the construction work of the Islamabad Hospital Complex and instructed the persons concerned to expedite the work and make full efforts to complete the project at the earliest. During her visit to the Islamabad Hospital Complex here on Tuesday, she said a period of 20 years elapsed when work started on it, but it was going on lingering every year, which cannot be afforded any more. The Islamabad Hospital Complex occupies 150 acres of land on which construction was started in 1961 with an estimated cost of Rs 30 crore and first phase of it was scheduled to be commissioned in December last year. Begum Afifa Mamdot observed that no attention has been given to provide enough ventilation and natural light in most of the departments and wards of the hospital. [Text] [Karachi DAWN in English 6 Jan 83 p 8]

CSO: 5400/4708

NATIONAL PUBLIC HEALTH CONFERENCE ENDS 15 JAN

More Hospitals Urged

OW160044 Beijing XINHUA in English 0811 GMT 15 Jan 83

[Text] Beijing, January 15 (XINHUA) -- In 1983, there will be more house calls by doctors, more medical students from rural areas and maternity and child care will improve and include family planning, according to the Ministry of Public Health today.

The announcement was made at today's closing session of a weeklong national health work conference. The gathering's final meeting focused largely on delivery of medical care both in rural areas and in the nation's urban residential quarters.

In addition to the setting up of more comprehensive big hospitals the ministry called for establishment of more collectively-owned neighborhood hospitals to supplement the present 1000, which are inadequate for the nation's urban population. It also proposed that big central hospitals lend guidance to smaller ones to streamline service.

Rural health services are the top priority in the ministry's 1983 plan. Four hundred county level hospitals nationwide will receive attention this year, supplementing the 300 county hospitals upgraded since 1980, and as a first step toward improving all 2,100 in the country before 2000, the ministry said.

At the same time, the ministry said, more medical students will be enrolled preferentially from the rural areas and they will return to their home areas after completion of their studies.

Work Improvement Urged

OW171215 Beijing XINHUA Domestic Service in Chinese 1619 GMT 15 Jan 83

[Text] Beijing, 15 Jan (XINHUA) -- Participants in the national conference of directors of public health departments and bureaus, which concluded today, unanimously held that workers on the public health front must liberate their thinking and pay attention to improving their work in order to create a new situation.

At the week long conference, Wang Wei, vice minister of public health, made a report on trials made by the broad masses of public health workers concerning organization improvement and the system of public health work in recent years. He said: At present, there are three kinds of medical care in urban and rural areas, namely state, collective and individual medical services. At the production brigade level in the countryside there are medical services provided by public health organizations of various

production brigades, a group of or individual barefoot doctors, branches of commune hospitals, cooperative medical care and private physicians. In cities and townships medical workers are permitted to operate individually or jointly and the system of having physicians at drug stores has been restored. Some plant and mine hospitals for staff members and workers and some PLA hospitals have changed the past practice of serving staff members, workers and their dependents of respective units only, and have begun providing medical services for the general public in various localities.

We have also seen the new situation of improvement in the management of a number of medical care and public health units. Some of them have implemented various forms of responsibility system and raised the level of management. The method of charging different fees for different groups of people has been adopted on a trial basis in 13 provinces, municipalities and autonomous regions. Medical fees have been partially readjusted in six provinces. In some provinces and municipalities, public medical care units are being reorganized and improved. Although the reorganization and improvement work has just begun, it has already shown its effectiveness.

The directors of various public health departments and bureaus of 29 provinces, municipalities and autonomous regions and leading cadres at various levels of the Ministry of Public Health discussed the situation and held that leading departments at various levels should enthusiastically support the new things which emerged in the reorganization and improvement. As to problems in the reorganization and improvement, the leading departments should provide appropriate guidance according to the circumstances and help solve the problems.

Chi Yueli, minister of public health, emphatically pointed out at the conference: In order to create a new situation in public health work, it is necessary to carry out reform and improvement. He held that only by doing so can we do our work well and serve the masses in a better way.

CSO: 5400/4122

NATIONAL PREVENTIVE MEDICINE CENTER TO BE SET UP

OW170436 Beijing XINHUA in English 0200 GMT 17 Jan 83

[Text] Beijing, 17 Jan (XINHUA)--A National Center for Preventive Medicine will be established in Beijing by the Ministry of Public Health, the ministry said today.

The center will provide scientific and technical support to general disease-prevention and hygiene supervision efforts.

The center, employing 1,500 people, will have five major tasks:

- Studying the theory and practice of preventive medicine;
- Providing technical guidance and training to epidemic prevention institutions throughout the country;
- Supervising and monitoring epidemic prevention and quarantine;
- Organizing study of hygienic laws and regulations, and making standardizations and technical policies;
- Collecting, and exchanging informations with foreign countries.

The Institute of Health Sciences, the Institute of Epidemiology and Microbiology, the Institute of Virology, the Institute of Parasitic Diseases, the Environmental Hygienic Monitoring Station, the Institute for Food Hygienic Inspection, all of which are attached to the Academy of Medical Sciences, and the Industrial Hygienic Laboratory attached to the Ministry of Public Health, will be affiliated to the center after its establishment.

CSO: 5400/4121

SAUDI ARABIA

BRIEFS

NEW MEDICAL COMPLEX--A two billion dollar medical complex is to be built at the old Jeddah airport, Fuad Zahran, Dean of the medical college at King Abdul Azia University in Riyadh last month. Scheduled for completion by 1989, the complex will include an 800-bed hospital, colleges of dentistry, pharmacology and other disciplines, research and health care centres, and housing for 27,000 staff and students. Meanwhile, a charitable society in the southern region has started receiving donations to build a 152.8 million dollar medical centre at Abha, it was reported. In addition to specialist departments, the centre will have a mosque and housing complex. [Text] [Kuwait ARAB OIL in English No 12, Dec 82 p 56]

CSO: 5400/4508

BRIEFS

SUSPECTED CHOLERA CASES--SEAFOOD sales are going for a dive in many restaurants and hotels following the health warnings alerting the public to the dangers of eating cholera-infected shellfish. Many of Durban's major hotels have withdrawn oysters and mussels from their menus. A few are still offering oysters for sale, though none are serving them raw. Food and beverage managers said the shellfish scare had affected the sale of their seafood dishes generally, which are usually popular items at this time of the year. Durban's acting Medical Officer of Health, Dr Neville Becker, said the testing and sampling of shellfish would continue. But he warned: "Raw shellfish are definitely out and holidaymakers should make sure they have an uncontaminated water supply. As soon as we picked up a positive result we had to put out a warning", said Dr Becker. "One batch of contaminated oysters came from the Natal Coast while the others came from Knysna," he said. So far there have been no cases of cholera reported in Durban. But about 15 suspect cases are admitted daily to the Clairwood Hospital near Durban. [Text] [Johannesburg SUNDAY TIMES in English 2 Jan 83 p 9]

MORE CHOLERA IN NATAL--Durban--Another person has died from cholera in Natal this week and 685 confirmed cases have been admitted to hospitals in the province. The State health officer for Natal, Dr Johan van Rensburg, said yesterday that most of the cases were from southern Natal although there had been an increase in victims from rural areas inland, particularly Ladysmith and Ixopo. He said figures appeared to be very high, but in comparison with the same period last year they were down. One of the main factors for the decrease in the incidence of the disease was the intensive education programme carried out by his department in conjunction with the KwaZulu health department. The deputy director-general of Health, Dr James Gilliland, said yesterday although 200 proven cases of the disease were being treated, a further 100 suspected cases were also being treated. No further cases had been reported from Transkei where 88 people have cholera and one person had died since August.--Sapa [Text] [Johannesburg THE CITIZEN in English 22 Jan 83 p 11]

CHOLERA IN NATAL--CHOLERA claimed the lives of three Black people in Natal this week. Dr. Jan van Rensburg, the province's Regional Director of Health, said the increase in cholera cases, mainly in the Umkomaas area on the Natal south coast, was due to warmer weather. He said the number of cases in the KwaZulu area had decreased since the introduction of health education programmes last year and confirmed 700 people had contracted the disease last year. He said this was a decrease on the number of cases in previous years. [Text] [Johannesburg THE CITIZEN in English 8 Jan 83 p 9]

TANZANIA

BRIEFS

KILOMBERO DISTRICT CHOLERA DEATHS--FOUR people are reported to have died of cholera at the Ifakara Hospital in Kilombero District and a number of others have been hospitalised, the Member of Parliament for Kilombero, Judge E. A. Mwesiumo, said in Morogoro yesterday. Those who died were in-patients at the mission-government hospital, Shihata reported. Judge Mwesiumo said state of affairs in the government wing at the hospital was bad, with lack of essential medical facilities, drugs and competent staff. [Text] [Dar es Salaam DAILY NEWS in English 6 Jan 83 p 3]

CSO: 5400/130

IMPORT CURBS AGAINST ANNUAL RYE GRASS CRITICIZED

Perth THE WEST AUSTRALIAN in English 15 Nov 82 p 31

[Text]

HAY import restrictions aimed at preventing the introduction to Victoria of a livestock disease, annual rye-grass toxicity, will have far-reaching consequences for WA farmers, according to the Minister for Primary Industry, Mr Old.

Mr Old said that the new regulations prohibited the entry of cereal, pasture or lucerne hay containing annual rye-grass (*Lolium rigidum*) from any area within 100km of a known outbreak of the disease.

"Unfortunately this means that Victoria will not accept pasture or cereal hay from 90 per cent of WA's agricultural areas," he said.

Mr Old said it would be difficult if not impossible to certify that pasture and cereal hay produced in WA contained no annual rye-grass.

"The prohibited area runs from Perenjori to Mt Barker and east nearly to Ravens-thorpe," he said.

In the case of lucerne hay, Victoria will allow imports if it is the sec-

ond or subsequent cut of hay.

Victoria has said that the disease has not been detected there and that all hay bought into the State from WA and South Australia must be accompanied by a certificate signed by an officer of the Department of Agriculture in the State of origin.

Notification

Notification of any proposed shipment must be lodged with the Victorian Department of Agriculture at least 24 hours before the expected arrival in Victoria. On introduction, the hay and the certificate must be seen by the Victorian department.

Mr Old said that farmers and exporters contemplating sending hay to Victoria would need to consider their production and marketing plans carefully before taking irreversible steps.

Information is available from the Department of Agriculture's district offices or its South Perth headquarters.

CSO: 5400/7530

NEW OUTBREAK OF FOOT-AND-MOUTH DISEASE REPORTED

Country Suffers Export Losses

Copenhagen BERLINGSKE TIDENDE in Danish 15 Jan 83 p 1

[Article by Ib Christensen]

[Text] Danish farmers will have to face a loss of between 1.5 and 3 billion kroner as a consequence of the new outbreak of the feared foot-and-mouth disease in Funen. This estimate was made by Minister of Agriculture Niels Anker Kofoed (Liberal Party). He tells BERLINGSKE TIDENDE that exports to the United States and Japan may probably only be resumed in 2 to 3 years.

Top agricultural leaders fear that Denmark will lose its position as a major supplier of necks of pork and bacon to Japan. That will mean a loss of 2 billion kroner annually in foreign exchange earnings. Canada has already offered Japan to replace the Danish meat supplies.

Less Expensive Pork

Danish consumers will soon feel the effects of the poor marketing conditions created by the earlier outbreak. As of Monday, the slaughterhouses have reduced the quotation for pork by 60 øre per kilo to 12.40 kroner. The reduction is expected to be felt in the retail trade shortly. To consumers, it will mean less expensive pork.

Norway, Sweden, and Finland yesterday stopped all import of dairy and meat products, which meant that travellers had to hand over practically all goods except for canned goods at the custom houses. Exports to the EC, however, will continue for the time being.

The Slaughterhouse Expo Fyn has been affected severely. All slaughtering has been stopped for next week, and the slaughterhouse workers fear that 500-600 employees will be dismissed unless deliveries be resumed very soon. After the first outbreak nearly 12 months ago, the slaughterhouse has been in financial difficulties, and Director Carlo Petersen, Odense, says that he does not want to exclude the possibility that the enterprise will have to close down entirely.

Throughout the day yesterday, the veterinary authorities worked under great pressure to trace the source of the infection, but Erik Stougaard, director of the Veterinary Service, had to admit at a press meeting that they had nothing at all to go on. However, he rejects the possibility that the infection may stem from the animals which were buried during the last outbreak. Nor can the virus have been carried here by the wind from the countries east of the Iron Curtain, he says.

All of Funen has now been put in a state of extreme preparation, but it is still possible to travel everywhere. The farmers' associations, however, request that planned meetings be cancelled to reduce the dissemination.

Authorities Take Immediate Action

Copenhagen BERLINGSKE TIDENDE in Danish 15 Jan 83 p 3

[Article by H. C. Kiillerich]

[Text] "Everything has gone perfectly. I have only words of praise for the way in which the authorities have handled the new case of foot-and-mouth disease."

The above statement was made by Klaus Farsøe Madsen, veterinarian, Kværndrup, Funen, who, last spring, was the major critic of the authorities.

Others among the critics of the spring fully agree. The chairman of the Farmers' Associations of Funen, Valdemar Rasmussen, says, "They have learnt from the tragedy last spring. They handle the situation in a far more efficient manner, and that is gratifying to see."

As soon as the latest case of foot-and-mouth disease was ascertained, the animals were killed. A security safety distance of 15 kilometers from the farm was set up, and everybody who had been in contact with the farm was isolated. The slaughterhouses in Funen were told that slaughtering and deliveries of animals as well as all insemination of animals had been suspended. At the police headquarters at Odense, a permanent information center has been set up, of which the veterinary inspector is in charge. At the same time, exhibitions, auctions and entertaining have been discouraged. The big fair at Herning, Agromek 83, with 350 exhibitors, has been postponed. It had been planned for 25 January. As of Tuesday, it has, moreover, been prohibited to move cloven-footed animals from any farms in Funen.

"We have introduced very strict restrictions from the start. We are taking no chances," says Minister of Agriculture Niels Anker Kofoed, who requests farmers in Funen to remain at home.

The request, apparently, is not needed. The following statement made by pig breeder Kay Agertoft at Kissendrup is typical:

"I have cancelled everything. Visits from other farms have been banned. Everybody agrees that this is the best way."

Advice to Limit Spread

Copenhagen BERLINGSKE TIDENDE in Danish 15 Jan 83 p 3

[Text] It is again prohibited to take Danish salami along on vacations in Norway, Sweden, and Finland. The said countries have, with immediate effect, stopped all import of Danish meat products. The cause: the foot-and-mouth disease outbreak in Funen.

"Only poultry products ready to cook and non-perishables may be imported," says an announcement from the Norwegian Embassy in Copenhagen.

"All forms of salted, smoked, frozen, and vacuum-packed meat will have to remain in Denmark. The same thing applies to plants, vegetables, soil, animal fodder, straw and hay, as well as agricultural machinery and live animals," the embassy states.

People going to Sweden and Finland may only bring in fishmeal and non-perishables. The Finnish ministry of agriculture states that the ban will, for the time being, apply this week, whereupon the situation will be re-evaluated.

So far, border customs checks have not been intensified in Sweden. The inspector of customs at Helsingborg says:

"Apart from the ban, everything takes place in a completely normal manner. We have not yet been asked to intensify our customs checks of travelers."

The ban may mean that several shops at Helsingør and Dragør will have to close because their merchandise is partly aimed at Swedish customers. In the future, they will have to purchase their things in Sweden.

7262

CSO: 5400/2510

BRIEFS

SEPTICEMIA EPIZOOTICA IN WEST SUMATRA--As of the end of last week [27 November] more than 80 cattle (water buffalo, cows, goats, and dogs) were dead of ngorok (septicemia epizootica) in Padag Lawas, Sawahlunto Sijunjung Regency, West Sumatra. An animal stricken with this disease will collapse and die within a relatively short time. Engineer Sjukri Anwar, chief of the Sawahlunto Sijunjung Regency Animal Husbandry Service, is very much afraid that within a short time ngorok will destroy all the cattle in Sawahlunto Sijunjung Regency. Moreover it may spread to cattle in other regions of west Sumatra. Coping with the disease is complicated by the limited stocks of drugs available. At the moment these drugs must come from Jakarta and Surabaya. Replying to a KOMPAS question, Alizar Brita, chief of the Contagious Disease Control Section of the West Sumatra Animal Husbandry Service, said the ngorok epidemic has been reported to the center with a request for assistance with drugs. Meanwhile an attempt is being made to handle the disease by mobilizing animal husbandry personnel in other areas in addition to those in the regency animal husbandry service. "Still we failed to stock drugs allotted by the province, having enough for only 500 animals," Alizar remarked. There are about 40,000 water buffalo and 30,000 cattle in Sawahlunto Regency. In all of west Sumatra there are about 500,000 buffalo and cattle. "Water buffalo are the most susceptible to the disease. In a wink of the eye, within only 2 or 3 hours, cattle attacked by the disease are dead. Symptoms include foaming at the mouth, watery eyes, bleeding nose and ears, and swollen gall bladder," Alizar said. [Excerpts] [Jakarta KOMPAS in Indonesian 29 Nov 82 p 8] 6804

CSO: 5400/8413

SUDAN

BRIEFS

CATTLE DISEASE--Tens of thousands of cattle died in the Kordofan region, which had been considered one of the areas richest in this animal resource. Three diseases, including cattle plague, swept through the herds in a baffling manner, but some negligence is evident. Rather than investigating this matter in earnest to try to save the rest of these animals and prevent disease from spreading to other areas, officials in the region began to trade accusations with the Ministry of Agriculture, which is in charge of Nimeiri himself, about the small appropriations for the desired serum and the ministry's failure to send it with the speed expected in such cases. [Text] [London AL-DUSTUR in Arabic No 260, 15 Nov 82 p 63] 7587

CSO: 4504/107

AUSTRALIA

BRIEFS

LOCUST SWARMS--Plague locusts have been swarming in the central western region and could aggravate the situation for many drought-stricken farmers, the Minister for Agriculture, Mr Hallam, said yesterday. Large swarms of adult Australian plague locusts have been reported in Dubbo, Forbes, Wagga and Condon, Mr Hallam said, with smaller swarms in Coonamble, Coonabaraban, Molong, Gundagai and Hillstone. "These will cause damage to crops and any other green feed. Usually the locust eggs hatch over a few days, but because of the drought hatchings have occurred during the past eight weeks," Mr Hallam said. "This means that until Christmas, numerous swarms of plague locusts will be present in the area extending from Gilgandra in the north to Young and Temora in the south," he said. Mr Hallam said that neither the Pastures Protection Board nor the Department of Agriculture would be aerial spraying loose swarms of adult locusts. Only dense swarms covering at least a square kilometre and which had not started egg laying were economic aerial targets. [Sydney THE SYDNEY MORNING HERALD in English 11 Nov 82 p 2]

CSO: 5400/7530

BEAN CROP AFFECTED BY DISEASE IN PARANA

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 18 Dec 82 p 25

[Text] Londrina--An outbreak of a type of anthracnose (a disease transmitted by a fungus) is jeopardizing the next bean crop in southern Parana State--which produces 35 percent of the state crop estimated at 600,000 tons--with damages already in excess of 30 percent (that area should produce 380,000 tons but, with this disease, is not expected to produce more than 170,000 tons), according to information released by experts of the Parana Agronomic Institute (IAPAR) and the Secretariat of Agriculture.

The problem came as a surprise to the experts and farmers of the southern area, especially in Irati (one of the country's biggest producers of black beans), since, until now, the varieties planted in the area (Tibagi and Iguacu rivers) were resistant to all types of anthracnose, which decimates plants. "However, in this crop we have seen the appearance of a new type of the disease, the kappa, which has overcome the resistance of the plants. And the disease was scattered to a great extent due to the heavy rains which fell in the area, promoting further growth of the infestation and preventing the farmer from applying chemical products to combat the fungus," according to an explanation given by Joao Luiz Alberini, head of the IAPAR bean program.

After stating that the problem "is extremely serious," the expert indicated that the new species of anthracnose was disseminated throughout the area by way of the seeds. "Inasmuch as the Central Bank's Resolution No 706 no longer requires the granting of operating loans to be subject to the use of inspected seeds, many producers purchased seeds of inferior phyto-sanitary quality. It is estimated that 7,500 sacks of seeds of the turrialba variety, coming from Santa Catarina and planted in the southern part of the state, were highly infected with the type of fungus which causes anthracnose and were scattered throughout almost all the planted areas. In view of the present degree of infestation, it does not pay the producer to take defensive agricultural measures."

8568

CSO: 5400/2035

BRIEFS

LOCUST MENACE IN SUMATRA--DJAKARTA, 30 Dec--A new locust species has attacked some 20,000 hectares of rice fields and is threatening to invade an additional 40,000 hectares in North Sumatra, the Kompas daily reported today, quoting Agriculture Ministry sources. The Director of Food Crop Protection, Dr Ida Nyoman Oka, told the paper the new locust breed, which has been referred to as "Biotype North Sumatra", could also swoop over to Java and Bali and create even greater havoc. Dr Ida Nyoman Oka said rice varieties now being grown in Indonesia are resistant to the known Biotype-I and Biotype-II, but not to the new one. North Sumatra has been the birthplace of not only the new locust, but also of the older biotypes. [Text] [Rangoon THE WORKING PEOPLE'S DAILY in English 1 Jan 83 p 7]

CSO: 5400/4364

BACKGROUND OF MEALY-BUG MEASURES DETAILED

Enugu DAILY STAR in English 1 Jan 83 p 2

[Article by I. O. Nwerri]

[Text] IN April 1979 farmers in Ishielu Nkanu Awgu and Izzi parts of Anambra State panicked as a consequence of mealy-bug infestation on cassava farms. By the end of the year at the height of the dry season the destructive effects of this mealy-bug pest had assumed epidemic proportions extending to Oji River Isi-Uzo (Nsukka) Ikwo and Ezza areas and indeed to other parts of Anambra State.

Field inspection conducted at this time showed that over [number illegible] hectares of cassava farms had been infested with mealy-bug

The then Anambra State Ministry of Agriculture and Food Production promptly mounted an agricultural campaign pointing out the interim measures such as early planting during the [word illegible] planting season use of tolerant cassava varieties such as the Research Institutes would recommend and the use of adequate soil conservation measures and fertilizer application to encourage vigorous cassava growth which would reduce the impact of mealy-bug infestation

By April [?1980], the Task Force of the Federal Department of Agriculture undertook a national survey to find out the extent and severity of cassava mealy-bug and green spider mite pests in Nigeria. The result of this survey showed at the time 92% severe infestation of sample areas in Anambra State and confirmed that the mealy-bug infestation had assumed epidemic and disastrous proportions in Anambra State

It was estimated during 1979-80 cropping season that a loss of ₦25 million of cassava crop was encountered in Anambra State as a result of devastation by cassava mealy-bug

Indeed the price of garri had sky-rocketed to 4 and 6 compared with 20 to 30 cups for ₦1 before the emergence of cassava mealy-bug

The Anambra State Government quickly made financial provisions for chemical control of the mealy-bug infestation as an effective interim measure. The Integrated Control of Cassava Mealy-bug pest infestation was mounted throughout

Anambra State in a sustained manner from 1979 through 1982 involving an expenditure of about N3 million by the Anambra State Government.

The result of this large-scale campaign involving free-dipping of farmers' cassava cutting in Dimethoate 40 EC immediately before field planting is now evident. The price of garri has gone down to 12 cigarette cups in township markets and as low as 15 to 20 cigarette cups in rural markets.

Yes the cassava mealy-bug has been given a clean good fight. This sense of accomplishment does not imply that there is room yet for complacency. The campaign continues this dry-season to ensure that reinfestation is prevented.

But there is yet a piece of good news for farmers about the eradication of mealy-bug pest of cassava. This is the new discovery at the International Institute of Tropical Agriculture Ibadan of two insects, one a predator and the other a parasite of the cassava mealy-bug.

According to the International Institute of Tropical Agriculture 1982 Research Highlights for 1981 Ibadan Nigeria tests are now in progress to multiply and release these insects which eat up the mealy-bug and so prevent them from the usual destruction of the cassava crops. This is the long-term control of cassava mealy-bug by biological means.

This will eventually ensure a permanent solution to the mealy-bug menace because the predators and parasites do not so to speak recognise state boundaries!

CSO: 5400/133

EFFORTS TO COMBAT GRAIN BORER FRUSTRATED BY MOROGORO REGION OFFICIALS

Dar es Salaam DAILY NEWS in English 10 Jan 83 p 3

[Article by Musa Lupatu]

[Text]

A NUMBER of villages in Ulanga, Kilombero and Kilosa districts in Morogoro Region might face food shortage following heavy infestation by the Larger Grain Borer variously known as *dumuzi* or *scania*, it has been learnt.

Efforts to combat the notorious pest, however, seem to have been frustrated by "inaction" of regional authorities there, sources in Morogoro have said.

According to the sources, 400 bags of the chemical — *Actellic dust 2 per cent* — which were sent into the region by the Ministry of Agriculture last year, were lying in godowns, and there had not been any efforts by the officials to distribute them to the villages.

It is claimed that there are no funds to pay for transport and allowances for extension workers. But investigations by the *Daily News* revealed that on May 27 last year, the Ministry of Agriculture issued a cheque of 50,000/- to the region meant to meet the distribution expenses.

The same amount was sent

to Tabora Region and 25,000/- to Kahama District in Shinyanga Region also for combating infestation of the borer.

It is believed the exercise went well in the two regions and the chemicals were distributed to villages, thus greatly reducing the threat by the pest.

Quoting last November's reports, the sources said only a few villages were given the chemicals in Morogoro Region.

An authoritative source in Dar es Salaam, who has recently been to Morogoro said Mwaya Division in Ulanga District was heavily infested by the pest, and that maize was being destroyed alarmingly fast.

According to the source, peasants seemed ignorant of the existence of *dumuzi* until when shown the pest and the destruction it caused. All bars of maize looked alright (to the peasants because the damage occurs beneath the sheath. Recognition needs dehusking of the bars of maize, the source said.

V

B1 - CONTROL NUMBER: U108135
 B4 - ACCESSION NUMBER:JPRS-82859
 B3 - COLLECTION CODE: 3
 B6 - MANAGEMENT CODE: XR
 B7 - PROCESS ACTNG CD: 01 B7A-REGISTRATION FEE: 00000
 B8 - PRODUCT MANAGER: H B9A-LOAN DUE OUT:
 B9 - RECEIPT TYPE: 1 B10A-DUPE/PRIOR/SUPER:
 B10- TRANSACTION: TN B12A-RETURN DATE:
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 B14- PAT. POTENTIAL: 0
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 B25- PAGES/SHEETS: 00050
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 @06)Worldwide Report, Epidemiology, @@@
 No. 310.1 @@@
 @11)15 Feb 83,1 @@@

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