

# *JPRS Report*

# Epidemiology

*AIDS*

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# Epidemiology

## AIDS

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### CONTENTS

23 April 1993

#### AFRICA

##### REGIONAL AFFAIRS

AIDS in Burundi, Rwanda [*Christiane Chombeau; Paris LE MONDE, 12-18 Oct 92*] ..... 1

##### ANGOLA

AIDS Situation in Country Examined ..... 1  
 Awareness Program [*Luanda JORNAL DE ANGOLA, 25 Nov 92*] ..... 1  
 Slow Response [*Luanda JORNAL DE ANGOLA, 1 Dec 92*] ..... 2  
 Figures Given [*Luanda JORNAL DE ANGOLA, 1 Dec 92*] ..... 2  
 Epidemic Disease Statistics for Luanda Revealed [*Luanda JORNAL DE ANGOLA, 22 Aug 92*] ... 3

##### KENYA

Estimated Over 750,000 HIV Positive [*Nairobi THE KENYA TIMES, 3 Dec 92*] ..... 3

##### NIGERIA

In 3 Years 4 Million May Be AIDS Carriers  
 [*O. Orere, B. Ukwuoma; Lagos THE GUARDIAN, 14 Jan 93*] ..... 3  
 Federal Government Earmarks Fund To Fight AIDS [*Lagos radio, 1 Dec 92*] ..... 3

##### SOUTH AFRICA

Events at National AIDS Convention Analyzed  
 [*M. Gevisser, P. Stober; Johannesburg THE WEEKLY MAIL, 5 Nov 92*] ..... 4  
 AIDS Figures Said To Be Underreported [*Johannesburg THE STAR, 10 Nov 92*] ..... 5  
 Western Cape AIDS Statistics Reported [*Cape Town THE ARGUS, 6 Oct 92*] ..... 5  
 Prisoners With AIDS To Receive AZT  
 [*Alex Dodd; Johannesburg THE WEEKLY MAIL, 3 Dec 92*] ..... 6  
 Charter of Rights for AIDS, HIV Victims Launched  
 [*James Brittain; Johannesburg SUNDAY TIMES, 22 Nov 92*] ..... 6

##### UGANDA

Senior Army Officer Arrested in 'Major' Crackdown [*Paris AFP, 15 Dec 92*] ..... 6

##### ZAMBIA

More Than 6,000 AIDS Cases Reported [*Lusaka TIMES OF ZAMBIA, 17 Jan 93*] ..... 7

##### ZIMBABWE

17 Percent of Population Reportedly Carry AIDS Virus [*Johannesburg Africa radio, 18 Jan 93*] .. 7  
 At Least 1.5 Million Infected With AIDS [*Harare THE HERALD, 18 Jan 93*] ..... 7  
 AIDS Statistics in Bulawayo Reported [*Harare THE HERALD, 18 Jan 93*] ..... 8

#### CHINA

AIDS Cases Update [*Chen Ke; Beijing RENMIN RIBAO, 25 Sep 92*] ..... 9  
 970 People Tested HIV Positive [*Beijing ZHONGGUO XINWEN SHE, 19 Mar 93*] ..... 9  
 Faster Way Developed To Identify AIDS Victims [*Beijing CHINA DAILY, 8 Mar 93*] ..... 9

AIDS Peril Warning in Guangdong Province [Zheng Caixiong; Beijing CHINA DAILY, 23 Feb 93] .....	10
Economists Join in AIDS Research [Beijing XINHUA, 28 Dec 92] .....	10

## EAST ASIA

### REGIONAL AFFAIRS

ASEAN Countries To Establish AIDS Task Force [Hong Kong AFP, 1 Apr 93] .....	11
Japan's Foreign Ministry Announces AIDS Assistance to Thailand .....	11
'Comprehensive' Plan [Tokyo KYODO, 18 Mar 93] .....	11
Thai Radio Report [Bangkok Voice of Free Asia, 23 Mar 93] .....	11

### BURMA

Health Minister Says Country Now Has 28 AIDS Cases [Rangoon radio, 1 Dec 92] .....	12
--	----

### CAMBODIA

45 HIV-Positive Cases Found Among Blood Donors [Phnom Penh radio, 2 Dec 92] .....	12
---	----

### INDONESIA

Health Minister Expresses Worry Over Spread of AIDS [Jakarta ANTARA, 2 Dec 92] .....	12
Official Views AIDS, HIV Cases in Country [Jakarta THE INDONESIA TIMES, 2 Apr 93] .....	13
New AIDS Cases Found in Outlying Areas [Jakarta KOMPAS, 5 Feb 93] .....	13

### JAPAN

Watanabe May Broach Joint Japan-U.S. Fight Against AIDS [Tokyo KYODO, 10 Feb 93] .....	14
Research Team Produces Antibody Targeting HIV Enzyme [Tokyo KYODO, 5 Mar 93] .....	14

### LAOS

Anti-AIDS Committee Receives Fund From UK Embassy [Vientiane radio, 1 Apr 93] .....	15
---	----

### MALAYSIA

Number of HIV Carriers Expected To Reach 32,000 by 1995 [Kuala Lumpur BERITA HARIAN, 30 Nov 92] .....	15
Families of Foreign Workers May Be Screened for HIV [Kuala Lumpur BERNAMA, 23 Dec 92] .	15

### NEW ZEALAND

Military Willing To Drop Ban on Homosexuals [Hong Kong AFP, 7 Dec 92] .....	15
---	----

### THAILAND

Ministry of Public Health Updates AIDS Information [Bangkok BANGKOK POST, 19 Dec 92] ...	16
Doctor Projects AIDS Cases: 1 in 4 [Bangkok DAILY NEWS, 10 Nov 92] .....	16
Doctor Reports on AIDS Incidence [Long Likhit; Bangkok NAEO NA, 21 Oct 92] .....	16
WHO Approves Plan for HIV/AIDS Vaccine Development [Bangkok BANGKOK POST, 16 Dec 92] .....	17
Public Health Official Comments on AIDS Vaccine [V. Combek; Bangkok THE NATION, 25 Feb 93] .....	18
'Uncertainty' Surrounds Proposed Tests of AIDS Vaccine [W. Klatalumphon; Bangkok THE NATION, 18 Apr 93] .....	19
Drug Use, Second High Risk Factor for AIDS [Bangkok BAN MUANG, 1 Nov 92] .....	20
Campaign To Slow HIV Through Condoms Seen Failing [G. Leijonhufvud; Stockholm DAGENS NYHETER, 23 Feb 93] .....	20
AIDS Budget Gets Increase [Bangkok BANGKOK POST, 3 Nov 92] .....	21
Budget Bureau Grants Funding for AIDS Publicity [Bangkok BANGKOK POST, 19 Mar 93] .....	21

AIDS Morbidity, Economic Costs [Bangkok THE NATION, 10 Nov 92] .....	22
Duangprathip Foundation AIDS Report .....	23
Chief Doubts Government AIDS Figures [Bangkok NAEO NA, 25 Oct 92] .....	23
Further Report [Bangkok MATICHON, 23 Oct 92] .....	24
AIDS Among Trat Drug Addicts [Bangkok DAO SIAM, 28 Oct 92] .....	25
70 Percent of Sex Workers in Chiang Rai HIV-Positive [Bangkok BANGKOK POST, 16 Apr 93] .....	25
Northern Province Expects 22,000 AIDS Cases in 1993 [Bangkok BANGKOK POST, 15 Dec 92] .....	25
Poll on Attitudes Regarding Prostitution [V. Combe; Bangkok THE NATION, 30 Jan 93] .....	26
Law Would Increase Penalty for Selling Daughters [Stockholm DAGENS NYHETER, 23 Feb 93] .....	26

## VIETNAM

AIDS Explosion Seen as 'Inevitable' .....	26
Health Minister's AIDS Day speech [Andrew Sherry; Hong Kong AFP, 1 Dec 92] .....	26
Observance of AIDS Day [Hanoi VNA, 1 Dec 92] .....	27
Nguyen Khanh at Seminar on Implications of HIV/AIDS [Hanoi VNA, 7 Dec 92] .....	28
Vo Van Kiet, Nguyen Khanh Urge More Anti-AIDS Efforts [Hanoi VNA, 14 Apr 93] .....	28
First AIDS Deaths Reported [Hong Kong AFP, 29 Mar 93] .....	28
29 New HIV Carriers Discovered in South [Hanoi radio, 13 Apr 93] .....	28
55 More Tested HIV Positive in Ho Chi Minh City [Hanoi VNA, 24 Mar 93] .....	28

## EAST EUROPE

### REGIONAL AFFAIRS

Eastern Europe Reportedly Facing HIV Epidemic [Hamburg DIE WELT, 8 Apr 93] .....	29
'Mobile' East European Prostitution Spreading HIV [Per-Anders Mardh; Stockholm DAGENS NYHETER, 2 Feb 93] .....	29

### ALBANIA

Official Discusses Nation's Response to AIDS Virus [Tirana ZERI I RINISE, 18 Nov 92] .....	31
--	----

### BULGARIA

Health Authorities Contemplate Stricter Measures on AIDS [Sofia BTA, 30 Nov 92] .....	31
---	----

### CZECHOSLOVAKIA

CSFR: Twenty-Nine Cases of AIDS Registered [Prague CTK, 30 Nov 92] .....	32
--	----

### POLAND

118 Aids Cases Registered, 2,500 Carriers Identified [Warsaw PAP, 30 Nov 92] .....	32
--	----

### ROMANIA

Of 2,235 AIDS Cases, 2101 Involve Children Under 13 [Rodica Dirzu; Bucharest TINERETUL LIBER, 6 Apr 93] .....	32
--	----

### YUGOSLAVIA

FRY: 239 Cases of AIDS; 137 Deaths, Mostly Drug Addicts [Belgrade POLITIKA, 2 Dec 92] .....	32
All 44 AIDS Cases in Croatia Contracted Abroad [G. Galic; Split SLOBODNA DALMACIJA, 3 Dec 92] .....	33
Croatia: Medical Officials Give Details of AIDS Statistics [Zagreb radio, 1 Dec 92] .....	33
Macedonia Issues Program To Prevent Spread of AIDS [Skopje SLUZBEN VESNIK, 4 Jul 92] ...	33

**LATIN AMERICA**

**ANTIGUA AND BARBUDA**

Government To Review Health Laws, AIDS Program [Bridgetown CANA, 1 Dec 92] ..... 41

**BAHAMAS**

Spread of AIDS Cases in Nassau Prison 'Alarming' [Bridgetown CANA, 11 Dec 92] ..... 41

**BERMUDA**

Drop in AIDS Cases, Deaths Reported Versus 1991 [Bridgetown CANA, 1 Dec 92] ..... 41

**BRAZIL**

Life Style of Ex-Febem AIDS-Infected Residents  
[V. Franca, A.C. Prado; Sao Paulo ISTOE, 13 Jan 93] ..... 42

**CUBA**

Health Minister Dedicates Camaguey AIDS Sanatorium [Havana tv, 29 Dec 92] ..... 45

**DOMINICAN REPUBLIC**

Health Official Gives AIDS Virus Carrier Figures [Santo Domingo radio, 3 Dec 92] ..... 45  
Health Official Notes Tuberculosis Increase, AIDS Linkage [Santo Domingo radio, 30 Dec 92] .... 45

**HAITI**

AIDS Cases: 10,000; HIV Seropositivity: 200,000 [Port-au-Prince radio, 1 Dec 92] ..... 46

**HONDURAS**

AIDS: 635 Dead, 3,632 Infected Nationwide [San Pedro Sula TIEMPO, 6 Mar 93] ..... 46

**JAMAICA**

AIDS Committee Seeks Greater Community Involvement [Bridgetown CANA, 3 Dec 92] ..... 46

**NICARAGUA**

AIDS Figures Reported [Noel Irias; Managua BARRICADA, 13 Feb 93] ..... 46

**ST CHRISTOPHER AND NEVIS**

Chief Medical Officer on Number of AIDS Cases [Bridgetown CANA, 2 Dec 92] ..... 47

**ST LUCIA**

Health Officials Report 5 New Cases of AIDS [Bridgetown CANA, 13 Apr 93] ..... 48

**ST VINCENT & THE GRENADINES**

Incidence of AIDS 'Increasing Rapidly' [Bridgetown CANA, 1 Dec 92] ..... 48

**NEAR EAST/SOUTH ASIA**

**ALGERIA**

Review of AIDS Cases; Figures, Research ..... 49

Total Cases Detailed [A. Boumediene; Algiers EL WATAN, 18 Jan 93] .....	49
AIDS Day Emphasizes Behavior [C. Maouchi, K. Benelkadi; Algiers EL WATAN, 18 Jan 93] .....	50
Blood Screening at Centers [Algiers EL WATAN, 18 Jan 93] .....	50
AIDS Figures Said 'Fragmented' [Rabat L'OPINION, 20 Feb 93] .....	51

**INDIA**

World AIDS Conference Held in Delhi .....	51
Health Minister, Others Speak [Bombay THE TIMES OF INDIA, 14 Nov 92] .....	51
AIDS Society Chairman Speaks [New Delhi PATRIOT, 11 Nov 92] .....	52
Continuing Fight Against AIDS Reported .....	53
Alarm Justified [S. Kirpekar; Bombay THE SUNDAY TIMES OF INDIA, 22 Nov 92] .....	53
More Cases in Calcutta [Calcutta THE TELEGRAPH, 23 Nov 92] .....	54
More Developments in the Fight Against AIDS .....	54
AIDS Control Panel Formed [Calcutta THE STATESMAN, 15 Feb 93] .....	54
Disease Not Notifiable [Bombay THE TIMES OF INDIA, 17 Feb 93] .....	55
Cases in Himachal Pradesh [Jagdish Bhatt; Bombay THE TIMES OF INDIA, 18 Feb 93] ...	56
Madhya Pradesh Scheme [Sujay Gupta; Calcutta THE STATESMAN, 10 Feb 93] .....	56
Government-Ordered Treatment [Sabina Inderjit; Bombay THE TIMES OF INDIA, 11 Feb 93] .....	58
National Committee To Fight AIDS Formed [Calcutta THE STATESMAN, 6 Nov 92] .....	58
Need for More AIDS Screening Centers Told [Madras THE HINDU, 9 Nov 92] .....	59
Ayurvedic Laboratory's AIDS Claims Examined [New Delhi PATRIOT, 10 Nov 92] .....	60
Over One Hundred AIDS Cases Reported in Bengal [Amit Ukil; Calcutta THE TELEGRAPH, 14 Mar 93] .....	60
West Bengal Battles Against AIDS [Sudhin Dey; Bombay THE TIMES OF INDIA, 2 Dec 92] .....	61
Top Surgeons Said Contributing to Spread of AIDS [Delhi INDIAN EXPRESS, 7 Dec 92] .....	62
Hospital Reportedly Supplying Blood Without HIV Screening [Delhi INDIAN EXPRESS, 18 Mar 93] .....	62

**ISRAEL**

Possible Discovery Preventing the Spread of AIDS [Tel Aviv DAVAR, 2 Dec 92] .....	62
---	----

**PAKISTAN**

170 HIV, AIDS Cases Detected in 1992 [Islamabad THE MUSLIM, 7 Apr 93] .....	63
AIDS Said Spreading, Wider Spread Feared [Peshawar MASHRIQ, 11 Nov 92] .....	63
Minister Says AIDS 'Fast Spreading in Country' [Islamabad radio, 13 Dec 92] .....	64

**CENTRAL EURASIA**

International AIDS Conference in St. Petersburg [Anton Ubankov; St. Petersburg NEVSKOYE VREMYA, 20 Nov 92] .....	65
Russian HIV Incidence Still Low [L. Jones, A. Tkachenko; Moscow MOSCOW NEWS, 19 Mar 93] .....	65
618 Cases of HIV-Infection Officially Registered in Russia [Moscow INTERFAX, 16 Mar 93] .....	66
Shortage of Condoms in Moscow [Moscow MOSKOVSKIY KOMSOMOLET, 3 Feb 93] .....	66
AIDS Committee Meets, Reports Nine AIDS Deaths in Ukraine [Kiev radio, 29 Mar 93] .....	66
Ukrainian Official on AIDS Control [Kiev PRAVDA UKRAINY, 15 Sep 92] .....	66
AIDS Awareness Day in Baltic Republics [Riga THE BALTIC OBSERVER, 10-16 Dec 92] .....	68
Tajikistan: Dushanbe on Measures To Combat AIDS [Dushanbe radio, 2 Dec 92] .....	68
Kazakh Health Minister on AIDS [V.N. Devyatko interview; Alma-Ata KAZAKHSTANSKAYA PRAVDA, 1 Dec 92] .....	68
Seven HIV Cases in Dnepropetrovsk Oblast [Moscow KOMMERSANT-DAILY, 3 Dec 92] .....	70

**WEST EUROPE**

**BELGIUM**

Record New HIV-Positives Registered [Brussels DE MORGEN, 3 Mar 93] .....	71
--	----

## DENMARK

Number of HIV-Infected Rises by 369 in 1992 [Henning Ziebe; Copenhagen BERLINGSKE TIDENDE, 25 Feb 93] .....	71
AIDS Study: Sexually Active Youth Avoid Condoms [Henrik Larsen; Copenhagen BERLINGSKE TIDENDE, 23 Feb 93] .....	72
First Conviction of AIDS Carrier for Unsafe Sex .....	72
Haitian Sentenced [Ida Lyngbye; Copenhagen BERLINGSKE TIDENDE, 13 Mar 93] .....	72
Impact on Sex Habits Seen [Kirsten Sorrig; Copenhagen BERLINGSKE TIDENDE, 13 Mar 93] .....	73
HIV-Infected Man Indicted for Unsafe Sex [Dorthe Wamsler; Copenhagen BERLINGSKE TIDENDE, 7 Mar 93] .....	73

## FINLAND

Number of New HIV Cases Same for 1991, 1992 [Paivi Repo; Helsinki HELSINGIN SANOMAT, 19 Feb 93] .....	74
Helsinki Hospital To Test Austrian AIDS Vaccine [Paivi Repo; Helsinki HELSINGIN SANOMAT, 27 Feb 93] .....	75
Physicians Join Debate on Spread of HIV [Outi Lithen; Helsinki HELSINGIN SANOMAT, 4 Oct 92] .....	76

## FRANCE

Statistics on AIDS Reported [Paris France-Inter radio, 26 Feb 93] .....	77
AIDS Statistics for Paris Region Released [Paris LE MONDE, 13 Nov 92] .....	77
Search Launched for Transfusion Patients [C. Petitnicolas; Paris LE FIGARO, 3 Feb 93] .....	78
Developments in Trial of AIDS Scandal Ministers .....	78
Socialists Block Trial [Paris AFP, 17 Dec 92] .....	78
Senate Relaunches Process To Try Ex-Ministers [Paris AFP, 16 Feb 93] .....	79

## ICELAND

AIDS Prevention Commission Survey on 'Safe Sex' [Reykjavik NEWS FROM ICELAND, Feb 93] .....	79
--	----

## IRELAND

AIDS Cases Reported Doubled in 1992 [Paula McMahon; Dublin IRISH INDEPENDENT, 2 Feb 93] .....	80
New Statistics on Spread of AIDS Given [Eilish O'Regan; Dublin IRISH INDEPENDENT, 14 Oct 92] .....	80

## ITALY

Method Discovered to Purify AIDS-Infected Sperm [Giovanni Maria Pace; Rome LA REPUBBLICA, 27 Nov 92] .....	81
---	----

## SPAIN

'Halt' to Anti-AIDS Efforts Alleged [R. Najera interview; Madrid DIARIO 16, 1 Nov 92] .....	82
---	----

## REGIONAL AFFAIRS

### AIDS in Burundi, Rwanda

93WE0231A Paris LE MONDE in French  
12-18 Oct 92 p 13

[Article by Christiane Chombeau: "The AIDS Generation"; first paragraph is LE MONDE introduction]

[Text] AIDS is devastating Burundi and Rwanda, especially in the cities, where 30 percent of the population is estimated to be seropositive. Serge Moati filmed the splintered families and abandoned children.

Legend has it that Rwanda and Burundi, the lands of 10,000 hills, were the paradise from which Adam and Eve were driven. Rwanda and Burundi are two tiny African states that are torn by conflict and flattened by AIDS. Thirty percent of the population living in the cities is thought to be seropositive. The countryside, long spared, is now quickly succumbing as well, infected through war-driven population movements (refugees, troops, demobilized soldiers) or, more commonly, the big transportation routes (railroads, highways) that bring food, goods, but also disease.

"Special Correspondent's" report on AIDS orphans begins with a visit to the Bujumbura cemetery. Sometimes as many as 10 people a day are buried there, most of them victims of the virus. The dates inscribed on the crosses speak for themselves. The first are grouped in the sixties. The others relentlessly repeat 1991 and, even more often, 1992—watershed years for the illness. 1960-1992: 32 years old; 1965-1992: 27 years old; 1954-1992: 38 years old. The epidemic is striking people in their prime working years. An entire generation—of reproductive age and the movers and shakers of the country's economic life—seems slated to disappear.

Defeated families are splintering and orphanages cannot keep up with the demand. Children who have not been able to find a grandmother or uncle to take them in swell the ranks of street urchins looking for a scrap of food. In the countryside they survive through a tradition of solidarity that is being strained by the growing poverty. Alone, vulnerable, and starved, they become easy prey for unscrupulous adults. "I can't help feeling sad. I have too many problems," says one of them. "I don't see any way out. I constantly wonder what is going to happen to me tomorrow." He is afraid of the other children who are always ready to steal what someone else has gotten. And he is afraid of adults who "want me to do ugly things...I don't see any future."

A future! The future depends on preventing the disease, which itself hinges on condom use. But in Africa the practice runs up against a strong reluctance that is even deeper than that in Europe, a reluctance fed by the wildest rumors. The West, for instance, is suspected of having incorporated the virus into condoms to exterminate Africans!

The public stand of the bishop of Kigali (80 percent of Rwanda's population is Catholic) does not help matters either. The bishop sees the epidemic as God's punishment for a dissolute society, argues for chastity and fidelity, and casts doubt on the effectiveness of condoms. Fortunately other Catholics—including those in religious orders—who are confronted daily with the damage are more open-minded.

Non-government and international organizations, including UNICEF, are offering assistance to the states of Burundi and Rwanda, whose exhausted budgets have long been unable to keep pace with needs. (The cost of AZT treatment is 6,000 dollars a year per person, while the average amount spent on health by African states ranges between 8 and 50 dollars a year per inhabitant).

The testimony of prostitutes shows the limits of their efforts. "It's the men who refuse to use rubbers... Have you watched your child cry from hunger? At moments like that, you agree to anything. Even if you know you are committing suicide," says one of them. "What difference does it make whether you die of hunger or AIDS?" adds another.

Poverty, disease, and the impossibility of imagining a better future drive men and women to a fatalism that leaves them vulnerable. A growing stream of exhausted victims are winding up in hospitals. Two and sometimes even three people share one bed. Children come with them. They sleep on the floor and wait for death to carry off their father or mother, while the doctors look on helplessly.

## ANGOLA

### AIDS Situation in Country Examined

#### Awareness Program

93WE0135A Luanda JORNAL DE ANGOLA  
in Portuguese 25 Nov 92 p 8

[Text] More than 500 cases of AIDS were reported during the first half of 1992, it was reported in statements to the press by the promoters of "Kitanda Against AIDS," which is taking place in Luanda from 24 November to 1 December. According to the source, about 10,000 people are infected with the HIV and 10 cases a month are admitted to the Josina Machel Hospital.

Cabinda and Luanda Provinces are among the most severely affected. The source added that the AIDS cases recorded in the border provinces are related to [their proximity to] such countries as Zaire, the Congo, and Zambia, which have the largest number of cases in Africa.

"Kitanda Against AIDS" is promoted by the Angolan Association for the Struggle Against AIDS (AALSIDA) and the "Crusade of the Century." The purpose of



"Kitanda" is to provide the public with the fullest information possible regarding AIDS prevention measures.

For 6 days, in the Kinaxixi Square, exhibits and video films, magazines, and educational leaflets will be available to the public between 1100 and 2000.

Speaking at the opening of the exhibit, Dr. Maria Oliveira Tores, secretary general of ALLSIDA, said the association's intent is to sound the alert to all members of the society to assume their responsibility and to make every effort to put an end to the epidemic.

The event was attended by a large number of people, primarily young people, who voiced their satisfaction with the initiative.

It is noted that "Kitanda Against AIDS" is a part of the commemoration of World AIDS Day, to be observed on 1 December under the seal of "Community Health."

#### Slow Response

*93WE0135B Luanda JORNAL DE ANGOLA  
in Portuguese 1 Dec 92 p 1*

[Text] About 500 "serum-positive" patients have been registered in Angola since 1985 and, although the AIDS mortality rate in our country is unknown, clinical sources admit that for every 100 cases, 25 to 30 patients are dead in 2 years.

Dr. Teresa Cohen, president of the Association of African Women in the Struggle Against AIDS in Africa (SWAA), informed JORNAL DE ANGOLA that it was only in 1983 that AIDS began to be mentioned in Angola, and in a "very timid" way.

According to this public health specialist, the fact that the National Program for the Struggle Against AIDS (PNLCS) was initiated 3 years after the first five cases of the disease had been diagnosed is an indication of the delay in our intervention and is "also explained in that AIDS established itself in a silent and serious way."

The present epidemiological picture makes the situation "much more serious than the official data at our disposal [would indicate]."

In the opinion of Dr. Cohen, the war situation was one of the factors contributing to the picture.

However, other issues have complicated the AIDS situation in Angola. To date "we have not succeeded in establishing the PNLCS; social action is impeded by the lack of working conditions."

It should be noted that the first AIDS cases began to be reported in 1981, at the same time that AIDS was being announced to the world as the "communicable, serious, and incurable disease."

#### Figures Given

*93WE0135C Luanda JORNAL DE ANGOLA  
in Portuguese 1 Dec 92 p 8*

[Article by M.F.: "Number of HIV-Positive Individuals Continues To Rise"]

[Text] About 500 individuals identified as "HIV-positive" have been registered in Angola since 1985. According to Dr. Paula Baldaia, of the Central Military Hospital of Luanda and secretary general of the SWAA [Association of African Women in the Struggle Against AIDS in Africa], up to the present time the number of new cases reported annually has been gradually rising, but she assured that, although they are carriers, not all the reported victims are presenting clinical symptoms of the disease.

In 1983 there were only four cases, and in 1991 the number of new cases reached or exceeded 150. According to Paula Baldaia, the male/female ratio, which was practically equal (i.e., one infected man for one infected woman) in 1990, has begun to change, as is happening throughout Africa, and the number of infected females is higher than the number of males.

As in all the countries, the most affected age group in the country falls in the sexually active years (between 20 and 40 years of age), with the greatest incidence in the bracket from 30 to 39 years. "In this group, the risk of infection was as great for men as for women, although it has been observed that women are infected at a younger age," she explained.

Among children born to serum-positive mothers, even if the latter are asymptomatic, the risk of being born HIV-positive is very high. After the age group cited above, the incidence is greatest in the age group from 0 to 4 years; the high serum-positive percentage "possibly" corresponds to the children of serum-positive mothers.

#### Mortality

Although the AIDS mortality rate in our country is unknown, Dr. Baldaia estimates that, for every 100 diagnosed cases, 25 to 30 will be dead in 2 years.

The specialist also said that the mortality rate among infants is very high. Among the reported cases, the notifications appear up to the age of four and then disappear, reappearing again at the age of 15, which indicates that, in all the cases that were reported in infancy, the victims have died, and those which appear at 15 years of age are "recently infected."

#### Affected Provinces

In Cabinda, Mbanza Congo, Uije, Lunda Norte, and Lunda Sul, the situation is serious. The percentage and prevalence of infection is high. However, there are limitations in this study, which gives the idea that AIDS is present only in the north of the country. The study was conducted basically in the north because, among other

factors, the north was less affected by the war, which made it possible to install laboratories there. "This is not to say that we can single out the north as the only area in the country where there are HIV carriers."

### **Epidemic Disease Statistics for Luanda Revealed**

92WE0677C Luanda JORNAL DE ANGOLA  
in Portuguese 22 Aug 92 p 11

[Excerpt] [Passage omitted] Vita Vemba, the local public health director for Luanda Province, stated that the "high number of sexually transmitted diseases leads one to believe that in the short term Luanda could be fertile ground for new AIDS cases," if we consider the six deaths, out of the seven recorded, during the first half of this year. Dr. Vemba announced this to Angop [Angolan Press Agency] and did not provide comparative data from previous years.

## **KENYA**

### **Estimated Over 750,000 HIV Positive**

93WE0254A Nairobi THE KENYA TIMES in English  
3 Dec 92 p 13

[Excerpt] Over 1.7 million out of a population of 30 million Kenyans will be infected with the Human Immune Deficiency Virus (HIV) by the year 1996 the Minister for Health, Mr. Jeremiah Nyagah, has said.

In a speech read on his behalf by the Director of Medical Services, Prof. Gedion Okello, during the 5th International Aids Day ceremony at Ugunja in Siaya District on Tuesday the minister said the cases of full-blown AIDS in Kenya as of November this year stood at 30,764 while HIV positive carriers were estimated at over 750,000.

He said that 300,000 adults and 115,000 children will develop AIDS in Kenya in the next 5 years and asked every one to take an active role in the prevention of the spread of the disease.

Mr. Nyagah pledged that the Government would continue to provide safe blood for transfusion and sterile medical equipment, but called on individuals to change their sexual behaviour, saying that the culture of "ndogo ndogo" and all forms of promiscuity should be abandoned. [passage omitted]

## **NIGERIA**

### **In 3 Years 4 Million May Be AIDS Carriers**

93WE0288A Lagos THE GUARDIAN in English  
14 Jan 93 p 4

[Article by Onajomo Orere and Ben Ukwuoma]

[Excerpt] With the current rate of infection, about four million Nigerians may in the next 3 years have contacted the Human Immunodeficiency Virus (HIV), according

to Dr. Abiola Tilly Gyado, the national co-ordinator of the National AIDS Control Programme.

Mrs. Gyado told a seminar for health correspondents in Ibadan on Tuesday that HIV infection had increased from zero percent in 1986 to 1.2 percent in 1992.

Already the Health and Social Services Ministry claims that the number of infected Nigerians stands between 450 and 800,000.

AIDS, according to Gyado, by nullifying the efforts and gains from past healthcare survival strategies and diverting funds from other meaningful developmental and health programmes to itself, possessed a major challenge.

"With AIDS neither having a cure nor a protective vaccine against infection, the only weapon at our disposal is educated information targetted through appropriate communication channels, to promote positive sexual behaviour change, she added. [Passage omitted]

### **Federal Government Earmarks Fund To Fight AIDS**

AB0212153192 Lagos Radio Nigeria Network  
in English 2100 GMT 1 Dec 92

[Text] The Federal Government has directed that the 1 million naira annual budgetary allocation by state governments for AIDS control be deducted from the federation accounts and paid directly into the AIDS control special account. The directive also applies to the 500,000 naira budgetary allocation by local governments for the same purpose. President Ibrahim Babangida gave the directive in a message today on the occasion of the World AIDS Day. He recalled that the directive was given last year because the government was convinced that the control of the epidemic was a national emergency.

General Babangida, however, said reports from the states indicated that the funds were not being released. He described AIDS as the scourge of the century and said that Africa seems to be hard hit. The president stated that between 400,000 and 550,000 Nigerians were already affected by the HIV virus. The figure is expected to rise to 4 million in 1996 and 7 million by the year 2000 at the current rate of infection. Gen. Babangida said the official reported cases of AIDS in the country was 436.

The President said he would make AIDS education accessible to all Nigerians by incorporating it into the curricula of schools at all levels. He announced that the decentralization of the management of AIDS victims would be intensified at the grass root. The president explained that government had realized that the country's health institutions would not be able to cope with the treatment of people affected. Gen. Babangida's message was read in a radio and television broadcast by the vice president, Admiral Augustus Aikhomu.

## SOUTH AFRICA

## Events at National AIDS Convention Analyzed

93WE0108D Johannesburg THE WEEKLY MAIL  
in English 5 Nov 92 p 23

[Article by Mark Gevisser and Paul Stober: "Codesa Fails the AIDS Test"]

[Text] In opening Nacosa—the National AIDS Convention of South Africa—last week, African National Congress president Nelson Mandela emphasised something never before been said by any South African leader of any hue: "Nature's truth is that unless we guide the youth towards safer sex, the alternative is playing into the hands of a killer disease."

Sure enough there was a pause, a tremor of uncertainty, before he said the word "sex." But he said it. In the avuncular, modulated tones of an elderly and respected statesman, he asked this nation's moral guardians to review their censure of teenage sex and move with the necessity of the times: towards open talk about sex; towards realism in the face of an epidemic that takes a condom rather than a cross to ward off.

Coupled with Congress of South African Trade Unions president John Gomomo's explicit call for condom-use, Mandela's challenge represented a milestone in official discourse on AIDS.

Nacosa, spearheaded by the ANC's Department of Health and the government Department of National Health, set itself up to be a milestone. For the first time in this country, all those dealing with AIDS—the non-government service organisations, the mass-based movements, the state departments—were gathered together under one roof, pulled together to develop a national AIDS strategy.

It was dubbed the "AIDS Codesa," and a Codesa it was for not only did it bring together previously opposed organisations and perspectives but, like Codesa, it collapsed. And, as with Codesa, the effect of its collapse was important, for it exposed the naked fact lurking beneath the reconciliatory rhetoric, that in AIDS, as in all spheres of South African life, there are deep fissures that exist beneath any attempt at unity.

As ANC director of health Ralph Mgijima, who chairs Nacosa, put it: "Nothing was signed but we are bound by the spirit of the agreement. It is a challenge to see how we as a society so divided respond to an outside threat to the nation."

Johannesburg municipality AIDS chief Clive Evian was harsher: "It was a sad day for AIDS work," he said, "and it bodes badly for the future. Rather than coming together, too many people were intent on political point-scoring. We are still using AIDS to fight the political battles spawned by apartheid when what we really need is a new paradigm to counter this epidemic."

What exactly happened? In its final plenary session Nacosa had before it a proposal, distilled from hours of group discussion, calling for the rights of HIV-carriers, the need for community involvement and multi-sectoral coordination, and outlining several elements, including education and training, counselling, health care, welfare services and research.

But, instead of ratifying or modifying this proposal and transforming it into a binding document, the conference degenerated into a no-holds-barred slanging match over who should serve on the Nacosa steering committee.

This can be explained, to a point, by bad planning on the part of the organisers. But another reason is that there were so many tensions lurking beneath the surface that Nacosa, as a constituted body, simply wasn't ready to embark upon a national strategy.

One would have expected the most obvious tension to be that between the ANC and the government.

In his opening address, after all, Mandela said that "we do have a problem with the efforts being made by the South African government," as these efforts "are viewed with suspicion and as a ploy to control the population. This government does not have the credibility to convince the majority of black South Africans to change their sexual behavior."

But it appeared, in fact, that there was much agreement between the two sides. Perhaps a little too much, particularly on the side of the state, which was clearly looking for ways to bolster its credibility.

And this, perhaps, was the root of another tension: annoyance, on the part of many grassroots AIDS mobilisers, at what one delegate called "the ANC's willingness to jump into bed with the government, and ANC/government high-handedness in organising this thing without consulting the groups on the ground that have been actually doing the work."

At an important conference on AIDS in Maputo in 1989, the still-exiled ANC mandated the internal National Progressive Primary Health Care Network (PPHC) to carry out AIDS work. Yet many PPHC officials felt they had been left out of the loop—as was demonstrated by the fact that the PPHC was not represented on the steering committee.

"On the one hand," commented one delegate, "there was all this talk about being community-based, but on the other it was clearly still a top-down initiative."

The delegate added that "the ANC is being naive about the state's commitment. All that will happen is that ANC ideas and personnel will be absorbed into the impossible bureaucracy of state structures."

In the light of this, it was decided that the nongovernmental organisations should appoint a member to the

steering committee. But this exposed yet another tension between, as one delegate put it, "different NGOs claiming that they and they alone represented the community."

Unable to mediate the dispute, Mgijima closed the conference prematurely. Later, he commented that: "The NGOs are not the only sector who do not have their house together, we all have to get our houses together. We have all been caught with our pants down but have to move."

"We must democratise health. But democracy can take a long time and we have to move now. AIDS cannot wait for a transitional government."

This last sentiment was echoed by all the public speeches presented on the first day of the conference. In reality, however, Nacosa appears to have spawned more of the very red tape through which it was meant to have cut: delegates are to report back to their groups; the enlarged steering committee is to reconvene; the process slouches forward at a far slower rate than the spread of the epidemic.

With an estimated 400 HIV infections a day in South Africa, this is simply not good enough.

#### **AIDS Figures Said To Be Underreported**

93WE0108C Johannesburg THE STAR in English  
10 Nov 92 p 1

[Article by medical reporter: "Country Has Lost Fight To Prevent AIDS, Says Expert"]

[Text] South Africa has lost the battle to prevent AIDS and could now only try to control it, AIDS Centre head Dr. Ruben Sher said yesterday.

Sher was reacting to shocking statistics released at the weekend by Dr. James McIntyre, of the department of obstetrics and gynaecology at Baragwanath Hospital, on the high incidence of AIDS in Soweto. McIntyre said:

- At least two HIV-positive women gave birth daily at Baragwanath.
- About 200 women had been identified as being HIV-positive in the first eight months of this year.
- Figures indicated that about 20,000 Soweto women could be HIV-positive.

HIV (human immunodeficiency virus) is the precursor to the deadly disease AIDS (acquired immune deficiency syndrome).

According to the Department of National Health and Population Development, very few AIDS cases outside the heterosexual community were reported during the last few months—confirming that AIDS has been firmly established within the heterosexual community for some time.

Sher said education should be targeted at the black heterosexual community.

About 300 people a day were being infected with HIV, he added.

#### **Estimate**

The high number of cases at Baragwanath has highlighted a growing problem of inadequate reporting of HIV and AIDS cases. The department said 1,517 South Africans had developed full-blown AIDS since 1982, of whom 475 had died.

However, indications are that only a few new cases are being reported as the present reporting system is unable to cope with the load.

Township AIDS Project director Enea Motaung said it was difficult to estimate how many cases of HIV and AIDS there were in Soweto, where the project is based.

"I don't think people are trying to ignore AIDS," she said. "The pattern in South Africa is still very much one of HIV. We've shown people AIDS suffers but haven't shown them the symptoms of someone with HIV five, 10 or 15 years down the line.

"I think the other problem is that AIDS and HIV is not the only problem in our community...it becomes very difficult to highlight AIDS and HIV when people are dying because of the violence all the time."

The Township AIDS Project is the only nongovernment organization working with AIDS cases in Soweto. Its aim is to disseminate accurate information.

The high rate of sexuality in schools is another problem facing the project.

"The fact is that there is no sex education in schools. You can't talk about AIDS when you haven't tackled sexuality," Motaung said.

#### **Western Cape AIDS Statistics Reported**

93WE0108A Cape Town THE ARGUS in English  
6 Oct 92 p 5

[Text] Reported deaths in the Western Cape caused by AIDS totalled 85 by the end of July.

Medical officer of health, Dr. Michael Popkiss, said AIDS cases totalled 157 in the same period.

The number of HIV-positive cases reported by August this year was 1,870, compared to 1,061 in August last year.

**Prisoners With AIDS To Receive AZT**

93WE0138A Johannesburg *THE WEEKLY MAIL*  
in English 3 Dec 92 p 5

[Article by Alex Dodd]

[Text] THE Department of Correctional Services could be confronted with a huge bill for AIDS drugs, following a ground-breaking ruling in the supreme court last week.

On an urgent application by a Pretoria Central Prison inmate with full-blown AIDS, Cecil van Biljon, the court ruled that the department should allow the prisoner to be examined by an Aids specialist of his choice and supply whatever drugs are prescribed.

The drug most likely to be recommended is AZT, which costs between R40000 and R100000 a year for a single patient. According to the department, there are 215 HIV-infected prisoners in South Africa and 12 with full-blown AIDS.

However, it is unclear whether the department or the patients themselves will foot the bill. Department spokesman Colonel D.J. Immelman said: "The undertaking given at the supreme court was only to allow access to prisoner Van Biljon to a medical examination by a consultant of his choice."

Van Biljon's attorney Craig Snoyman believes payment is the responsibility of the state: "These people are in the custody of the state, therefore it is the state that must bear the cost," he said.

He also stressed that the ruling by Mr. Justice J. Mahomed was "ground-breaking. It will make the next person's application easier," he said.

Van Biljon, whose condition deteriorated into full-blown AIDS in April this year, is suffering from white sores in his mouth, blisters in his ears, swollen glands, weight loss and sweating and vomiting.

To date, he has only received the standard treatment allotted to other prisoners who complain of weight loss or those who do gym—vitamin supplements of the kind readily available at supermarkets.

According to Dr. Steven Miller, one of South Africa's foremost experts in the research and treatment of AIDS, AZT is internationally recognised as the standard care for people with HIV infection, meeting specified clinical and immunological criteria.

**Charter of Rights for AIDS, HIV Victims Launched**

93WE0138D Johannesburg *SUNDAY TIMES*  
in English 22 Nov 92 p 5

[Article by James Brittain]

[Text] A two kilometre red ribbon—the world's longest ever—will wind its way from Pieter Roos Park in Parktown to the Hospice Tree of Light at Braamfontein Civic Centre to mark World AIDS Day.

The shiny crimson material, sewn together by AIDS Link, will be carried through the streets on December 1 in a public show of care and love for people living with HIV and AIDS.

A South African Charter of Rights on AIDS and HIV, drawn up by lawyers at the Centre for Applied Legal Studies at Wits University, will also be launched to coincide with world AIDS Day.

The new charter, drawing on international practices sets out 12 principles for the fair and just treatment of people affected by the virus.

The charter will be launched at the Wits Club, west campus, at 5.30 pm on November 30.

**UGANDA****Senior Army Officer Arrested in 'Major' Crackdown**

AB1612141392 Paris AFP in English 0116 GMT  
15 Dec 92

[Text] Kampala, Dec 15 (AFP)—Ugandan police have arrested senior Army officer Yosam Byanyaga in a major crackdown on people suspected to be involved in a recent wave of armed robberies around the country. Captain Byanyaga, 29, was arrested on Tuesday, along with three other people, after police had trailed a car he was travelling in after allegedly commanding robbery missions.

Byanyaga, commander of an Army battalion near Mbarara town, some 260 kilometres (162 miles) west of here, told AFP at his detention cell in a Kampala police station that he had never been involved in robberies. He added, however, that he was suffering from the deadly Acquired Immune Deficiency Syndrome (AIDS).

Earlier press reports had alleged that he was involved in robberies to find money to complete his house under construction in a Kampala suburb.

Police say at least 60 incidents of armed robberies involving Army officers operating through underground hit-squads, have been uncovered in the last few months.

President Yoweri Museveni recently told a rally of veterans of his 5-year guerrilla war which brought him

to power in January 1986 that about 2,000 soldiers in his National Resistance Army (NRA) die of AIDS every year.

## ZAMBIA

### More Than 6,000 AIDS Cases Reported

93WE0289D Lusaka *TIMES OF ZAMBIA* in English  
17 Jan 93 p 5

[Text] The Zambia Information Service (ZIS) and councils have been urged to help educate people about the dangers of AIDS, Copperbelt Province permanent secretary Mr Duncan Kaona has said.

In a speech read for him yesterday by Assistant Secretary Mr Cephas Sikana at the opening of the second Copperbelt doctors' seminar on AIDS held at Ndola's Nazinina hotel, Mr Kaona said it was pertinent that ZIS and the councils throughout Zambia draw up a programme which would mount a deliberate campaign and be in the forefront to educate residents about AIDS.

The impact of AIDS in Zambia is the increased mortality and morbidity in the productive people aged 15 to 50 years.

"Demand for treatment and hospitalisation has increased proportionally to the extent that Government with its already overstretched resources cannot be able to cope with the consequences of AIDS epidemic," Mr Kaona said.

The first case of AIDS was officially identified in Zambia in 1985 and by September 1992, Zambia had reported over 6,000 AIDS cases and over 20,000 AIDS related illnesses.

Because of underreporting, the scale of AIDS and HIV infection in Zambia has not been realised by many people. Some people still deny AIDS is a real problem in Zambia.

Mr Kaona said some areas which needed urgent attention were:

- Assessment of the current status and monitoring of the progress of the epidemic;
- To reduce the number of AIDS cases through health education and control of sexually transmitted diseases;
- To reduce the number of new cases acquiring HIV via blood transfusions through careful donor selection, screening blood for HIV antibodies and reducing the number of transfusions;
- To reduce the AIDS virus transmission via injections and other skin piercing activities;
- To reduce mother to child transmission;

—To improve diagnostic capabilities and ensure optimal quality of life to AIDS patients and their families and;

—To promote research on HIV/AIDS related issues and problems.

The seminar was sponsored by Copperbelt Health Education Project, Tropical Disease Research Centre and the Ministry of Health.

## ZIMBABWE

### 17 Percent of Population Reportedly Carry AIDS Virus

MB1801133993 Johannesburg Channel Africa Radio  
in English 1100 GMT 18 Jan 93

[Text] A survey published in Harare shows that at least 1.5 million Zimbabweans, that is about 17 percent of the population, have contracted the AIDS virus.

The survey, commissioned by the Commercial Farmers' Union, says the Zimbabwean economy could face serious skilled labor shortages if infection rates continue at present levels. Officially, Zimbabwe has 40,000 confirmed AIDS cases in a population of just over 10 million, that is, less than .5 percent.

### At Least 1.5 Million Infected With AIDS

93WE0290A Harare *THE HERALD* in English  
18 Jan 93 p 1

[Text] Bulawayo—At least 1.5 million people in Zimbabwe are infected with the AIDS virus and if the rate of infection continues unabated, this could have disastrous effects on the country's agro-based economy, a recent survey by the Commercial Farmers' Union [CFU] shows.

According to the survey, between 800 and 1,000 people are being infected with the virus every 24 hours. The CFU, which represents commercial farmers, employs over 127,000 workers, about 17 percent of whom are believed to be infected with the AIDS virus.

CFU AIDS programmes co-ordinator Mr John Frazer-Mackenzie said in an interview at the weekend that the agricultural sector could face a serious skills crisis if the AIDS epidemic was not stemmed.

With that in mind the farming organisation had embarked on a vigorous nationwide campaign to educate farm workers and their families about AIDS.

"We are going to lose skills and experience in such sectors as transport, finance, marketing and this will compound a serious problem which needs to be addressed urgently," said Mr Frazier-Mackenzie.

The CFU AIDS awareness programme was slowly spreading throughout the rural side where understanding of the epidemic was clouded by myth and ignorance.

In commercial farms, workers were being given pay packets which include condoms. The response of the workers was said to be gradually improving, judging by the decline in numbers of sexually transmitted diseases treated at clinics within farming communities.

The World Health Organisation estimates that at least 6.6 million adults are infected with the AIDS virus, a figure expected to rise to 10 million next year.

It said the better educated and more productive workers in cities are infected in disproportionately large numbers. But taking care of patients was likely to use up a substantial share of available funds for health programmes, and the economic and social costs were expected to be enormous as well.

Mr Frazier-Mackenzie said it would be important to sustain the progress in AIDS awareness through surveillance, training and improvements in the accessibility and quality of health care.

Far too little was left for medicines and other essential inputs, while infrastructure for health delivery had visibly deteriorated particularly in rural areas.

While between 30 and 50 percent of hospital patients were said to be infected with the AIDS virus, about 50 percent of Zimbabwe army and police personnel was

believed to be HIV positive. No comment was available from the Ministry of Health and Child Welfare last night.

#### **AIDS Statistics in Bulawayo Reported**

*93WE0290B Harare THE HERALD in English  
18 Jan 93 p 5*

[Text] Bulawayo—A total of 76 people died of AIDS or HIV-related diseases in Bulawayo, representing 17 percent of all the deaths recorded in the city in November last year, according to the latest council minutes.

The highest number of 20 deaths, due to the disease, was recorded in the 0-4 age group. According to the minutes, more men than women died that month because of the disease.

Councillor Dennis Ndlovu asked about the possibility of terminating the pregnancy of an HIV-positive mother. The deputy director of health services, Dr Rita Dlodlo, said this was medically possible, although it was not yet being practiced in the city.

Responding to questions from the town clerk, Mr Mike Ndubiwa, Dr Dlodlo said there was a 30-50 percent risk of a newly born child getting AIDS from its mother at birth.

She said there was also a 50-70 percent chance of survival for the child even if he/she had AIDS.

### AIDS Cases Update

93P60074A Beijing RENMIN RIBAO in Chinese  
25 Sep 92 p 4

[Article by Chen Ke [7115 0668]]

[Summary] At the Regional Conference for Impact of AIDS on Social and Economical Development, He Jiesheng, director of the State AIDS Control Center of the Ministry of Health, reported that the total number of AIDS virus-infected population in China is 932; 11 of them are AIDS patients and 9 have died. The conference was held in Kunming, Yunnan on 22-24 September, delegates were from the United Nations Planning and Development Agency, WHO, the Ford Foundation, China, India, Burma, Laos, Vietnam, Thailand, Hong Kong, and Macao. He Jiesheng said that China has been exerting great efforts on AIDS control, epidemiological surveillance, legislation, education, research and international cooperation for AIDS prevention and has established several AIDS prevention organizations.

### 970 People Tested HIV Positive

HK1903122193 Beijing ZHONGGUO XINWEN SHE  
in English 0917 GMT 19 Mar 93

[Text] Beijing, March 19 (CNS)—The Director of the Sanitation and Anti-epidemic Department of the Ministry of Public Health, Mr. Dai Zhicheng, briefing members of the Health and Medicine Group of the Chinese People's Political consultative Conference, said that the ministry had conducted tests on 1.5 million people since the discovery of the first AIDS case in 1985. Some 970 people had tested HIV positive and 12 people had developed full-blown AIDS, a number expected soon to be much larger. The World Health Organization (WHO) estimated that the actual number of people in China infected with the deadly disease was likely to be three times the known figure while many sufferers of the disease have not yet been discovered.

AIDS-infected people are scattered over 18 provinces and cities throughout the country with 13 areas most badly hit in Yunnan and some of the coastal provinces and cities.

Chinese AIDS Victims mainly catch the disease from drug addiction, although sexual practices are also responsible. Most of those infected are labour service workers returning from abroad.

During a 3-year cooperative programme by China and the WHO, China adopted measures to fight the disease including a national association for the prevention and treatment of AIDS and venereal disease, undertaking and coordinating education on the disease, the boosting of monitoring and scientific research on the disease, the strengthening of publicity to make the public more aware of the need for protection and employment of the legal system in preventing and dealing with AIDS.

### Faster Way Developed To Identify AIDS Victims

54004803B Beijing CHINA DAILY (BUSINESS  
WEEKLY) in English 8 Mar 93 p 7

[Text] Asia-Lion Biotechnology Co. Ltd in China's southern coastal city of Zhuhai, near Macao, has developed a new diagnostic agent that can single out Aids victims in only two minutes, according to sources from the firm.

The test is being used at about 20 of China's 56 customs posts, Liu Jinhai, general manager and director of the firm told CHINA DAILY in an interview. He added that some samples of the whole blood rapid diagnostic agent have been sent to the US and European and South-eastern Asian countries at their request.

Liu explained that it used to take four to five hours to see the test results. Therefore, when the results showed any person suspected of carrying the Aids virus, it was often very difficult to chase down the suspected carrier.

"Now it is simple and takes only the time to fill out some forms," said Liu. The people singled out by the test are not necessarily all Aids patients, but have to go through further examination.

The Asia-Lion company was set up two years ago with 7 million yuan in registered capital. With 150 employees, it has become one of the largest Chinese manufacturers in its field. Last year the firm produced 1.2 million yuan (\$207,000) worth of diagnostic reagents. This year its output value for that kind of products will be 40 million yuan (\$6.9 million), making it the country's largest producer of its kind, Liu predicted.

The firm also manufactures agents approved for hospital use in diagnosing hepatitis A, B, C and E.

China's research in biological engineering is not much below highest world levels, Liu noted. However, its manufacture lags behind.

Asia-Lion's rapid development resulted mostly from its broad co-operative ties with top research institutions in the US, Australia, Singapore, Italy and China's Taiwan, Liu said.

As the firm's business expanded, its sales and service network has spread to Hong Kong, Macao and some Southeast Asian countries in addition to its representative offices in Beijing, Shanghai, Guangzhou, Tianjin, Shenyang, Xi'an, Nanning and Chengdu.

The firm has also set up two joint venture factories in Shanghai.

Presently, the firm produces the following products:

The biological active peptide series: kallikrein, proelastase, horseradish peroxidase (HRP), interleukin-2, colong-stimulating factor and super oxide dismutase;



The polysaccharide medical middle series: sodium heparin, hyaluronic acid and cordyceps polysaccharide;

The clinical immunity diagnosis reagent series: reagents used for fast diagnosing typhoid, paratyphoid, hepatitis A, B, C and E.

### **AIDS Peril Warning in Guangdong Province**

*54004803A Beijing CHINA DAILY (National)  
in English 23 Feb 93 p 3*

[Article by staff reporter Zheng Caixiong]

[Text] Guangzhou—AIDS (Acquired Immune-deficiency Syndrome) is threatening the southern Chinese province of Guangdong, an official from the Provincial Public Health Bureau has warned.

As of the end of 1992, at least two people had contracted the disease and another 55 had been detected as carriers of the HIV virus, which leads to the fatal disease.

Guangdong began AIDS tests in the middle of the 1980s.

Of the two persons who had the disease, one died last year, and the other went back to Hong Kong for treatment. The one who died was an overseas Chinese from a Southeast Asian country.

Of the HIV virus carriers, two-thirds were local residents. Most of them contracted the HIV virus when they went abroad. Some of the HIV virus carriers were drug abusers.

AIDS is transmitted mainly through sexual activities and blood transfer, the official said in an exclusive interview.

So far, a total of approximately 890 mainland Chinese have been detected as carriers of the HIV virus.

"Guangdong, which fringes Hong Kong and Macao, has now become one of the provinces in China where more HIV virus carriers are detected," the official said.

Yunnan Province, bordering Myanmar, takes the lead in detecting the number of AIDS victims and HIV virus carriers in China.

Guangdong has taken the lead in introducing reform and opening policies, resulting in an increasing number of overseas visitors and investors in recent years.

The official predicted that the number of AIDS victims and HIV virus carriers would continue to increase as more overseas visitors come to the province.

Guangdong now has three AIDS examination centres up to world standards. They are the Guangdong Provincial Epidemic Prevention Station, Guangzhou Municipal Epidemic Prevention Station and Shenzhen Municipal Epidemic Prevention Station.

At these three epidemic prevention stations, AIDS tests are offered by the World Health Organization (WHO). Local doctors receive special training before administering the tests, the official said.

To prevent the fatal disease from spreading throughout the province, the Provincial Public Health Bureau has called for a drive to raise the public's awareness about the fatal disease.

Mainland Chinese should pay more attention to preventing AIDS themselves, the official said.

Meanwhile, the Bureau has urged strict control over the importing of blood products from abroad.

### **Economists Join in AIDS Research**

*OW2812063592 Beijing XINHUA in English  
0551 GMT 28 Dec 92*

[Text] Beijing, December 28 (XINHUA)—Chinese economists have shown interest in AIDS research.

Experts from the Economics Institute of the Chinese Academy of Social Sciences said that some preliminary work has been done.

They have drawn the conclusion that AIDS is not merely a medical question but it influences socio-economic life as well.

For instance, investments and loans have to be used as AIDS-treatment funds, they noted.

The economists' first job in AIDS prevention is to evaluate the cost of the spread of AIDS, thus providing data for policy decisions in this field, experts say.

In this process, the economists must work out academic models to forecast the impact on labor markets, investment practices and economic growth.

Other research items include the relationship between AIDS and the rural labor flow to the cities, and the relationship between infection and high-labor-flow jobs.

China now has 969 reported cases of AIDS.

## REGIONAL AFFAIRS

### ASEAN Countries To Establish AIDS Task Force

*BK0104123093 Hong Kong AFP in English 1217 GMT  
1 Apr 93*

[Text] Jakarta, April 1 (AFP)—Association of Southeast Asian Nations (ASEAN) are to join efforts in a regional task force to fight AIDS, an official said in Jakarta on Thursday.

A 3-day ASEAN meeting on AIDS ends on Friday. The association groups Brunei, Indonesia, Malaysia, Singapore, Thailand and the Philippines.

A delegate at the meeting who declined to be named told AFP that the task force would seek ways of cooperating in medical and social research on AIDS, including mobilizing United Nations non-governmental organizations in the campaign against deadly Acquired Immune-Deficiency Syndrome.

Health education was another task force goal, the delegate said.

A source said registered alarm over [as received] World Health Organisation (WHO) data which shows 25 percent of the one million new carriers of AIDS precursor Human Immunodeficiency Virus (HIV) were found in Asia.

According to official figures supplied by delegates, 10 people infected with HIV in Brunei, five in Indonesia, 4,902 in Malaysia, 282 in the Philippines, 55 and 896 in Singapore and Thailand, respectively.

The number of AIDS cases reported were two in Brunei, 49 in Indonesia, 69 in Malaysia, 86 in the Philippines, 18 in Singapore, and 869 in Thailand.

Data from Brunei and Indonesia were as of February, while the other nations' figures were as of the end of 1992.

The next annual task force meeting is to be held in Malaysia in a year, the source said.

### Japan's Foreign Ministry Announces AIDS Assistance to Thailand

#### 'Comprehensive' Plan

*OW1803131993 Tokyo KYODO in English 1206 GMT  
18 Mar 93*

[Text] Tokyo, March 18 KYODO—Japan plans to grant 300 to 400 million yen in aid to Thailand to help it tackle AIDS, a Foreign Ministry source said Thursday.

The source said the grant project assistance will be given over 3 years from fiscal year 1993, which starts April 1.

Japan wants Thailand to use the funds to combat AIDS in a comprehensive manner by providing testing equipment, training of researchers and medical personnel, and educating the public through anti-AIDS campaigns, the source said.

The source said a Japanese survey team is now in Bangkok consulting with the Thai government about disbursement of the funds.

Informed sources said Japan may also join forces with the United States in a project in Thailand to fight the AIDS epidemic.

Foreign Minister Michio Watanabe made the proposal during a visit to Washington last month.

Thailand's experience of AIDS is the worst of any country in Southeast Asia and it reportedly expects the disease to cost the country 10 billion dollars in lost productivity by the year 2000.

Thailand has about 1,400 registered AIDS cases, more than double the number last year.

Unofficial estimates put the number of Thais infected with the HIV virus that causes aids at more than 400,000.

### Thai Radio Report

*BK2403081493 Bangkok Voice of Free Asia in Thai  
1030 GMT 23 Mar 93*

[Text] An agreement was signed over the weekend on Japan's AIDS assistance to Thailand. Dr. Chamrun Mikhanan, deputy permanent secretary of the Public Health Ministry, represented Thailand, and Dr. (Akira Oya), a senior member of Japan's National Institute of Public Health, represented Japan at the signing ceremony which took place at the Royal Princess Hotel.

The agreement provided for an assistance to Thailand's AIDS control and prevention program. Last year Thailand proposed to Japan the establishment of mobile health education centers under the Health Education Department, community rehabilitation centers for those infected with HIV virus under the Communicable Disease Control Department, national institute for control of AIDS under the Medical Science Department, and laboratory study and research project on the virus under the Medical Science Department.

The Japan International Cooperation Agency [JICA] sent experts to survey the above-mentioned projects, and finally decided to assist Thailand in studies on AIDS epidemiology and improvement of medical service. It also decided to help Thailand in collecting data on those at risk for AIDS, and in study and research through laboratory science. JICA approved a fund of 36 million baht for the projects—the first allocation will be 12 million baht, to be followed up by a sum of 8 million baht annually in the following years. All projects as mentioned will get start in July 1993.

**BURMA****Health Minister Says Country Now Has 28 AIDS Cases**

*BK0212040092 Rangoon Radio Burma in Burmese  
1330 GMT 1 Dec 92*

[Excerpts] A ceremony to mark International AIDS Day was held at 0900 in the Training Hall of the Institute of Nursing today. Rear Admiral Than Nyunt, minister of health, addressed the opening ceremony. [passage omitted]

Speaking at the ceremony, Rear Adm. Than Nyunt explained that International AIDS day is being observed today in accordance with the resolution passed by the international conference of health ministers held on 1 December 1988 in order to exchange data on AIDS and to prevent social segregation of AIDS patients. [passage omitted]

Rear Adm. Than Nyunt said according to latest statistics, there are 4,500 persons in Myanmar [Burma] who have tested HIV positive and 28 cases of full-blown AIDS. He said these figures are less than the estimated figures. He said this disease, which started in the country among narcotic drug users, is gradually spreading through sexual transmission.

He said AIDS can strike anyone regardless of one's racial or economic status, and it is a scourge which is threatening the entire humanity. The campaign against AIDS can be successful only if the entire public takes collective responsibility through their physical labor and financial contribution. Therefore, he said, the slogan—Let Us Take Responsibility To Be Free From AIDS—is very appropriate.

Rear Adm. Than Nyunt explained that the state government is carrying out AIDS prevention and suppression work in the form of a national campaign. Under this campaign the Central Committee for Prevention and Suppression of AIDS and its branches in township, states, and divisions have been formed. The government is fighting AIDS through preventive measures as well as international cooperation. A delegation was sent last November to the Second Asia and Pacific Region Conference on AIDS. It is necessary to fight this scourge through international cooperation. It is also necessary for regional and social organizations to work together with the health organizations in dealing with the economic and social aspects of AIDS. [passage omitted]

**CAMBODIA****45 HIV-Positive Cases Found Among Blood Donors**

*BK0312031992 Phnom Penh Samleng Pracheachon  
Kampuchea Radio Network in Cambodian 2300 GMT  
2 Dec 92*

[Also see earlier report in JPRS-TEP-93-004, 22 Feb 93, p 8]

[Text] According to a report from the Ministry of Health, the Pasteur Institute had found 65 carriers of the virus that causes AIDS in Cambodia by 18 November. The institute also announced that it had found 46 cases of AIDS.

The Health Ministry has lately organized seminars with a view to installing preventive measures and educating the masses to know the cause and development of AIDS. And the Council of Ministers has set up a national anti-AIDS committee as well.

As for the UN Transitional Authority in Cambodia [UNTAC], it has also launched an anti-AIDS campaign for UNTAC personnel and the Cambodian people in general: Banners with warnings against AIDS have been found along roads in the city and the radios of the State of Cambodia and UNTAC have also dedicated considerable attention to the AIDS issue.

The Health Ministry also said that the National Blood Transfusion Center had found 45 HIV-positive cases among 3,419 blood donors. And in view of the increasing rate of AIDS carriers, the ministry has stepped up efforts to effectively combat the disease.

**INDONESIA****Health Minister Expresses Worry Over Spread of AIDS**

*BK0212053092 Jakarta ANTARA in English 0505 GMT  
2 Dec 92*

[Text] Surabaya, Dec 1 (OANA/ANTARA)—Health Minister Dr. Adhyatma expressed his worry over the spread of the Acquired Immune Deficiency Syndrome (AIDS) in Indonesia, saying that from 24 people who have been suffering from the disease, 21 had died.

“This condition should not be allowed to continue. We should curb the spread,” the minister said in his written speech read by Director of Contagious Diseases Eradication Juhana Sumantri here on Tuesday.

There are also 70 people in Indonesia who have positively been infected by the human immune deficiency virus (HIV).

The minister urged the people to avoid free sexual activities since the activities have a high risk of getting people infected by the virus. He added that both men and women have the same risk to be contaminated by the virus.

He explained that everyone could be infected by the virus through direct sexual activities with a person who is suffering AIDS or has been infected by HIV.

### Official Views AIDS, HIV Cases in Country

BK1004123693 Jakarta THE INDONESIA TIMES  
in English 2 Apr 93 p 8

[Excerpts] Jayapura, Irian Jaya—The findings of persons infected with HIV (Human Immuno-deficiency Virus), the virus that causes AIDS (Acquired Immune Deficiency Syndrome), in Irian Jaya Province turned out to be the highest among 27 provinces in Indonesia, an official said here Wednesday.

Head of Research Division on Epidemics of the Health Ministry Suryadi Gunawan in a seminar of AIDS eradication said that 36 out of 127 persons infected with AIDS in the country are found in Merauke City in southern Irian Jaya. [passage omitted]

Other cases were also found in East Java with 12 cases, Bali with 17 cases, West Java with two cases, and respectively one case in North Sumatera, West Nusatenggara, and Central Java, while 54 cases were found in Jakarta.

The increasing AIDS cases in Indonesia have been expected as it is adjacent to some neighboring countries noted with the high AIDS cases. [passage omitted]

### New AIDS Cases Found in Outlying Areas

93WE0255a Jakarta KOMPAS in Indonesian  
5 Feb 93 p 8

[Text] Within the last month, i.e. up to the beginning of February 1993, ten new AIDS cases have been found in Indonesia; this increases the number reported to the World Health Organization (WHO) by the Department of Health from 83 cases at the end of December 1992 to 93 cases. Of the 10 new AIDS cases, six are in Irian Jaya, two in West Sumatera, one in Bali, and one other in West Nusa Tenggara.

These figures are based on reliable sources at the AIDS National Working Conference (RAKERNAS), which was held for 3 days (2-4 February) at the Pertamina Cottages Hotel in Denpasar, Bali. Based on information provided at that conference, there are now eight provinces in which AIDS has been found in Indonesia—Bali, Metropolitan Jakarta, West Java, East Java, North Sumatera, Irian Jaya, West Nusa Tenggara, and West Sumatera.

According to these sources, four of the six AIDS cases in Irian Jaya are citizens of Thailand who are working as seamen in the area and the other two are prostitutes. One of the two AIDS cases in West Sumatera is a prostitute and the other was infected by a blood transfusion. The AIDS case in West Nusa Tenggara is an Australian citizen who has since returned to Australia, and the case in Bali is a clerk in a store who was infected by a blood transfusion.

KOMPAS's source said that the Department of Health had asked the Immigration Service not to extend the

visas of the four Thai seamen infected by the AIDS virus. Those affected were also urged to have safe sex.

When asked for confirmation, Dr. Jumhana Sumantri, Head of the Directorate for the Elimination of Infectious Diseases of the Department of Health, who was also present at the AIDS RAKERNAS, declined to comment. He said that the development and increase in the number of AIDS cases in Indonesia would be reported by the Department of Health once every 3 months. "Let's wait for the Department of Health's March report," he said.

Based on KOMPAS's notes, the Department of Health's report said that there had been 83 cases of AIDS-infected people up to the end of December 1992; and 21 of the 26 who had AIDS had died. Another 57 people were HIV positive. In 1987 and 1988 there were six cases each year, seven cases in 1989, ten cases in 1990, 18 cases in 1991 and 36 cases in 1992.

### Cross-Sectoral

As Chairman of the AIDS RAKERNAS Guidance Committee, Jumhana explained that the conference, which was looking into the strategic steps needed to fight AIDS, had reached agreement on increasing cross-sectoral cooperation. Programs such as training information staff, increasing screening of blood, especially from blood donors, overseeing and protecting high-risk groups, such as HIV-positive people and prostitutes, have been set up at the provincial level.

There were 97 participants at the conference, consisting of elements of the Department of Justice, the Defense and Security Organization, Public Relations, Social, Association of Women Civil Servants, the AIDS Information Center (PIA) and a number of LSMs [Community Self-Help Institutes]. These efforts were partly funded by the WHO under its AIDS program.

When he was contacted, Dr. A. A. Gede Muninjaya, MPH [Master of Public Health], Head of the PIA, regretted that the Department of Tourism, Post and Telecommunications had not sent a delegation because that department is closely involved with fighting AIDS. "It's true that AIDS is the direct responsibility of the Department of Health. But the Department of Tourism, Post and Telecommunications should also feel involved because fighting AIDS will be closely tied in with the presence of foreigners living in Indonesia," said Muninjaya, who is also the Head of the Research and Training Unit of Community Epidemiology (UPLEK) at Udayana University.

On the other hand, Muninjaya is happy that at least there exists a forum which considers the fight against AIDS as a movement to be stepped up. Funding for the fight against AIDS could be put into the APBD [Provincial Budget] at the provincial level through the involvement of the government agencies concerned.

Touching on several factors in the spread of AIDS in Indonesia, Muninjaya said that because the awareness of AIDS and its spread is still very low in society at large, the use of condoms, which is still obstructed by local customs, could prevent the spread of AIDS.

## JAPAN

### **Watanabe May Broach Joint Japan-U.S. Fight Against AIDS**

*OW1002072893 Tokyo KYODO in English 0709 GMT 10 Feb 93*

[Text] Tokyo, Feb 19 KYODO—Foreign Minister Michio Watanabe may discuss what Japan and the United States can do to fight the AIDS epidemic when he visits Washington from Thursday, a Foreign Ministry source said Wednesday [10 February].

The official said the issue could be broached in a general manner by either side when Watanabe meets with members of the new U.S. administration of President Bill Clinton.

But the official said that Japan has no concrete proposals under consideration at the present time.

He said any such bilateral cooperation would have to take into account the differences in the severity of the AIDS problem, perceptions of it, and depth of experience in tackling it.

At the end of 1992, Japan had 543 known AIDS patients, 298 of whom have died, and 2,551 carriers of the HIV virus that causes AIDS.

Prime Minister Kiichi Miyazawa vowed in the Diet last month to implement enhanced counseling, testing, and treatment for AIDS patients, as well as greater research into cures.

Last December, an influential report to the government by the Council on Japan-U.S. Economic Relations urged that the two countries develop a "common strategy of coordination" to fight AIDS and other such transnational issues.

A similar proposal was made in January in a published article by Yukio Sato, chief of the Foreign Ministry's North American Affairs Bureau.

### **Research Team Produces Antibody Targeting HIV Enzyme**

*OW0503131693 Tokyo KYODO in English 1301 GMT 5 Mar 93*

[Text] Tokyo, March 5 KYODO—A research team said Friday it has produced an antibody which targets an enzyme responsible for the spread of the AIDS-causing Human Immunodeficiency Virus (HIV) in the human body.

The team, comprising professor Jo Chiba, an immunologist at the Science University of Tokyo, and researchers from the National Institute of Health and Ube Industries Ltd., announced its finding to a meeting at the Japan Health Sciences Foundation's Tokyo headquarters.

The team said it is still at the test tube stage, but the discovery could prove a powerful weapon in the diagnosis of and development of a completely new medicine for the treatment of AIDS.

It has already applied for a patent on the finding.

The enzyme works when the HIV virus attacks the deoxyribonucleic acid (DNA) in a person's lymphocyte. The enzyme effectively allows the virus to spread throughout the human body.

Drugs such as Azidotimidine (AZT), used in aids treatment in Japan since its approval by the government in June 1992, inhibits the spread of HIV by interfering with the action of the enzyme.

But if treatment is prolonged, the virus develops a tolerance to AZT and the drug loses its effectiveness.

AZT can also cause anemia and a decrease in the number of white blood cells by undermining the blood-producing capability of bone marrow.

As the newly developed antibody combines with the enzyme at different parts of a DNA molecule than other medicines, it can be used against the HIV virus when it has developed a tolerance to AZT.

The antibody is monoclonal, a type used in the treatment of illnesses because of its ability to target and combine with specific antigens which are capable of stimulating an immune response.

To develop the monoclonal antibody, the research team infected a laboratory mouse with a virus produced by inserting a gene from the enzyme into the substance used in the production of raw vaccine.

They then produced several types of monoclonal antibodies based on the cells from the mouse.

After mixing the antibodies with the enzyme extracted from the HIV virus, one of the monoclonal antibodies displayed an ability to virtually halt the action of the enzyme.

When the team looked at what part of the enzyme with which the antibody combines, they found the location was different compared with the AZT.

Chiba said the antibody has a large number of molecules, making it difficult to actually enter a cell and control the HIV virus.

"Rather, there might be a shortcut whereby we could attack the enzyme by attaching drugs to the antibody," he said.

## LAOS

### Anti-AIDS Committee Receives Fund From UK Embassy

*BK0204120893 Vientiane Vitthayou Hengsat Radio Network in Lao 1200 GMT 1 Apr 93*

[Text] On the morning of 1 April at the Institute of Parasite Epidemiology, Ms (Rosalind Craig), third secretary to the British ambassador, whose embassy office is situated in Bangkok, Thailand, handed over a sum of U.S. \$6,938 to the National-Level Anti-AIDS Committee [NAAC] through Dr. Som-ob Kitsada, deputy chief of the office of the Public Health Ministry in charge of foreign relations activities.

The ceremony was held in the presence of [name indistinct], representative of the Care Australia Organization; Sithat Insisiangmai, director of the Institute of Parasite Epidemiology and secretary of the NAAC; and a number of officials concerned.

The fund will be spent on various activities for the prevention and control of AIDS with emphasis on organizing seminars and sightseeing tours, and producing anti-AIDS pamphlets and posters in five targeted provinces in 1993. They are the Provinces of Sayaboury, Luang Prabang, Bolikhamsai, Khammouane, and Champassak. Only Champassak Province has obtained a financial subsidy for the aforementioned purposes.

In the last half of 1992, the NAAC launched anti-AIDS activities in the five Provinces of Phong Saly, Luang Namtha, Bokeo, Vientiane, and Savannakhet. For the future, the NAAC plans to carry out similar activities against the deadly disease in the remaining provinces throughout the country.

## MALAYSIA

### Number of HIV Carriers Expected To Reach 32,000 by 1995

*BK0312135392 Kuala Lumpur BERITA HARIAN in Malay 30 Nov 92 p 6*

[Excerpts] Kuala Lumpur, Sunday—The number of HIV carriers in the country is expected to reach 32,000 by 1995, Health Minister Datuk Lee Kim Sai said.

He was worried that it would be difficult to check the number of AIDS and HIV cases without education and information to warn the public about the AIDS danger.

He said that a survey by the ministry showed that there had been 4,347 HIV carriers in the country as of last October and the number would increase at a faster rate if no serious attention was paid to the issue. [passage omitted]

He said that the ministry had identified 67 AIDS patients in the country, 42 of whom had died. [passage omitted]

### Families of Foreign Workers May Be Screened for HIV

*BK2312152892 Kuala Lumpur BERNAMA in English 0857 GMT 23 Dec 92*

[Text] Kuala Lumpur, Dec 23 (OANA-BERNAMA)—Compulsory medical screening may be extended to family members of foreign workers, Malaysian Deputy Health Minister Mohamed Farid Ariffin said Tuesday. He said this was to curb the spread of dangerous diseases.

Farid said the health status of foreign workers was unsatisfactory. More than a third of the 500,000 registered with the Immigration Department so far were found to be suffering from infectious diseases, including having the AIDS virus.

“About 137,300 registered foreign workers were found to be suffering from either one or more of diseases like syphilis, leprosy, filiriasis, malaria and HIV [Human Immuno-deficiency Virus] infection,” he said. He said that less than one percent of the 137,300 were HIV positive. However, he declined to reveal the actual figure.

Farid said those with infectious diseases would be deported.

## NEW ZEALAND

### Military Willing To Drop Ban on Homosexuals

*BK0712030692 Hong Kong AFP in English 0146 GMT 7 Dec 92*

[Text] Wellington, Dec 7 (AFP)—New Zealand's Armed Forces are willing to lift their ban on homosexuals joining their ranks, a paper prepared by Defence Minister Warren Cooper said Monday.

The paper was leaked by the New Zealand AIDS Foundation. A spokesman for Cooper confirmed it was genuine, but said it had not yet gone to the ruling National Party caucus.

In the paper, Cooper said the New Zealand Defence Force (NZDF) was willing to comply with proposed human rights legislation banning discrimination on the basis of sexual orientation.

However, in an apparent reference to the HIV virus that brings on AIDS, it wished to still be able to exclude from the forces people with organisms in their body that might cause disease.

Homosexuals were rated as a high-risk group when AIDS emerged in the West in the 1980's, as well as heroin

addicts, but the fatal syndrome's threat has since spread dramatically to include heterosexuals.

Cooper said that in order to maintain necessary discipline, the defence chief should be able to dismiss personnel whose sexual behaviour was "incompatible with the maintenance of good order within the NZDF or brings the NZDF into disrepute."

Cooper said this meant that homosexual behaviour by service personnel would be treated for disciplinary and administrative purposes in exactly the same way as heterosexual behaviour.

"Inappropriate homosexual or heterosexual sexual behaviour by service personnel will, if detected, result in disciplinary action and/or administrative release.

"Inappropriate sexual behaviour will, in practice, be behaviour which is incompatible with the maintenance of discipline in a service or which is likely to bring a service into disrepute," he said.

The fact that someone was a practising homosexual would not in itself lead to such action. A decision would be made on the merits of each case, Cooper said.

## THAILAND

### Ministry of Public Health Updates AIDS Information

*BK1912050992 Bangkok BANGKOK POST in English  
19 Dec 92 p 2*

[Text] The number of AIDS patients is now 1,105, according to November's report by the communicable diseases department of the Ministry of Public Health.

The report says that up to November of this year 61 people acquired the disease, mostly as a result of sexual intercourse.

According to the report, in 77.2 percent of cases the disease is sexually transmitted, in 11 percent it is transmitted to children by their mothers, in 9.1 percent it is due to drug abuse, and in one percent it is the result of blood transfusions.

The cause of 1.6 percent of cases is unknown.

From the time the first AIDS patient was traced in Thailand in September 1984, most males infected have been aged between 25 and 29, whereas most women with AIDS have been 20-24.

The largest single occupational group of AIDS patients is found to be labourers.

Up to November this year, 268 AIDS patients came from Chiang Mai 167 from Chiang Rai and 157 from Bangkok.

The director general of the communicable diseases department Prayun Kunasol, said one of the main ways of helping to prevent the spread of the disease is to publicize its causes and effects.

Dr Prayun said young people are a target group and need to know more about the disease.

If the publicity is effective, officials will not need to close brothels; they will close of their own accord when people become aware of the dangers, he said.

"It is time for all work units involved to inform people about the disease. The matter gets more and more serious every day," he said.

### Doctor Projects AIDS Cases: 1 in 4

*93WE0113B Bangkok DAILY NEWS in Thai  
10 Nov 92 p 19*

[Excerpts] Dr. Thani Siriyong, the president of the Catholic Anti-AIDS Association, spoke at an international conference on AIDS that was held at the YMCA. He talked about the policy of suppressing brothels. [passage omitted]

Ask for the AIDS situation in Thailand, it is thought that in the next eight years, one in four Thai men will have the AIDS virus. The data have shocked the Ministry of Public Health. It is trying to dispute the validity of these data by claiming that condoms are 100-percent reliable in preventing AIDS. But he said that he does not believe that condoms can control this disease. The best way to control this terrible disease is to change people's behavior. [passage omitted]

### Doctor Reports on AIDS Incidence

*93WE0088A Bangkok NAEON in Thai 21 Oct 92 p 5*

[Article by Long Likhit: "AIDS Invades the Bed"]

[Excerpt] [passage omitted] I met Dr. Thephanom Muangmen, an old hand who is now Dean of the faculty of Environmental and Resource Science at Mahidon University in Salaya Subdistrict, Nakhon Pathom. He spoke of his concern that:

"Now there are many people contracting AIDS. The latest figures from the Ministry of Public Health indicate that 10 percent of those supplying blood have the AIDS virus. That means that 10 out of 100 have the AIDS virus. Drug addicts have a high incidence of AIDS. Many pregnant women have been given the AIDS virus by husbands who frequent brothels and bring it back." He said this was as it was in Africa.

"In the North, in Phrae 8.5 percent of the pregnant women have the AIDS virus, in Mae Hong Son it is 4 percent, and in Chiang Rai it is 4 percent. In the East, in Rayong it is 6.7 percent. In the South, in Phetburi it was 4 percent.

"Do men have a high incidence?" I asked because they were apt to infect themselves with disease.

"Promiscuous men who have come to hospitals of the Ministry of Public Health have been found to have the following incidence of AIDS: Phayao 36 percent, Chiang Rai 31 percent, Rayong 30 percent, Ranong 17 percent, Pathum Thani 16 percent, and Bangkok 30 percent," Dr. Thephanom explained. He also said that:

"There are two strains of AIDS in Thailand. There is the Bangkok strain and the Chiang Mai strain. The Bangkok strain is similar to that in America while the Chiang Mai strain is similar to that in Africa."

When I heard this, I became curious - "Why is the Chiang Mai strain similar to the one in Africa?"

"It is thought that many Africans visited Chiang Mai and brought the strain there while the strain in Bangkok and the South is like that in America. Both the Bangkok and the Chiang Mai strains are equally serious," Dr. Thephanom said. He added that:

"After one contracts the AIDS virus, one has no symptoms for 5 years. Then the symptoms begin: there is daily diarrhea and weight loss. One is sick an average of 3 years and then one dies. From the time when one contracts the AIDS virus until death is 8 years. Americans die more slowly - it takes 10 years there from the time when the virus is contracted until death. It is still not known why it takes them longer."

"Are prostitutes contracting the AIDS virus more and more?" I asked.

"Much more. In Phet Buri 64 percent have it, in Pathum Thani 49 percent, in Chiang Rai 58 percent, in Nakhon Pathom 50 percent, in Samut Sakhon 49 percent, and in Kothomo 30 percent have it. In particular 90 percent of the women in the tea houses in Kothomo have the AIDS virus because they are inexpensive and people patronize them a great deal," Dr. Thephanom reported. He was concerned that:

"Now there about 400,000 to 500,000 people throughout the country with the AIDS virus. Each year about 7 percent will become sick. At this time Thailand has 90,000 beds for patients. In 5 years these beds will not be enough."

I asked: "Do you mean the beds in state hospitals and private hospitals?"

"Yes. The 90,000 beds would not take care of just the AIDS patients. And what will we do with the many other patients? Those in medical circles are very concerned about this. If we reach that point we will have to have the sick people stay home and have the doctors go to care for them. At this point the figures for AIDS are not decreasing, just increasing. Most are contracting AIDS from prostitutes. Unfortunately we cannot forbid people from visiting prostitutes," Dr. Thephanom said wearily.

### WHO Approves Plan for HIV/AIDS Vaccine Development

*BK1612030392 Bangkok BANGKOK POST in English  
16 Dec 92 p 6*

[Text] The World Health Organisation has formally approved Thailand's national plan for HIV/AIDS vaccine development and evaluation. WHO's Global Programme on AIDS is expected to give Thailand US\$1.25 million (roughly 31.25 million baht) in support of the 2-year plan for 1993-94.

The objectives of the plan are:

- to develop a comprehensive, well-coordinated, long-term strategy for the evaluation of the safety, immunogenicity and efficacy of preventive therapeutic and perinatal HIV/AIDS vaccines in Thailand;
- to develop and explain the policies and procedures for the planning, implementation oversight, administration and evaluation of HIV/AIDS vaccine-related research activities in Thailand; and
- to facilitate the conduct of scientifically and ethically appropriate HIV/AIDS vaccine trials in Thailand.

Actual vaccine trials are not expected until the programme is completed in 1994.

WHO's Steering Committee, at its annual meeting on December 4, reviewed Thailand's plan and recommended endorsement.

The global programme's director is expected to endorse the plan this month, then WHO will send a vaccine expert to Thailand early next year to help work out details of the plan.

The steering committee also reviewed the latest results of HIV/AIDS vaccine research at its annual meeting. So far, there is still no candidate vaccine which WHO can recommend for large scale trial in humans.

The national plan, drafted in part by the Public Health Ministry, says "the Royal Thai Government is committed to active participation in the global effort to develop and evaluate HIV/AIDS vaccines..."

It states that "a major goal of the national strategy is to promote and support national and international collaborative research that will lead to the development and evaluation of effective HIV/AIDS vaccines for potential use in Thailand..."

Thailand's initiative to participate in the development of HIV/AIDS vaccine in part results from WHO identifying it as a "vaccine trial site", along with Rwanda, Uganda and Brazil.

Experts from the Vaccine Development Unit of WHO visited Thailand in April 1991 to meet with scientists and Public Health officials.



WHO recommended Thailand because it believed that national and international scientific institutions conducting HIV research in the country have the technical potential to develop, implement and review an HIV vaccine-research programme.

The Public Health Ministry is organising a workshop in mid-January to discuss the plan and its implementation.

### Public Health Official Comments on AIDS Vaccine

93WE0284A Bangkok *THE NATION* in English  
25 Feb 93 p c1

[Article by Victoria Combek: "Human 'Guinea Pigs' Want Trial"]

[Excerpts] In the emotional and murky world of Aids, few areas are as controversial or sensitive as vaccine-testing.

Current plans to use Thailand as a testing ground for Western medicines which may halt the Aids virus have angered many. They see candidate vaccine trials—controlled experiments in which potential vaccines are tested on people with the virus—as a form of exploitation in which poor Thais will be used as “guinea pigs” by the developed world for cures which can only be used by rich Westerners. [passage omitted]

AZT has been found to be one of most effective treatments for people with symptoms of Aids, but it is too expensive for Thais or the government to afford. Currently the annual cost for AZT treatment is US\$2,500-\$3,000 which exceeds the annual income of the average Thai family.

Testing will also be cheap. Costs of the vaccine trials will be footed by pharmaceutical companies and research grants. For the “guinea pigs” and the Thai government, candidate vaccines will be free.

So why the delay?

The Director General of the Public Health Ministry's Communicable Diseases Department, Dr Prayoon Kunasol said Thailand needs more time. “People are in too much of a hurry,” he said. “We don't want to jump in. These things need to be well-prepared to ensure Thai people will benefit.”

He fears that HIV-positive Thais will be exploited because of their desperation for treatment. “It is unfair for Thai people to be tested. The Japanese and other developed countries should test their own drugs on their own people. Is it ethical that Thais should be the test-subjects? No country in the world would accept this.”

He is not alone in his view. There is concern that the 14 candidate vaccines currently going through the first two

phases of trials in the West will react differently on Thais, who may be infected with different strains of the disease. [passage omitted]

Nearly 30,000 people are falling sick with Aids each year and the country only has 90,000 hospital beds, the survey said.

Thailand needs help.

As a panacea to the nation's pride, WHO has talked about the excellent infrastructure which will make trials easy to conduct and Dr Prayoon believes a chief reason Thailand has been picked is because of its trained medical personnel. These are all factors which will enable trials to be conducted efficiently as long as they are not thwarted by bureaucracy.

Dr Praphan Panupak, director of the Red Cross Aids programme, said he is frustrated by the foot-dragging of government Aids committees. The initial candidate vaccine, which has been tested on US servicemen for the last three years, should be made available to Thais as quickly as possible, he said.

Dr Praphan said the candidate vaccine has been found to produce neutralising antibodies in the blood which keeps the body's immune system working. “By giving HIV-positive Thais no AZT and no candidate vaccine, this is also experimenting for natural history in Thailand,” said Dr Praphan. “It is better to have something which has been proved safe and beneficial in another country than nothing at all.”

“Clear guidelines about the trial are vital so the people involved can make an informed choice about whether they want to take part,” said Dr Praphan, who believes Thailand will benefit medically and scientifically in the long term as personnel will have to be trained and laboratories upgraded.

In addition, as a trial site, Thailand will be in a good negotiating position with pharmaceutical companies to buy any successful vaccines at affordable prices.

However, Dr Apichart Chamrattirong, director of Mahidol's Population Institute, said he is concerned that funds will be channelled into research and medicine, and taken away from education campaigns. At last month's meeting for the National Plan for HIV/Aids Vaccine Development, Dr Apichart stressed that money is needed for development. “This is the best vaccine,” he said. “It is our society that is sick.”

Dr Prayoon insists that no money will be diverted from education into funding the trials. He wants preventative campaigns to continue and fears that too much emphasis on vaccines will hinder efforts to educate people into changing their behaviour. “It may be more than 10 years before a vaccine is available. At the moment, people are expecting too much and misunderstand the benefits of vaccines. We should not put all our hopes on a vaccine. We should be independent and change things ourselves.”

The term vaccine tends to be associated with immunisation and Dr Prayoon is concerned people will hear about vaccine trials and assume that they need not worry about protecting themselves anymore from the disease.

Research into a different kind of candidate vaccine—a prophylactic vaccine which will immunize people from the virus—is still a long way from being licensed. In the meantime, Dr Prayoon and Er Praphan both believe Thailand should focus on learning from the tragedy of the current epidemic and improve social morality so the sex trade is no longer accepted by men and women.

But changing people's sexual behaviour is proving harder than people expected in the early 1980s when the disease first emerged in Thailand. Despite intensive public health campaigns over the last 3 years, men and women are still having unprotected sex.

“Thailand is now Aids-aware and most people know about the disease, but they still put themselves at risk,” said Dr Praphan.

For 10 years, Dr Praphan has worked with Aids and HIV patients and has seen the disease spread. In the last 6 months, the number of patients coming to his Tuesday morning clinic at Chulalongkorn Hospital has doubled and instead of being mostly male patients, half his patients are female.

He is against money being funnelled away from Aids education, which he says must be a priority. “We need good educators to make people committed to changing their behaviour. This is still the best protection against the virus.”

The Ministry of Health is now in the preparation stage for vaccine trials and the education budget remains intact. In the next year, it plans to equip the laboratories and set up the medical personnel. The first step towards trials was made last month at the HIV/Aids Vaccine National Plan meeting when the scientific community was alerted to get ready for trials.

Dr Prayoon does not expect any trials to begin for at least a year. He is still wary and said, “We should not sacrifice the life of a Thai citizen to an inappropriate and unethical study.” But most HIV-positive people feel they are capable of making their own choice. [passage omitted]

### **‘Uncertainty’ Surrounds Proposed Tests of AIDS Vaccine**

*BK1804021493 Bangkok THE NATION in English  
18 Apr 93 p A2*

[By Wanchat Klatalumphon]

[Text] Testing a potential Aids vaccine on local volunteers as proposed by the Army Medical Science Department should not present any ethics problems, but

whether it is carried out will depend on the National Aids Committee (NAC), a senior health official said yesterday.

The secretary of the Medical Department's committee studying the Aids vaccine test on humans, Doctor Wichai Chokwiwat, said the panel concluded late last month that the proposed test would not create any ethics problems.

The NAC, he said, will now be asked to consider the proposal.

Wichai said the committee on April 23 will consider another project involving the testing of a potential Aids vaccine on humans being proposed by Chulalongkorn University's Faculty of Medicine.

But a highly-informed source in the Communicable Diseases Control Department said yesterday that there was uncertainty about the proposed Aids vaccine test and other anti-Aids projects because the NAC's status has yet to be formally established.

Although Prime Minister [PM] Chuan Likphai has endorsed the appointment of the committee members, whose names were submitted to the PM's Secretariat late last year, the Cabinet has not yet approved the panel's status, he said.

Until the committee gets the Cabinet's approval, anti-Aids projects proposed by different health agencies cannot be implemented, the source said.

An informed source in the Medical Department's committee which agreed to the Aids vaccine test said yesterday that the NAC may yet reject it. The source based his opinion on earlier views by NAC senior members that a vaccine is not the most suitable way to fight the deadly disease.

The NAC members, he said, prefer a campaign to urge people to be restrained in their sexual behaviour.

The former director general of the Army Medical Science Department, Lt Gen Phinyo Siriyaphan, now an adviser to the proposed test of a potential Aids vaccine on Thai volunteers, said yesterday the department planned to test the GP-160 vaccine on 24 volunteers in the first stage. Experiments involving the vaccine are under way in the United States.

The number of volunteers would increase to more than 100 in the second stage, he said.

Phinyo said all the volunteers would be military personnel holding ranks from private to colonel.

The director of the Thai Red Cross Society's Aids Project, Dr Praphan Phanuphak said yesterday the vaccine that Chulalongkorn University's Faculty of Medicine planned to test on Thai volunteers is the type developed from GP-120, which is also being tested in the United States.

The faculty planned to test the vaccine on about 20 people in the first stage, he said.

### Drug Use, Second High Risk Factor for AIDS

93WE0113A Bangkok BAN MUANG in Thai  
1 Nov 92 p 3

[Excerpts] At 0845 hours on 29 October 1992 in the Wiphawadi C Room at the Central Hotel in Bangkok, Dr. Withun Saengsingkaeo, the director-general of the Department of Medical Services, presided at the ceremony to open the conference of officials concerned. The purpose of the conference was to look for ways to control AIDS among intravenous [IV] drug addicts and come to a conclusion about standard measures that can be used by the hospitals and units concerned in dealing with this problem. Dr. Thamrong Tatsananchali, the director of the Drug Rehabilitation Activities Coordination Division, gave a report. [passage omitted]

A report by the World Health Organization states that Thailand now has approximately 300-500,000 drug addicts. In 1990, only 58,327 addicts voluntarily came for treatment. Of these, only 120 were IV (heroin) drug addicts. IV drug use is the second highest risk factor in the spread of AIDS. The most recent AIDS report issued by the Epidemiology Department, Ministry of Public Health, on 30 September 1992 states that there are 34 AIDS patients who contracted the disease from injecting drugs intravenously. Another 35 people have AIDS-related symptoms. There is only one woman in each of these two groups of people. The rest are all men. [passage omitted]

### Campaign To Slow HIV Through Condoms Seen Failing

93WE0281A Stockholm DAGENS NYHETER  
in Swedish 23 Feb 93 p 11

[Article by Goran Leijonhufvud: "HIV Infection Spreading Like Wildfire"]

[Text] Bangkok—Thailand is facing a catastrophe spelled with four familiar letters: AIDS. The warning signals are coming in with increased frequency. Ten percent of the population could be stricken by the end of the century. At that time AIDS will be the cause of one death in three, according to former Health Minister Mechai Viravaidya.

Independent Thai doctors at AIDS clinics estimate that between 900,000 and 1.5 million of the country's 57 million inhabitants are HIV-positive.

The Health Ministry has stopped publishing figures. The AIDS doctors suspect that the authorities do not want to alarm tourists.

Swedish men continue to take sex trips here. Of the approximately 50,000 Swedish tourists who come each year, 75 percent are men.

Thailand is the most serious example of the fact that the biggest increase in HIV cases is now occurring in Asia. By the year 2000 two-fifths of the infected people in the world will be Asians, according to figures from Harvard's Global AIDS Policy Coalition.

The explosion could be even greater, a study from the Asian Development Bank warned. It cited heroin abusers in the Golden Triangle (Burma, Laos, Thailand) as a big source of infection in addition to the sex trade.

### Frequent Brothel Visits

On Bangkok's brothel street, Patpong, the threat seems remote. Just now the air seems to have gone out of the condom campaign that was visible here earlier.

In spite of a good deal of information on TV, awareness of the risk of frequenting brothels is low. And Thai men have sex with prostitutes twice a month on the average, according to a recent opinion poll. Patpong and Pataya, with their foreign tourists, are only a small part of the problem.

"Nice Thai girls are supposed to remain pure. But boys are expected to be sexually experienced. Most of them make their sexual debut with a prostitute," Dr. Vichai Vithayasai of the university hospital in Chiang Mai said in a newspaper article.

Chiang Mai is one of the hardest hit areas when it comes to the spread of HIV infection.

"We have a saying that a man has not been somewhere unless he has had sex with the local girls," the doctor said.

There is a misconception among a good many men that it is harder for young girls to become infected. This lends support to child prostitution.

Another almost incredible figure comes from the Foundation for Children: 2.8 million people are involved in the sex industry, almost 5 percent of the population. Of these 800,000 are children.

The official Health Ministry estimate is that there are 75,000 prostitutes, 13,000 of them children, a gross underestimate according to most of the humanitarian organizations that work with the problem.

How many of all these prostitutes are infected with HIV? About 70 percent of those who have been engaged in prostitution for at least a year are infected, according to hospital statistics.

If one puts two and two together, all these figures send a message that is chillingly clear.

At the AIDS clinic at the hospital in northern Chiang Rai, Dr. Wat Yuthai sees mostly men between the ages of 20 and 30. That is the major group of infected people.

"They are heterosexual and were infected in brothels. The homosexual element in Thailand is small."

### Dangerous Life-style

It is the productive segment of the population that is being stricken. The cost of care alone could swallow one-tenth of GNP (the sum of goods and services) in the year 2000.

One can only speculate about how this will affect production. But the present economic boom could be halted for this reason alone.

"It is quite clear that we must change our life-style. Today the commercial pressure from the brothels interacts with our permissive view of sex outside marriage in an unfortunate way," said Dr. Wat.

But a true Buddhist really has only one woman, he said. In addition to educational campaigns he hopes that religion can play a positive role.

All Thai experts agree. The only salvation lies in altered values, changed sexual habits. But this kind of thing requires patient adjustment and takes time. In the meanwhile the infection is spreading like wildfire.

"Yes, we will have to get used to AIDS, we must try to help each other," said Dr. Wat.

### AIDS Budget Gets Increase

93WE0128B Bangkok BANGKOK POST in English  
3 Nov 92 p 1

[Article: "Government Ups Budget in War on AIDS"]

[Excerpt] The Government has decided to raise its prevention budget against AIDS by 200 million baht in an intensified effort to fight the killer disease.

Government spokesman Abhisit Vejjajiva said the funds would be drawn from the cancelled *Khor Jor Kor* land resettlement programmes set up by the Army to relocate villagers who had encroached on national parks.

The highly controversial programme was cancelled earlier this year. Its total budget was worth two billion baht.

Two-hundred million baht of that money will be added to the Government's original budget of 870 million baht for anti-AIDS activities for fiscal 1993, said Mr Abhisit.

The rest of the available funds will be divided among a number of government institutions.

Experts currently estimate that 200,000 to 400,000 Thais have the Human Immuno-deficiency Virus (HIV), which leads to AIDS. [Passage omitted]

### Budget Bureau Grants Funding for AIDS Publicity

BK1903013593 Bangkok BANGKOK POST in English  
19 Mar 93 p 6

[Text] The Public Health Ministry is the only government unit whose proposed AIDS publicity budget was not slashed by the Budget Bureau. In fact, it received additional funding. The ministry received its suggested 515.46 million baht plus an additional 388 million baht.

The Interior and Education ministries were the only two government units which did not receive direct funding for AIDS publicity programmes, even though they requested budgets of 178 million and 45 million baht. A total AIDS publicity budget of 1,141 million baht was sought by government units, but the final package was 1,121 million baht.

The additional funding of 388 million baht for the Public Health Ministry came from the budgets sought by the Interior, Defence Education and University Affairs ministries and the additional funding sought by the Prime Minister's Office.

Permanent Secretary for Health Phaichit Phawabut said the Prime Minister's Office had sought about 169 million baht for its AIDS campaign plus about 155 million baht for other units. It received only the 169 million baht. He said the Defence Ministry's request for 12.38 million baht was slashed to three million baht, whereas the Education and Interior ministries did not receive any direct AIDS funding. The University Affairs Ministry sought 65 million baht, but received 45 million baht.

The Public Health Ministry yesterday held its first meeting on the AIDS publicity budget after the responsibility was transferred from the Prime Minister's Office. The meeting discussed the use of the additional budget of 388 million baht given the ministry.

The ministry has distributed its total funding of 904.5 million baht to various departments. Other ministries like Interior and Education can request funds from the Public Health Ministry for their publicity projects.

Dr Phaichit said any government units which did not receive direct funding for AIDS publicity projects would have to forward their funding requests to the Public Health Ministry and it would take the matter up with the Budget Bureau. He said any working unit at the local or provincial levels wanting funds could forward their requests through their relevant ministry or department to the Ministry.

The Office of the Permanent Secretary for Public Health received the largest share of the ministry's AIDS budget, amounting to 477.6 million baht, followed by the Communicable Diseases Control Department with 392.8 million baht.

Dr Phaichit said the funding for the Defence and Education ministries would emphasise preventive methods.

University Affairs Deputy Permanent Secretary Kasem Watthanachai said about 20 million baht of the ministry's budget would be used for a study into whether it was possible for temples to be used as rehabilitation centres for AIDS carriers forced from their jobs and families.

Education Deputy Permanent Secretary Athon Chanthawimon said the ministry would start a new project using "karaoke" video cassettes on AIDS for distribution at entertainment centres.

### AIDS Morbidity, Economic Costs

93WE0128A Bangkok *THE NATION* in English  
10 Nov 92 pp B7, 8

[Article: "The Silent Killer Spreads Net: Threatens Expectant Mothers and the Children in the Womb"]

[Text] The acquired immuno-deficiency syndrome (AIDS) virus, which only 3 years ago was confined to high risk groups, is steadily spreading among the general population in spite of awareness campaigns.

A group of doctors attending the 18th Congress on Science and Technology of Thailand last month who portrayed the AIDS scenario in Thailand said the epidemic is encroaching on unsuspecting segments of the society.

Less than a decade after the first case of AIDS was reported, Thailand is already the country with the highest number of cases testing HIV positive in Asia.

"Data gathered by us show that the number of HIV positive cases among drug addicts has stabilized at about 35-40 percent since 1989. The rate of increase of infection among members of high risk groups like prostitutes and their male clients is falling. On the hand, however, we find the percentage of people representing the general population testing HIV positive to be on the rise," said Dr Khanchit Limpakarnjanarat, a Thai Public Health Ministry official who also directs the HIV/AIDS Collaboration, a joint project of the US Centres for Disease Control and the Thailand Ministry of Public Health.

Such a trend, Khanchit added, spells both social and economic disaster.

"In the estimate of Thai Working Group, a non-governmental organization set up by former Deputy Minister Meechai Ruchupan, Thailand will have the about 2.4 million human hosts of the HIV virus by 2000. Each patient will require a spending of Bt500,000 to Bt1,000,000 on medication to keep alive, and will not be productive during the time. It will amount to an economic drain of Bt1.5-2.4 trillion," he said.

Public health officials are concerned that pregnant women, considered one of the lowest risk groups, are increasingly reporting cases HIV positive; the number of cases rose from nil in the middle of 1990 to 1 percent this year.

"With about one million pregnant women in Thailand, it means 10,000 mothers-to-be are coming down with the AIDS virus each year. Statistically one-third of them will pass the virus to the child. That is, over 3,000 children will inherit the HIV annually. The number will increase as the percentage of HIV in pregnant women rises," he said.

Khanchit's estimate concurs with a recent report submitted to the Public Health Ministry which counts 3,000 mothers with the AIDS virus. The real figure could be higher.

"The data came from big public hospitals in major provinces with the facility to check expectant women's blood samples," said a medical source in the public ministry.

"But the figure does not cover other medical facilities like private hospitals and rural medical clinics. The actual figure could, therefore, be higher," the source added.

Khanchit said the Public Health Ministry is making concerted efforts to bring the disease among all the groups under control though without much success.

"I must admit we have not succeeded everywhere. For example, we have been able to control the spread of the virus in drug addicts and, after launching the '100 percent condom' programme, prostitutes. But we have yet to think up measures to effectively clamp down on the virus' growth in other groups such as pregnant women," he said.

Part of the problem, he said, stems from husbands being reluctant to use condoms during intercourse with their wives. "The husband who is willing to use a condom when visiting a prostitute thinks otherwise when asked to do the same with the spouse. The problem stems from men's attitudes to the use of condoms; disease prevention in the first case and birth control in the second," he said.

The worry over AIDS is not confined to the Public Health Ministry. At least one other government organization is equally concerned; the Thai military.

Thai military officials have admitted that there are AIDS cases among their men in the northern provinces. "Data on new recruits force us to designate the northern provinces as areas of alarm with over 10 percent cases reported," said Col Dr Narongrid Sirisopana, who works at the Armed Forces Research Institute of Medical Sciences (AFRIMS). "I never thought we would see a read-marked map once again since the days of communist insurgency decades ago," he said.

According to Narongrid, a survey by the military shows an overall increase in the percentage of HIV positive cases among army recruits from 0.5 in 1989 to 3.2 this year.

"But that is the overall figure. If we separate by region, the northern military district comes first with 7 percent. The figure is higher when we consider provinces such as Prayou (20 percent), or Chiang Mai (14 percent). We found out that about 60 percent of recruits tested positive were living in the North Eastern region of the country 2 years before they joined us," he said.

To counter the problem, the Thai military is joining hands with the US Army, the Public Health Ministry and the World Health Organization in a project that will mark the first test of AIDS vaccine in Thailand.

Col Dr Sorachai Pitayapan, Dr Narongrid's colleague, said; "We have submitted two protocols to the National AIDS Committee set up by the Public Health Ministry to oversee the AIDS situation. One concerns the testing of the vaccine in HIV positive volunteers; the second concerns the testing procedure on unaffected people.

"The World Health Organization is helping draw up a National AIDS Vaccine Plan which will offer guidelines for groups wanting to test the vaccine in Thailand," he said.

He said the AFRIMS plan was not the same as the one earlier announced by the World Health Organization.

"WHO thought earlier that they would be able to launch an AIDS vaccine test in Thailand. Later, they changed their mind and decided to play a guiding body instead," he said.

If all goes well, the first test can begin next year and the second within 6 months. The vaccine, he added, would still be GP160, which is engineered from a part of the genetic code making up the HIV virus.

"We plan to use 60 HIV positive volunteers in the first test and 120 normal persons in the second," he said.

Col Sorachai said that there are problems which need to be overcome before the testing can be carried out.

"One is that the vaccine will render normal volunteers test HIV positive with the normal testing method now in use. This does not mean they actually have AIDS. It might pose problems to the person later when he wants to donate blood. Or, if hospitalized in case of an accident, such a person might find he is receiving less medical attention because he has tested positive. This may also pose as a barrier to a person wanting to immigrate to a country whose laws bar the entry of HIV positive persons," he said.

One way to overcome the problem, he said, is for the government to issue a special certificate stating that the volunteer has been injected with GP160. The other is to set up a special hotline network so that medical personnel at blood donation centres and hospitals can verify that the person has received the vaccine.

"But there is one thing that I want to stress. While it does not mean the person vaccinated has HIV it also does not

mean the person is protected from infection by it. That is why we are expected to choose volunteers from groups without programmes or activities which put them in a high risk situation," he said.

Dr Sorachai stressed that the only way to stop the spread of the disease is for all government departments to join hands in the fight against the disease.

"The AIDS problem is a very, very serious one to be handled by any one department. We need to collaborate if we are to control it," he said.

## Duangprathip Foundation AIDS Report

### Chief Doubts Government AIDS Figures

93WE0088C Bangkok NAEO NA in Thai  
25 Oct 92 p 13

[Excerpt] [passage omitted] Khruprathip Ungsongtham Hata, the secretary-general of the Duangprathip Foundation, disclosed that in the course of its past work the foundation had generated data indicating that in Thailand the AIDS virus was spreading at a rapid rate and that the spread of this virus was not limited to drug addicts, homosexuals, and female prostitutes. It had spread to the general population including fathers in households, housewives, and people working in many professions. Therefore the foundation felt that this training would be beneficial to society because the housewives who received the training would at least be able to relay the knowledge they gained to their husbands, children, and other friends. This could play an important role in reducing the rate of spread of the AIDS virus.

Khruprathip went on to say that at present there were about 400,000 people with AIDS. This figure was the result of surveys done during the period when the government was still not willing to admit that AIDS was a serious problem. In any case she thought that the actual number of those with AIDS had to be higher than that because later on when blood was tested, it was discovered that the frequency with which people with the AIDS virus were found was much higher than before.

Dr. Praphan Phanuphak of the Thai Red Cross, who was in charge of gathering data about AIDS and giving advice about AIDS at the Niranom Clinic, said of these circumstances that now the problem of AIDS was one which should be discussed a great deal because it was not a problem just of drug addicts, prostitutes, and homosexuals but had spread to normal people who were fathers in households and housewives. The figures for AIDS among normal people was later found to be higher than for drug addicts, prostitutes, and homosexuals.

The important reason that Thailand had a high rate for the spread of AIDS was that Thai men liked to use prostitutes. In a recent survey of the sexual behavior of Thai men more than 50 percent responded that they normally had sexual relations with a woman other than

their wives. When women were asked for their opinion of the behavior of their husbands, most thought that this was normal.

As for the number of female prostitutes in Thailand Dr. Praphan said that at present there was a total of about 200,000. Of these 50,000 had acquired the AIDS virus. Since these prostitutes serviced about four customers a night, about 1,000 persons per night were acquiring AIDS (based on statistics that on having sex 100 times there would be one chance of acquiring the AIDS virus and that half of those using prostitutes used condoms). If these figures were calculated for a year, the result would be about 300,000 with AIDS. This would not include the present number for those with AIDS of about 400,000. Therefore it was thought that at the end of this year there would be a total of about 700,000 people with AIDS in Thailand.

#### Further Report

93WE0088D Bangkok MATICHON in Thai  
23 Oct 92 p 14

[Text] A report from the project to prevent and control AIDS of the Duangprathip Foundation disclosed the results of its research into "the spread of the AIDS virus among people in crowded areas" which was recently completed. It stated that the rate of spread among people in slums was very high especially among young people and that this spread needed urgently to be stopped before it was too late.

This research report was the result of studying three target groups of people living in crowded conditions in Khlong Toei, namely: drug addicts, prostitutes, and those driving motor bikes for hire.

The report stated that the group using drugs in the crowded conditions of Khlong Toei was the group whose behavior put them at greatest risk of contracting the AIDS virus. Blood tests of 170 drug addicts indicated that 60 percent of them had the virus, and drug addicts under the age of 20 had the highest incidence of infection when compared with drug addicts in other age groups. Among this group four out of five had the AIDS virus.

The report pointed out that young drug addicts had insufficient income to buy the equipment to inject themselves and so shared needles. In addition the children among this group were young and strong and so were not concerned about death and not interested in protecting themselves against the AIDS virus.

As for female prostitutes it was found that prostitutes aged between 20 and 24 had the highest incidence of AIDS: 35 percent. Next were those aged between 15 and 19, who had an incidence of 23 percent. Those aged between 25 and 29 had an incidence of 13 percent. No prostitutes older than 29 were found to have it.

The report stated that of 72 prostitutes in the target group, 95 percent knew that having sex without a condom could cause AIDS, but 68 percent thought incorrectly that mosquitos also could cause AIDS.

As for the behavior of the customers, 85 percent of the 72 female prostitutes said that they urged their customers to use condoms, but only 15 percent of the customers agreed to do as they were urged. When the customers refused to use the condom, the prostitutes followed the wishes of the customers because they wanted the money.

Among motorbike drivers, whose behavior put them at great risk of contracting AIDS because they generally went to brothels and did not use condoms, it was found that 91 percent did not use condoms when they visited a brothel and 71 percent visited brothels regularly, especially those who were married.

Of this group 56 percent said that using a condom was annoying and caused them to feel less masculine.

At the end of the research report, the researchers concluded that the problem of AIDS was serious and that the rate of spread would be high among those with a low educational level who lived in poverty. Based on their research they made the observation that the rate of spread of the AIDS virus was apt to be high among young people, and therefore what the government should do was to promote educating children about AIDS before they reached adolescence. The government should also work urgently to improve the standing of the country by raising the economic level of the people and releasing them from the vicious circle of poverty.

The report also pointed out that the rate of spread of the AIDS virus in Thailand was very rapid and so it was a world problem in which everyone should be interested - in the past 4 years it was estimated that the same number of people contracted AIDS here as in the United States which has been struggling with AIDS for 10 years and has four times the population of Thailand. The rate of spread of AIDS in Thailand was very high compared with any other country in the world.

The researchers from the Duangprathip Foundation made the observation that AIDS had spread rapidly in Thailand as a result of certain factors which had facilitated the spread including both Thailand's being a center for the illegal drug trade and the illegal sex trade.

The researchers observed that a real effort to take care of the AIDS problem had been avoided because of the fear that if information of the spread of AIDS were disseminated widely, it would affect foreign investment and destroy the tourist industry at a time when the Thai economy was expanding.

### **AIDS Among Trat Drug Addicts**

*93WE0088B Bangkok DAO SIAM in Thai  
28 Oct 92 pp 11, 15*

[Text] Lieutenant Khunthong Suttiphan, a Trat Province public health doctor, disclosed that as part of the Trat Province project to prevent and control AIDS in the province for the 1992 budget year, the province had been using every means to keep AIDS from spreading further.

This project received the cooperation of Trat Province officials. Mr Amon Anantachai, the Governor of Trat Province, held a meeting of the owners of brothels in the province on 12 June 1992 in order to ask the owners to recommend to their customers that they use condoms 100 percent of the time and to provide condoms in the various brothels. The results of surveys done up to the end of July 1992 indicated that only 76.23 percent of the customers in brothels used condoms. This indicated that condom use was not accepted as much as it should.

The public health doctor also said that in addition to fighting for 100 percent condom usage, the Office of Public Health was also fighting for health education for people in every profession so that they would know about AIDS and how to prevent it. From the results of tracking the disease every 6 months, it was found that the spread of AIDS was increasing in Trat Province especially among intravenous drug users. The statistics from December 1991 to June 1992 indicated that 56.52 percent of this group had the AIDS virus. The survey of female prostitutes taken in December 1991 found that 31.20 percent had the AIDS virus while in June 1992 the incidence had increased to 40.27 percent. After the numbers of those with AIDS were published, Trat Province officials could not be unconcerned. They will review their plans to prevent and control AIDS in order to make them more effective.

### **70 Percent of Sex Workers in Chiang Rai HIV-Positive**

*BK1604022193 Bangkok BANGKOK POST in English  
16 Apr 93 p 3*

[Excerpts] AIDS is spreading fast among prostitutes in Chiang Rai Province, according to a survey that has revealed that 70 percent, or seven out of every ten prostitutes, have the HIV virus, the precursor of AIDS.

Medical tests conducted by researchers from the Ratchaphat Institute of Chiang Rai and the provincial public health authority on prostitutes in this province indicated that 70 percent of all sex workers are HIV-positive.

The survey also found that young village girls who finish the compulsory education level of Pathom Suksa 6 prefer to become prostitutes than pursue low paying but respectable jobs.

Between 70-80 per cent of village girls leave school after completing their compulsory education. The rate is as high as 100 percent in some villages.

The practice of becoming a sex worker has long become a local social value because young girls do not like to work hard and have been taught for generations that prostitution can help them make big money and save their family from the hardships of poverty.

The survey was conducted under the Project for Promotion of the Quality of Life for Rural Girls in Chiang Rai Province by a team headed by Assistant Professor Suthep Phongsiwat and Achan Witthaya Wannasiri. [passage omitted on economic reasons for village girls become to prostitutes]

The team of researchers comprising lecturers from the Ratchaphat Institute of Chiang Rai, was helped by the provincial public health authority to conduct medical tests on prostitutes at all brothels in the province.

These tests revealed that 70 percent or seven out of ten prostitutes were HIV carriers.

### **Northern Province Expects 22,000 AIDS Cases in 1993**

*BK1512035092 Bangkok BANGKOK POST in English  
15 Dec 92 p 6*

[Text] Chiang Rai will have about 22,000 full-blown AIDS patients next year out of the province's total population of one million people, Deputy Public Health Minister Dr Udomsin Sisaengnam said yesterday.

Dr Udomsin said that while waiting for a cure for the fatal disease or vaccine to prevent it, legal bodies should be firm in trying to solve this problem. He said the Prime Minister had earlier stated that one of the main policies is to completely abolish child prostitution, but "by shutting down brothels, they're making matters worse."

The deputy minister, also a Phalang Tham [PDP] MP for Bangkok, said it is a known fact that some police officers shut down brothels on one day, and then ask for a donation from the owners to allow the brothels to reopen a little while later.

Dr Udomsin, after his inspection visit to Chiang Mai and Chiang Rai provinces over the weekend, said he was shocked to see the number of HIV-infected people in hospitals. He said by next year, 15 percent of the province's population would carry the virus in its initial stage.

"This year alone, over 200 patients died in Chiang Rai's Pracharak Hospital of AIDS-related diseases and about the same number of babies born in this hospital have tested HIV positive," he said. The deputy minister said of the 400 hospital beds in Pracharak Hospital, one of the biggest hospitals in the province, 30 beds are occupied by AIDS patients.



"Seven percent of pregnant women alone have tested HIV positive, and six percent for AIDS, so you can imagine the number of males infected," he said.

Dr Udomsin said it was surprising that not only the less educated people were infected, but in Chiang Rai several educated businessmen had died of AIDS. He said the only way to stop the spread of this disease was to stop having extramarital sex.

Many people are psychologically affected after their spouses or children are found to be infected, he said, adding that he felt sorry to see civil servants who have to leave their jobs, just to take care of their HIV-infected child, who lay helplessly in a hospital bed, waiting for death. He praised the doctors and the nurses of the province for their dedication in taking care of these patients.

"Even though the doctors and nurses know that they are at risk, they do their duty, for which they are respected by their patients, particularly because most of them have earlier undergone a Tham course," said Dr Udomsin.

The PDP MP said one of the main problems with these hospitals is that there are few staff able to counsel people about the dangers of the disease and ways to prevent it. The deputy minister said he would ask Public Health officials to train local volunteers, who in turn would be able to advise the villagers. He said he would also ask the Public Health Minister to set aside a budget to provide counselling to villagers in other parts of the country, especially in the border areas.

Dr Udomsin said that it was found that over eight percent of women have tested HIV-positive in Mae Sai and suffer from diseases like skin cancer.

### **Poll on Attitudes Regarding Prostitution**

*93WE0268A Bangkok THE NATION in English  
30 Jan 93 p c1*

[Article by Victoria Combe: "Child Sex Trade Forced Underground"]

[Excerpt] [passage omitted] Dr Saisuree Chutikul, adviser to the prime minister on women and children's affairs, says a breakdown in morals has led to commercial sex becoming a social norm. "Going to a brothel is considered as ordinary as having a cup of coffee," she said.

Her plan is to instil a sense of respect for human life in the Thai education system. By teaching boys and girls when they are still young and impressionable about the suffering of sex workers, she hopes she can break the vicious cycle.

She faces a huge challenge. In one survey 75 percent of Thai men of all classes admitted to having used a prostitute, despite the fact that prostitution is illegal. This figure may not be surprising, but the results of a Red Cross survey last year in primary schools are.

In two schools in northern Thailand, 97 percent of the 10- to 12-year-old children thought prostitution was a worthwhile profession, and 4 percent of 11-year-old girls said they would probably enter the sex trade. [passage omitted]

### **Law Would Increase Penalty for Selling Daughters**

*93WE0281B Stockholm DAGENS NYHETER  
in Swedish 23 Feb 93 p 11*

[Press Wire Service, Inc. (TT)-AP report: "Stiffer Penalties Proposed"]

[Text] Bangkok—Thais who sell their daughters into prostitution will lose their parental rights and face fines if a proposed law goes through.

Parents should be held accountable, a civil servant in Bangkok said Monday [22 February]. Around 800,000 girls under age 18 work as prostitutes in Thailand.

The proposed law would make it possible for social authorities to help women escape from prostitution. In the past even parents who had sold their daughters had a right to remove them from the custody of social authorities—and perhaps send them back to their old life, according to Rangima Limpisawadhi, leader of a women's organization.

The scale of parental fines has not been established, but those who organize the trade can be sentenced to a maximum of 20 years in jail and fined as much as 100,000 kronor.

The text of the law shows that clients who have sex with children or women forced into prostitution will also face prison sentences and fines if the proposed law is approved by the legislature.

The fact that Thai authorities are now beginning to react against prostitution may be due in part to dread of what an AIDS explosion could mean for the nation.

## **VIETNAM**

### **AIDS Explosion Seen as 'Inevitable'**

#### **Health Minister's AIDS Day speech**

*BK0112093692 Hong Kong AFP in English 0923 GMT  
1 Dec 92*

[By Andrew Sherry]

[Text] Hanoi, Dec 1 (AFP)—The popular Vietnamese belief that you can only get AIDS from foreigners will worsen the inevitable explosion of the disease in this Southeast Asian country, experts warned here Tuesday. Only 79 cases of HIV—the virus that causes acquired immune deficiency syndrome (AIDS)—have been detected in Vietnam, Vietnamese Health Minister

Nguyen Trong Nhan in a speech marking international AIDS day. But Nhan acknowledged that "these figures are certainly far from reality" because only 140,000 people have been tested.

While Vietnamese health officials would make no estimate of the actual figure, they said they feared that an explosion of the fatal disease was inevitable.

"All the necessary factors for an explosion are present," said Le Dien Hong, vice chairman of the national AIDS committee. "We have increasing contact with the exterior, especially along the Cambodian border, while inside the plague of prostitution and drug abuse is increasing uncontrollably," he said.

All but eight of the 79 people found to have HIV are foreigners, principally Thai fishermen, while the Vietnamese carriers included prostitutes who had returned from Cambodia, he said. Furthermore, Vietnam does not have the means to screen blood transfusions for the virus, he said.

Foreign experts here praised Vietnam for waking up to the threat of AIDS ahead of an epidemic, but warned that viewing the disease as a foreign phenomenon was dangerous.

"Once the virus is here, it doesn't matter if it came from the CIA (the U.S. Central Intelligence Agency), the Soviet Union or Vietnam itself," said World Health Organization representative Bernard Moniere. "The worm is in the apple."

Moniere pointed to a recent anti-AIDS film clip portraying a young Vietnamese woman as contracting the virus from an overseas Vietnamese man who returned to his homeland via Bangkok.

"That teaches people to blame their neighbor," he said. "People think that if they have sex with a (local) Vietnamese it's safe." "That's a major diversion. By the time people realize that they're also at risk, it's too late."

In Thailand, AIDS spread rapidly from high-risk groups such as prostitutes to the general population. This is also certain to happen in Vietnam, said Barbara Franklin of the aid organization CARE International. She said the preliminary results of a survey of Vietnamese prostitutes carried out as part of CARE's anti-AIDS program found that half of them were married, and continued to have sex with their husbands. Only 12 percent used condoms with their customers.

A stunning 90 percent said they did not think they were at risk of catching AIDS, explaining in most cases that they "only have sex with Vietnamese," she said. "I think the biggest barrier to AIDS prevention in Vietnam is the idea that Vietnamese people don't have AIDS."

While the government has begun educating secondary school students about the risk of AIDS, many of the measures being considered by the national AIDS council are clearly targeted at foreigners.

"We think the lifestyle from abroad is strongly influencing our young people," Hong said.

He said the government would try to target testing on Vietnamese returning from Cambodia—where the presence of some 17,000 United Nations troops has fueled the booming sex trade—as well as foreign workers and fishermen.

The council has also asked the government to make it more difficult for "shoestring travellers" to enter Vietnam, he said. "We think that's one of the ways AIDS comes in—because they are uncontrollable."

In reality, however, Asian and Western businessmen who frequent the red-light districts of Bangkok or Manila are more likely to carry the AIDS virus to Vietnam than 20-year-old foreign backpackers, foreign experts said.

"Sex tours" to Ho Chi Minh City and the beach resort of Vung Tao have become increasingly popular over the last year despite official crackdowns, with the alleged absence of AIDS in Vietnam a major selling point.

Police sources say Ho Chi Minh City now has close to 50,000 prostitutes, about 10,000 more than in 1975 when the city was known as Saigon.

### Observance of AIDS Day

*BK0112162492 Hanoi VNA in English  
1454 GMT 1 Dec 92*

[Text] Hanoi VNA Dec. 1—A meeting was held here this morning by the National Anti-AIDS Committee in response to World AIDS Day-1992.

Present at the meeting were Minister of Public Health Nguyen Trong Nhan; Minister of Labour, War Invalids, and Social Affairs Tran Dinh Hoan; Deputy Minister of the Interior Pham Tam Long; Deputy Minister of Education and Training Luong Ngoc Toan and representatives of various public offices, mass organizations, schools, etc.

Representatives of the UNDP [UN Development Program] and WHO were also present at the function.

By the end of November 1992, Vietnam had found 79 persons (including 8 Vietnamese) HIV seropositive from 140,000 blood sample tests.

### Nguyen Khanh at Seminar on Implications of HIV/AIDS

*BK0712105392 Hanoi VNA in English  
0537 GMT 7 Dec 92*

[Text] Hanoi VNA Dec 7—A two-day national seminar on the social and economic implications of HIV/AIDS in Vietnam was inaugurated on Dec. 3 by a speech from the Vice Premier Mr. Nguyen Khanh.

The seminar, which is being organized by the National Aids Committee, with support from the United Nations Development Programme's (UNDP) regional project, 'Development Implications of HIV/AIDS' is the first national seminar on HIV and AIDS. The seminar seeks to address the importance of HIV/AIDS as a factor which could potentially impede Vietnam's development efforts.

The objectives of the seminar are:

1. to raise awareness of the development implications of HIV/AIDS among government and non-government organisations of Vietnam and,
2. to promote the development of HIV/AIDS education and behavior change strategies within government ministries, provincial authority and non-governmental organisations.

Mr. Roy Morey, resident representative, UNDP pledged the support of the United Nations system in Vietnam to provide coordinated support to the government in their efforts to prevent the further spread of the virus and provide care and support to those already affected.

### Vo Van Kiet, Nguyen Khanh Urge More Anti-AIDS Efforts

*BK1404133593 Hanoi VNA in English  
1328 GMT 14 Apr 93*

[Text] Hanoi VNA April 14—Prime Minister Vo Van Kiet and Deputy Prime Minister Nguyen Khanh have told medical officials to intensify the prevention [of] and fight against AIDS.

In a working session with the responsible persons of the Health Ministry on April 13, the prime minister called for wider and deeper education about AIDS, tougher measures to check drug addiction and prostitution.

According to a report of the Ministry of Public Health, the number of HIV positive carriers in Vietnam has risen to 216 including 141 Vietnamese, 75 foreigners, 67 Thai

fishermen, 3 Vietnamese of foreign nationalities, 4 foreigners married to Vietnamese citizens and one tourist. Most of the cases are drug addicts and prostitutes. The Health Ministry warns that the number of HIV-affected people may run into the thousands among the drug addicts in the very near future.

### First AIDS Deaths Reported

*BK2903123893 Hong Kong AFP in English 0908 GMT  
29 Mar 93*

[Text] Hanoi, March 29 (AFP)—Health officials have reported the AIDS-related deaths of two drug addicts who may be the first known victims of the deadly disease in Vietnam, a newspaper reported Monday.

Do Hong Ngoc, a Ho Chi Minh City health official, told the English-language VIETNAM NEWS that both deceased carried the AIDS precursor, the human immuno-deficiency virus (HIV).

"We suspect AIDS is responsible for their death," he said.

Ngoc estimated that the number of diagnosed HIV carriers nationwide has jumped from 45 to 101, with most cases reported in Ho Chi Minh City, formerly Saigon.

### 29 New HIV Carriers Discovered in South

*BK1404160093 Hanoi Voice of Vietnam in English  
1000 GMT 13 Apr 93*

[Text] Another 29 more HIV-carriers have been diagnosed in south Vietnam in the week ending last Thursday. It brings the total of HIV-carriers in Vietnam to 140. The Ho Chi Minh City Medical Service says the newly discovered cases are drug users.

### 55 More Tested HIV Positive in Ho Chi Minh City

*BK2403081393 Hanoi VNA in English  
0553 GMT 24 Mar 93*

[Text] Hanoi VNA March 24—Another 55 Vietnamese residents in Ho Chi Minh have tested HIV positive since the beginning of March, bringing to 92 the total number of carriers of this dreaded virus in the city. With this, the number of Vietnamese HIV carriers has risen to 100, including 87 drug addicts and nine prostitutes. Their ages range from 10 to around 30. Fifty-eight cases are in the 30-year-old group.

## REGIONAL AFFAIRS

### Eastern Europe Reportedly Facing HIV Epidemic

AU0804185093 *Hamburg DIE WELT in German*  
8 Apr 93 p 12

["WELT-Nachrichtendienst" report: "Eastern Europe Faced With HIV Epidemics"]

[Text] Berlin—According to the WHO, the East European countries are facing a devastating HIV epidemic. All conditions for the spread of the immune-deficiency syndrome exist there, Michael Mearson, director of the Global AIDS Program of the WHO, said in Berlin on Wednesday [7 April]. As a result of increasing drug abuse and rising prostitution, the risk factors for an epidemic exist in Eastern Europe. The former Warsaw Pact countries must not make the same mistakes as the Asian states. In Thailand, India, and Burma there were hardly any AIDS cases 6 years ago. As a result of the inactivity of the governments, up to 6 percent of adults are now suffering from this disease, Mearson said. To prevent an epidemic in Eastern Europe, one must, above all, work against the discrimination and stigmatization of those suffering from this sickness.

### 'Mobile' East European Prostitution Spreading HIV

93WE0244A *Stockholm DAGENS NYHETER*  
in Swedish 2 Feb 93 p 4

[Guest commentary by Prof. Per-Anders Mardh: "New HIV Wave Threatens"]

[Text] *A new form of prostitution is spreading through Europe. It is mobile prostitution in which about 100,000 young women from East Europe travel around Europe every year to earn money by prostituting themselves, sent there by their families or organized pimps. A survey shows that venereal disease is spreading alarmingly. That uncontrolled prostitution is becoming a new and extremely dangerous source of HIV infection. The spread of HIV is threatening even Sweden, partly through tourism. So writes Prof. Per-Anders Mardh.*

The disappearance of the Iron Curtain has made it possible for people in the East to travel to West Europe (provided that they have access to a travel allowance). People have started moving along the socioeconomic gradient westward from poor East Europe to look for work and create a more tolerable existence for themselves. In some sections of the population, poverty is so great that hunger is just as imminent as it is in countries we regard as underdeveloped.

Those conditions have become a breeding ground for increasingly widespread prostitution—a traditional way of improving one's finances, especially for young women

and in some cases their families as well as the girls' pimps and not infrequently their "chiefs" in the criminal element.

All that has now become an increasingly frightening reality in Europe, which does not take second place to the better-known prostitution situation in Thailand.

In both Thailand and East Europe—in Russia, Romania, and Bulgaria, among other places—people send their girls abroad so they can earn money for the family's support, precisely as happens in the northeastern provinces of Thailand, from where girls arrive in great numbers in Bangkok and the seaside resorts in the southern part of the country.

Such travel has also taken a more organized form in which the mafia that has developed in several of the formerly communist countries plays a part. An example of this is the busloads of girls who are transported from Romania to Istanbul for prostitution and the male "acquaintances" who accompany them.

The girls they "export" quickly become infected with sexually transmitted diseases [STDs]. For instance, we (Genc, Mardh, and colleagues) were able to diagnose venereal disease in about 40 percent of the Romanian prostitutes in Istanbul. Mobile prostitution introduces a new and particularly serious factor in the intensified spread of the HIV virus and AIDS within the European population.

Besides working in big cities such as Vienna, Prague, and so on, girls from East Europe also ply their trade at charter destinations that are popular with tourists from Central and Northern Europe and on the Black Sea and Mediterranean coasts in Turkey. There the girls seek contact with tourists and offer their services cheap.

Because of this partly new potential source of infection for HIV and other STDs, preventive measures at the national level in the countries where tourists originate, among them Sweden, are becoming harder to implement. The fact that imported cases of venereal disease have their own epidemiology distinct from the domestic variety can be clearly seen, to take one example, in the case of gonococci that do not respond to penicillin preparations (so-called PPNG strains). In the case of HIV, we in Sweden are now in danger of facing a faster spread of the infection and one that we cannot control because it is occurring abroad. In other words, while the number of "domestic" cases is declining, the number of imported cases is rising.

In another pattern, a pimp travels with a few girls to pleasant and "lucrative" places and there offers his "merchandise" for sale. Acts of violence are common, since the pimps are often armed. Those "conducted tours" also take place in the western parts of the former communist empire.

Brothels did not exist in communist countries before the collapse of communism. Massage parlors of the Western

type have now appeared as disguised brothels. After the collapse of communism, it became possible to advertise sexual services in the home country's press.

Prostitution has served as a means of moving up socially in some of the former East-bloc states, at least for girls who do not fall victim to drugs, crime, venereal disease, and mental illness (a common fate for prostitutes). With the money they save, they create a new social position for themselves. Girls who prostitute themselves very often also develop gynecological complications involving, among other things, chronic abdominal pain and sterility brought on by infections, with the resulting personal tragedies.

Girls in the Eastern countries who become prostitutes are often young. The average age of the girls involved in our survey of Romanian prostitutes who had left their country was 21 years. About 40 percent had been unemployed when they left home. Half had been living at home with their parents before leaving. The families in such cases had an average monthly income of less than \$13. The average age at which the girls had had their first sexual experience was 17.5 years, and about one-third of them had simultaneously become active sexually and begun their lives as prostitutes when they arrived abroad.

About one-fourth said they had gone abroad to work, but not as prostitutes. Three-fourths of the girls had been enticed into going abroad by acquaintances who had already been abroad, and in 12 percent of the cases, the family itself had encouraged the departure. About half stated that they wanted to stay abroad and get married.

Besides the group that lives by prostitution on a permanent basis west of the former Iron Curtain, there is also a kind of short-term prostitution in which the prostitute arrives on Friday evening and returns home to her Eastern country before Monday morning! That type of prostitution enables her to live a kind of double life in which her social roots in the environment of the former East-bloc country are maintained. With money in the form of hard currency in one's pocket, one can live a luxurious life in one's homeland. The exchange rate between the countries' currencies depends to a great extent on the prostitution traffic.

This also means that infection with STDs is spread in both directions across the former Iron Curtain. Some of the East European women who prostitute themselves in the West also work as prostitutes with Western customers in their homelands, and this further contributes to the spread of venereal disease.

Another important mechanism for the spread of STD's involves long-haul truckers. For example, viruses are transported from the Middle East to West Germany by way of the Czech Republic, where prostitutes work along the highways and "serve" the drivers. This example shows that even the customers are mobile.

Hotel prostitution has been very obvious to any traveler visiting the Eastern countries (at hotels where rooms are booked for Westerners). The clients also travel across the borders between Western and Eastern countries. Prostitution in the border areas is growing more and more, especially along Germany's eastern borders.

An important concept in the epidemiology of STDs is that of the "hard core"—that is, the fact that a small number of individuals spread infection to a large number of people. This means that the pattern of sexual contacts among those in the hard core is important. Besides prostitutes, the beach lotharios at tourist resorts, who are usually local residents or come from other parts of the same country, effectively spread venereal infections because of the large number of partners they have. When autumn approaches and female tourists begin to grow scarce, those men often turn to prostitutes.

Visiting prostitutes is not infrequently an accepted social pattern in several of the countries visited by prostitutes from the Eastern countries. That is how an exchange of venereal infections occurs between those two groups of people—that is, prostitutes and beach lotharios. The result is that tourists, both women and men, are exposed to infection from both groups.

How extensive is mobile prostitution in Europe? For obvious reasons, it is hard to estimate exactly. Prostitutes are usually not registered. One-third of the registered prostitutes in Vienna are immigrant women, and the percentage of unregistered foreign prostitutes is higher if short-term prostitutes are included, especially during the tourist season. About 90 percent of the girls who work as prostitutes in that city's bars and nightclubs are of foreign origin.

There are a total of about 4,000 prostitutes in Vienna, but the individuals change frequently. If every girl is visited by 10 customers a day, that means nearly 40,000 visits to prostitutes in that city in every 24-hour period.

The prostitutes often work under very primitive sanitary conditions (with no possibility of tending to hygiene) and without requiring the use of condoms by their customers. Language difficulties between the prostitutes and their customers do not promote hygiene. The same is true, obviously, of prostitution in the street and in cars or wherever it takes place.

In the Czech Republic, 10,000 young girls have turned up missing since the borders were opened. It is believed that many of them have become prostitutes. It is estimated that between 10,000 and 20,000 prostitutes are now working in Prague.

A large number of prostitutes from East Europe go to Turkey—perhaps more than 100,000 per year.

Bulgarian girls go straight to Istanbul, while Russian girls arrive by way of Georgia and move west, where they undercut the local prostitutes by charging less. The Russian girls often began as "bag-traffic girls" [preceding

words in English]—that is, they would sell attractive products from home and buy goods to take home. Those girls were often quickly “bought up” by Turkish pimps and made to work in brothels. When they are picked up by police, they are deported. These figures should also be viewed in light of the fact that Turkey has a very large number of men (numbering several million) who often return home with a lot of money in their pockets that they have earned as immigrant workers in Central Europe, where they also visit prostitutes, thereby following a common social pattern in their homeland.

That is another factor contributing to the spread of serious venereal diseases in Europe. In Istanbul with its 10 million inhabitants, there are estimated to be more than 100,000 prostitutes working full-time or part-time. In Istanbul, prostitution involving foreign girls is now organized by criminal elements. The income from just one customer is the equivalent of a month's pay in a girl's homeland.

When it comes to mobile prostitution in West Europe—in Amsterdam, for example—about 90 percent of the girls are from Central or South America (the Dominican Republic, Colombia, and so on) or Africa (25 percent), while only 10 percent are Dutchwomen.

To sum up, mobile prostitution has become a frightening human, socioeconomic, and medical problem calling for attention and energetic effort.

## ALBANIA

### Official Discusses Nation's Response to AIDS Virus

*AU2212092992 Tirana ZERI I RINISE in Albanian 18 Nov 92 p 1*

[Unattributed report: “Has AIDS Entered Albania?”]

[Text] Albania is delayed in relation to the circulation of the AIDS virus, and perhaps this is the only positive thing of the half century of political and geographic isolation of Albanians. However, the breaking down of the walls of the communist dictatorship made young Albanians have to face AIDS, this social wound that corrodes the Western world. Now the only obstacle for the entrance of the infection has broken down, and nothing can prevent the entrance of AIDS into Albania. The specialist doctors say that the AIDS history in Albania would have started at the beginning of nineties with the silent circulation of the virus among the first infected carriers. They do not make this assertion, because according to them, all the dubious cases examined so far have not been proved to be such, not only in the Albanian but also in the other specialized laboratories.

Do infected persons, displaying no sign of the disease, exist in Albania? No one can answer this question precisely; only hypotheses can be made. A total of 10,000

serums from various groups of the population have been examined in Albania so far. No positive carrier has been found. The specialist doctors assert that this, however, does not exclude the opportunity of the circulation of the virus secretly and silently. They stress that now is the most convenient time to be protected against it.

The World Health Organization has supported Albania in this field. It has brought three modern laboratories, two of which are now functioning. The examination of half of the blood donors have already started, and this number is expected to increase in the next months by putting into operation the third laboratory and starting examinations in the blood centers of five big districts. The diagnostic materials have already arrived and are waiting to be put to use. However, the health employees should work a lot in this respect in informing the middle-level medical personnel, ameliorating the sterilization procedures, sensitizing the broad public, especially those who go abroad, as the opportunity of getting into contact with the virus is much more greater. Dr. Besim Nuri, deputy health minister, confirms in the periodical SCIENCE AND LIFE that “AIDS is somewhere hiding secretly. We have a great struggle ahead, whose majority of battles we can win if we act in time.”

## BULGARIA

### Health Authorities Contemplate Stricter Measures on AIDS

*AU0112075092 Sofia BTA in English 1940 GMT 30 Nov 92*

[Text] Sofia, November 30 (BTA)—111 People in Bulgaria are HIV-positive but their actual number is probably about 800, Dr. Popova, senior expert at the Ministry of Health, told BTA in connection with the International Day for Combating AIDS to be marked on December 1. Seventeen people have reached the clinical phase of the disease since 1986 when aids testing began in Bulgaria, thirteen of them died.

Consulting rooms where those willing can go for AIDS tests have been recently opened in 28 Bulgarian towns and cities. The latest data arouse great concern as they show that young people are increasingly falling victims to AIDS. The National AIDS Programme and the Programme Council for Combating Aids will propose the adoption of legislation under which people spreading the disease deliberately will be liable before the Law. According to specialists, the matter is urgent as there have been established cases of deliberately spreading AIDS.

## CZECHOSLOVAKIA

### CSFR: Twenty-Nine Cases of AIDS Registered

*AU0312141792 Prague CTK in English 1338 GMT  
30 Nov 92*

[Text] Prague Nov 30 (CTK)— Twenty people have died of AIDS in the Czech Republic since 1985 out of a total of 29 diagnosed as having the disease, representatives of the Czech Ministry of Health told journalists today.

Nearly 3 million medical inquests have been carried out in the Czech Republic since the end of 1985. Of those examined, 139 were found to be HIV-positive and 29 of that number sick with acquired immune deficiency syndrome, or AIDS, ministry representatives said.

The actual number of people infected with the HIV virus, however, is probably ten times higher, Ministry of Health representative Gustav Walter said. Many of those infected are going to doctors only in the developing stage of the disease, which is already late, he added.

Marie Stanikova from the third infection clinic of the Na Bulovce hospital in Prague said that 78 patients diagnosed as HIV-positive have successfully extended with medication the period before the onset of symptoms.

Czech Minister of Health Petr Lom emphasized the importance of prevention and said that information about this disease should be part of school programs.

[Bratislava PRAVDA in Slovak on 1 December on page 3 carries a 400-word Ivan Bielik report on the World AIDS Day, which includes the following passage on the situation in Slovakia. "In Slovakia, 39 persons, 13 of them foreign nationals, have been identified as carriers of the virus. This figure was arrived at after testing 700,000 blood donors, 160 drug users, 18,979 patients with venereal diseases, 262,000 pregnant women, and 53,901 other persons. The European Center for Monitoring the AIDS Epidemiologic Situation states, however, that the number of HIV-positive persons in Slovakia amounts up to 15,000."]

## POLAND

### 118 Aids Cases Registered, 2,500 Carriers Identified

*AU0312131492 Warsaw PAP in English 2141 GMT  
30 Nov 92*

[Text] Warsaw, Nov. 30—Although Poland is a country with a low incidence of the AIDS virus, this fact should not be treated with complacency, Professor Andrzej Stapinski of the Institute of Venereology at Warsaw's Medical Academy, announced on Monday.

Speaking on the eve of the UN-sponsored World AIDS Day, which falls this year on December 1, Professor Stapinski said that 118 AIDS sufferers had been

recorded in Poland, of which 60 were no longer alive. He estimated that there might be around 12,000 persons infected with the HIV virus, although only some 2,500 had so far been identified. Of these, Professor Stapinski estimated that around 70 percent were intravenous drug users, most likely infected through the use of non-sterile needles.

Events in Poland relating to World AIDS Day began a week ago with a scientific conference at Rydzyn (Leszno province, western Poland), to discuss the links between AIDS and drug abuse, and to discuss the problems of caring for those infected with the virus.

Also, a concert under the slogan "Tolerance" was held in Warsaw at the weekend to improve public awareness of the disease, and to raise funds for the construction of a hospice for aids sufferers.

## ROMANIA

### Of 2,235 AIDS Cases, 2101 Involve Children Under 13

*AU0604190093 Bucharest TINERETUL LIBER  
in Romanian 1300 GMT 6 Apr 93*

[Rodica Dirzu note: "At the Start of the Year, There Were 2,235 Cases of AIDS in Romania, Without Taking Into Consideration the Homosexuals and Prostitutes"]

[Text] Up till 1 January 1993, 2,235 people had tested positive for AIDS, of which 2,101 were children between 0 and 12 years of age and 14 cases were over 13 years old. The county with the largest number of cases continues to be Constanta (644), followed by Bucharest (231), Giurgiu (161), Bacau (125), and Galati (115). As Secretary of State Professor Alexandru Oproiu said at a news conference yesterday, 5 April, there are no pertinent data for the high risk groups (homosexuals and prostitutes), since international norms forbid the obligatory testing of these categories of people.

## YUGOSLAVIA

### FRY: 239 Cases of AIDS; 137 Deaths, Mostly Drug Addicts

*AU1012182092 Belgrade POLITIKA in Serbo-Croatian  
2 Dec 92 p 17*

[S.Z. report: "In Yugoslavia Drug Addicts Are Mostly Endangered"]

[Excerpt] Novi Sad, 1 Dec—On the occasion of World AIDS Day, 1 December, Dr. Borisa Vukovic, president of the Yugoslav Board for AIDS, stated to journalists that there had been 239 cases of AIDS by that time, of which 137, or 57 percent, have already died. Data regarding the infected, which were presented by this distinguished epidemiologist, who is one of the heads of

the Vojvodina Institute for Health Protection, are particularly interesting. Namely, while in Europe the high risk groups such as homosexuals and bisexuals are mostly endangered, in Yugoslavia the situation is fundamentally different, with the largest group of infected being drug addicts, 56 percent. Therefore, Dr. Vukovic especially stressed the necessity of this high risk group taking preventive measures against AIDS transmission. [passage omitted]

#### All 44 AIDS Cases in Croatia Contracted Abroad

AU0412123792 Split SLOBODNA DALMACIJA  
in Serbo-Croatian 3 Dec 92 Europe Edition p 10

[G. Galic report: "In Croatia 44 Cases of AIDS"]

[Text] Zagreb— "There are 44 cases of AIDS registered in Croatia so far, three of which are women. Thirty people have already died. They contracted the HIV virus (the carrier of AIDS) outside Croatia, and there is not a single case of the disease being contracted 'inside' it. It is particularly noteworthy that these cases cannot be connected with blood transfusion," Prof. Dr. Berislav Borcic, head of the epidemiology service with the Institute for Health Protection of Croatia said at a news conference, which was held on the occasion of World AIDS Day (1 December).

According to the estimate of the World Health Organization, two million people in the world are now HIV positive, and it is believed that some five thousand more become infected daily. Considering these figures, Croatia finds itself at the very bottom of the table. The largest number of those infected belong to the high risk groups, such as homosexuals and intravenous drug users, but it is interesting to note that out of 412 tested drug users in Croatia not a single one was HIV positive. "Among those infected with the virus, there are three hemophiliacs, which is considered to be a consequence of the use of imported medicines, so we have to test all of them," Dr. Borcic emphasized.

"The fight against AIDS is a duty of the community"—this is the motto with which the Croatian Red Cross has joined the World Health Organization in the struggle against the "plague" of the 20th Century. For that purpose it is necessary to establish a humanitarian fund in order to help the sick, but also to expand advertising activities. "Croatia has also joined the European Center for AIDS Control, which is a part of the World Health Organization," Dr. Borcic said.

#### Croatia: Medical Officials Give Details of AIDS Statistics

LD0112211692 Zagreb Radio Croatia Network  
in Serbo-Croatian 1600 GMT 1 Dec 92

[Excerpt] Dr. Nenad Javornik, secretary general of the Croatian Red Cross, and Dr. Dragoslav Borcic, head of

the epidemiological department of the Republic of Croatia's Health Protection Institute, addressed a news conference today, World AIDS Day, about the state of this illness in our country and in the world.

According to the number of infected people per million inhabitants, Croatia is in 24th place in Europe. Up to the end of September 44 people have become infected in Croatia, and of these 30 have died. Of those who became infected, 41 are men and 3 are women [passage omitted]

#### Macedonia Issues Program To Prevent Spread of AIDS

93WE0187X Skopje SLUZBEN VESNIK  
in Macedonian No 40, 4 Jul 92 pp 705-711

[Program for the Protection of the Population in the Republic of Macedonia From the Acquired Immune Deficiency Syndrome for 1992; signed by Prime Minister Doctor Nikola Kljusev under No. 21-1883/1, 23 June 1992, Skopje]

[Text] In accordance with Article 6, Paragraph 3 of the Law on the Protection of the Population From Communicable Diseases Threatening the Country (SL. LIST NA SFRJ, Nos. 51/84 and 63/90), and Article 3, Paragraph 2, and Article 6, Paragraph 3, of the Law on the Protection of the Population From Communicable Diseases (SLUZBEN VESNIK NA SRM Nos. 18/76, 18/82, and 37/86), the government of the Republic of Macedonia has drafted a program for the protection of the population in the Republic of Macedonia from the Acquired Immune Deficiency Syndrome [AIDS] for 1992.

#### 1. Purpose of the Program

The purpose of the program is the intensive implementation of measures and activities aimed at preventing and controlling AIDS in the Republic of Macedonia, and, at the same time, applying the concepts and trends adopted by the World Health Organization [WHO].

The program will be implemented by the health institutions in the Republic in collaboration with the education authorities and institutions, the Red Cross, and the public information media—the daily press, radio, and television—and in cooperation with other Republic and health institutions and the Macedonian Red Cross Association.

Specially programmed epidemiological, serological, and clinical studies will be made in the Republic on an organized basis; data will be collected on the outbreak and epidemiological characteristics of destructive disease with a view to determining the spreading of the asymptomatic presence of the HIV virus among the population.

Steps to prevent infection, spreading, and for controlling the disease will be formulated, taken, and monitored.



An active method of work will be introduced on all levels with a view to educating and familiarizing with the disease not only the health, education, and other cadres, but also the entire population and, especially, the high-risk groups. The target is for every individual to become involved in protecting himself, his relatives, and his surroundings, for there is neither a cure nor a vaccine against that disease, and those infected with it are infected for life; 50 percent of those infected become sick and die within a period ranging from several months to 3 years.

Those infected with the disease and the carriers of the HIV virus, as well as the sick, must be identified actively and at an early stage; the former must be kept under epidemiological supervision, while the latter must be hospitalized and treated.

#### **A. Steps and Activities for the Implementation of the Program**

##### **1. Basic Health Protection and Hygiene-Epidemiological Activities on Republic Territory**

In accordance with the recommendations of the WHO and the Yugoslav Plan for the Prevention and Control of AIDS in Yugoslavia, and our practical experience in the implementation of Republic programs, this program will include the following measures and activities:

- A system of programmed epidemiological testing and monitoring;
- Laboratory testing;
- Educating and informing health workers;
- Engaging in preventive efforts among the general public and, especially, the high-risk population groups, and providing health education.

##### **System of Programmed Epidemiological Testing and Monitoring**

Monitoring the epidemiological situation throughout the world and in our country, as well as global and domestic achievements in that area;

Monitoring the implementation of pertinent legal stipulations and expert instructions;

Organizing the epidemiological testing and prompt identification of AIDS patients and individuals infected with the AIDS virus, primarily among high-risk population categories;

Organizing the health supervision of patients and people infected with the AIDS virus, and epidemiological research that must include monitoring their state of health, testing people around them and their contacts (sexual partners; closer family members, especially children; drug abusers), taking blood samples for laboratory testing, and respecting the confidentiality of the measures;

Testing hospitalized patients on the basis of epidemiological indications;

Organizing the treatment of the sick in proper medical facilities;

Identifying and publicizing the names of individuals who have become infected or are sick or have died from AIDS, and keeping a special identification record of said individuals. Individual public announcement will be based on the manifestation of the disease: dying from AIDS—in three copies, confidential, in a sealed envelope, which will be supplied by the medical institution that will ratify carriers of antibodies of the AIDS virus, illness or death caused by AIDS, addressed to the Republic Health Protection Institute, with the initials of the individual and the status code.

The Republic Health Protection Institute in Skopje will submit the information to the Union Health Protection Institute and will draft proper notifications concerning those infected, the sick, and those who have died of AIDS, in accordance with the requirements of the WHO, directed to the Union Institute and the Republic's authorities.

##### **Laboratory Testing**

Blood tests for determining the presence of antibodies of the AIDS virus will be made in the medical facilities indicated by the Republic authority in charge of health protection;

The testing will be done with the ELISA [Enzyme-Linked Immunosorbent Assay] and other successful methods, use of immunofluorescent tests, and others; if the results are positive, the test will be repeated. Should the second test also prove to be positive, the Western blot test will be used for confirmation purposes;

A mandatory blood test will be made for the presence of antibodies of the AIDS virus separately for each dose of blood for transfusion and for organ and tissue transplants.

##### **Informing and Training of Health Workers**

Broadcasts, expert meetings, and seminars will be organized to instruct and inform health workers in the Republic. The health personnel will be regularly informed of the epidemiological condition throughout the country and the world and of the medical achievements in the struggle against AIDS, as well as of expert conclusions.

Special instruction and information activities will be carried out among health workers engaged in diagnosing and in prevention work and treatment provided by various groups of involved individuals (neuropsychiatrists, dermatology and venereal-disease specialists, infection disease specialists, laboratory workers, and others).

Instructing and training paramedical personnel who, by virtue of the nature of their work, are in contact with infected individuals or are involved in informing the population about AIDS.

On the basis of special AIDS programs, the Republic health institutions will draft basic regulations regarding laboratory activities, treatment, hospitalization, health education, and other activities aimed at the prevention of AIDS, in accordance with the respective achievements and practical experience acquired in the rest of the world. In this connection, timely information and expert instructions will be issued to the health workers, including leaflets, pamphlets, specific health education broadcasts, and publications in the periodical NARODNO ZDRAVJE.

#### Health-Education Activities

Bearing in mind that the only efficient method for preventing the spreading of the infection with the AIDS virus is providing full information on the nature of this infectious disease, the ways of its spreading, and the ways of protection from it, health information and education are mandatory steps that will be implemented in all environments.

In addition to the health workers, who will provide health education, other education workers will be given special training. This will apply to Red Cross education activists, media information personnel, and others.

The content and means of information will be adapted to the environment in which health education work will be done, and the age and degree of general and health knowledge.

Health education will include primary education schools, based on the Program for the Health Education of Children in Eighth-Grade Schools for Preventing and Stopping the Spreading of AIDS that will be included in the respective instruction programs.

The following steps will be taken to provide the population with the broadest possible information:

- Suitable broadcasts will be produced for worker and other organizations and unions;
- There will be permanent sections in the daily press that will provide information on the epidemiological condition, advice, new developments in medical advances, a variety of announcements, questions and answers, and so on;
- Cooperation with the radio and television in developing information and health-education broadcasts, including spot announcements;
- In work with particularly risky population groups, special educational methods will be used, based on the specific nature of these groups (drug addicts, delinquents, prostitutes, workers in high-risk infection areas, and others);

—Health education activities will be promoted, especially aimed at individuals infected with the AIDS virus.

In cooperation with the Macedonian Red Cross, the Republic medical institutions will coordinate health education activities throughout the Republic through:

- Joint standardized leaflets providing basic information on AIDS, means of its spreading, and preventive measures;
- Posters;
- Standardized transmissions;
- Leaflets and promotional materials for Macedonians employed abroad.

#### Scientific Research

- Monitoring scientific research in the Republic on AIDS-related problems;
- Keeping records on studies and scientific research within the Republic;
- Procuring specialized publications;
- Organizing the time study of all seropositive cases in the Republic with a view to determining the duration of the asymptomatic period of carrying the virus and the factors that influence it;
- Organizing serological tests for high-risk population groups and monitoring seropositive cases and the factors which contribute to their growth.

#### 2. Treatment of AIDS Patients

AIDS patients or those suspected of having AIDS will be treated at the Communicable Diseases and Febrile Conditions Clinic of Skopje's School of Medicine.

The treatment of AIDS patients at the clinic will last for the duration of the specific infection. Subsequent monitoring of the state of health and extent of the treatment will be assumed by the local health institution. The patient will be hospitalized again in the respective communicable disease hospital for any other related infection (whether different or the reactivation of the previous one), and so on until the fatal outcome. The actual treatment is not only extensive and repeated but is also very expensive, for it involves specific infections which attack an organism with a destroyed immunity system by the HIV virus, and most of the drugs are imported, difficult to procure, and very expensive.

#### 3. Activities of the Republic Health Protection Institute

In order to implement the objectives and activities approved with the 1992 program, the institute will implement the following steps and activities:

Participate in drafting plans for the medical centers and health homes to prevent the spreading of AIDS in 1992,

especially in higher-risk areas in which, in previous years, victims or carriers of the AIDS virus have been registered, in border areas, in areas with limited traffic and gatherings, and in tourist areas.

*In charge: medical centers and health homes in cooperation with the Republic Health Protection Institute*

Regional councils will be organized with the heads of the health organizations, of medical-hygiene and epidemiological establishments, and Republic sanitation and health inspectors. At such gatherings steps and activities will be formulated to prevent the spreading of AIDS in the area and in each specific separate unit (4).

*In charge: the Republic Health Protection Institute*

Regional seminars will be held at which health workers will become closely acquainted with the spreading and condition of AIDS and with the epidemiological measures taken, the epidemiological and clinical picture, the diagnosis of and a number of other features of AIDS, as well as with the steps that must be taken to prevent the spreading and ensure the detection of carriers of the AIDS virus and the sick.

*In charge: the Republic Health Protection Institute and the Republic organizations listed in the operative plan of the Republic program*

The serological diagnosis for AIDS will be based on a standard methodology. A seminar will be held on improving the methodology for laboratory diagnosis, mastering methods, and interpreting results.

*In charge: the Republic Health Protection Institute, Republic Transfusion Institute; Communicable Diseases Clinic, and health organizations*

Epidemiological research and serological control will be carried out in the Republic, aimed at the early detection of the sources and ways of transmission of AIDS, and improving knowledge on the behavior of specific high-risk population groups; Yugoslav workers returning from work in high-risk areas and in other risk areas (border, tourist, areas with diagnosed cases of the disease, or carriers of the virus, and so on) will be kept under serological observation.

*In charge: the Republic Health Protection Institute, medical centers, and health homes*

Epidemiological and serological tests will be conducted for each newly diagnosed case of the disease and of carriers of the AIDS virus with a view to identifying those infected.

*In charge: Health organizations and the Republic Health Protection Institute*

In the case of each confirmed patient or carrier of the AIDS virus, the special form will be filled on infection with or death caused by AIDS. It will be submitted to the Hematological Control Service or the Health Protection

Institute of the respective area; three copies of the form will be submitted to the Republic Health Protection Institute; the Republic Health Protection Institute will submit two copies to the Republic Health Ministry.

*In charge: Medical centers, health homes, and the Republic Health Protection Institute*

The epidemiological study of the disease will be made and advice regarding suitable treatment will be provided by the epidemiologist of the health organization and the Republic Health Protection Institute to any person confirmed as carrier of the AIDS virus. Positive carriers will be placed under constant epidemiological supervision, and their health condition will be monitored. The moment the initial symptoms of the disease are manifested, said individuals will be mandatorily hospitalized in the proper communicable disease clinic. Patients whose condition caused by a specific disease has been temporarily healed and who have been released by the Communicable Diseases Clinic, will be once again subject to epidemiological supervision.

*In charge: Health organizations and the Republic Health Protection Institute*

The medical establishments and the Republic Health Protection Institute will keep on file the specific data and documentation concerning the carriers of the virus, especially those infected with AIDS, and fill a special form on cases of illness or death caused by AIDS.

*In charge: Health organizations and the Republic Health Protection Institute.*

Steps will be taken to provide health information and instruction to the population to ensure a responsible attitude on the part of every individual and to train a broad range of health workers in charge of social and child protection and education, as the basic step for the prevention and containment of AIDS. Health-education materials, leaflets, posters, films, cassettes, pamphlets, the NARODNO ZDRAVJE periodical, and other means will be used.

*In charge: The health organizations, the Republic Health Protection Institute, the Red Cross, and the other Republic health organizations included in the operative plan of the Republic's program.*

Scientific research at home and abroad will be monitored and records will be kept on studies and scientific research done in the Republic. Specialized publications will be procured.

The time tracking of all seropositive cases in the Republic will be organized, with a view to determining the duration of the asymptomatic period of the carriers of the virus and the factors influencing that duration. Increases in seropositive cases and the factors which contribute to such increases will be monitored.

*In charge: the Republic Health Protection Institute.*

Examinations will be held and expert epidemiological supervision will be provided by the health establishments in all areas on the implementation of the stipulated measures for containing and preventing the spreading of communicable diseases. Records will be supplied to the Republic Health Inspector and the Republic inspectors in charge of the specific units and the directors of health establishments.

The Republic Health Protection Institute will organize, coordinate, and directly participate in providing expert methodological assistance, and implementing the requirements related to laboratory activities, treatment, hospitalization, health education, and other efforts aimed at fighting AIDS, in accordance with the achievements and practical experience acquired throughout the world and the recommendations of the WHO. In this connection, prompt information will be made available, in addition to expert instructions and active participation in the work of the Republic AIDS Commission. It will engage in regular expert cooperation and exchange of expert and scientific knowledge and achievements with all interested and responsible institutions and cooperate with the information media.

#### **4. Activities of the Communicable Diseases and Febrile Conditions Clinic of the Skopje School of Medicine**

The Communicable Diseases and Febrile Conditions Clinic in Skopje will provide serological studies on the spreading of HIV virus antibodies among populations with higher AIDS risk.

Individuals in the risk groups and those suspected of being infected with AIDS will be clinically tested; all individuals belonging to said group will undergo immunoenzyme testing. Health workers will be instructed, informed, and given expert training.

According to their immunological status, patients suffering from individual infections and individuals belonging to the risk groups will be subject to additional immunological-enzyme tests involving the use of other enzyme markers.

*In charge: Communicable Diseases and Febrile Conditions Clinic.*

Individuals who are confirmed carriers of the HIV virus will be subject to confirmation tests to confirm the diagnosis of AIDS.

Qualifications for and use of the Western blot test method will be determined.

The Communicable Diseases and Febrile Conditions Clinic will become qualified for the hospitalization, diagnosis, and treatment of AIDS patients.

Further facilities will be installed and premises will be organized for the hospitalization and treatment of the sick.

Further training of the medical cadres (physicians, nurses, laboratory workers) will be provided by assigning them to clinics and laboratories at home and abroad, and for attending various seminars, symposia, and congresses at which contemporary knowledge on AIDS problems both at home and abroad will be shared.

*In charge: Communicable Diseases and Febrile Conditions Clinic.*

The clinic will train counselors for work with patients in the risk groups and other individuals who request an examination, testing, and information concerning diseases, in order to ensure their prevention. The clinic will keep a diary and set up files for this purpose.

#### **5. Activities of Stomatological Clinics of the Skopje Stomatological Department**

The Stomatological Clinics of the Stomatological Department will carry out the following program activities:

Provide expert supervision and expert medical assistance to the stomatological services in the medical centers and health homes in the Republic. The purpose will be to make health workers in stomatological activities better familiar with the nature and means of preventing the infection of patients and health workers, as well as with means of disinfecting the equipment and instruments used in ordinary stomatological practices. Furthermore, they will be encouraged to procure the most necessary equipment, instruments, and means of protection. All this is based on the view that dental help in the Republic is sought annually by about 2,250,000 people, a large number of whom bleed and are exposed to the risk of AIDS infection.

*In charge: the stomatological clinics.*

Expert assistance will be provided to the stomatological services of health institutions in formulating plans for preventing the spreading of AIDS and in the activities of dental services in health establishments.

*In charge: the stomatological clinics.*

Additional and updated expert instruction will be supervised, for protection from AIDS, provided by the stomatological clinics and supplied in adequate amounts to all stomatological services in the Republic. New instructions will be drafted as well.

*In charge: the stomatological clinics.*

Consultations for the health personnel engaged in stomatological activities will be provided on a regional basis, informing them of the latest practices in the prevention of such diseases, as practiced in other centers in Yugoslavia and Europe. Such consultations will be provided by expert personnel of the stomatological clinics (4).

*In charge: the stomatological clinics*

The curriculum for students will include lectures on this problem in order to acquaint them with the features of that disease and the ways and means of the spreading of the infection and of the means of prevention.

Dentistry students and graduates will be trained in the easy detection of the individual infections in the mouth in the early stage of the disease.

*In charge: the stomatological clinics*

Repeated expert supervision and control will be practiced during the third quarter in all dental services in the Republic of Macedonia in order to provide further expert assistance to the stomatological workers, and determine the steps that were taken and the implementation of their operative programs drafted in the first half of the year.

Separate reports will be submitted to the Republic Sanitation and Health Inspectorate and the supervised health institutions.

*In charge: the stomatological clinics***6. Activities of the Republic Transfusion Institute**

To prevent the transmission of AIDS (HIV infection) and hepatitis (infection with HBV and HCV) through blood and blood derivatives.

A total of 65,000 containers will be tested for AIDS and hepatitis B (HIV antibodies and HBAg) by the Republic Transfusion Institute and 11 transfusion stations in the Republic in the following cities: Kavadarci, Tetovo, Stip, Titov Veles, Strumica, Prilep, Ohrid, Bitola, Kocani, Gevgelija, and Kumanovo.

In 1992 another seven blood transfusion centers will be equipped for blood testing: in Struga, Gostivar, Kicevo, Negotino, Kriva Palanka, and Debar.

Additional equipment must be supplied to the transfusion centers as well as trained personnel for testing for AIDS and HBAg so that all transfusion centers will be able to test for HIV antibodies and for HBAg. For the time being, such testing for centers without the proper equipment will be serviced by neighboring centers, so that all blood can be tested.

*In charge: Republic Transfusion Institute and transfusion centers*

Testing for infectious HCV (6,400 samples from different donors in various cities in the Republic of Macedonia for HBAg positive and HBAg negative), half of the total in 16 cities in Macedonia: Skopje, Kavadarci, Tetovo, Stip, Titov Veles, Strumica, Prilep, Ohrid, Bitola, Kocani, Gevgelija, Kumanovo, Struga, Kicevo, Kriva Palanka, and Gostivar, 400 samples per city, for 200 HBAg positive and 100 HBAg negative. In the future, such testing will be gradually expanded.

*In charge: Republic Transfusion Institute*

Seminars will be held with physicians working in the transfusion services in the Republic, as follows:

Seminar for protecting the health of donors and of personnel handling blood and blood derivatives;

Seminar for work in and supervision of laboratory work related to the identification of HIV, HBAg and HCV antibodies, documentation on the work done and processing of the results;

Seminar for the health education of donors related to infectious HIV, HBV, and HCV in schools, university departments, and work organizations, as part of the program for the health education of donors (the program will be aimed at the donors through the radio, television, the press, and other types of promotion).

*In charge: Republic Transfusion Institute*

Competition for writing the best article (description) of current knowledge concerning infectious HIV, HBV, and HCV, describing comprehensively problems related to infectious HBV, and activities of the WHO related to protecting the population from infectious HIV, HBV, and HCV. The conclusions of the Second Scientific Gathering on Virus Hepatitis, held by the Macedonian Academy of Arts and Sciences on 4-5 October 1990, shall be made public and discussed. On a bimonthly basis the material must be published in the daily press and broadcast on radio and television. Such activities to be repeated on an annual basis.

*In charge: Republic Transfusion Institute*

The Institute will provide expert supervision and expert assistance to the blood-transfusion centers in the individual opstinas, particularly in connection with laboratory testing for AIDS and hepatitis B.

Reports must be drafted and submitted to the Republic Sanitation and Health Inspectorate, the Republic Health Protection Foundation, and the medical facilities in charge of providing expert supervision.

**7. Activities of the Bardovci Nervous and Mental Diseases Hospital**

The Nervous and Mental Diseases Hospital will formulate an annual program for the prevention and spreading of drug dependency and early identification of drug addicts who will be subject to specialized health supervision. The purpose of such program activities, in addition to the struggle with drug addiction, will also be aimed at preventing the spreading of AIDS among and by drug addicts.

In addition to the Skopje Consultation Center, expert and methodological aid will be provided in organizing and advancing work done in other consultation facilities in the larger centers in the Republic.

*In charge: The Bardovci Nervous and Mental Diseases Hospital, Skopje*

Expert instructions will be issued regulating the work of the consultation centers, especially in preventing the spreading of AIDS among and by drug addicts, as well as promotional publications aimed at drug addicts and encouraging health education activities by health and educational personnel.

*In charge: the Bardovci Nervous and Mental Diseases Hospital, Skopje*

Regional seminars and consultations will be held in cooperation with consultations about drug addicts for the health personnel in the individual areas, as well as for anyone involved in preventing and eliminating drug addiction, with emphasis on taking all the necessary steps to prevent the spreading of AIDS through drug addiction (4).

*In charge: the Bardovci Hospital for Nervous and Mental Diseases and the health institutions in the Republic*

Expert supervision will be provided in taking the steps included in the program and the stipulations of the health regulations in the Republic. Information will be provided on expert supervision and submitted to the Republic Sanitation and Health Inspectorate and the health establishment in charge of supervision.

*In charge: the Bardovci Hospital for Nervous and Mental Diseases, Skopje*

The organization and responsibility for the regular and systematic testing of all drug addicts in the Republic for the HIV virus no less than four times annually or more frequently on the basis of epidemiological indications. In the case of persons who have tested positive, steps will be taken to ensure definitive proof. Said individuals will be kept under permanent health supervision and given health instruction. Furthermore, steps will be taken to test all individuals with epidemiological indication of positive HIV.

*In charge: the Bardovci Hospital for Nervous and Mental Diseases, Skopje*

Use will be made of the daily press, and the radio and television, to promote health education related to preventing the spreading of drug addiction and of AIDS through drug addiction.

*In charge: the Bardovci Hospital for Nervous and Mental Diseases, Skopje*

#### **8. Activities of the Macedonian Red Cross Organization**

Several times each year regional seminars will be organized to train cadres to teach health education, related to the elimination and the spreading of AIDS.

Intensive health education activities involving the young generation will be promoted (broadcasts, showing of the

"AIDS in Young People" motion picture and distribution of propaganda materials) in all Republic opstinas.

Brochures, leaflets, and posters on AIDS will be produced and printed. Films on AIDS will be procured and issued to the Red Cross organizations in all Republic units and health institutions.

#### **9. Activities of the Republic Expert Commission on the Organization and Suggestion of Steps for Protection From Aids**

Formulate draft programs and plans for the protection of the Republic's population from AIDS;

Monitor the situation and, in the outbreak of AIDS cases in the Republic, coordinate activities and steps among organizations involved through their own activities and steps in preventing the spreading the disease;

Submit proposals to the Minister of Health on steps and activities should an outbreak or danger of outbreak of AIDS appear in the Republic.

#### **B. Funds for the Implementation of the Program**

In order to implement the Program for the Protection of the Population in the Republic of Macedonia from the AIDS Syndrome for the current 1992, funds totaling 47,550,000 denars will be needed. The funds have been estimated on the basis of December 1991 prices.

##### **1. In-hospital treatment: 15 million denars.**

In-hospital treatment is mandatory in all cases in which an AIDS patient suffers from a specific infection, until it has been treated, after which the individual may continue his treatment at home. Repeated hospitalization will be provided for a period of 2 to 3 years until the lethal outcome, so that, on an average, in-hospital treatment per individual will cost about 5 million; for three patients at 5 million each, 15 million.

##### **2. The basic health protection (outpatient-polyclinical treatment and testing) and hygiene-epidemiological activities on Republic territory: 11,200,000 denars.**

The outpatient-polyclinical testing and treatment of patients after their release from the hospital will continue along with taking all the necessary hygiene-epidemiological and antiepidemiological steps until the next hospitalization for a specific infection. Furthermore, it is anticipated that all HIV-positive individuals will be monitored and all the necessary hygiene-epidemiological and antiepidemiological steps will be taken, as well as all epidemiological studies will be made to identify undetected carriers of the HIV virus, including:

Monitoring all individuals temporarily discharged after hospital treatment;

Monitoring anyone who is HIV-positive, as well as early detection of new carriers;

Epidemiological, serological, and clinical tests;

Formulation of operative programs;

Cooperation with educational and instruction institutions and the Red Cross and other entities interested and responsible in connection with the health instruction of the population, especially in the schools and among young people and among individual high-risk population groups.

3. Activities of the Republic Health Protection Institute: 5,600,000 denars.

4. Activities of the Communicable Diseases and Febrile Conditions Clinic: 4,200,000 denars.

5. Activities of stomatological clinics of the Skopje Stomatological Department: 4,200,000 denars.

6. Activities of the Republic Transfusion Institute: 4,900,000 denars.

7. Activities of the Bardovci Hospital for Nervous and Mental Diseases Hospital, Skopje: 1,400,000 denars.

8. Activities of the Macedonian Red Cross: 700,000 denars.

9. Activities of the Republic Commission: 350 million denars.

Total: 47,550,000,000 denars [sic]

#### 10. Fund Sources

Sources for basic health protection (outpatient-polyclinical testing and treatment) and hygiene-epidemiological activities in the opstinas and Republic medical establishments and the Macedonian Red Cross involved in the implementation of the program will be provided, for the first 80 percent, out of funds for health insurance, and 20 percent from the Republic's budget, as follows:

Health insurance funds: 38 million denars;

The Republic budget: 9,550,000 denars;

Total: 47,550,000 denars.

The allocation of funds out of such sources will be based on the regular supervision of work done and reports and receipts received and, the proposed expert consideration of the Republic Expert Commission on the Organization and Submission of Measures for Protection From AIDS.

The implementation of this program will be assigned to the Ministry of Health, which will regularly report to the government of the Republic of Macedonia.

The mentioned program shall be published in the SLUZBEN VESNIK NA REPUBLIKA MAKEDON-IJA.

## ANTIGUA AND BARBUDA

### Government To Review Health Laws, AIDS Program

*FL0112153692 Bridgetown CANA in English  
1516 GMT 1 Dec 92*

[Text] St. John's, Antigua, Dec 1, CANA—Antigua and Barbuda announced on Tuesday it would review existing health laws to see how they might be amended to protect the rights of persons with and without the AIDS-causing HIV virus. Health Minister Adolphous Freeland [words indistinct] promised "every effort will be made to address the real and serious problems of discrimination which persons who are known to be HIV positive currently face."

He also said the government's thrust for the future will be to decide on, develop, and introduce various policies and guidelines required to make the National AIDS Programme more effective.

"More emphasis will be given to involving volunteers, individuals, and groups, in addition to non-government organisations, in the delivery of programme elements, whether they be preventive, counselling, or caring," he said.

Freeland also pledged continued government support for the training of health care personnel "so that the quality of life for persons with HIV infection and HIV disease and their relatives improves."

He said the Ministry of Health had been notified of 61 HIV-infected persons in the country. Of the 61, 21 had developed full-blown AIDS and 17 had died, he added.

## BAHAMAS

### Spread of AIDS Cases in Nassau Prison 'Alarming'

*FL1112161592 Bridgetown CANA in English  
1454 GMT 11 Dec 92*

[Text] Nassau, Bahamas, Dec 10, CANA—Prisoners in Nassau are being "brutally sodomised" by other inmates who are infected with the AIDS virus, according to Attorney General Orville Turnquest.

Turnquest told the House of Assembly this week that the close and squalid living conditions at Her Majesty's prison, and the inadequate number of wardens had promoted the existence of rampant homosexuality.

Turnquest was speaking on the 1993 capital budget. The 26 million dollar (US) budget will cover only the first 6 months of 1993 because of a proposed change in the fiscal year.

Turnquest accused the former government, headed by Sir Lynden Pindling, of allowing the prison to become a

factory for the further criminalisation of law-breakers, and making it a place where most first-time offenders become confirmed anti-social activists.

Four of five prisoners share a cell designed to accommodate one person because of the problem of overcrowding.

"The former government knew long ago that these horrible conditions existed at Fox Hill (the prison). Not only did they do nothing, but they allowed the conditions to worsen as they kept packing in prisoners in a place so reminiscent of the black hole of Calcutta," Turnquest said.

"It is not good enough to say that these are circumstances which exist in pretty much any penal institution. That state of affairs at our prison has produced other dreaded and deadly results - AIDS."

Turnquest said that the number of AIDS cases at the prison is "more than alarming."

As long as current conditions exist, there is no telling by what percentage the cases are multiplying "as young inmates are put in blanket rolls and brutally sodomised by infected persons," he told Parliament.

He said that the state in which the new government found the prison is "one of the most damning indictments" of the previous government.

The great number of illegal immigrants awaiting deportation have no place in the prison, he said.

"Not only are they occupying space badly needed for regular prisoners, but it is wrong and immoral to put them in a penal institution when they have been convicted of no crime in the country," Turnquest remarked.

He said that the majority of prisoners will now be taught a trade so that when they are released they will be able to move meaningfully and usefully into the society.

Through the generosity of the Taiwanese Government, the Bahamas Government will soon embark on an agriculture development programme at the prison, he said.

## BERMUDA

### Drop in AIDS Cases, Deaths Reported Versus 1991

*FL0212002592 Bridgetown CANA in English  
2230 GMT 1 Dec 92*

[Text] Hamilton, Bermuda, Dec 1, CANA—Bermuda recorded a drop in the number of AIDS-related deaths in the first 10 months of the year, as compared with the corresponding period last year, health officials announced Tuesday. Between January and October this year, 14 new cases were reported to the health department and there were 17 deaths, compared to 22 new cases and 23 deaths during the same period in 1991.



Statistics released by the health department—coinciding with the fifth annual World AIDS Day—showed that the killer disease has claimed 175 lives here since Bermuda's first Acquired Immune Deficiency Syndrome-related death was recorded 10 years ago. As of October 31, a total of 213 AIDS cases had been reported locally, officials said. They said most of the 213 involved people [were] in the 20-49 age group. One case was reported in the one-to-four age group, while eight involved people aged 60 or above.

Males and intravenous drug users still make up the largest group of reported cases, with males accounting for 78.9 percent of the total, but officials said the percentage of cases involving drug users had declined to 49.3 percent, or 105 cases. Homosexual/bisexual men accounted for 58 cases, the officials added.

Premier Sir John Swan officially endorsed World AIDS Day at lunch time today when he read the World AIDS Day proclamation. A large memorial quilt made up of patches of messages sewn together by those who have lost loved ones to AIDS, was also on display.

An opera concert was to be held Tuesday night to raise funds for an AIDS education fund started by one of the island's Rotary clubs, and other events have been scheduled here this week to focus on AIDS.

## BRAZIL

### Life Style of Ex-Febem AIDS-Infected Residents

93WE0333A Sao Paulo ISTOE in Portuguese 13 Jan 93  
pp 28-32

[Feature article by Valeria Franca with Antonio Carlos Prado]

[Text] Hell has three gateways right in the middle of Sao Paulo: a big house at 153 Rua Bueno de Andrade, a boardinghouse at 424 Rua Doutor Tomaz de Lima, and a hotel at Number 612 on that same street. Those who enter those hells have already left all hope behind, on the outside of life. These are minors who spend the day stealing, very often to give the money to the despicable adults who shelter them, sniff crack, and engage freely in sex. But this hell is situated at an even lower level: almost everyone has AIDS. Even lower is the hell they came from: FEBEM [State Child Welfare Foundation]. In 1988, that institution tested all its inmates for the AIDS virus: 480 were found to be infected, but only 48 received medical followup. ISTOE gained access to the files on the tests and, using the record cards, reveals in this exclusive story what happened to some of those AIDS-infected kids, now that they have come of age. Some have married and have children. Others are in prison and still awaiting treatment. Many died of the virus or when pursued by the police. And then there are those living in filthy hovels in downtown Sao Paulo, leading groups of young criminals who are also infected with AIDS. Our story of this hell begins here.

"I and all those boys over in that big house have AIDS," said Rosana Cruz, 21, who was tested for AIDS at FEBEM in 1988 and whose name appears in the file obtained by ISTOE. (Rosana would not let herself be photographed). The big house she referred to is at 153 Rua Bueno de Andrade in the center of Sao Paulo. Until 28 December, when they were evicted and had to split up between a boardinghouse and a hotel on Rua Doutor Tomaz de Lima, about 20 adolescents lived there with Rosana. "There are some who deny they are infected, but I know everyone has AIDS. We are all addicts here," Rosana said. "She is the one with AIDS, I do not have it," retorted Edson Barbosa, 16. "But inside FEBEM, there are a lot of AIDS victims who are not getting medical treatment. You have to be in pretty bad shape to go to the hospital," he said.

Boyfriend of one of the girls at the big house, Edson admits he regularly engaged in sex while at FEBEM. "There are lots of woods there and no one sees you. One girl was raped by 10 guys. After that, she started wanting to have sex with everyone in there. We knew she had AIDS, so I kept away from her," he recounted. At the end of 1991, Edson asked permission from FEBEM to spend Christmas at home. He got it, but never went back. Now he lives at the boardinghouse at Rua Doutor Tomaz de Lima. "Before my latest departure, I had already been in and out of FEBEM about 13 times," he said. "I have already lost track of how many times I ended up there," Rosana said. She figures she got AIDS by using intravenous drugs, and she found out about her health status when she was 16, while at FEBEM. Rosana began taking "back" [preceding word in English] (cocaine diluted with water and injected into a vein) at the age of 11. "I learned to use drugs from my uncles. People called them the Gold-Dust Twins. They were bandits, too. One was killed by the police and the other ended up getting run over by a car. I was raised in a violent environment, and people like us die by their own hands," she said.

"When they're not crazy with crack (rocks of cocaine), they talk to me a lot. Deep inside, I think most of them are good-hearted," explains Sonia da Silva, 45, who lived for a while in the garage of the Bueno de Andrade house. "But I never knew they had AIDS," she said, in surprise. Unemployed and homeless, Sonia was living on the streets. A 16-year old boy, known among the kids as "Honey-pot" [Camburao] because he is tall and husky (no one would reveal his real name) was the one who decided to help Sonia. Doing as much as a delinquent could do to help someone in misery, Camburao took her to the garage at the big house.

Who is this Camburao who inspires respect among wayward boys and residents of the tenements in the area? He is a young man who made his own rules for the violent game that is his life. Camburao picked out a boardinghouse. He forcibly evicted its residents. He then brought in some juveniles, some with AIDS and some not, whom he came to know at FEBEM—and who, like him, are AWOL from the institution. There was a time when Camburao had as many as three boardinghouses

under his supervision. Some he used not only to house the minors, but to rent out rooms to people down on their luck, provided they did not interfere with his lifestyle. A few days ago, Camburao was arrested and sent back to FEBEM. This news came from Fabiano dos Anjos, 16, who was in that juvenile house of correction when Camburao arrived. "I and some other boys managed to escape again," said Fabiano. "But Camburao had a hard time jumping over the wall because he is so fat and heavy." Evicted from Bueno de Andrade and with Camburao no longer around, the juveniles had to disperse. "Now I have no fixed address," Rosana said. Some of the boys went to a boardinghouse at 424 Doutor Tomaz de Lima, and another group went to the Hotel Classic, at Number 612 of that same street. Rosana is the gatekeeper for the boys at the hotel, which serves as a sort of hideout. If you ask at the door, however, you find out that no one has ever seen or heard of Rosana and the boys. Last Friday night, 6 January, ISTOE inquired as to the rates at that hotel. The answer from Fatima, the receptionist, was that the rates are negotiable: "It is really cheap, don't worry, it will be no more than 100,000 cruzeiros."

In these places where they live, the juveniles become virtual prisoners of their own fears. On the streets, they always travel in groups. At home, they keep the windows closed and the doors chained and padlocked to make it harder for the police to raid them or for strangers to get in and steal crack. They follow a ritual in using the drug. For example, one often sees kids asking for or simply scrounging disposable spring water cups in the bars and on the streets. Reason: they put the crack in those little cups. Then they make several holes in the walls of the cups. They insert soft drink straws in those perforations. They heat the crack, which melts easily, by putting a lighter near the mouth of the cup and then they smoke it through the straws. Like a pipe with several stems, it allows several boys to use crack at the same time.

Usually they stay awake smoking all night. They sleep mornings, and most prefer to take to the streets at about 1500. "That is the time to get moving (working), to cook up some scheme," said Rosana, who is a sort of leader of the gang. "Some days we can pick up about 1 million cruzeiros, enough to pay for our stuff (crack)," she explained. This system also includes a mother figure. At the big house on Bueno de Andrade, for example, Vera de Souza, 25, is the one who provided the "family atmosphere." The same AIDS-infected juvenile delinquents who lived with Rosana at the house and are now scattered along Doutor Tomaz de Lima use some of the proceeds from their thefts to support Vera and her two daughters, one 4, the other still an infant.

Although Rosana found out directly from FEBEM during the 1988 testing that she had AIDS, there are others who were given that same test but not told of the results. This situation is more serious when the carrier of the HIV virus gets married and has children. This is what happened to Ronaldo Santos, 21. He has been infected with the AIDS virus since at least 1988, which means

since he was 16. But he did not find out about this until ISTOE located him through the files and showed him the test results. Incredulous, Ronaldo reacted as though asking himself: "If I have AIDS, does my family have it too?" After a few moments of reflection, he added: "That is not impossible, I have tried all sorts of stuff, especially intravenous drugs."

Ronaldo was born in Sao Paulo, in the Americanopolis neighborhood in the city's southern zone. But because of several problems with the law, he had to move. Now he is hiding out on the Sao Paulo coast and trying to resume life with his wife, Ana, and two small children. Ronaldo married as soon as he got out of prison, promising Ana that he would move heaven and earth to turn his life around. "Americanopolis is a pretty hot neighborhood. You could not even sleep at night because of the gunfire," said Ana, who says she still does not believe her husband has AIDS. Ronaldo's first trip to FEBEM came at age 12, when he was working as a "car-watcher" at the Ibirapuera Shopping Center in Moema, a neighborhood near Americanopolis. "I was just a boy and I needed money. If someone told me that in hell they pay you a quarter to wash a car, I would be there in a flash," he said.

"My father died when I was little and everyone at home had to work to help my mother," Ronaldo reported. So he used to go out every morning "to look for odd jobs." "I got lost in the city several times and did not have enough money to get back home. What protected me—my good fortune—was that I learned to be street-smart like the older boys." That apprenticeship in cleverness earned him other trips to the institution. Ronaldo has this to say about his school: "The first time, I went to FEBEM for glue-sniffing. The second time, it was because I had become a thief. The third time, a mugger. The fourth, a murderer." He also explained that "all these phases are necessary steps in winning the respect of the other inmates." "If you are a patsy (a dupe) at FEBEM, the least that can happen to you is to be raped every day," Ronaldo concluded.

Surprisingly, Ronaldo is in favor of FEBEM. "Without it, the thieves would be running loose on the streets," he said, seemingly forgetting he is a fugitive from the law. The biggest problem he mentioned is poorly trained staff. In his opinion, some of the monitors are afraid of the inmates and give in to them, and so are forced to leave their jobs. Others resort to violence and win the respect of all. "The boys at FEBEM are not saints. If the staff is not strict, we could take over the place," he explains. Although avoiding giving much explanation about his life or the reasons behind his legal troubles, he let it slip that there are at least eight charges against him, including one for homicide. "This here (pointing to a scar on his forehead about 5 cm. long) was nothing," he said. "I cut my forehead on a car windshield while escaping after a bank robbery. Since I am a very good driver, I always drove the getaway car. No ROTA [the elite Sao Paulo police force] vehicle can overtake me."

The way he describes his life, Ronaldo seems to see it more as a fast-paced adventure than a profound tragedy. "It is a source of pride to be regarded as a hero," he said. Given the positive results of the test done at FEBEM but only now disclosed, Ronaldo raises the possibility that the test results were wrong. He asks Ana: "Could we really have AIDS?" Just in case, he prefers not to retake the test. "I would rather believe the test could be wrong than accept the idea that my whole family, even my children, are sentenced to death," he said. "So far, I consider myself a winner because I am neither in jail nor dead."

Without the benefit of any doubt that he is really on the road to death, Alexandre Vianna, 22, who is also in the FEBEM files, is now in the Public Jail of Taubate, a city in the interior of Sao Paulo State. "When I was at FEBEM they took me to Emilio Ribas (the hospital for contagious diseases, in Sao Paulo) to take the AIDS test. So I took advantage of the opportunity, and escaped," said Alexandre. "I did not find out the results until, some months later, I was sent back to FEBEM after being caught in the act in a burglary. They notified my grandmother, but I got no medical treatment," he added. The same shock that fugitive Ronaldo got when he found out he has AIDS may await people who shared intimacies with Alexandre, if they find out about some of the things he said. "I have already ruined the lives of a lot of people" he said, feeling not the least guilt about having infected innumerable partners, even though he knew he had AIDS. "I could not count the number of women I have had sex with. I lived in the red light district of Santos (city on the coast of Sao Paulo State) for a long time, but I only had two steady girlfriends," said Alexandre. He never bothered to use condoms. "When the time came, I would forget. I only used them with one of my girlfriends. But she was very stupid. Some days she wanted me to use them, then the next day she did not," Alexandre said.

Since he was jailed at Taubate in March 1990, convicted of larceny and sentenced to 5 years and 7 months in prison, Alexandre has seen his health deteriorate, especially since last September. Even so, he had to wait two months before he was transferred to the hospital at the Sao Paulo State Penitentiary. During that period his condition was so serious that he could no longer eat. "Besides aspirin, the jail doctors got me a little AZT," Alexandre said. However, he refuses to take the medicine. "That medicine is like a drug. You become dependent on AZT, and I do not want to die because of being addicted to AZT." Dark-complexioned, strongly built, and 1.8 meters tall, Alexandre by no means fits the image one gets from seeing photos of thieves in the newspapers. Infected with the AIDS virus since the age of 17, he says he was often taken for a mild-mannered and engaging college student when he frequented the beaches in Guarujá, one of the trendiest cities on the Sao Paulo coastline.

"I always wanted to do well in life without making much effort," he said. In Santos, Alexandre was once hired as

manager at the Fluminense Bakery, near the port. He made such a good impression when he applied for the job that the owner of the bakery did not even ask to see his references. For a long time, he lived up to expectations. "That is, until one day when I drank too much and was bent out of shape. So I took the bakery van and stole as much as I could cram into it," he recalls. "I took off and never showed my face there again." According to Alexandre, that was the best time of his life. The owner of the bakery would sometimes lend him a Chevrolet Monza so he could go to Guarujá for fun on the weekends. Besides that, "I had an apartment with a color TV and a carpet this thick," he said, using the thumb and index finger of his right hand to show how thick the pile was. Then he lowered his voice and added: "But my paradise did not last long. I got to know a group of Chileans who encouraged me to pursue my dream of seeing Atlantic City, in the United States. That was when I started using drugs, injecting 4 or 5 grams of cocaine into my veins every day. I had to sell everything I had, even the TV and the carpet. I became a beggar. Being a beggar is the only thing in my life I am really ashamed of."

The FEBEM files reveal stories like that of Rosana and her friends who live with AIDS in the center of Sao Paulo, people like Ronaldo Santos who were not notified by the institution of the positive results of their tests and ended up marrying and having children, and former inmates who went untreated and are now dying of AIDS in the public jails as Alexandre Vianna is. The great majority of the kids whose names are in the files, however, are dead. They died either of AIDS, or had their lives even further shortened by the police. Ill with AIDS, Alexandre Candido died in March 1991, at the age of 16—FEBEM knew he was infected when he was 13—while trying to escape the police after having robbed a Sao Paulo steakhouse. That was only a few days after he had skipped out of FEBEM for the 13th time. "In 1988, when he was in one of the FEBEM facilities, the one at Tatuapé, a social worker told our father that Alexandre had AIDS," said Candido's sister (who would not give her name out of fear of being discriminated against at work). The worried family tried to find a bed for him at the Hospital das Clinicas.

They found a bed. "But FEBEM would not release him for treatment," the sister says, bitterly. "The inspectors did not take my brother to the hospital for treatment even though a bed was ready for him. So we appealed to a social worker and she explained that there must have been some confusion, because the release had already been requested." Candido had only been taken from FEBEM to the hospital twice when, one day, the people responsible for him at the institution lost his Clinicas admission card. The treatment had to be suspended again. "My brother told me at the time that even when he was complaining of extreme pain, no FEBEM worker would give him any medicine. Medicines are given only as a last resort. Not even the other AIDS-infected boys, of whom there were quite a few, some with serious symptoms, were released to go home to stay with their families," Candido's sister said.

Son of a poor family and raised in the Jabaquara neighborhood in Sao Paulo's southern zone, the boy also had an older brother—Edson Fernando Candido de Almeida—in whose footsteps he may have been following. Edson had been at FEBEM and, like Candido, contracted AIDS because of his use of intravenous drugs. His first stay at FEBEM occurred when he was 15, and he left for the last time in 1989, at 17. Edson was one of the few to escape the mass testing done by FEBEM. But shortly afterward he was shot during a robbery. Unlike Candido, he did not die: he lost one of his kidneys and, while being treated, his blood was tested and he found out from the doctors that he had AIDS. He died of the virus in May 1991, at the age of 19.

The story repeats itself with boys like Claudinei Aparecido Palhare and Luciano Moraes, whose names we also found in the FEBEM files. Claudinei died of AIDS in September 1990, at 18. "FEBEM knew that Claudinei had AIDS, but it took almost six months for them to tell me about it," said Remigio Palhare, 64, the boy's father. "The boy was always very sick, having crises, and was never hospitalized. He was kept in the same room as other boys. That is why they end up getting infected inside that place," Palhare added. It was also AIDS that killed Luciano Moraes, in May 1992 at age 20. "To this day, I remember the tragic day when I was called by the FEBEM social worker to be told that Luciano had AIDS," recalls his father, Roberto Moraes, 45. When Luciano turned 18, FEBEM sent him home. His father, a devout Protestant, accepted him under two conditions: that he change his lifestyle and that he take every precaution not to infect the others in the family. "I have always watched a lot of TV and so I am well-informed. I know how AIDS is transmitted. In fact, Luciano had a girlfriend and I would buy condoms for him to use," Moraes said. After 2 years, Luciano was hospitalized at the Vila Nova Cachoeirinha hospital in the northern zone of Sao Paulo, where he died. The words the devout father said over his son's body were the same ones he had been repeating to him in the final months of life, like one who is trying to console himself about the hell the boy experienced: "No one is responsible for your mistakes. AIDS is the trophy life awarded you."

## CUBA

### Health Minister Dedicates Camaguey AIDS Sanatorium

*FL2912133892 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0100 GMT 29 Dec 92*

[Text] An AIDS sanatorium has been dedicated by the public health minister in Camaguey, where he toured several projects in the health sector.

With the dedication of the AIDS sanatorium in Camaguey and the completion of the civil construction part of the Western Polyclinic, Camaguey Province is keeping up its rate of construction and repair of medical

facilities. The sanatorium for AIDS patients has 16 cabins, consulting rooms, admissions offices, occupational therapy, a recreation area, and other facilities that are needed by AIDS patients.

Public Health Minister Dr. Julio Teja visited several of the centers that are being expanded. He praised the care and dedication with which the work is being carried out. Furthermore, Teja stressed that it is important to maintain the facilities and provide quality care.

## DOMINICAN REPUBLIC

### Health Official Gives AIDS Virus Carrier Figures

*FL0312232792 Santo Domingo Radio-Television Dominicana Radio Network in Spanish 1600 GMT 3 Dec 92*

[Text] The director of the Dominican Social Security Institute has stated that the only weapon to prevent AIDS is a change in sexual habits, since the health sciences still have no medication that will cure this terrible disease. Dr. (Ley Arias Rueda) spoke in these terms at a ceremony held by the institution he heads on the occasion of International AIDS Day. He explained that there are currently some 50,000 to 70,000 Dominicans in the Dominican Republic carrying the virus, and that these people infect others without realizing they are ill. He said that at present, the publicity by governmental and para-governmental agencies has not been enough to educate the community regarding the havoc wreaked by AIDS.

### Health Official Notes Tuberculosis Increase, AIDS Linkage

*FL3012191092 Santo Domingo Cadena de Noticias in Spanish 1030 GMT 30 Dec 92*

[Text] The secretary of public health has stated that the number of tuberculosis cases has increased considerably in the last few months. Surgeon General Miguel Angel Estefan said that approximately 30 percent of all AIDS patients have become infected with tuberculosis as well. Estefan pointed out that last year 2,000 cases of tuberculosis were detected nationally. He added that they did not count the cases detected under the social security program. Furthermore, Estefan said that so far 500 people have died from tuberculosis. The secretary of public health pointed out that they are trying to reduce to a minimum the number of tuberculosis cases that occur in the country.

**HAITI****AIDS Cases: 10,000; HIV Seropositivity: 200,000**

*FL0112223392 Port-au-Prince Radio Metropole in French 1400 GMT 1 Dec 92*

[Excerpt] [passage omitted including report on AIDS by the World Health Organization on the sixth global anniversary of AIDS]

In Haiti, 10,000 cases of aids have been reported, and 200,000 cases of seropositivity.

**HONDURAS****AIDS: 635 Dead, 3,632 Infected Nationwide**

*93WE0328A San Pedro Sula TIEMPO in Spanish 6 Mar 93 p 2*

[Text] Tegucigalpa—According to records from the Health Ministry's Control Program, a total of 635 Hondurans have died as a result of acquired immunodeficiency syndrome (AIDS), and 3,632 are infected with the human immunodeficiency virus (HIV), which causes the disease.

Thus far this year, 40 new cases have appeared, bringing the total number of persons suffering from the disease in its terminal phase to 2,389. San Pedro Sula is the city reporting the most cases: 960; followed by Tegucigalpa, with 352; and El Progreso, with 67 cases.

The heterosexual population is the one most severely stricken, with 1,868 cases; compared with 114 among homosexuals, who were initially expected to be the ones mainly affected by the disease.

The number of children under age 15 infected totals 88, and there are reports of 570 cases involving Hondurans aged between 26 and 30, followed by 448 victims among those between ages 21 and 25.

**JAMAICA****AIDS Committee Seeks Greater Community Involvement**

*FL0312132792 Bridgetown CANA in English 1309 GMT 3 Dec 92*

[Text] Kingston, Jamaica, Dec 3, CANA—Jamaica's National Aids Committee (NAC) is seeking greater community involvement in the fight against AIDS. Chairman of the NAC, Dr. Peter Figueroa, says the organisation would be working closely with the churches with which it has enjoyed "a positive and fruitful" relationship in community action to promote responsible sex and parenting and age-old family values. And according to Health Minister Easton Douglas, a "community commitment is extremely relevant to the urgent

need for Jamaicans to change widespread and long-standing cultural habits which can literally mean the difference between life and death."

Jamaica joined the rest of the world this week in organising numerous events including seminars, discussions, and exhibitions to highlight the AIDS crisis.

According to the official news agency JAMPRESS, 394 cases of AIDS have been reported here. Some 270 people have died from the disease, for which there is no known cure. Douglas said it was "alarming and heart-rending" to hear of the barbaric manner in which some AIDS victims were being treated in their communities.

While some individuals, groups, and health care personnel had given commendable assistance and support, he said, the majority of patients faced "raw hostility and overwhelming rejection in their hour of greatest need." Rejection often came from family members and even from some health personnel as well as strangers, co-workers, and neighbours, he remarked.

"The obvious answer to the double bogie of fear and ignorance is education," said Douglas.

**NICARAGUA****AIDS Figures Reported**

*93WE0279A Managua BARRICADA in Spanish 13 Feb 93 pp 1, 12*

[Article by Noel Irias]

[Text] MINSA [Ministry of Health] issued an announcement yesterday that sent chills down the spines of the most courageous among us: According to that institution's calculations, some 10,000 Nicaraguans may be asymptomatic carriers of the Human Immunodeficiency Virus (HIV) that causes AIDS. The announcement came from Deputy Minister of Health Federico Munoz Fernandez.

According to MINSA statistical projections, the number of asymptomatic persons infected with HIV is between 6,000 and 10,000. Experts calculate that roughly 100 to 125 persons are infected for every death recorded.

HIV was detected in Nicaragua for the first time in 1987. A total of 31 patients have been recorded with clinical manifestations of AIDS; 28 of them have died.

Munoz called AIDS "one of the health problems assuming ever greater importance in Nicaragua." Despite that fact, Dr. Federico Aviles, head of MINSA's AIDS program, said it "has a budget of only \$150,000, when minimum needs are on the order of \$.5 million.

Munoz said that "AIDS is already a health problem in Nicaragua. The AIDS program has not received priority for political and social reasons," he added categorically.



Increase in HIV Carriers in Nicaragua

Key: 1. 10,000 carriers; 2. An estimated 6,000 to 10,000 persons are currently infected

MINSa officials noted that "we can still halt the progress of the virus, but the responsibility belongs to all of society. The most important thing is to halt the plague" through a campaign of education, information, and prevention.

For his part, Dr. Carlos Linger, representing the Pan American Health Organization (PAHO), said the cost of medical care for those clinically ill with AIDS could destroy the health system financially and that the problem can only be attacked through "education and more education."

#### Lack of Coordination

Rita Arauz, from the Nimehuatzin Foundation, one of the nongovernmental organizations working to prevent AIDS, said "there is no coordination with MINSa and there never has been any."

Nevertheless, Munoz reported that "efforts are moving forward with the Ministry of Education to put together a

real plan offering students accessible, easily understood technical information." The campaign will begin in March.

While Munoz emphasized "faithfulness between partners" as the most effective means of prevention, "inasmuch as the use of condoms has its problems," Arauz noted that this is a "long-range proposal because it implies changing sexual habits. Right now, we must promote the use of contraceptive sheaths or condoms."

Aviles said "there is no intention of reducing the distribution of condoms. The problem is technical: We bought a million condoms last year, but that was not enough. This year we will buy 4 or 5 million. The SILAIS [expansion not given] are in charge of distributing them."

Aviles said that "95 percent of all blood used in transfusions is checked to prevent the spread of disease but the possibility of human error always exists. Consequently, in all cases of transfusion, testing is required."

#### Free Test

MINSa officials emphasized that the Elisa test for detecting the presence of the virus in blood is free and that confidentiality and the privacy of results are guaranteed. "To date, no patient has complained," Munoz said.

Rita Arauz disagreed. "The tests are not confidential. Many people learn the results. The information is given out. There is no followup or psychosocial support for those infected and ill.

"There is discrimination and there are cases of sick people who are rejected because no one wants to take care of them. Hospital gowns have a label that says HIV. This encourages the secrecy of those infected," Arauz said.

She concluded by saying that "the most important thing is that one never knows whether or not one is carrying the AIDS virus. That is why prevention is vital in terms of sexual habits and blood transfusions. Doctors must take all preventive measures with all patients in order to avoid applying them to infected persons in a discriminatory manner."

## ST CHRISTOPHER AND NEVIS

### Chief Medical Officer on Number of AIDS Cases

FL0212155592 Bridgetown CANA in English  
1506 GMT 2 Dec 92

[Text] Basseterre, St. Kitts, Dec 2, CANA—Thirty-seven AIDS cases have been brought to the attention of St. Kitts-Nevis health authorities in the seven years since the country started keeping records of the fatal disease, Chief Medical Officer Thomas Jones reported. Dr. Jones, in an address broadcast Tuesday on radio and

television to mark World AIDS Day, also said heterosexual activity was the most common mode of transmission of the disease here.

The 37 AIDS cases included 27 males and 10 females. Twenty-two have died. Four new cases were identified so far this year. Dr. Jones said there were also 43 persons in the country carrying the HIV virus, which can eventually trigger the development of full blown AIDS.

Speaking of the Health Ministry's strategy for combating the spread of the disease, Dr. Jones said a medium term plan launched earlier this year placed emphasis on public information, education, and communication.

"If AIDS is to be controlled, a positive effort must be made to change the present pattern of sexual behaviour," he said.

"It should be less macho to have several partners and to boast of large numbers of children with several partners," he added. "The rapid rise in the population and the presence of teenage pregnancy have to be addressed."

## ST LUCIA

### Health Officials Report 5 New Cases of AIDS

*FL1304212893 Bridgetown CANA in English  
1853 GMT 13 Apr 93*

[Text] Castries, St. Lucia, April 13, CANA—St. Lucia health officials on Tuesday said five new cases of Acquired Immune Deficiency Syndrome (AIDS) had been diagnosed here, raising the tally to 91. So far, the island has recorded 44 deaths from AIDS, an incurable condition which kills by destroying the body's immune system. The Ministry of Health said it would be issuing its latest quarterly bulletin on the AIDS situation here next week.

## ST VINCENT & THE GRENADINES

### Incidence of AIDS 'Increasing Rapidly'

*FL0212003792 Bridgetown CANA in English  
2239 GMT 1 Dec 92*

[Text] Kingstown, St. Vincent, Dec 1, CANA—The incidence of AIDS (Acquired Immune Deficiency Syndrome) is increasing rapidly in St. Vincent and the Grenadines and health officials are worried that the situation may get out of hand. Registrar of the main

Kingstown General Hospital, Dr. Dave Dasilva, who is also chairman of the hospital's AIDS committee, said indications suggest that people were not taking the warnings seriously.

"What we are seeing now is that AIDS is ... Overtaking us and this has tremendous (implications) for our medical system. We are in a serious situation," he said.

Dasilva said 107 people had tested positive for the virus which causes the disease since a record system was instituted here in 1984, and 43 victims had so far died. But he noted this was just the tip of the iceberg. According to available statistics, 28 persons had tested positive for the virus in 1991, as against 12 in 1990. He said if the formula recommended by the World Health Organisation (WHO) to obtain a more accurate picture of AIDS was applied, it meant that 1,605 persons were carrying the virus.

"What this means for us is that for every 1,000 persons, we will have 14 HIV positive cases," he said. Like the trend elsewhere, the disease is killing off the most productive age group, he added.

Dasilva said although a survey had not been conducted to determine why persons were responding the way they did to information about AIDS, his conclusion was that they still harboured the myth that they could easily identify carriers from physical appearances and could therefore avoid getting the virus by refraining from contact with such persons. He said the fact that there was still a high incidence of teenage pregnancies and doctors were still treating large numbers of people for venereal diseases was an indication that people were not practising safe sexual intercourse.

"To make a serious dent on the AIDS problem, it is important to have proper treatment and follow-up of STD (Sexually Transmitted Disease) patients and their sex partners," he said. Dasilva said doctors often treated such patients without attempting to treat their sexual contacts.

"Even worse," he said, "we have seen situations where even pharmacists and nurses are treating venereal diseases because ... Patients might feel more comfortable approaching them."

Health Minister Burton Williams told CANA that his ministry was seeking a facility from which to counsel AIDS carriers and their relatives.

## ALGERIA

### Review of AIDS Cases; Figures, Research

#### Total Cases Detailed

93WE0292A Algiers EL WATAN in French 18 Jan 93  
pp 13-14

[Article by Amel Boumediene: "The AIDS Threat"—first two paragraphs are EL WATAN introduction; figures as published]

[Text] Algerians have long realized that they are not immune from the ills that afflict others, including AIDS, which is now present in Algeria. How many in our country have contracted this still incurable disease? Here are a few cases, figures, and accounts. While the information may not be precise and the statistics unreliable, it is certain that this quietly spreading disease will claim more Algerian victims in the future. Unless....

The first AIDS case in Algeria was diagnosed in December 1985 and some time later, three individuals were reported to be HIV positive. After sparing the country for several years, the AIDS-causing virus had reached our shores. Doctors and professors had predicted that it would. Algeria, they said, could not escape the disease given the country's location wedged between Europe to the north and sub-Saharan Africa to the south.

How many cases of AIDS have been reported in Algeria to date? In September 1992, a health ministry report officially announced that 88 men and 33 women had been diagnosed as having AIDS, for a total of 121 cases. Since then, seven new cases have been reported, bringing the total to 128. Of that number, however, 70 have already died of the disease.

The health ministry's report placed the number of HIV-positive individuals at 334, but that figure was called into question when Professor Bouguermouh, chairman of the National Committee To Combat AIDS in Algeria, stated that as many as 30,000 individuals may be HIV positive in Algeria. That estimate, he explained, is based on a guideline developed by the World Health Organization (WHO), which states that for every diagnosed case of AIDS, there are 99 undiagnosed cases. Where did these individuals contract the virus? According to estimates made in September 1992 by doctors and professors knowledgeable of the subject, 35 of the 121 diagnosed AIDS patients were drug users; 29 of them contracted the virus while abroad; two cases were contracted in Algeria; and in two other cases, the location could not be determined. The information we have been able to obtain indicates that a large number of these patients have already died of AIDS.

Transfusions, the second leading cause of infection, accounted for 27 cases; 17 of these patients were infected abroad, seven in Algeria, and three others in unspecified locations. In 27 other cases that were diagnosed toward the end of the 1990s [as published], the cause of infection

has not been determined. Two such cases were contracted abroad, five in Algeria, and 20 in an undetermined location.

There are 18 cases of heterosexually transmitted AIDS, according to a report by the health ministry. Four of these patients were infected abroad, 11 in Algeria, and three in an unspecified location. In last position, there are nine homosexual drug users, four of whom were infected abroad, 11 in Algeria, and three in an undetermined location. These figures, despite their weaknesses, show that most of the individuals diagnosed with AIDS were infected abroad (60 out of 121 cases); 27 were infected in Algeria, and 34 in an undetermined location. The patients range in age from 20 to 80 years old. As for the number of HIV-positive individuals, doctors and professors knowledgeable of the subject state that "recent data on the incidence of HIV in Algeria are too incomplete and fragmentary." They go on to state that it is difficult to determine the future trend of the AIDS epidemic in Algeria, but that all studies point to moderate growth.

According to information made available by the health ministry, a plan to combat AIDS in Algeria was drawn up in 1988 by a mission from the WHO world program against AIDS, with Algerian specialist groups. To cover the activities planned under this collaborative effort, a funding package of 97,700 dollars spanning the period from 1 August 1988 to 31 July 1989 was made available. However, conditions in Algeria in 1992 caused a delay in setting up a network to monitor sexually transmitted diseases and HIV. With regard to prevention, particularly in terms of transfusion risks, an inquiry into operating conditions at transfusion centers is reportedly under way. The data to be collected will be used in assessing the overall system of administering blood transfusions and the difficulties of applying regulations designed to ensure systematic screening of blood donations. In addition, in a ministerial directive, the Pasteur Institute of Algiers has been designated a national laboratory of reference for HIV diagnosis.

Number of AIDS Cases in Algeria

Year	Men	Women	Total
1985	1	0	1
1986	3	0	3
1987	5	1	6
1988	7	6	13
1989	15	2	17
1990	20	6	26
1991	22	10	32
1992	15	8	23
Total	88	33	121

To date, seven new AIDS cases have been diagnosed.



**Number of Individuals Reported HIV Positive From  
December 1985 to September 1992**

Year	Adults	Children	Total
1985	6	0	6
1986	7	0	7
1987	23	0	23
1988	58	0	58
1989	61	1	62
1990	85	4	89
1991	31	3	34
1992	59	6	65
Total	330	14	344

**AIDS Day Emphasizes Behavior**

*93WE0292B Algiers EL WATAN in French  
18 Jan 93 p 14*

[Article by C. Maouchi and K. Benelkadi: "Prevention Is the Only Medicine"]

[Text] AIDS Day, a conference among specialists organized by the health district of Hussein Dey, took place yesterday at the Aurassi Hotel, drawing a relatively large number of participants.

In opening the discussions, Professor Bouguermouh felt it was important to begin with a few figures that provide a better understanding of the rate at which this deadly disease is progressing: "There are now more than 130 cases of AIDS in Algeria and 340 individuals who are HIV positive. The disease appears to double every 18 months. If that pace continues, we will see the number of AIDS cases grow to 300 or 400 over the next 3 years."

For a country that is discovering an "evil" long considered taboo, the picture is a grim one. Far from taking a complacently optimistic view, the professor warned that, "You will see increasing numbers of these cases in the hospitals, in your milieu. What should be done? What is the attitude to take? Two approaches are possible: avoiding the spread of infection by providing complete care for the ailing, and prevention."

The purpose of the organizers, in fact, was to demonstrate that only prevention can soften the impact of this contagious disease. The task of correcting misconceptions fostered by sensationalistic talk will be an enormous effort.

The press is proving to be very helpful. The goal is to deter certain types of behavior. "To possess information is not enough; it must be applied to risky forms of behavior," a speaker noted. In a presentation peppered with statistics, Doctor Chakkar described the magnitude of the disease: "According to the WHO, 90 to 95 percent of reported cases were sexually transmitted. The disease knows no barriers. The first case was detected in the United States in 1981 and the virus was identified in

1983. There is still no treatment or vaccine against the disease. Nothing seems able to stop it."

In 1992, a worldwide total of 2 million HIV-positive individuals was reported. At that rate, there will be 20 million AIDS patients by the year 2000. Certain African countries are threatened with extinction. Japan is the only country to have escaped this "unique disease."

Doctor Amrane spoke of the AIDS patients treated at the El Kettar University Hospital Center. Forty of the 60 patients have died; the whereabouts of 14 others are unknown; and six are still receiving medical care.

They are 20 to 40 years old. Most of them contracted the virus through drug use. Among those lacking an occupation, a majority lived abroad for several years.

Promises that a vaccine may be imminent are all that sustain those who suffer from AIDS in a hostile environment. AIDS in children was the focus of a presentation by Dr. Djenaoui. Using slides, he discussed the danger posed by an AIDS-afflicted mother to her child during pregnancy. According to Dr. Djenaoui, the disease may even be transmitted through breast milk. The meeting also addressed the subjects of blood screening, a link between prostitution and AIDS, ethics, and regulations.

The gathering was an opportunity for specialists to exchange information and to dispel misunderstandings. A national program to combat AIDS is necessary if the ravages of the disease are to be kept to a minimum.

**Blood Screening at Centers**

*93WE0292C Algiers EL WATAN in French  
18 Jan 93 p 14*

[Article by N.B.: "Where Does AIDS Testing Now Stand?"]

[Text] When Dr. Bouguermouh, an epidemiologist by profession, suggested in a televised discussion that as many as 30,000 individuals in Algeria may be HIV positive, the country was stunned. That is a legitimate reaction in the absence of a clear understanding of the correlation between the modes of transmission and the modes of prevention for a disease that has long been the subject of myth.

The Blood Transfusion Center in Blida, which accepts patients from the provinces of Algiers, Tipaza, and Medea, receives an allotment of only 192 diagnostic tests every two months from the Pasteur Institute. "We are not even able to perform the required analyses on samples of the blood we collect—a monthly average of 300 samples," we were told by Mr. Hanachi, the director of the center.

As part of pre-operative testing, surgeons occasionally require patients to undergo the HIV test. In other cases, a medical examination may reveal symptoms that lead a doctor to suspect that a patient is afflicted with AIDS. The Blood Transfusion Center is able to screen for HIV

by using ELISA (confirmatory test), which is performed by highly trained technicians. But the necessary supplies must be obtained and lab technicians need certain basic materials to protect themselves against the risk of accidental infection, as the reactive substance consists of virulent viruses. "Antiseptics and gloves are doled out to us in limited quantities," the center's medical supervisor lamented.

However, the transfusion center in Blida is better supplied than the center in Boufarik, which is not even able to perform the ELISA. The Sidi-Fredj screening center, a laboratory of reference connected with the Pasteur Institute, is still the only institution authorized to perform HIV testing.

While the government has placed health among its highest priorities, the availability of public funds to build such centers is doubtful, given Algeria's economic woes. How many individuals are unwitting carriers of HIV?

#### **AIDS Figures Said 'Fragmented'**

*93WE0306B Rabat L'OPINION in French  
20 Feb 93 p 9*

[Article: "Over 130 AIDS Cases in Algeria"]

[Text] Over 130 individuals, 70 of whom have died, have contracted AIDS in Algeria since the first case was discovered in 1985, according to official figures from the Ministry of Health.

According to the same source, there are 334 seropositive individuals in Algeria, but Professor Bouguermouh, president of the National Committee Against AIDS, estimates that the number is higher than that.

During an AIDS information day held in Algiers on Wednesday, experts said that of the 121 cases diagnosed in 1992, 35 were drug addicts and 29 had contracted the virus abroad.

The experts also said that figures on the AIDS virus were sparse and "fragmented," making it impossible to detect a trend with any precision. They estimated, however, that the disease was spreading at a "moderate" rate.

"We absolutely do not know how many seropositive individuals there are in Algeria," said Prof. Bouguermouh, who emphasized that the percentage of women was increasing in comparison with the percentage of men. "It used to be 8 percent, but now it is up to one-third of those infected," he said in an interview with the daily newspaper EL WATAN.

## **INDIA**

### **World AIDS Conference Held in Delhi**

#### **Health Minister, Others Speak**

*93WE0117A Bombay THE TIMES OF INDIA  
in English 14 Nov 92 p 10*

[Excerpt] New Delhi, November 13—The second international congress on AIDS in Asia and the Pacific came to an end in the capital yesterday without any list of recommendations and suggestions being made public. According to the organisers, it will take about a week for the list to be prepared.

The last day of the congress was also marked by an elaborate protest by homosexuals and the AIDS Bhedblav Virodhi Andolan (ABVA). While Mr M.L. Fotedar, the health minister, and other national and international dignitaries praised the approach and contribution of the congress, ABVA described it as a jambooree, which is going in the name of AIDS conference.

It alleged that colossal amounts of funds were being wasted, while the actual issues facing HIV positive persons and AIDS patients are being ignored. The gay delegates at the congress have already accused the organisers of employing a pejorative and superficial approach to their problem.

Gay rights and ABVA activists marched around the conference room yesterday carrying protest placards while strains of Louis Banks' song, especially composed for the inaugural ceremony of the congress and originally supposed to be the voice of unity and understanding on the subject, provided an ironical accompaniment.

In his concluding address, Mr M.L. Fotedar called for more community awareness on AIDS and added that India had planned a multi-sectoral strategy to contain the pandemic. He said at the political level there was total commitment to the programme and a firm resolve to back it up with adequate support and resources.

However, the minister ruled out the suggestion, incidentally also made by ABVA, to facilitate the availability of safe needles and syringes to HIV-prone drug users. He said "we are not in favour of doing anything that may convey the impression that we condone drug abuse." However, he stressed the government's commitment in preventing discrimination against HIV patients.

Noting that India was heavily dependent on professional donors for blood, Mr Fotedar said, our efforts are to raise the level of voluntary donation and to put the blood to optimal and rational use. Once this is done, the need for commercial blood banks and professional donors will disappear. At the same time, one must ensure that all the blood used for transfusion is scrupulously tested.

The minister also called for the education and economic uplift of women in order to give them the rights and knowledge that might reduce their vulnerability to

AIDS. He stressed the need of responsible sexual behaviour and collaborative efforts on the international scientific front to develop a cure for a vaccine.

Among the distinguished speakers at yesterday's ceremony were Dr J.G.S. Makambi and Prof R. Kuti, ministers of health of Uganda and Nigeria respectively.

Said Dr Makambi by 1995, it is estimated that the developing world will account for 84 percent of the cumulative global total of HIV infections ... we in Africa did not have the warning or the wealth of knowledge now available on how to control the disease ... let what has happened to us not happen to you or anybody.

He added that the lessons from AIDS control activities in his country had been reassuring and the African nations were already coordinating their efforts on this front.

Prof Kuti spoke about the logistic problems in the fight to prevent the spread of AIDS, such as lack of funds in the developing world, the inability of poor people to afford condoms and other related factors and stressed the need to promote interaction between health agencies of different nations to help combat the virus menace on a global level. [Passage omitted]

#### **AIDS Society Chairman Speaks**

*93WE0117B New Delhi PATRIOT in English  
11 Nov 92 p 3*

[Text] Though an estimated 1.7 million people in Asia-Africa region are infected with HIV, the deadly virus that causes AIDS, the epidemic is largely hidden in the region as there is gross under-diagnosis and under-reporting in many of the countries.

This conclusion was reached on the third day of the second International Congress on AIDS in Asia and the Pacific being held in the Capital.

According to Prof. John Dwyer, chairman of the AIDS Society for Asia and the Pacific, every hour 2,000 new HIV infections occur in the region. By the year 2000, between 15 and 45 million people in the Asia-Pacific could be affected with the virus, he said.

Some of the health experts at various workshops in the Congress felt that in India AIDS spreads through sex, blood and ignorance. "Conservative governments and societies have to realise the danger now and implement interventional strategies," they pointed out.

Governments cannot afford to presume that the whole population practices desirable and correct sexual and moral behaviour; rather they must respond to the prevailing sexual and moral behaviour of the people. There cannot be any complacency on this front, said Prof. Dwyer.

Discrimination against those infected with HIV in the region is leading not only to the violation of human

rights but the creation of an atmosphere that minimises voluntary testing—a major platform in any defence against the disease. Therefore, education must eliminate discrimination, pointed out the experts.

Prof. Dwyer said that the Asia-Pacific region must understand the enormous socio-economic consequences of the AIDS epidemic. Most countries in the region are developing and under-resourced.

HIV and AIDS control programme including care of AIDS patients is very expensive. No country can afford to divert their meagre resources for AIDS. For example, Thailand will have lost US\$9 billion the epidemic by the year 2000. [sentence as printed] Currently HIV in Thailand is costing the country US\$1.8 billion per year, he said.

"This part of the world must realise that increasingly AIDS is a problem for women and children and a major emphasis must be placed on protecting women from infection," said Prof. Dwyer.

Therefore, effective implementation of preventive programmes to contain HIV and fighting discrimination against those infected and providing them with the best clinical and supportive care should form the major part of the country's health policy, he said.

#### **Economic Implications:**

The AIDS epidemic in India will have a regressive economic impact and intensify inequality in society, leading economists warned at the second International Congress on AIDS in Asia and the Pacific in the Capital on Tuesday reports PTI.

The direct and indirect costs of AIDS are likely to cross \$11 billion by 2000 AD, Professor David Bloom, chairman of the Department of Economics at Columbia University in the United States, said.

"AIDS is not merely a health problem," Dr. Bloom said in a special congress session on the economic impact of AIDS on countries in the Asia-Pacific region, "It has deep economic roots with potentially staggering economic consequences."

AIDS is disproportionately affecting low-income groups in India, Thailand and Indonesia, according to the study which is part of the first attempt to document the economic impact of AIDS in Asian countries.

This disproportionate distribution of AIDS and the fact that health care costs are limited and do not reach a majority of the population could lead to increased economic inequality in these countries.

## Continuing Fight Against AIDS Reported

### Alarm Justified

93WE0140A Bombay THE SUNDAY TIMES OF INDIA in English 22 Nov 92 p 21

[Article by Subhash Kirpekar]

[Text] NEW DELHI, November 21. When a small north-eastern state like Manipur shows HIV incidence of 155 per 1,000 population as against the national average of 7.10 per 1,000, officialdom has every reason to feel alarmed.

Neighbouring Nagaland also has a high figure of 111.16 per 1,000 and even the Mizoram figure is above the national average though it is nowhere near that of Manipur and Nagaland.

These September-end figures lend credence to the latest World Health Organisation (WHO) estimate that India has one million HIV cases.

The health ministry's figures for HIV are based on a screening of more than 1.5 million people in the high-risk sexual behaviour group. Of this sample screened by October-end, 10,586 people were found to be HIV-positive. While 18,293 were ELISA-positive (a preliminary test), 10,730 were found positive by the confirmatory Western Blot test. The wide gap between the WHO figure of one million and the health ministry figure of 10,730 is too big to be glossed over.

The infection appears concentrated in Maharashtra in the west, Tamil Nadu in the south and Manipur in the north-east. The virus is spreading in Maharashtra and Tamil Nadu through heterosexual promiscuity, and in Manipur through syringe sharing.

In the proximity of the golden triangle where drug smuggling is lucrative business, the youth of Manipur and Nagaland engaged in drug pushing is using heroin and other drugs which are injected intravenously, leading to syringe sharing. Generally, disposable syringes are also repeatedly used.

After the first full-blown AIDS case was reported in India in May, 1987, the figure has grown to 242 by October-end. Of these, 228 are Indians and 14 foreigners. Of the 242, 175 are Indian men and 10 foreigners and 49 Indian women and four foreign women. The probable source of infection is multiple sex partners in as many as 170 cases, blood transfusion in 29, blood product infusion in seven, homosexual contact in one, and intravenous drug addiction in nine cases.

The prospects are frightening. One of the biggest problems in tackling HIV/AIDS is that almost the entire population seems to be at risk. What heightens the concern of those actively engaged in fighting the deadly syndrome is that the group which is sexually active is also the backbone of the nation's work force including defence. Once AIDS strikes in a big way there can be a

dramatic decimation of the work force, with tragic consequences for the whole country.

There is no preventive vaccine. An individual who has contracted HIV may not show any outward symptoms for a full decade. AIDS then manifests itself with a shattering effect.

The sexually active population in the 15-45 age group is most at risk. The recent report of a 13-year-old girl in Madras found infected with HIV illustrates the vulnerability of teenagers to this dreaded disease.

Even within this group, a particular section is at a much higher risk. They are highway truck drivers, migrant labourers, construction workers and others whose occupations make them move from place to place very frequently. The single common factor linking these high-mobility people is that their jobs keep them away from their families. That makes them more prone to high-risk sexual behaviour which lays them open to HIV infection and subsequently AIDS.

Obviously, no section of the population is entirely free from this danger as even an innocuous blood transfusion can transmit the lethal virus. It is known that private blood banks in all major cities and towns do not test blood donors for HIV. Nursing homes buy blood from these blood banks and use it on unwary patients. Unless every blood donor is screened for HIV, the multiplier effect from this seemingly innocuous source can be deadly in the long run.

Very often, private blood banks buy blood from donors who are hooked on drugs and are regular visitors to brothels. There is a persistent reluctance on the part of the public to donating blood, making it difficult to reduce dependence on professional donors.

But incentives can be offered. For example, genuine blood donors could be given flash cards which would entitle them to the use of blood, if needed, for themselves and immediate family members. Another incentive could be to give such cards to a whole family of blood donors entitling them to easy admission into government hospitals in case of need.

Yet another source of infection is blood products (used for treatment of bleeding disorders like haemophilia) imported from different countries. There were media reports some time ago that an infected consignment of French blood products was exported to many countries. Efficient and alert "gate-keepers" would be required to stop such imports.

The absence of a reliable baseline data for Sexually Transmitted Diseases (STD) is also coming in the way of establishing an inter-connection between STD and AIDS. While efforts are afoot to identify and appoint a national consultant on STD through WHO, one piece of encouraging news is that a community-based survey, possibly the first of its kind in India, has been complete in Calcutta. Based on this survey, intervention among

"commercial sex workers" (a phrase used by health authorities for prostitutes) in Calcutta is scheduled to start soon.

A 52-member National AIDS Committee chaired by the Union health minister, Mr. M.L. Fotedar, has been set up to assist the National AIDS Control Board and advise it on policy matters, including multi-sectoral collaboration. Its members include Mr. Khushwant Singh, Ms. Shabana Azmi, Dr. Raj Bothra (NRI of USA), Ms. Rakhee Sarkar, Mr. Nikhil Chakravarti, Ms. Bachi Karkaria, Dr. V. Ramalingaswami, Mr. Baby John and representatives of various ministries, including railways and defence. Ms. Nalini Singh, TV film-maker, has been entrusted with the task of developing a script for a tele-film on HIV and AIDS.

### More Cases in Calcutta

93WE0140B Calcutta THE TELEGRAPH in English  
23 Nov 92 p 1

[Text] Calcutta Nov. 22: Two more AIDS cases were detected in the city recently, according to sources in the state health department. The preliminary Elisa test revealed the presence of the AIDS antibody in the blood samples of two men.

The Western Blot test of the two samples has also been carried out and though the health department has not yet received the final report, the sources said there were indications that the test has proved positive.

One of the men is a young engineer whom the sources described as "promiscuous" while the other is a puchkawallah who frequents a redlight area in central Calcutta.

Once the two cases are confirmed later this week, the total number of AIDS-infected persons in the city and its suburbs detected so far will rise to 52. The health department sources emphasised that the number of cases recorded in the city till now is 50 and not 52 as erroneously stated earlier.

Meanwhile, the health department and government institutions involved in the AIDS control programme are preparing a report for the British experts who are to arrive here later this week from the UK's Overseas Development Agency (ODA).

The ODA is to be requested to help fund the AIDS awareness campaign that has been launched in various parts of West Bengal, specially in redlight areas. The report will detail the assistance the government is already receiving from the World Bank and the World Health Organisation and the ODA will be asked to provide help in areas not covered by these two agencies.

The British organisation, though, does not plan to provide much of its help to the government. The major part of its aid is likely to be given to the non-governmental organizations which are involved in the AIDS control programme in the city.

The British experts are to meet the representatives of several of these organisations such as the Calcutta Samaritans, the Child in Need Institute, the West Bengal Voluntary Health Association, the Society for Community Development and the Vivekananda Education Society. The organisations are also preparing plans to be submitted to the British experts.

In addition, the British team will meet doctors and representatives of the organisations working in the city's brothels and running the first clinic for sexually transmitted diseases in the Sonagachhi area. A similar clinic is planned to be opened in the Kalighat redlight area on December 1.

According to the sources, some of the voluntary organizations held a preliminary discussion with an ODA team some months ago in New Delhi. The team had sought more information about these groups.

### More Developments in the Fight Against AIDS

#### AIDS Control Panel Formed

93WE0304A Calcutta THE STATESMAN in English  
15 Feb 93 p 12

[Article: "National AIDS Committee To Review Latest Situation"; boldface words as published]

[Text] **With 290 full-blown AIDS cases in India a decade after the first case was reported in America, the country's health authorities are worried. The battle against AIDS in India brooks no delay.**

New Delhi, Feb. 14—There are 290 full-blown cases of AIDS in India a decade after the first case was reported in the U.S.A. in 1981 and the health authorities are worried over the rising trend of the incurable HIV infection, reports PTI.

Data till January 31 show a cumulative total of Western Blot positive cases of 11,406 in the 15,97,207 samples screened, mostly from persons practising high-risk behaviour over a 70-year period beginning October, 1985. This figure represents a sero-positivity rate of 7.14 a thousand.

The cumulative total of AIDS cases for the period is 290, comprising 276 Indians and 14 foreigners. Heterosexual promiscuity caused a majority of the infections, except in the North-East, where intravenous drug use was the cause.

As a Rs [Rupees] 223-crore World Bank-aided AIDS control project completes 6 months of implementation in the country, a high-power national AIDS committee will take stock of the latest situation at its first meeting in the capital tomorrow.

The project, launched in September 1992, is being funded by World Bank assistance through a soft loan of \$84 million and also technical assistance from the World Health Organization [WHO].

Major components of the programme are generation of awareness, programme management, condom marketing, blood safety and control of sexually transmitted diseases.

For the implementation of the national AIDS control project, a separate National AIDS Control Organization has been set up.

A national AIDS control committee headed by the Union Health and Family Welfare Minister, with representatives from various sectors, has been constituted, besides a national AIDS control board and a technical advisory committee.

Till now, 16 States have formed empowered committees of their own and the remaining States and Union Territories are expected to follow suit soon, official sources said.

Twenty-three States and Union Territories have set up AIDS cells and sanctions have been issued releasing grants totalling Rs 11 crores to them.

On the basis of recommendations made by the WHO, the draft for amending the Drugs and Cosmetic Rules, 1945, has been finalized to revise the quality specifications of condoms and notified for receiving suggestions or objections.

The final notification will be issued after the legal formalities are completed by the end of March, the sources said.

#### Thrust Area

The use of condoms is a major thrust area in the battle against AIDS and, hence, the posters and hoardings one comes across in towns and cities, highlighting the virtues of safe sex.

A programme to generate community awareness through the print and electronic media is already one. The mode of transmission of HIV infection and the ways to avoid it are being highlighted.

A policy document, relating to the area of collaboration with non-governmental organizations is being finalized, the sources say.

A study on the prevalence of high-risk behaviour in 65 cities, including State capitals and cities with a population of 500,000, is being planned to facilitate advocacy and planning.

The draft proposal is ready and the final report of the study is expected by May or June, sources say.

Till now, no reliable baseline data are available for sexually transmitted diseases.

The Centre and the WHO have jointly initiated action for collection of the data in select urban and semi-urban and rural areas of Madras and Jaipur.

#### Calcutta

A community-based survey, possibly the first in India, has been completed in Calcutta. Based on the findings of the survey, an intervention among commercial sex workers of Calcutta is scheduled to start soon, the sources say.

Under the Blood Safety Programme, a deputy director, Blood Safety, has been posted at the national level as a nodal officer and States have been asked to position the staff for blood safety.

#### Disease Not Notifiable

93WE0304B Bombay THE TIMES OF INDIA  
in English 17 Feb 93 p 10

[Article: "Notifying AIDS Ruled Out"]

[Text] New Delhi, February 16. The national AIDS committee has ruled out making AIDS a notifiable disease and promoting needle exchange programmes among drug abusers. Such a move would force those affected to go underground, it was feared.

The committee was also not in favour of providing needles/syringes to drug abusers as practised by some western countries to check the spread of AIDS. Any suggestion of doing so may send wrong signals on the government's policy on drug abuse, the committee felt.

The meeting of the committee held yesterday and chaired by the Union health and family welfare minister, Mr. B. Shankaranand, was attended by 45 of the 52 members of the committee, including bureaucrats, journalists, social workers and MPs [Member of Parliament]. The two-hour meeting was largely devoted to suggestions from members on what the national AIDS control organisation (NACO) ought to do.

The minister set the ball rolling by stressing the need to break communication barriers, prejudices, myths and taboos about the disease. Efforts, he said, must be concentrated towards removing the fear of stigma and discrimination against an infected person.

Mr Shankaranand drew attention to the need to explore the Indian system of medicine, including ayurveda and homeopathy to find a cure for the disease. He urged the members to give their continued support to the government in tackling the disease.

### Cases in Himachal Pradesh

93WE0304C Bombay THE TIMES OF INDIA  
in English 18 Feb 93 p 14

[Article by Jagdish Bhatt: "Rise in HP AIDS Cases Alarms Medics"]

[Text] Hamirpur (Himachal Pradesh). February 17. Doctors here are of the view that three AIDS deaths, six existing HIV-positive cases and a suspected AIDS patient (his blood is yet to be tested) may only be the tip of the iceberg regarding the number of carriers of the deadly virus in Himachal.

They say that as no screening of either the high-risk group or those not responding to treatment has been done in other districts of the state, there is a possibility that many carriers of the virus may remain unidentified.

The experts say that several factors are making Himachal a high-risk state. There are many people here who work as truck drivers and helpers and operate on metropolitan routes. Their purported promiscuity could make them AIDS carriers.

Besides, a large number of foreigners throng Kullu, Manali, Dharamshala and other resorts. The prevalence of the high rate of sexually-transmitted diseases in certain parts of the state and the practice of polyandry and polygamy also go a long way in making Himachal a high-risk state.

Incidentally, of the three deaths that occurred, two were in this district while the third, an ex-serviceman, died recently in the adjoining Bilaspur district. All the HIV-positive cases and the suspected AIDS patient also belong to this district.

Ironically, the first reported case of AIDS came to light only after Ashok of Sunwin village returned from Bombay in April last. He was treated at the Galore Primary Health Centre for tuberculosis.

When he did not respond to treatment there, he was referred to the district hospital at Hamirpur. Here, too, he underwent the same treatment, without any results. It was only at the instance of a doctor, who suspected the worst and referred him to the Indira Gandhi medical college at Shimla, that it came to light that Ashok was full-blown case of AIDS.

His family, ignorant of his disease, brought him home and got him treated by faith healers, ojas, hakims and quacks. He died on December 4, leaving behind his wife Neelam, 23, and a one-and-a-half-year-old daughter, Ritu, both HIV-positive. Medical experts here claim that Ashok was HIV-positive even before marriage.

They said subsequently a screening drive was launched in the district. The screening was done primarily of people working as drivers in the metropolitan cities or those operating on metropolitan routes. Their families were also considered to be prime suspects.

Later, Raghubir Singh, 27, a truck driver of Makkar village, was tested HIV-positive. His wife and one-year-old daughter have also tested positive.

Raghubir, at present, is not suffering from any overt symptoms of the disease. His wife and child also show no sign of the disease. The local doctors have preferred to keep them uninformed.

Though Ashok was the first reported case of AIDS in the state, the first casualty was Mahinder, 40, a truck driver. The Dhaneta Primary Health Centre had treated him for abscesses on his legs. His blood was found HIV-positive and he died 4 months ago. His wife, two sons and a daughter have, however, tested HIV-negative.

A resident of Harsaur village, in his early twenties, who too did a stint in a metropolitan city has also been found HIV-positive.

According to a doctor at the Galore Primary Health Centre, Naresh Kumar, 22, of Gindwin village, is also suspected to be an AIDS carrier. However, he is yet to be tested.

"He worked as a truck cleaner in Delhi and has been running fever for almost 2 months. He has been under our treatment for the last few days. We will soon be sending his blood for test to the district hospital at Hamirpur," the doctors added.

The district hospital here is ill-equipped to test the blood for the HIV virus. "We conduct the Sirodia test and not Elisa as it is cheaper. When we find any sample positive we sent it for further confirmation to Delhi or Shimla," a pathology department spokesman revealed.

He added that the hospital had conducted 47 tests since January 16 "thankfully, all have reported negative."

The director of health and family welfare, Himachal Pradesh, Dr C. L. Malhotra, said a technical advisory committee on AIDS has been constituted to keep vigil and ensure that the disease did not spread.

### Madhya Pradesh Scheme

93WE0277A Calcutta THE STATESMAN in English  
10 Feb 93 p 7

[Article by Sujay Gupta; first paragraph THE STATESMAN comment]

[Text] Fifty-nine HIV cases detected in three regions of Madhya Pradesh and speculations that the total figure may be much higher has led to a plan to check the spread of AIDS.

Bhopal, Feb. 9—The Government of Madhya Pradesh has recently formulated a major scheme to check the spread of AIDS following the detection of some 59 HIV positive cases in the Bhopal, Jabalpur and Gwalior regions alone. But officials in the State Health Department feel that the total number of AIDS cases is far higher.

The reasons behind this suspicion are that until now there were no facilities to carry out periodic tests and to maintain records of those suspected of carrying the dreaded virus or being actually inflicted by the disease.

The Principal Secretary, Public Health and Family Welfare, Mr G.S. Shukla, said: "These 59 cases were detected in just the three regional centres in Bhopal, Jabalpur and Gwalior. But we feel that there are a great many more carriers in the tribal belt as well as in the labour camps in adjoining project sites. Another factor that is bound to increase the number of AIDS cases in the State is the increase in highway prostitution, specially in the Indore, Ratlam and Mandsaur belt in the north-western part of the State."

More than Rs 50 lakhs have been allotted to the State by the Centre to initiate the project. In addition, sophisticated equipment will be provided to all the blood-testing centres and the STD clinics, free of charge. Five more regional centres and seven additional zonal blood-testing centres—each covering about five to six districts—will be set up.

Hence, almost all the 45 districts will have access to a blood-testing centre exclusively for the detection of AIDS. Each such zonal centre will have two trained technical officers from the district.

A unique feature of the project, according to the Director of Medical Education, Dr Bose, is the setting up of an AIDS centre in every district of the State, primarily for educating the people and creating mass awareness. Termed IEC (Information, Education and Communication) centres, these will focus on high-risk groups such as prostitutes, truck drivers and labourers.

"The staff for these centres will be drawn from the districts and given on-the-job training. The main task of these centres is to carry out surveillance of the target group and to give it counselling. If this is a success we will go to the universities and colleges," says Dr Bose.

In another major decision, it has become mandatory for all STD clinics in the State to test the blood of patients. Besides, a special watch will be kept on regular blood donors and blood samples will be sent to the zonal blood-testing centres.

One indication of the seriousness with which the project has been taken up in the State is the fact that the Chief Secretary, himself, has decided to take charge of it. He will oversee the entire programme management and will be guided by a specially-constituted "State AIDS Cell." In addition, a technical advisory committee has been constituted.

A seven-point detailed action plan has been drawn up to streamline the whole project. This includes:

- Programme management
- Surveillance and research
- Creation of social awareness
- Control of sexually transmitted diseases
- Condom distribution
- Blood safety
- Prevention aimed at reducing the impact of the disease.

In addition, the Health Department has been asked to take steps to reduce infections in hospitals since preliminary treatment for AIDS patients will be carried out in Government hospitals.

"Our aim is to see that the AIDS programme is integrated with the overall plan to improve health conditions in the State. As such, AIDS treatment cannot be isolated as the patient frequently needs to consult the general health departments," says Mr Shukla.

But the success or failure of this programme, health officials feel, will depend largely on the participation of the people. Says Mr Shukla: "We have to try and get rid of age-old taboos and stigmas and also impress upon the people that simple contact with a patient need not lead to the disease. Hence, the IEC component of the project will be the most crucial."

The biggest challenge facing the Health Department is its proposed operations in the predominantly tribal area of Bastar, where the literacy rate is very low and awareness of the disease almost minimal. Keeping this in mind, about 20 percent of the initial project cost has been reserved for IEC alone.

On the technical side, the major emphasis has been given to blood testing and safety. All zonal blood centres will send quarterly reports of blood tests and detailed records of those tested positive. Blood samples that are initially tested positive will be sent to Delhi or Pune for a confirmation test after which treatment will begin.

The State Government has also informed that foreigners who test positive will be deported immediately to their respective countries.

As far as the financing is concerned the Health Department has agreed to the decision that Central funds will be provided until 1997, after which the entire responsibility will lie with the State Government.



**Government-Ordered Treatment**

93WE0277B Bombay *THE TIMES OF INDIA*  
in English 11 Feb 93 p 11

[Article by Sabina Inderjit]

[Text] The Times of India News Service, New Delhi, February 10—The government has instructed the country's premier medical institution, the All-India Institute of Medical Sciences (AIIMS), not to refuse treatment to any AIDS/HIV positive patient, even if it calls for surgical intervention.

The instructions were issued recently by the Union health ministry to the AIIMS authorities, following submission of the long-awaited report into the controversial handling of an AIDS-related delivery at the hospital in June 1991.

In its report, the four-member expert group regretted that unequivocal policy guidelines on the management of AIDS/HIV positive patients at the AIIMS does not exist. The disturbing factor came to light in the then medical superintendent, Prof S.K. Verma's letter which stated that though the AIIMS hospital was equipped to admit and manage a full-blown case of AIDS with medical complications, arrangements for surgical intervention and other invasive techniques are yet to be made.

The letter has been seen as a poor reflection on the hospital. Senior ministry officials have in fact expressed concern over it. They see no reason why the country's topmost hospital or for that matter any hospital should have any reservations about performing surgery on AIDS/HIV cases. "We have taken up the matter with the AIIMS administration and have been assured that a decision in this regard would be taken soon," said an official.

The report notes that every individual has a right to medical care in a hospital. And it does not behove upon the staff of the premier medical institute to refuse to provide care to a HIV patient merely because clear cut guidelines for handling such cases have not been laid down by the management.

It may be recalled that a pregnant woman was referred by the Safdarjang Hospital to the AIDS unit under Prof A.N. Malaviya at the AIIMS after she was detected to be HIV positive, in May 1991. The patient was referred to the head of the obstetrics/gynaecology department, Prof Kamal Buckshee. However, when it came to conducting the delivery, the hospital administration had to fall upon the help of an outsider (a former faculty member, Dr S. Kumar) as the two professors had differed on the facilities available.

The incident was reported in the press and the government asked the AIIMS authorities to submit a report. Not satisfied with the report, the government instituted an inquiry on July 18, 1991. Interestingly, the committee never met for seven months even though parliament had

been assured a report would be made available within 3 months. Another committee was set up on March 20, 1992 and had to submit its report within a month. But, it did so only last November.

The committee was to examine the facts and circumstances under which Dr Kumar's help was sought and whether there was any lapse on the part of the hospital staff. Besides, it was to review arrangements for therapeutic care to AIDS/HIV positive patients in 13 identified hospitals, recommend improvement in hospital inspection control system, spell out the type of special attention required in various departments and recommend steps for training of staff.

The report neither confirms that there was a lapse nor does it attempt to fix responsibility. The expert group merely notes that there was a reluctance on the part of the senior staff of the gynaecology department to deliver the HIV positive patient.

And apparently there was an anxiety on their part with respect to inadequacy of infection control facilities, absence of guidelines for control of infections, fear of acquiring HIV infection and lack of assurance about compensation to those acquiring the infection.

What did the hospital authorities do to help the department concerned overcome its fears, asks an official. And why was there anxiety over hospital infection control facilities when the AIIMS had claimed to have set guidelines a year ago?

**National Committee To Fight AIDS Formed**

93WE0116 Calcutta *THE STATESMAN* in English  
6 Nov 92 p 16

[Text] Chandigarh, Nov 5—In a major step to prevent AIDS in the country, the President of India has constituted a high-level National AIDS Committee in the Ministry of Health and Family Welfare, which would be a forum to bring together various Ministries, non-governmental and private voluntary organizations with a view to coordinating the programme to prevent the spread of AIDS.

According to a Government of India notification the Minister of Health and Family Welfare will be the chairman and the Minister of State for Health and Family Welfare the vice-chairman of the National AIDS Committee, comprising 50 members. The members include senior officers of different Ministries as well as prominent personalities like noted journalists, including Mr Khuswant Singh, Mr Nikhil Chakravarty and Ms Bachi Karkaria. The noted actress, Shabana Azmi, will also be on the panel.

The lone member taken from Chandigarh in the committee is Mr Vineet Khanna, director of the Youth Technical Training Society, a voluntary organization, which has done remarkable work for the rehabilitation of

illiterate and semi-illiterate rural youth in the non-governmental technical sector. Mr Khanna, who is suffering from ankolyising spondylitis, is recently working for voluntary health and education.

### Need for More AIDS Screening Centers Told

93WE0119 Madras THE HINDU in English  
9 Nov 92 p 3

[Text] Madras, Nov 8—Since the first HIV positive cases were detected six years ago in Madras, Tamil Nadu has been in the forefront in AIDS surveillance, counselling and control programmes.

As the initial 10 cases seen were among a group of prostitutes, it was thought that AIDS was the disease of people who have high risk behaviour. That is not to be and the epidemiological pointers are now towards the youth in the age group of 18 to 21—the youngest having the infection is a school student aged 15.

The enormity of the situation could be assessed from the fact that the surveillance centre in the city which saw 10 cases in 1986 has now detected more than 2,000 seropositives—an alarming but a clear picture of the rise in infection rates in the State.

“When we began our work 6 years ago, utmost there used to be two positive samples per week and not more than four per month. But now we see one or two cases every day and 40 to 60 positive cases a month,” say those involved in screening activities. And according to statistics, in the State as a whole there are 2,900 persons who have contracted the infection. This is as against 10,300 recorded HIV infected people in India as of October.

Risk factors: Sexual transmission accounts for 75 per cent of all reported HIV infections. This is followed by infections contracted during blood transfusions. Risk of transmission following the use of contaminated needles and syringes is estimated to range from 1-5 per 1,000 exposures.

The Union Government's initial thrust was on blood safety programme. Elisa Readers for preliminary HIV test through blood samples were supplied to States to start more screening centres. In Tamil Nadu, 15 screening centres were to be established progressively—eight in Madras, five in medical colleges and two at district hospitals. But the setting up of these centres were hampered for want of AC facility to preserve blood samples, trained staff and necessary accessories and equipment. The result of this apathy was that only four centres, that too in Madras, could get the start but they remain non-functional. Enquiries show that though they have the Elisa Readers, each one of them costing Rs.1.5 lakhs, the Stanley and Kilpauk Medical colleges and Kasturba and Woman and Children hospitals could not put them to use for the simple reason that they are yet to be supplied with appliances such as pipettes and washers.

Lack of facilities: Similar is the case with regard to blood screening centres for the development of each of which the Union Government sanctioned Rs. 1 lakh. In the absence of budgetary provision, they are yet to see the light. It is stated that roughly 18 per cent of the infections in India is caused through transfusion of infected blood. The Tamil Nadu Government banned professional blood donation system in October 1989. And a thrust was given to voluntary blood donation campaign in cities including Madras and Madurai. But persons knowledgeable on how the system functions say that many professional donors still donate blood coming as replacement or relative donors.

The incidence of HIV infection among professional donors has increased in the last 6 years from 0.5 percent to 3.00 percent. And even among voluntary donors, the infection is showing up. As a person who receives HIV contaminated blood is sure to pick up the infection, they stress the urgent need to develop testing facilities in district headquarters. And taluk hospitals could be linked to these district centres which could be supplied with Serodia kits for testing. However, before the introduction of the instrument-free testing system, the technical staff required to be trained. The Drug Control authority is empowered to check even private blood banks. But it is asked how the private blood banks could be prosecuted for non-compliance of facilities when they were lacking in the Government set up.

The AIDS cell at the Madras Medical College has been systematically testing the high-risk group since the first cases were detected and in the last 6 years the incidence among persons suffering from sexually transmitted diseases (STD) has gone up from 0.5 percent to 6.00 percent. So, this underlines the need to give a push to STD control programme. But it appears that the STD services in Government hospitals are not fully utilised and the attendance at the STD clinics show a fall. This is attributed to the psychology of patients many of whom seem to feel that they would stand exposed if they attended the Government service where they think the confidentiality might be lacking.

Health education essential: Health education is an important aspect of AIDS control programme. Doctors admit that though much had been talked about this, very little has been done in this regard. The set up for health education at the State level is yet to be constituted. It is stated that the Centre sanctioned Rs. 15 lakhs in 1991 for health education and the WHO also allocated funds for awareness creation. Sadly, they say, these had not been utilised for putting through any meaningful programme.

With all its constraints, it is said that the AIDS Resource Group in Madras had conducted more than 100 awareness programmes. Doctors say it would be worth the while for the State to involve these experts in planning strategies on health education. There is an AIDS Committee headed by Collector in each district. These committees, they say could be asked to meet frequently,

chalk out education programmes and identify non-Government organisations in the area for AIDS work.

As the number of full-blown AIDS cases admitted to Government hospitals are slowly increasing, specialists involved in the programme want an urgent plan of action to train medical and para-medical personnel in the districts. Such a training programme was conducted in early 1991. Since then some of the doctors may have been transferred and hence the suggestion for a continuous training programme.

### Ayurvedic Laboratory's AIDS Claims Examined

93WE0118 New Delhi *PATRIOT* in English  
10 Nov 92 p 4

[Editorial: "AIDS in India"]

[Text] At a time when the scourge of AIDS is spreading in India and more and more HIV positive cases are coming to light, the claim made by an Ayurvedic laboratory of Kochi in Kerala about having cured an HIV positive and another a full-blown AIDS case with an Ayurvedic compound calls for investigation. According to the laboratory's managing director, a 25-year-old mother of a baby girl was found to be HIV positive soon after her husband, a full-blown AIDS patient, died of the disease a year ago. After the local press highlighted her plight, the laboratory treated her for 45 days after which an elissa test found her to be HIV negative. The other, a 27-year-old full-blown male patient of AIDS, showed clear signs of the disease in the form of chronic cough, loss of weight, diarrhoea, high fever and skin infections. After 70 days' treatment he was relieved of most of his problems and his blood test showed HIV negative. It has been reported that the Ayurvedic compound used in the treatment had been developed in accordance with the prescriptions in the ancient Ayurvedic book 'Ashtan-gahrudaya'. People are conditioned to accept AIDS as incurable. But that was so with tuberculosis and leprosy till their complete cure was found. It is an undenyng fact that, notwithstanding the rapid advances made by the modern system of medicine, it has not been able to provide answers to some of the diseases like stone formation and asthma. It is well known that herbs and plants are the basic sources of the medicines in the mainstream pharmacopoeia. Even though Ayurveda is one of the most ancient systems, lack of research has retarded its progress. Homoeopathy, however, was encouraged in Germany and the United States and is now being prescribed even by practitioners of modern medicines to work wonders in certain conditions where allopathy fails. In a situation where one system has so far been unable to find a cure for the dreaded AIDS, there is every reason to verify the claims made by any other system. There need be no prejudgment either to favour or oppose any system. An objective investigation of the claim made at Kochi would be necessary. Tackling the menace of AIDS calls for urgent steps in India. The incidence, according to WHO estimates of South-East Asia, comes second, next to Thailand. Up to four lakh

women in India are infected by HIV. The velocity of its spread can be seen in the fact that while the number of full-blown AIDS cases rose from five in December 1986 to 237 in August this year, the seizures of HIV positive cases went up from 71 to 10,362 during the same period. With Manipur topping the list, the scourge is taking a heavy toll in Maharashtra, Bombay in particular, and is threatening to play havoc in Nagaland, Madras, Delhi and UP. The 5-day second International Congress on AIDS in Asia and the Pacific in Delhi, with participants from 40 countries, will no doubt take due note of the alarming situation in this part of the world.

### Over One Hundred AIDS Cases Reported in Bengal

93WE0316A Calcutta *THE TELEGRAPH* in English  
14 Mar 93 p 6

[Article by Amit Ukil]

[Text] Calcutta, March 13—West Bengal has crossed a gruesome landmark with the number of persons with the AIDS virus since 1986 exceeding 100.

The official figure with the state authorities till January this year was 63 but since then the AIDS monitoring office at the School of Tropical Medicine (STM) has received reports that the National Institute of Cholera and Enteric Diseases had detected 26 more cases, and the Command Hospital run by the Army, another 10.

Three new cases have tested HIV positive at the STM in the last 2 months, taking the official known figure to 102. In addition, there are quite a few cases that have been detected at private nursing homes and pathological laboratories in the city, the results of which are not always intimidated to the STM.

"We have reached a stage where screening blood is no longer necessary to find out the prevalence of the virus in the state," Dr M.S. Chakraborty, West Bengal's programme officer for the National AIDS Control Programme, told *THE TELEGRAPH* today. He was one of the main speakers at the first-ever AIDS awareness seminar for legislators held at the Assembly lobby.

"There is no denying the fact that conditions for the spread of the AIDS virus exists in India, and surveillance and testing have shown that an increasing number are being infected," he told the 80-odd MLAs who had turned up for the seminar. The House has about 290 members.

Surprisingly, the health minister, Mr Prasanta Sur, who was to have inaugurated the proceedings, and the minister of state for health, Mrs Chhaya Bera, did not attend. The Speaker, Mr Hashim Abdul Halim, who presided over the seminar, for once could not haul up members or ministers for a lack of quorum as the "session" was just a seminar, even though an important one.

Had there been a better turnout, the MLAs, especially from the districts where hardly anything has been done yet to build an awareness of the dreaded disease, would have been able to return to their constituencies, equipped with some knowledge about how the AIDS virus spreads. An elected leader has as much a role to play in the dissemination of facts as have government officials, social workers and the media, a speaker at the seminar pointed out.

That the meet proved useful can be gauged from the responses to a questionnaire distributed to the legislators. Dr G.P. Dutta, MLA and chairman of the House's subject committee on health and family welfare, who was one of the main organisers of the seminar, said that as much as "76.2 percent of those who had responded did not know much about AIDS, and 9.2 percent had no idea." But all agreed that a proper movement would help prevent the spread of the virus.

"What happens if a client refuses to use a condom?" the Speaker asked.

Summing up the proceedings, he said AIDS was a social disease, the education and information of which must be known to all in villages, in schools and in colleges. There is danger if there is an attitude of shame in such matters, for AIDS has become a fact of life and prevention is the only way to check its spread.

### West Bengal Battles Against AIDS

93WE0164 Bombay THE TIMES OF INDIA  
in English 2 Dec 92 p 23

[Article by Sudhin Dey]

[Text] Calcutta, December 1—In West Bengal, there are now currently 56 cases of HIV infection and nine AIDS cases. Of the nine AIDS cases, four have died. Yet another AIDS case detected by the virology department of the School of Tropical Medicines has gone back to Jamshedpur.

Meanwhile, the West Bengal government has prepared a 5-year AIDS prevention project which is to be implemented with World Bank assistance. The state government's Rs 50-crore project has been sent to the Centre for its approval. The project is to take off next year.

According to Dr Manish Sekhar Chakraborty, head of the virology department of the government of West Bengal, of the 56 cases of HIV positive cases in the state, nine were AIDS patients, seven were haemophiliacs, four foreign students, four were promiscuous persons, five sexually-transmitted disease patients, seven prostitutes, two pimps and the rest were voluntary blood donors.

He said that a little over 80 percent of the AIDS cases were sexually transmitted, ten to 12 percent through the use of infected needles by drug users, two to three

percent due to blood transfusion and about one percent from infected mother to child through breast-feeding.

Since there is always a chronic shortage of blood required for medical treatment, the government does not want to give too much publicity as the blood donors might become panicky and few would come forward to donate blood.

As a preventive measure, the government has introduced the Elisa test in most of the blood banks in Calcutta and in some of the district blood banks for checking AIDS virus in each of the donor's blood samples. Those found positive in the Elisa test are rejected. The particular donor and the members of his family are then given the bad news and counselled how to stop the spread of the deadly disease to others.

There are at present 31 blood banks, including six government and 25 private ones, in Calcutta. Of these, 27 have the necessary arrangements for Elisa test while four private blood banks propose to have them by January. The two district hospitals in Howrah and South 24 Parganas also have blood banks.

The state's health secretary, Ms Leena Chakraborty, said that apart from Calcutta, other vulnerable areas of the state, like the Calcutta and Haldia ports, Siliguri and Asansol were receiving the state government's attention in combating the spread of the deadly disease for which no cure had yet been invented.

Elisa test arrangements would soon be made at the blood bank at the North Bengal Medical College Hospital in Siliguri as the town is the gateway to the entire north-east India. There is a large volume of traffic through Siliguri from the north-eastern states, many of which have now a good number of AIDS patients because of the prevalence of drug abuse. Similarly, since sailors from foreign countries come to Calcutta and Haldia ports, the government's attention has been drawn to these areas also.

Asked if the government could take any penal measure against any blood bank for not carrying out the Elisa test, Ms Chakraborty replied that till now there was no law to compel them to carry out such a test. But the controller of drugs, who issues licences to blood banks, could always cancel such licences in the event of refusal by a blood bank to perform such a vital test. The West Bengal government had already requested the Centre to bring in suitable legislation for compulsory Elisa test for detection of AIDS virus in all blood samples.

Ms Chakraborty said since the theme of this year's 'World AIDS Day' was "AIDS—a community commitment," the government had decided to start an intensive campaign and inform the general public about AIDS, dispelling the myths, educating the people involved in high-risk behaviours, like drug users and prostitutes and training medical and para-medical health personnel about handling of AIDS patients. The government proposes to provide assistance to the voluntary organization, which is running a sexually-transmitted diseases

clinic in Calcutta's largest red light district, for spreading awareness about AIDS, she added.

### Top Surgeons Said Contributing to Spread of AIDS

*BK1612094592 Delhi INDIAN EXPRESS in English  
7 Dec 92 p 3*

[Text] Bombay—Top notch surgeons in State Government hospitals are contributing to the spread of HIV infection through transfusion of untested blood, according to the additional director of health services, Dr S.R. Salunke, at a symposium here on Sunday. He was speaking at a symposium organised by the Haffkine Institute. "They are professors of surgery but they insist during emergencies that their patient be supplied blood instantly; they do not even wait for the 4 hours it takes for HIV test results to be ready. And they bully any junior staffer who dares to stand in their way," he further regretted.

### Hospital Reportedly Supplying Blood Without HIV Screening

*BK2403053593 Delhi INDIAN EXPRESS in English  
18 Mar 93 p 3*

[Text] Dehra Dun—At a time when the world's attention is engaged in devising fool-proof technique to fight AIDS, costly equipment worth lakhs, like the advance reader machine and refrigerator, supplied to the Doon Hospital under a USAID programme, are gathering dust for the past one year for want of an Elisa Kit.

As there was no such centre this side of the State, it was proposed to have one AIDS screening centre here to cater to the districts of Uttarkashi, Tehri Garhwal Pauri Garhwal, Chamoli, Dehra Dun and Saharanpur. The necessary equipment arrived in April-June last year and subsequently, an AIDS centre was set up adjacent to the existing blood bank.

After a long wait for the main equipment—Elisa Kit—the hospital officials wrote to the health authorities at Lucknow for taking up the case with the Centre and the National Aids Control Organisation (NACO) at Delhi. Hospital officials also visited NACO for the supply of either the Elisa Kit or the Serodia Kit but the organisation has so far not supplied any of the two for reasons best known to it.

But this is not the only grievance of the hospital. Dr S. S. Aswal, pathologist and in charge of AID centre here, told INDIAN EXPRESS that he had also sent an action plan to the government. He has suggested recruitment of trained staff for the centre as at present he is the only person who is trained for carrying out HIV screening. He said that he would himself visit NACO for supply of kits.

As the screening of all blood samples, whether from voluntary donors or professionals, has been made compulsory, all blood samples are being sent to the Lucknow AIDS Centre which obviously takes several days to come.

The Government hospital sources admitted that in case of emergency it may cost a patient a life as the report cannot be ascertained from Lucknow immediately. Moreover, inquiries revealed that for the past four months samples of blood are not being sent to Lucknow by the blood bank staff. And in violation of all norms, blood is supplied to the patients without ensuring that it is HIV free.

Even the credibility of the blood test too is in question. Recently, a professional donor was declared HIV positive by the Lucknow centre.

On its recommendation, the blood sample was sent to Delhi where again it was confirmed that it was HIV positive. However, the said donor obtained the third report from Lucknow again that it was an "AIDS free case".

Dr Aswal said that he had also received a letter from director, health services, asking him to personally take up the case with NACO. The centre had also been airconditioned sometime back but had not been able to function for lack of Elisa Kit. One kit is sufficient to screen 96 and 192 HIV cases depending upon its capacity.

## ISRAEL

### Possible Discovery Preventing the Spread of AIDS

*TA02120943 Tel Aviv DAVAR in Hebrew 2 Dec 92 p 1*

[Text] Initial findings of research studies by the Tel Aviv University point towards the possibility of preventing the spread of AIDS into the blood cells. The discovery came about within the framework of experiments in genetic engineering, through the use of natural materials gathered from the Gulf of Eilat. The research studies include such experiments as the sending of proteins into space aboard the "Columbia" space shuttle.

Professor Jonathan Gershoni of the Life-Sciences Faculty at Tel Aviv University explained yesterday that the AIDS virus enters the body through a series of stages: In the first stage it becomes attached to the receptor of the cell; the cell then identifies the virus and allows it to enter the cell. The experiments currently being carried out are investigating the procedure through which the receptors identify the virus and permit them to enter.

"Investigation into the procedure and the exposure of the mechanism involved will enable the formulation of synthetic products likely to prevent contact between the receptor and the virus", said Prof. Gershoni. These

synthetic products, known as "molecular inducement devices," were created in the faculty laboratories.

The optimal inducement device has a higher capacity to connect itself to the virus. A virus caught by the inducement device will be unable to enter the cell and will be removed from the blood by the immune system. According to Prof. Gershoni, "Eighty percent of the receptor's molecular structure is not involved in the identification process; our present research is focused on the remaining 20 percent."

The first group of artificial inducement devices have already been tried out on AIDS patients in the United States, but did not lead to a cure. "What we really need is a model from which we can learn the basics of developing functional inducement devices, and in this field we are already making great progress," said Prof. Gershoni.

Professor Amnon Hisi of the Faculty of Medicine heads another group of researchers investigating the second stage of the contagium. After the virus has penetrated the cell's envelope, it must pass a further stage in which it reproduces itself, before entering the cell's nucleus. After the penetration of the nucleus, the virus is absorbed by the cell's genetic matter, thus resulting in infection.

Prof. Hisi's research examines the molecular qualities of the enzymes involved in reproduction, in the hope that it will be possible to prevent the procedure. "The more we know about enzyme structure, the greater our ability will be to prevent the process, and to create specific treatments that do not endanger the active cells", said Professor Hisi. In the investigation into the possible causes of damage to the enzyme structure, the scientists are studying scores of natural materials from the Red Sea. Thus, proteins that had been synthesized under methods of genetic engineering were launched aboard the space shuttle "Columbia" in the hope that in the absence of gravity the more productive proteins may be synthesized.

According to Prof. Gershoni, AIDS research is progressing very slowly due to, among other factors, the rapid transformation of the virus and to the fact that the virus develops a quick immunity to treatment.

## PAKISTAN

### 170 HIV, AIDS Cases Detected in 1992

BK0704084893 Islamabad *THE MUSLIM* in English  
7 Apr 93 p 4

[Text] Islamabad—April 6—The total number of HIV and AIDS cases, detected by the end of December 1992 are 170. Out of this figure 25 are AIDS cases. This was told in a high level meeting of AIDS, held here at the Ministry of Health.

The meeting was chaired by Minister for Health, Syed Tasneem Nawaz Gardezi and attended by senior officials of Health Ministry and National AIDS Programme (NAP). The participants of the meeting reviewed in detail the progress and activities in connection with prevention and control of AIDS in Pakistan, particularly during the present regime.

Dr Satwar Habibur Rehman Deputy Director General Ministry of Health informed the minister that 25 AIDS screening kits and materials are being provided free of cost and tests are being carried without any change in these centres, he added.

It was told in the meeting that more than 263,828 persons have been tested for AIDS till December 1992 while this number will reach around 365,000 this year. Dr Sarwar who is also national coordinator of NAP informed that the AIDS tests have been conducted on cross sections of population including prostitutes, injectable drug users, prisoners, sailors, people returning from abroad referred cases, TB patients, blood donor, refugees and volunteers for AIDS testing.

The participants of the meeting were also informed that it has been decided that AIDS free certificates will be mandatory for foreigners and sailors coming to Pakistan. Similarly these certificates are also required on all import of blood, blood products, vaccines etc. Furthermore, blood transfusion services, both governmental and private will be recognised to exclude any possibility of AIDS dissemination by this process.

The meeting also reviewed the steps for creating awareness among masses for the prevention and control of AIDS.

### AIDS Said Spreading, Wider Spread Feared

93WE0132A Peshawar *MASHRIQ* in Urdu  
11 Nov 92 p 10

[Editorial: "The Problem of AIDS in Pakistan Requires Attention"]

[Text] Following his tour of the Northern areas and Hazara division, a foreign doctor, [?Sircles Broad], announced that more than 10,000 individuals in the Frontier province and northern areas were suffering from AIDS but that due to the lack of screening facilities, these individuals had not been diagnosed as AIDS patients. He said that Pakistani doctors had estimated that there were 250 individuals suffering from AIDS but that statistics could be relied upon only up to a limited extent. Because of the speed with which AIDS is spreading throughout the world, it is necessary to establish AIDS diagnostic centers in poor and backward countries; Pakistan is also a developing country. Recently, Dr. [?Eram] disclosed that AIDS diagnostic appliances ordered for Pakistan were lying idle because no one knew how to operate them. At present, the

population of the Frontier province, the northern territories and Hazara division is more than 10 million but there are no AIDS diagnostic centers in these areas. It is of the utmost urgency that AIDS screening centers be set up in these areas without delay; mobile clinics can also be utilized for diagnosing AIDS. By such means, it will not only be possible to find out how many individuals are suffering from AIDS but to treat them as well. It is regrettable that the 250 patients identified as AIDS sufferers by Pakistani doctors did not come to the doctors voluntarily but were found to be carrying the AIDS virus. As Dr. Sircles Broad has pointed out, illiteracy and lack of family planning are largely responsible for the spread of AIDS. As he has suggested, the government should immediately establish AIDS screening centers and family education centers to teach AIDS prevention in the remote areas of the country. The governments of Sindh, Baluchistan, Punjab, and Azad Kashmir should also immediately set up AIDS screening and family education centers in the remote areas of these provinces so that the spread of AIDS may be prevented.

#### **Minister Says AIDS 'Fast Spreading in Country'**

*BK1312155492 Islamabad Radio Pakistan Network  
in Urdu 1500 GMT 13 Dec 92*

[Text] A 3-day international seminar about the dissemination of the facts and information on AIDS began in Islamabad today. Inaugurating the seminar, Punjab Governor Mian Mohammad Azhar said what is needed is that the people should be informed of the causes of this fatal disease and its protective measures because the deadly disease is spreading dangerously. The seminar was told that the number of registered AIDS patients in Pakistan until February this year was more than 100 and its sudden spread indicates that the disease of AIDS is fast spreading in the country. The seminar, organized by the Pakistan Institute of Medical Sciences in cooperation with the World Health Organization, is being attended by representatives of the four provinces, Azad Kashmir, international bodies, and nongovernmental organizations. The seminar will have four sessions which will discuss ways to check and uproot the disease, particularly in Pakistan.

### International AIDS Conference in St. Petersburg

93WE0226H St. Petersburg NEVSKOYE VREMYA  
in Russian 20 Nov 92 p 4

[Article by Anton Ubankov: "Investigation of AIDS: a New Phase]

[Text] "We have nothing to do with these homosexuals" was the express reaction of administrators of municipal health care to the report about AIDS of Andrey Kozlov, biologist. At that time, at the dawn of perestroika, Kozlov, who had just completed his internship in the United States, did not expect a different reaction.

Things are different now: Andrey Kozlov, who is a laboratory head at the Institute of Particularly Pure Agents, organized the International Conference on AIDS, Cancer and Human Retroviruses, with the active support of the Swiss millionaire, Bruce Rappoport. Within the CIS, St. Petersburg is recognized as the center for research and prevention of AIDS, and this is not the first conference.

Russian scientists, guests from the United States, Finland, Israel, Canada and our immediate neighboring countries (about 40 foreigners) listened to about 100 papers from morning til evening for a week.

Isaac Witz, head of the department of immunology at the University of Tel Aviv stated: "Such forums are unique. They make it possible to discuss the results of experiments that have not yet been published. Please note that the conference deals not only with AIDS. I personally believe that HIV infection is not as great a problem as cancer. There are several already known pathogens of AIDS, whereas there are thousands for cancer."

"Indeed, if we succeed in reducing cancer by at least 50 percent, it would be an unquestionably grand victory," continued Dr. Auli Leyniken, president of the Baltic Association for AIDS Control. "We hope to also make another step toward coordinating the control of AIDS in Baltic countries at this conference."

Mr. Rappoport and his wife who, incidentally, paid for the trips of foreign participants, attending the opening ceremonies of the conference, which started on 18 November at the St. Petersburg Hotel.

Yesterday, Anatoliy Sobchak, the mayor of St. Petersburg, hosted the conference organizers and commented on the extreme importance of scientific measures related to research on the HIV virus.

Andrey Kozlov believes that, in view of the new status of St. Petersburg as interparliamentarian capital, our city could become the official center for virological research on AIDS.

### Russian HIV Incidence Still Low

93WE0339A Moscow MOSCOW NEWS in English  
No 12, 19 Mar 93 p 15

[Article by Lusy Jones and Alexander Tkachenko]

[Text] Research into the spread of AIDS in the former Soviet Union shows a surprisingly low incidence of the virus. Of the 24 million people tested for HIV last year only 85 were found to be positive. These figures are based on research conducted by the Scientific Methodology Centre of Prophylaxis and Fight Against AIDS in Moscow

Homosexuals account for 29 of the new cases, 4 are children born to infected mothers and the remainder the result of heterosexual contact with foreigners. Moscow, the centre for the still outlawed homosexual community and prostitution, showed the greatest concentration of cases. So far there have been three instances of the HIV2 virus and these were the result of sexual contact with foreigners from endemic countries.

The anonymous tests were carried out by the 200 regional AIDS centres which were established under the communist regime in 1987 to monitor the spread of the virus. Pregnant women, people undergoing treatment for sexual diseases and blood donors are automatically tested for HIV. But also included in the survey were clients of the AIDS clinics and volunteers.

The past 3 years have seen a low rate of spread of the disease. Since 1990 eighty new cases have been recorded each year.

The reason given for the low number of HIV cases is the absence of imported blood products. "When AIDS appeared in the States and Europe in the 1980s the Soviet Union was a closed country. We never had an AIDS problem until perestroika began by that time the West had some experience in the fight against AIDS, and we used it. We avoided imported blood products and so avoided importing AIDS," said Dr. Vadim Pokrovsky, heading the HIV testing programme.

The regional AIDS centres send data to Moscow every month. Last week the number of HIV and AIDS cases recorded stood at 618. Of this figure 276 are children, who were infected with HIV in children's hospitals in 1989. "The Soviet Union's experience of AIDS has been very different to the West's so far, with the high percentage of children infected. But with our country's breakup we are facing problems in the struggle against AIDS. The committee formed to advise the government on AIDS policy has not met for two years and inflation means we can no longer afford to buy equipment," said Dr. Vadim Pokrovsky.



### 618 Cases of HIV-Infection Officially Registered in Russia

*OW1603235593 Moscow INTERFAX in English  
1946 GMT 16 Mar 93*

[Following item transmitted via KYODO]

[Text] As of today, 618 HIV-infected persons have been officially registered in Russia, Mikhail Narkevich, a Russian Health Ministry spokesman, told a session of the Russian-American Information Center in Moscow. It is 6 years this month since the first AIDS case was detected in the USSR. According to official statistics, by today 120 AIDS and HIV-infection patients have died in Russia. On the other hand, numerous independent public organizations, in particular You and We, an association of Russian AIDS patients and their families, and American health charities believe that the actual number is much higher and can dramatically increase in the near future if the problem is tackled purely administratively.

Mikhail Narkevich believes that the panic period over this disease is over and balanced informational coverage is needed now.

### Shortage of Condoms in Moscow

*93WE0259N Moscow MOSKOVSKIY  
KOMSOMOLETS in Russian 3 Feb 93 p 1*

[Text] In the very near future, Moscow could experience a serious shortage of one of the most urgently needed medical resources—condoms. MOSKOVSKIY KOMSOMOLETS learned that the larger part of these products are languishing in commercial stalls, and pharmacies are getting only the meager leavings. People are reluctant to buy condoms from stalls. The price is high, and the quality is terrible. Cases are known where merchants have dumped goods on customers that they had formerly “used” themselves.

It was reported to us from Moscow's Pharmaceutical Chamber that some fraction of the condoms will probably be stored away so that the city will have a reserve. It is interesting that security service agents suffer the poorest supply of contraceptives: They are practically never found in departmental pharmacies of the Ministry of Security.

### AIDS Committee Meets, Reports Nine AIDS Deaths in Ukraine

*LD2903202493 Kiev Radio Ukraine World Service  
in Ukrainian 1900 GMT 29 Mar 93*

[Text] Nine citizens, four of whom were children, have so far died from AIDS in Ukraine. In addition, 118 incidents of HIV infection have been registered among Ukraine's residents and 191 among citizens of other states. This was reported today at the first session of the

national committee for the battle against the AIDS disease under the Ukraine president.

The session noted that Ukraine has a national program of AIDS prevention. It envisages the creation of an effective system of inspection for the spread of HIV infections and the implementation of a range of preventative measures to warn against the spread of AIDS. The session stressed that more than 160 diagnostic laboratories for examining blood samples for HIV are now operating in Ukraine. A network of enterprises is being created which will produce disposable syringes, needles, and blood transfusion systems.

### Ukrainian Official on AIDS Control

*93WE0225C Kiev PRAVDA UKRAINY in Russian  
15 Sep 92 p 3*

[Article by Ukrainian People's Deputy Valeriy Ivasyuk: “How to Save the Nation”]

[Text] At the request of the editor's office, Candidate of Medical Sciences Valeriy Ivasyuk, a deputy to the Ukrainian Supreme Soviet, a member of the Supreme Soviet's commission on public health issues, and president of the All-Ukrainian AIDS Fund, ponders the status and prospects of the fight against AIDS in Ukraine.

AIDS is an extremely complex problem of all mankind, solution of which requires immediate measures. Many countries have found themselves in an unprecedented situation in connection with this problem. They are faced by the need for developing and introducing the corresponding state AIDS control programs.

How do we evaluate the effectiveness of such programs, developed in one country or another? What strategic steps should our country take in this highly complex situation? It should be noted that the World Health Organization has already developed all of the necessary provisions and recommendations on controlling and preventing this dangerous disease.

By what criteria can we determine whether the national AIDS control program corresponds with WHO's global strategy?

The first criterion is legal. It determines the correspondence of national legislation pertaining to the individual's and the state's relationship to AIDS problems with the rules of international law. Efforts to develop national legislation in this aspect have only just begun in Ukraine.

All legal relations must be regulated by law. The drafting of legal acts would be suitable only in extreme situations; however, they should not go beyond the bounds of legislation foreseeing them.

Otherwise a situation may arise where legal acts may contradict the law, and this can result in violation of human rights.

When working on the Ukrainian law "On AIDS Prevention and Social Protection of the Population," we accounted for the basic principles of anti-AIDS legislation of Western countries. This law went into effect as of January 1992, and it received a positive evaluation from our and foreign experts. It standardizes a wide range of relations—from protection of the rights of HIV-infected and professional risk groups and social assistance for them, to administrative and criminal punishment for violating them.

The second criterion determines the correspondence of existing state institutes to national needs and how they fit in with international structures. Unfortunately state policy has been pursued thus far in Ukraine without due coordination between the Ukrainian Ministry of Health and other ministries and departments. Ukraine still lacks a guaranteed system of diagnosing HIV infection. We have no diagnosticums that would meet the requirements of the World Health Organization, and legal regulation of the diagnostic process is imperfect. Moreover preventive educational programs directed at changing risky forms of human behavior continue to be the sole means of influence upon the epidemic process. But once again except for a few video clips and pamphlets of little informative value, we have nothing of this sort.

There is one other problem—the low level to which medical workers are informed on AIDS problems. Absence of the necessary medical training of doctors in matters of HIV infection is creating a situation where medical personnel are becoming a professional risk group, and without wishing to do so, are assisting the spread of the AIDS virus. And the incompetency of medical workers in legal matters is consolidating the epidemic process in Ukraine in its latent state.

Considering all of this, the need has arisen for establishing a state institution endowed with emergency powers. In correspondence with the Ukrainian law, a 27 May 1992 edict of the president established the National Committee for the Control of the Incidence of AIDS under the Ukrainian president.

This committee must coordinate the actions of all ministries, departments, state institutions and public organizations, and direct them at fulfilling Ukrainian AIDS legislation.

The national committee must coordinate and direct Ukrainian science toward solution of the problems of preventing and treating AIDS, and concurrently review scientific programs with regard for the real economic situation in Ukraine.

Meeting with Western colleagues, and with WHO experts in particular, we hear them ask: Who is directly responsible for protecting the health of citizens from HIV infection? Now the responsibility before society for the state of affairs in the fight against AIDS will lie primarily with the national committee.

Such that if we look at the hierarchy of responsibility, it would appear as follows: president of the Ukraine, chairman of the national committee and all of its members, and then all bodies of state administration in Ukraine, beginning with the Ministry of Health.

If we can say that the legal foundations of anti-AIDS policy and the corresponding state institutions provide sufficient conditions for the fight against AIDS, then the existence of a national program called upon to direct this fight is a necessary prerequisite. The global strategy requires development of a broad, all-encompassing program in all countries of the world. The greatest attention should be devoted to its creation. Therefore the third criterion determines the correspondence of the goal and strategy of the national program with the principles of the WHO.

Of course, in drafting a national program we need to account for the unique features of the spread of HIV infection in Ukraine. But the programs must be based on principles that are universally recognized and binding upon all countries.

What are these conceptual requirements of the World Health Organization? First of all we must find a place in the global program that is adequate to the possibilities and needs of Ukraine. Moreover we need to determine in the national program who in the state must do what, when, how and to what degree of responsibility in order to stop and then neutralize the spread of AIDS. In the event that such requirements are fulfilled, Ukraine as a state experiencing great financial difficulties may count on significant practical methodological, informational and financial assistance from world anti-AIDS institutions. Up until today, those who are called upon to fight AIDS in Ukraine—that's chiefly the Ministry of Health—are ignoring such a possibility for joining the world community. Our inferiority complex continues to bind us to the "Moscow Center." In its time this became the cause of adventuristic introduction of a poor-quality system for diagnosing HIV infection into Ukraine, and as a consequence, formation of an introverted public health system as regards the fight against AIDS.

The presently existing national program, which was drawn up by the Ministry of Health and adopted by the government, requires immediate and extensive revision of all of its sections, and chiefly in regard to the use of finances.

The fourth criterion is the degree to which the population is informed. As was noted earlier, scientifically substantiated preventive and educational programs directed at changing human behavior are creating a real obstacle to development of the AIDS pandemic. It is difficult to overstate the effectiveness of precisely this factor in the fight against AIDS. In the early 1980s the risk group was limited to just certain social groups. The attitude of people toward representatives of these groups was blatantly negative. The civilized world shut AIDS patients out of its life, and doctors employed epidemic

resources that are harmful from a medical point of view. Today the orientation and conception for determining risk groups, carriers and social policy have changed fundamentally in developed countries. This had an immediate effect on the epidemic process. In particular, this process first began to stabilize and then began declining among social risk groups in these countries. The developed countries came to understand that AIDS knows no borders, and it can visit every family. First the pragmatism and the altruism of people cause a change in attitudes toward unfortunate HIV carriers—from rejection to benevolence.

Of course, changing the attitude of millions of people toward the victims of AIDS from one of fear and hatred to conscious behavior and humanitarian sympathy for patients is a monumental task. But it is precisely through such a spiritual, intellectual and scientific orientation of the people that we see our road to salvation. This is the road that Ukraine must travel together with civilized countries.

#### **AIDS Awareness Day in Baltic Republics**

*93WE0229A Riga THE BALTIC OBSERVER  
in English 10-16 Dec 92 p 114*

[Text] December 1 is International AIDS Day, and it did not pass unnoticed in the Baltic states. As they develop closer relations with Western countries, the Baltic states are also beginning to experience Western problems.

The number of patients with the HIV virus, which is believed to cause AIDS, continues to grow in all three Baltic states. Recently the 16th HIV carrier was registered by the Lithuanian AIDS Prevention Center, which provides anonymous testing for the HIV virus. The Latvian AIDS center has registered 14 HIV positive patients, two of whom already have AIDS. Twenty-nine HIV patients have been registered in Estonia, but the real figures may be quite different.

Representatives of all Baltic states recently took part in an international symposium on HIV and AIDS problems in the Scientists' House in Lielupe, Latvia. The symposium was organized by the Latvian AIDS Center, which is headed by Dr. Juris Zalcmanis, and by the International Center for Better Health in Los Angeles, headed by Stewart Altschuler. The International Center was founded in 1990 in order to improve health services in the former Soviet countries.

In Zalcmanis' opinion, the AIDS Center is only aware of about one-third of all HIV positive Latvian residents.

However, Sahdna Kahlisa, the medical director of the department for sexually transmitted diseases at the International Center, believes that the tide of AIDS cases can still be stemmed in Latvia, even if the number of people found to be HIV-positive is ten times larger than indicated by the Latvian AIDS Center.

This year in Lithuania, November 28 was Sargio Svente (Condom Festival) Day. Lithuanian rock groups like Tadas Padas, Foje, and Kolibri from St. Petersburg participated in concerts dedicated to International AIDS Day. The Lithuanians also had the education of the younger generations in mind. A special concert was held for children during the day.

Information provided by Diena

#### **Tajikistan: Dushanbe on Measures To Combat AIDS**

*LD0212140492 Dushanbe Radio Dushanbe Network  
in Tajik 0100 2 Dec 92*

[Excerpt] [passage omitted] A center for the prevention of and fight against AIDS, under the Ministry of Health, is in operation in our republic. Irrespective of the complicated social and political situation in the republic the center for the prevention of and fight against AIDS continues its activity. At present 24 laboratories for the diagnosis of AIDS are operating in the republic, including four laboratories in oblast centers. They are serving all those people interested. Beknazarov, acting head physician of the center, said that people do not reveal their names and addresses or their places of work and education during the examination. Patients only undergo an ordinary examination and they can get the answer by telephone.

The unsettled situation in the republic had a negative effect on implementing measures for protection against AIDS and contagious diseases. Officials at the center for the prevention of and fight against AIDS are making efforts to ensure that this [word indistinct] plague does not spread in our republic.

#### **Kazakh Health Minister on AIDS**

*93WE0259G Alma-Ata KAZAKHSTANSKAYA  
PRAVDA in Russian 1 Dec 92 p 3*

[Interview with Kazakhstan Republic Minister of Health Vasiliy Nikolayevich Devyatko by Mikhail Ambartsumyan on World AIDS Day; place of interview not given: "AIDS: All Mankind Is in the Risk Zone"]

[Text] Today is World AIDS Day. And so we publish Mikhail Ambartsumyan's interview on this topic with Kazakhstan Republic Minister of Health Vasiliy Nikolayevich Devyatko.

**Ambartsumyan:** Vasiliy Nikolayevich, AIDS has now made its way to all continents of the globe. Is there any hope that the epidemic of the "plague of the 20th Century" will begin abating?

**Devyatko:** I don't want to cause any greater anxiety in these troubled times, but I think I need to cite some of the basic figures published by the World Health Organization. At this moment the United States of America is the absolute leader in the number of AIDS patients. Last

year their number increased by 11,000 to a sum total of over 213,000 persons; Brazil is in second place, and Colombia is next.

The rate at which the number of infected individuals and patients is increasing in the world as a whole is very high, and all of mankind is in the risk group today. The disease presents a real threat to CIS countries as well, in which 1,276 HIV carriers and 72 patients have been registered (65 percent of them were foreigners who were returned to their own countries). Forty-seven of the total number of patients have already died.

**Ambartsumyan:** How do things stand in Kazakhstan?

**Devyatko:** Our republic hasn't yet suffered this fate, which in no way gives us any grounds for understating the possible outbreak of disease that can occur, because the eight HIV carriers that are in our country (three persons in Karaganda, one in Alma-Ata, two in Aktyubinsk, and one each in North Kazakhstan and Kzyl Orda oblasts) could at any moment become the cause of infection of healthy people.

**Ambartsumyan:** When it was part of the former Union, Kazakhstan was isolated to some extent from the outside world, which (there's always bad news with the good news) I believe played a certain positive role in establishing what could be called a favorable AIDS situation. Now that the republic has become a sovereign state, the number of foreigners visiting our country will increase by several times, which could lead to significant growth of the number of HIV carriers and AIDS patients. To what extent has the system for revealing possible carriers, contained in the AIDS prevention plan, prepared?

**Devyatko:** In September of this year I signed the regulations on medical certification of foreign citizens visiting our country for over 3 months for work, study or other purposes, with the exception of those coming from countries that issue AIDS virus testing certificates recognized by our republic.

Associates of international, intergovernment, nongovernment and other organizations and institutions, as well as foreign representatives accredited by the corresponding ministries, departments and organizations are subject to certification at the decision of these ministries, departments and organizations on the basis of international multilateral treaties and conventions and bilateral agreements.

**Ambartsumyan:** What can you say specifically about the work of the AIDS control service, so important to all of us, in the republic as a whole?

**Devyatko:** It has already been 2 years since a specialized republic AIDS prevention and control center was established in Alma-Ata with its own subdivisions in 22 oblast and city centers and its diagnostic laboratories. Over a quarter of the republic's population was tested anonymously in just the last 2 years.

**Ambartsumyan:** In distinction from many others, these tests are anonymous, guaranteeing total confidentiality of the information obtained. Nonetheless it seems that people are still afraid or embarrassed to undergo AIDS testing.

**Devyatko:** We guarantee anonymous testing to all who come to us for assistance. Consequently there is nothing to fear here. The mechanism is simple: A person who places himself in our trust receives a number, which is then attached to the sample sent to the laboratory, and he can learn the results by telephoning us.

Taking this opportunity, I would like to say something about the not very tactful statements made by some representatives of the mass media in regard to such a delicate issue. The sole case of an HIV carrier revealed in Alma-Ata was so sensationalized that this very act probably caused the break in contact with this person, who had come to us for assistance. But even this case once again confirms the real anonymity of testing.

**Ambartsumyan:** What do you propose changing in the sector itself so as to keep AIDS from spreading?

**Devyatko:** I think that the training of future specialists in the republic's medical schools must be reexamined, and modified in some part to provide room for the study of the urgent problems of AIDS prevention and treatment.

Laboratories for immunoenzymatic and differential diagnosis of immunodeficient states that can occur with all diseases, especially ones like hepatitis, toxoplasmosis and so on, have been established within the structure of many therapeutic and preventive institutions—in polyclinics, dispensaries and hospitals—in order to keep HIV infection from getting through, to reveal it promptly and to provide emergency assistance. This work is proceeding successfully in Pavlodar, Karaganda, West Kazakhstan and other oblasts.

The time has come to have a hospital for HIV carriers with a capacity of 15-20 beds, thus concentrating them in one place. With the opening of such a hospital, we also need to think about acquiring Retrovir, an expensive drug, and as yet the only one available. Its use makes it possible to maintain the overall condition of HIV carriers at a certain level, holding back transition of infection into disease for many long years.

**Ambartsumyan:** Vasiliy Nikolayevich, has the the woeful experience of Elista and Volgograd, where children were infected with AIDS in the hospital, served as a lesson for our medical personnel?

**Devyatko:** The weak material and technical base of most therapeutic institutions raises little certainty in this regard, of course. Understanding this, we have stiffened our control over the strictest possible observance of sterilization procedures in all therapeutic and preventive institutions.

Production of disposable syringes in Pavlodar has become a great help to medical personnel in this aspect.

**Ambartsumyan:** The fate of the growing generation is raising special concern in our difficult and contradictory times.

**Devyatko:** The sooner we begin educational work among children and adolescents, the more we will be able to accomplish. With this purpose the Ministry of Health has drawn up a program jointly with the Ministry of Education on AIDS education for students of secondary schools, vocational-technical schools, *tekhnikums* and institutions of higher education, with regard for the age and intellectual development of students at each level of the education system.

Our hope is that these programs will be adopted everywhere in our republic in the next school year.

**Ambartsumyan:** Homosexuality is another problem that we can't seem to do anything with. Hounded into the underground and persecuted by law, these people are essentially one of the most sizable risk groups. They require more of a loyal relationship and understanding.

**Devyatko:** I am certain that if these people were to sense even just a tolerable attitude toward themselves, they could help us in blocking the spread of this disease, at least in their own milieu. We can persuade ourselves of

this by looking at the cases of HIV infection among homosexuals of Karaganda Oblast. Doctors from the republic's AIDS prevention and control center went there. They established the necessary contact on a confidential basis, making it possible to reveal and test over 40 sex partners. Contrary to circulating rumors, fortunately no HIV carriers were found among them.

Concluding our interview, I would like to ask the directors of enterprises, institutions and commercial structures to make their charitable contribution, and support the public "Anti-AIDS" movement headed by Academician M. Aliyev, a deputy to the Kazakhstan Republic Supreme Soviet.

#### **Seven HIV Cases in Dnepropetrovsk Oblast**

*93WE0226F Moscow KOMMERSANT-DAILY  
in Russian No 43, 3 Dec 92 p 14*

[Text]According to the data as of 1 December, seven residents of Dnepropetrovsk Oblast, including two children, are infected with the AIDS virus. According to the information of the National Committee for AIDS Control under the president of the Ukraine, the actual number of HIV carriers in the republic is 10 times higher than officially recorded.

## BELGIUM

### Record New HIV-Positives Registered

*BR1803135993 Brussels DE MORGEN in Dutch  
3 Mar 93 p 12*

[Article: "Record Number of New HIV-positives in Belgium—IHE: Two to Three New Cases Every Day"]

[Text] Last year, 1,029 new HIV-positives were registered in Belgium. An average of three new HIV-positives were reported every day. According to the Hygiene and Epidemiology Institute (IHE), the increase in the number of HIV-positives in Belgium was by far the greatest since record keeping of the disease began. The IHE attributes the increase to the higher relative proportion of non-Belgian HIV-positives in 1992. On 31 December of last year, the number of HIV-positive cases totaled 7,155.

Since the beginning of record keeping, the number of AIDS cases registered has gone up to 1,297. On 31 December 1992, 580 of these patients already had died, and the doctors had lost track of 136 other patients. Among these 1,297 AIDS patients, 706 were Belgians. As of 31 December 1992, 338 of them were still alive, while doctors had lost track of 24 of them. All of this information can be found in the statistics published by the IHE yesterday.

Among adult Belgian AIDS patients, the overwhelming majority are in the 35-39 age bracket (115 men and 21 women).

Homosexuality and bisexuality still appear to be the main risk factors. This is true for seven out of 10 adult men. Among adults, heterosexual transmission occurred in 28 percent of the cases (23 percent for men and 61 percent for women). The mothers of two out of the 15 infected Belgian children are drug users, in seven other cases the mother was infected through heterosexual contact, while for the remaining six infected children the cause of the mother's infection is unknown. The IHE has more detailed information about 2,939 HIV-positives and their risk behavior, subdivided according to nationality and sex.

Among Belgian HIV-positive men whose risk factor is known, 68.2 percent had homosexual or bisexual contacts (788 persons). Heterosexual contacts was the main risk factor for 402 Belgian HIV-positives (232 men and 170 women). Other risk factors are drugs, blood transfusions, mother-child transmission, and hemophilia. Among non-Belgian HIV-positives, heterosexual contacts come first (1,138 persons, 543 of whom are men), followed by homosexual contacts (128), drug needles (126), transfusions (51), and mother-child transmission (also 51).

According to the IHE, the non-Belgian HIV-positive cases clearly are different from the Belgian cases, both in terms of the subdivision according to age and sex, and in

terms of transmission. Among adult non-Belgians, for instance, transmission is due to heterosexual contact in 65 percent of the cases while among Belgians, it is only 28 percent.

Of the AIDS patients with a registered domicile in Belgium, 50 percent live in the Brussels area. The majority of the others reside in such cities as Antwerp, Ghent, and Liege and their suburbs. According to the IHE, the geographic spread of the HIV-positives is almost identical to that of AIDS patients: 47 percent in Brussels (50 percent for AIDS), 28 percent in the Walloon region (24 percent for AIDS), and 25 percent in Flanders (26 percent for AIDS).

At the end of last year, 611,589 AIDS patients had been reported officially to the World Health Organization's (WHO) World Aids Prevention Program. The WHO, however, estimates the actual number of AIDS cases to be 2.5 million. The number of HIV-positives is estimated at 13 million, including 1 million children, an increase by 1 million of HIV-positives since July 1992.

## DENMARK

### Number of HIV-Infected Rises by 369 in 1992

*93WE0303A Copenhagen BERLINGSKE TIDENDE  
in Danish 25 Feb 93 p 6*

[Article by Henning Ziebe: "More Heterosexuals Than Gays Infected With HIV"]

[Text] *In 1992 at least 369 Danes were diagnosed as HIV-positive.*

For the first time in Denmark more heterosexuals than homosexuals were diagnosed as HIV-positive in the last half of 1992.

The Public Health Administration's newsletter, AIDS-NYT (AIDS News), also revealed that more people tested HIV-positive in 1992 than in 1991. In 1991, 330 HIV diagnoses were reported in Denmark. The preliminary figure for 1992 is 369 new cases.

The head of the Health Administration's AIDS office, Niels Peter Rothgardt, said the figures are small, but they show no sign of any slowing in the spread of the infection.

Rothgardt said people should be cautious about interpreting the figures, which now show a majority of heterosexual HIV-infected people.

"Among other things the figures are very unreliable because they are based solely on reports from people who have chosen to have themselves tested for HIV. In other words this does not involve either a representative cross section of the total population or people from well-defined environments with especially high risk factors."

He added that there are probably many people who have not had themselves tested in spite of suspecting that they are infected. Finally, many people could be infected without even thinking of being tested.

The figures show nothing about when an individual was infected. Only that this is the first time he or she has been diagnosed as HIV-positive.

A total of 699 HIV-infected people were reported in 1991 and 1992. Some 78 percent were men. Of the total number of HIV diagnoses 143, or around 20 percent, were immigrants. Among infected men 18 percent were immigrants, while the figure for women was 43 percent.

The State Serological Institute is in the process of studying whether there has been a change in the behavior of infected heterosexuals in Denmark or if the increase comes from outside.

### **AIDS Study: Sexually Active Youth Avoid Condoms**

*93WE0303B Copenhagen BERLINGSKE TIDENDE in Danish 23 Feb 93 p 2*

[Article by Henrik Larsen: "One Out of Three Young People Fail To Use Condoms"]

[Text] *A new study shows that one-third of sexually active 13- to 20-year-olds often "take a chance." Now parents must become involved in the task of informing them about contraception and AIDS, according to an AIDS adviser.*

In spite of big public campaigns, over a third of sexually active Danes in the age group 13-20 turn thumbs down on using condoms.

Often they choose to "take a chance" instead when they express themselves sexually and use nothing at all, according to a new study from the City of Frederiksberg's AIDS office.

Teacher Bjarne Rasmussen of the AIDS office has no doubt about what the consequences of the study should be:

"In the future we must involve the family when it comes to informing young people about contraception and AIDS. The biggest influence in these matters occurs at home.

"Parents cannot evade this in the belief that the Public Health Administration, the schools, and 'society' will take care of it. We know it is easier for young people to deal with the issue of contraception if their parents talk to them about it."

A total of 2,300 young people between the ages of 13 and 20 filled out the very comprehensive unsigned questionnaires on which the study is based. Some 1,250 of them said they were sexually active. Only 64 percent of this group "often used condoms." Half of them reported that

they have had from one to three partners since their sexual debut. Ten percent checked off the response "over 10 partners."

"Young people are well aware that condoms provide the best protection against AIDS and other sexually transmitted diseases. But knowledge and behavior do not go hand in hand in this area. And the more sexually active young people are, the more often they fail to protect themselves. Girls in particular are dissatisfied with condoms," said Rasmussen.

### **First Conviction of AIDS Carrier for Unsafe Sex**

#### **Haitian Sentenced**

*93WE0307A Copenhagen BERLINGSKE TIDENDE in Danish 13 Mar 93 p 6*

[Article by Ida C. Lyngbye: "HIV-Infected Man Given Historic Sentence"]

[Text] *For the first time in Denmark a court has convicted an HIV-infected person for exposing others to the risk of infection. The convicted man was sentenced to a year and a half in jail.*

Haitian-born Diego Joanis, who is infected with HIV, was sentenced yesterday to a year and a half in jail for having endangered the lives of 23 women by exposing them to the risk of HIV infection. He was also convicted of having had sexual intercourse with minors plus two other criminal charges.

Joanis had sex with 23 women in all, two of them minors, without using a condom, and without telling them he was HIV-positive.

The sentence is unique because this is the first time an HIV-infected person has been convicted on charges of exposing others to the risk of being infected with HIV. HIV develops into the deadly AIDS disease. None of the 23 women was infected.

The judge explained that in determining the sentence emphasis was placed on the fact that Joanis had had intercourse many times over a long period without using a condom.

The court found that it had been established that Joanis had known since 1985 that he was infected with HIV and had been told about the danger of infection and safe sex. In spite of this he engaged in unprotected sex with many women up until August 1992 without telling his partners that he was HIV-positive.

The risk of infection in unprotected intercourse is probably between 0.1 and 1 percent, according to the experts. However the judges found that the size of the risk was of secondary importance because the risk of infection is constantly present and it was only by chance that none of the 23 women was infected.

"An unprotected sexual act with an HIV-infected person poses an obvious danger to life and health," the judge said when he read the reasons for the verdict.

In imposing the sentence the judges took the fact that the women had voluntarily consented to have sex into account. The three judges agreed on the question of guilt, but did not agree on the sentence. One of the judges wanted a sentence of only a year in jail while the other two set the jail term at a year and a half.

The two 13-year-old girls each received 15,000 kroner in damages because they were under age. The 21 other women received no compensation because the court felt they should have made sure a condom was used themselves. By not doing so they accepted a risk of being infected.

Diego Joanis and his defense attorney, Bent Unmack Larsen, immediately appealed the sentence to superior court.

#### Impact on Sex Habits Seen

93WE0307B Copenhagen BERLINGSKE TIDENDE  
in Danish 13 Mar 93 p 6

[Article by Kirsten Sorrig: "Doctor: HIV Verdict May Change Our Sex Habits"]

[Text] *The sentence of a year and a half in jail that was handed down to HIV-positive Diego Joanis is an effective safe sex message. That is the opinion of the Public Health Administration and practicing physicians. It has been criticized by people who are HIV-positive.*

"It is a verdict that will make people think twice."

Chief physician Michael von Magnus of the Public Health Administration is convinced that the sentence of a year and a half in jail that was handed down to HIV-positive Diego Joanis will have an effect.

"It will make no difference to Denmark's AIDS policy. But it will remind people that the infected person does not have sole responsibility but shares it with uninfected people," said von Magnus. "The case seems to indicate that many women do not believe there is any risk. Therefore it is good to emphasize that both parties have a responsibility. One cannot see whether people are infected by looking at them. One simply has to protect oneself."

The chairman of the practicing physicians' association, Ole Svendsen, wanted to use the verdict to make an appeal to his members:

"It is important for doctors who counsel HIV-positive patients to do more than simply stress practicing safe sex. They must make it clear that it is totally immoral for HIV-positive people to go to bed with others without telling them they are infected," he said.

Prof. Finn Trunk Black, M.D., of Marselisborg Hospital in Arhus agreed that it is not enough for HIV-positive people to use condoms.

"Their sexual partners must have an opportunity to back out—and condoms can break too. Safe sex is not safe sex, it is safer sex," he said.

Dr. Black thinks the verdict may have positive effects. Partly by attracting attention and partly because doctors can now use the verdict to emphasize the responsibility of HIV-positive people.

"But actually the case is totally atypical. Our experience has been that HIV-positive people are very responsible. On the other hand I cannot help being amazed that so many women were ready to practice unsafe sex with a man who comes from one of the highest risk areas in the world."

Among HIV-positive people the verdict met with criticism. Peter Sander, chairman of the Positive Group, called it unnecessary.

"If the established public health system had lived up to its responsibility in time this could have been avoided," he said. "HIV-infected people are left on their own far too much when they have to figure out how to function in a time of deep crisis. That is the way it was in 1985 when the Haitian acquired his HIV status and that is the way it is today," he said.

The Positive Group has around 200 members, provides counseling to HIV-infected people, and refers them to self-help groups.

The new verdict is expected to have great fundamental importance for similar cases in the future. Among others for a case in Vordingborg where two women have reported a 25-year-old man for practicing unsafe sex even though he knew he was HIV-positive. The case is in the hands of the public prosecutors who wanted to wait for a verdict in the Joanis case before deciding whether to file charges.

#### HIV-Infected Man Indicted for Unsafe Sex

93WE0303C Copenhagen BERLINGSKE TIDENDE  
in Danish 7 Mar 93 p 4

[Article by Dorthe Wamsler: "HIV-Positive Man Charged With Unsafe Sex"]

[Text] *Vestre Superior Court released a 32-year-old HIV-infected man yesterday who is charged with rape and endangering the life of others.*

Vestre Superior Court released a 32-year-old HIV-positive man charged with rape and endangering the life and health of others from custody yesterday. Arhus Municipal Court had ordered the man detained for four weeks on Friday [5 March], according to Detective Inspector Christian Frokjaer of the Arhus police department.



The man, who is from Cote d'Ivoire in Africa, was arrested 2 weeks ago and indicted for having raped a 16-year-old girl from Arhus in a restroom for the handicapped on the express ferry between Kalundborg and Arhus on 15 February.

At his first court appearance the man was jailed for 2 weeks. Yesterday the prosecuting authorities requested that the detention be extended.

During the subsequent investigation it was learned that the 32-year-old was infected with HIV and at his court appearance on Friday he was indicted for endangering the life and health of others. HIV-positive persons develop the fatal AIDS disease. It is not yet known whether the 16-year-old girl has been infected.

The doors were closed at the appearances in both municipal and superior courts and a name disclosure ban was imposed. The prosecutor protested this in municipal court. He said the man's identity should be made public. That would give women who may have had contact with the indicted man a chance to be tested for HIV.

A similar case is currently being tried in Copenhagen Municipal Court.

In that case a 35-year-old HIV-positive Haitian has been charged with having endangered the lives of 28 women by having intercourse with them without using a condom and without telling them about the risk of infection.

## FINLAND

### Number of New HIV Cases Same for 1991, 1992

93WE0270A Helsinki HELSINGIN SANOMAT  
in Finnish 19 Feb 93 p 16

[Article by Paivi Repo: "Over 500 HIV Cases Have Been Found in Finland"]

[Text] Last year 89 new cases of HIV infection were discovered in Finland, which is just as many as during the record year of 1991. The number of cases in Finland continues to be among the lowest in Europe. Sweden has four times as many and Denmark 10 times as many cases.

Thus far 518 persons in Finland have been identified as HIV infected and 125 of these have developed to AIDS. Eighty-five have died. The majority of HIV bearers live in Uusimaa.

One-half of the infections have been transmitted through homosexual intercourse, and less than one-third via heterosexual intercourse. For 13 percent the source of infection is unknown.

The majority of infections occur in the age group 20-39. Two infants were infected by their mothers during pregnancy or birthing.

Seventeen of the infections occurred in Africa, 10 in Europe, and five in Thailand where there are half a million bearers of the HIV virus.

In recent years about 20 foreigners per year have tested HIV-positive here in Finland. In addition to this there are several instances where a Finnish woman has been infected by a foreigner that is her regular companion.

### Test Is Compulsory

Health centers are obligated by the infectious diseases law to test for HIV, even if the person does not reside in the community where the health center is located.

The test costs about 80 markkas.

Approximately 700,000 Finns have been tested. One-half million of them are blood donors who have had blood tests since the fall of 1986. Before the blood service began testing for HIV, nine persons were infected during blood transfusions. Five of these cases have developed AIDS.

"After tests began to be administered about 1 million Finns have received blood and not one has been infected with HIV in that way," stresses docent Tom Krusius of the Finnish Red Cross blood service.

Some 200,000 new blood donors were tested last year and seven of them were found to be HIV-positive.

### Blood Donors Have To Tell About Life-Styles

The blood service presently has donors sign a form that asks them about their hygiene and possible high risk behavior. Each year a couple of thousand donors are not accepted for, among other reasons, low hemoglobin values.

"Blood cannot be donated if one has had homosexual relations, relations with a prostitute, or has ever used intravenous drugs. In Belgium they have gone so far as to not accept anyone as a blood donor for six months after a sex partner change," says Krusius.

### Finland Having To Drop Out of Nordic HIV Research

Finland's participation in the shared Nordic HIV-vaccination research is being threatened by a shortage of 70,000 markkas and the cutbacks in the Helsinki health office funds.

The mutual, 5-year research project will be launched in Sweden either this week or next. Finland would join during the latter part of the summer, at the earliest, provided money can be found. At that time approximately 20 HIV-infected persons in the Aurora hospital would participate. The majority of the 1,000 or so infected persons participating in the entire project are Swedes.

"We would need 70,000 markkas for the first year and less during the years after that. Still it seems that the money can be found nowhere. Even if the money were to

be found it seems the research would not be possible due to the fact that the polyclinic is closed because of funding cutbacks," says head doctor of the internal disease ward, Juhani Lahdevirta.

Another person, besides Lahdevirta, who is planning this research is the Public Health Institute's HIV Department director, research professor Pauli Leinikki.

Lahdevirta has received permission to conduct research from the city of Helsinki health department's ethics committee, and is currently applying for a permit for the vaccine from the Research and Development Center for Social and Health Related Matters. "I will get the permits if I get money from anywhere."

The shared Nordic project is one of two research projects in which Finland might participate by testing an HIV vaccine.

The other is a Pan-European research project to be announced in Stockholm next week. Altogether three vaccines have been developed to arrest the progress of HIV and these are undergoing research in about 50 different projects throughout the world.

#### Layoffs and Bans on Substitutes Are a Problem

The test group of patients in the Nordic project would, for the first two years, be given a U.S. vaccine that strengthens the organisms' immunological defenses while the control group would be given a placebo.

The way the vaccine works is by giving cells antibodies that prevent infection of the cell by the virus.

After two years the research plan would change in that, provided the vaccine proves effective, those in the placebo group could switch, if they want, to the vaccine group.

Research participants would be given 12 vaccinations in a 2-year period. During the first 6 months there would be several additional tests as their helper cell levels would have been measured.

It is possible that the hospital will not be able to stick to the research timetable since the Aurora polyclinic will have to be shut down due to a pay freeze for summer workers substituting for regular staff, and because of 3-week layoffs in 1-week intervals. At times the polyclinic operates with about half of its normal staff.

Seventeen European research centers are participating in the project to be announced next week. This project will test the vaccine of an Austrian producer.

#### Helsinki Hospital To Test Austrian AIDS Vaccine

93WE0270B Helsinki HELSINGIN SANOMAT  
in Finnish 27 Feb 93 p 13

[Article by Paivi Repo: "University of Helsinki Hospital To Begin AIDS Vaccine Testing"]

[Text] Next week the Dermatology and Venereal Disease Clinic of the HYKS (University of Helsinki Central Hospital) will begin testing an Austrian AIDS vaccine. This testing is part of a large-scale project being conducted with 200 patients in eight European countries.

"The clinic will vaccinate participating patients six times during the first half-year and will take blood samples from them prior to vaccination," said research project director, docent Annimari Ranki, an assistant instructor at the clinic.

After the first half-year blood samples will be taken from the patients once every 3 months for one year. After this the researchers will decide on the subsequent procedure.

Twelve HIV patients from various parts of the country will participate in the research. They will be tested in two groups: those whose blood contains over 500 helper cells per microliter, which is near normal; and those whose blood contains 200-500 helper cells per microliter.

If a person's blood has less than 200 helper cells per microliter he or she is already very close to developing AIDS.

#### Immune System Is Still Working

"We will include patients in whom the disease has not progressed too far, whose own immune system is still working," says Ranki.

"We will be trying to arouse the body's own defense system so that it would become activated upon encountering a real HIV virus, thus preventing the spread of the disease in the organism."

HIV progresses at different rates in different individuals. Some of Ranki's patients are healthy even 10 years after infection, others have AIDS within 3 years.

#### No Results in Less Than One Year

"We do not yet know if the vaccine will benefit anyone and the participating patients are aware of this too. The earliest we could have any results is one year. If the vaccine proves beneficial it would be made available to others also."

Ranki terms the Austrian GP160 vaccine a test vaccine at this time because there is no sure evidence that it works. The producer has reported having invested money to a 10-digit figure in this vaccine.

Besides Ranki, another Finnish researcher who will be involved is Prof. Kai Krohn of Tampere. The HYKS

blood samples will be tested in the laboratory that is under his direction. Krohn has been developing his own AIDS vaccine with support from the Finnish Academy and similar organizations in the European Community. It is still being tested in animals.

The Aurora Hospital in Helsinki has been initiating research on a competing product, a similar, U.S. vaccine. This is part of a Pan-Nordic project involving 1,000 patients.

Due to the lack of 70,000 markkas, three-week layoffs in one-week intervals, and a ban on summer substitute workers this research would not commence until late fall, if then.

In Sweden the project center has been forced to locate outside of Stockholm due to the shortage of funds.

### Physicians Join Debate on Spread of HIV

*93WE0047B Helsinki HELSINGIN SANOMAT  
in Finnish 4 Oct 92 p C 8*

[Guest commentary by Outi Lithen, operations manager of the AIDS support center: "You Cannot Change People's Behavior By Force"]

[Text] The HIV virus is a well-known peril throughout the world.

Those infected with the HIV are members of our society. They are our neighbors, family members, children, parents etc. They are not some sort of "others," outsiders to our society. After infection by HIV, one is the same person he/she was prior to infection. The only change is that such a person finds it much more difficult to cope with social reality than before.

Among Western democracies only Sweden has chosen a HIV policy that permits legal force; and Sweden is experiencing a lively debate on the advisability of the use of legal force.

The reason coercive means were not chosen stems from their inefficiency in fighting contagious diseases and also on a substantiated fear that adopting them would make it more difficult to care for problems brought about by the AIDS phenomenon.

History shows no examples of coercive means having changed the behavior of people. Prohibition brought an increase in alcohol related problems and a new criminal activity. Within the sphere of medical science syphilis was brought under control once medication for the disease was in existence.

Some believe that if the law would require persons to reveal, for example, the identity of their sex partners, then they would do so. Were the world to work that way no prisons would be needed, the law would suffice.

Sirkka-Liisa Valle, M.D., has publicly suggested that those suspected of being HIV infected be tracked down, so that they would be brought into the sphere of criminal law. Compulsory testing would be an additional measure.

I consider the suggestion irresponsible because it includes the assumption that an infected one is a potential criminal. To be infected with HIV is no crime. Actions which confirm the prejudiced identification of a person as a criminal because he suffers from a virus disease are consistent with regarding an illness as a crime. This kind of thinking belongs to the Dark Ages.

The medical authorities have already given instructions in regards to so-called tracking down of sex partners. These instructions are based on a realistic awareness of the situation and they obligate the doctor to help the infected person in informing sex partners of their possible risk of infection.

The goal is to give information on risk to those who need it. Once they have the information they choose where they wish to go for testing. The objective of finding the partners is to prevent the spread of the disease, not to bring people under the sphere of criminal law.

### Is the Debate Shaping Public Opinion?

Finland has, for years already, had a court case on an incidence of transmission of infection.

Last summer the Appeals Court rendered its decision on the case, according to which it was impossible to prove that the infection was transmitted to the plaintiff precisely by the defendant. Nevertheless the Appeals Court increased the prison sentence from two years to four without parole. In addition to this, the Appeals Court, in its public statement, revealed that a person was HIV infected even though he was not suspected or accused of any crime, but was involved in the case as a witness. The case is currently in the Supreme Court.

During the current year a lively debate has taken place in the media specifically about an incident where a HIV-infected person is suspected of having raped some women.

Last year he had been sentenced to one year with parole for rape. In addition he was accused last spring of violating parole conditions for indecent assault. Right now he is not accused of any crime. Nevertheless the press has known his name and the newspapers have published information which could not—were the law was being followed—be known since the court proceedings were conducted behind closed doors.

Unavoidably it can be conceptualized that the public debate is being used as a device for steering public

opinion into, in a way, judging a person guilty of suspected crimes even before he is charged of anything in court.

The way this comes about is that the media receives information that is either confidential or the releasing of which is the responsibility of the authority conducting the grand jury proceedings. From the standpoint of citizens' rights I consider this development to be very dangerous.

#### **Does a Doctor Not Have an Obligation To Protect Confidentiality?**

Grand juries in Finland have also been conducted in a way that has resulted in at least three complaints to the parliamentary justice agent.

In one of the complaints the agent was asked to investigate whether the judicial branch had acted illegally, and if there was cause to sue for malpractice. According to the complainant, the court had, during the grand jury proceedings, pressed a doctor into revealing information on the health of a person who was not suspected of or charged with any crime.

In my opinion private citizens should be joined by, specifically, the Doctor's Union in really being concerned about the methods being used under the umbrella of the AIDS phenomenon to undermine the confidentiality obligation of a doctor. This is, nevertheless, a founding pillar of an effective doctor-patient relationship.

Rape is a crime. If rape is proven to have taken place then it must be punished. If someone who is fully cognizant commits rape with the intent to transmit the HIV virus then that is a crime. If it is proven to have taken place then it shall be punished. But being infected with HIV is no crime. The fact that a person is infected with HIV does not justify breaking the law by others and the practice of coercion.

In the article on AIDS last Sunday psychiatrist Kyosti Rikala said that he considered it to go without saying that a doctor has the right to test a patient.

This is so, but only with the consent of the patient. Any time testing is done on the doctor's decision alone it is illegal. Without the intentional consent of a patient no testing should be done. Not even an HIV test.

## **FRANCE**

### **Statistics on AIDS Reported**

*LD2602181993 Paris France-Inter Radio Network  
in French 1500 GMT 26 Feb 93*

[Excerpt] There are 22,939 people suffering from AIDS in France today. These figures were released this morning by the Ministry of Health. The number of people who are HIV-positive is of course larger, but their

exact number is not known yet. It should be between 80,000 and 180,000 people. It is interesting to note that in comparison with 1991 the increase rate is larger among women than among men. [passage omitted]

### **AIDS Statistics for Paris Region Released**

*93WE0104A Paris LE MONDE in French  
13 Nov 92 p 32*

[Unattributed article: "Ile-de-France: One Death in Five Among Men Aged 25 to 44 Due to AIDS"]

[Text] In Paris, one death of every three among men aged 25 to 44 is due to AIDS, and in Ile-de-France one of every five, according to a study published by INSERM [National Institute of Health and Medical Research] in the General Health Directorate's WEEKLY EPIDEMIOLOGICAL BULLETIN [BEH] dated 12 October.

Between 1983 and 1990, infection by the AIDS virus increased the general mortality rate in this sector of the population by 50 percent in Paris, by 20 percent in the departments of the so-called "petite couronne," and by 10 percent in those of the "grande couronne." After Paris, the department most affected was Haut-de-Seine, where 20 percent of the deaths among men aged 25 to 44 were attributable to AIDS. It was followed by Seine-Saint-Denis, 17 percent; Val-de-Marne, 15 percent; Essonne, 11 percent; Seine-et-Marne and Yvelines, 9 percent; and Val-d'Oise, 7 percent. During the same period, AIDS was declared the "main cause of death" for 4,366 persons domiciled in Ile-de-France, or more than half the deaths by AIDS in all of France (8,121 deaths between 1983 and 1990).

The study underlines, however, that "the ratio of AIDS deaths to the general mortality owing to all causes has regularly increased with time, but remains relatively low for the entire Ile-de-France population." In 1990, only two deaths in 100 in the region were attributed to infection by the AIDS virus. The same year, in Paris, AIDS was the origin of 7 percent of deaths registered among the male population.

In Ile-de-France, nine of every 10 deaths due to AIDS were men. Among men aged 25 to 64 who died of AIDS in the region, 16 percent were blue-collar workers, 54 percent pertained to intermediate professions, and 20 percent to higher professions. In Ile-de-France, of the total number of female deaths in the 25-44 age bracket, only 7 percent were a consequence of this infection. And in Paris, one death in 10 was due to AIDS. This represented only 1 percent of all female deaths in the capital.

**Search Launched for Transfusion Patients**

93WE0241A Paris LE FIGARO in French  
3 Feb 93 p 12

[Article by Dr. Catherine Petitnicolas: "AIDS: On the Trail of Transfused Persons"]

[Text] *A gigantic search launched.*

*From 3,000 to 6,000 persons were reportedly infected between 1980 and 1985. Some of them have probably died, while many, HIV-positive without knowing it, could spread the disease.*

Public Assistance [PA] of Paris, the largest health care group in Europe, has launched a search for persons who received transfusions in the 1980's in order to find and warn anyone who may have been infected with the AIDS virus between 1980 and 1985. It is a long-range task that will require the establishment of an emergency infrastructure and substantial funds.

It is estimated that between 3,000 and 6,000 patients were infected via transfusions during that period, a time when the virus was spreading insidiously among the population and before testing (which began on 1 August 1985) eliminated potentially dangerous blood donors.<sup>1</sup> According to the Ministry of Health, half of these infected persons are reportedly unaware that they are HIV-positive and could continue to spread the disease to sexual partners or, in the case of pregnant women, to children.

In a circular dated 15 December, Bernard Kouchner, minister of health and humanitarian action, asked all clinics (public and private) to "take all necessary steps to identify patients who received transfusions between 1980 and 1985 and urge their attending physicians to propose that such patients be tested for AIDS." Only recently, in order to gain time, it urged all such patients to have themselves tested without awaiting notification from their hospitals.

For its part, Public Assistance, aware of what is at stake and the risk, decided to move into action and set up emergency procedures in hospitals providing short-term care. Persons who received blood transfusions are being identified from transfusion center records which should contain their names and addresses and will in the coming weeks receive a letter urging them to be tested for AIDS. Such testing should be prescribed by the attending physician, as recommended by the ministerial circular, or the hospital where they received treatment.

**In Files**

The letter will contain a telephone number either for the original hospital department which could help them or for an office specially set up to facilitate the search and handle persons who turn out to be HIV-positive.

In order to speed up the search (some specialists estimate that at the current rate it will take more than 10 years),

Public Assistance (AP) officials have decided to set up a highly sophisticated system of logistics and hire temporary workers to collate data collected from the thousands of persons transfused. However, this process will not in itself solve all problems because many persons have changed addresses since 1980, in which case it may be possible to find them by going through PA files if they have been subsequently admitted to other public clinics in Paris. Another difficulty: Transfusion records sometimes show names but no addresses. In such cases, it will be necessary to scan hospital files, no small matter unless they are computerized. However, how many "hard" files stacked in basement record rooms will still be usable?

In some cases, letters will arrive too late, after the patient's death, sometimes from AIDS. In order to avoid such incidents, which could understandably come as a shock, letters will be sent directly to the department head who sees the patient regularly and will know whether he or she is still alive. Such is not always the case, however. Victims of traffic accidents seen at other clinics will not be as well known as heart patients, for example, who would generally be seen at a single clinic.

Finally, every hospital must be able to supply information to patients who, in order to receive compensation, must provide proof of a link between the transfusion and infection. This will not always be easy because many files are far from complete.

In the future, in order to avoid such problems, which will unquestionably result in much litigation, the French Blood Bank and other institutions are relying on the establishment of a system to monitor blood products that will ascertain quickly and without any possible challenge the origin of a donation contaminated by AIDS or hepatitis.

**Footnote**

1. Since that date, there have reportedly been from five to 58 potentially dangerous donations because of a dormant period during the early weeks when, despite progress in testing, an infected donor cannot be detected.

**Developments in Trial of AIDS Scandal Ministers****Socialists Block Trial**

AU1712132892 Paris AFP in English 1307 GMT  
17 Dec 92

[Excerpts] Paris, Dec 17 (AFP)—In a sudden change of heart, French socialists late Wednesday blocked the trial by parliament of two former ministers in France's AIDS scandal, and the consensus Thursday was that the governing party had shot itself in the foot.

Criticism from both friend and foe focused on Laurent Fabius, the Socialist Party boss who was prime minister when state-run transfusion centers knowingly distributed AIDS-tainted blood to patients between 1981 and 1985.

The public has been clamoring for Fabius and his ministers of health, Edmond Herve, and social affairs, Georgina Dufoix, to appear before a parliamentary High Court to answer allegations that the government was involved in the tragedy that led to hundreds of deaths.

Although all three had agreed to stand trial to clear their names, Fabius became the first to change his mind, leading to furor within socialist ranks.

The conservative-dominated Senate had ruled against trying Fabius, but it was his own decision to refuse to appear that led to criticism that he was sparing himself as a potential presidential candidate.

The Socialist turnaround—in refusing to vote the High Court action it had so far backed—was also seen as a strong blow to Fabius, who had insisted that his party vote for a trial he would be exempted from.

Socialist Party whip Jean Auroux said he refused to “throw (Dufoix and Herve) to the wolves,” and Prime Minister Pierre Beregovoy said he “regretted the situation” and hoped the parliamentary procedure would continue.

This was unlikely, however, as the current session ends on Saturday and no meetings are scheduled before the new assembly convenes following legislative elections in March.

The radical leftist MRG party, the socialists’ allies, said both Fabius’ decision and that of the Socialist Party were, “three months before the elections, a frightening political error.”

“All three are evidently innocent,” the MRG said, “but public opinion demands that they explain themselves.” [passage omitted]

The latest twist in the AIDS scandal came as a year-end poll published Thursday by the daily *Le Parisien* showed that a majority of the French considered it the most striking event of 1992, ahead of unemployment, famine in Somalia and racism in Germany.

#### **Senate Relaunches Process To Try Ex-Ministers**

*AU1602184893 Paris AFP in English 1803 GMT  
16 Feb 93*

[Text] Paris, Feb 16 (AFP)—A French Senate committee Tuesday [16 February] relaunched legal proceedings against former Prime Minister Laurent Fabius and two of his ex-ministers in connection with France’s AIDS-tainted blood scandal.

Fabius and his former ministers of health, Edmond Herve, and social affairs, Georgina Dufoix, will be charged with manslaughter and unintentionally causing bodily harm, according to the text adopted by a Senate ad hoc committee.

Prosecutors of the High Court—a parliamentary panel which alone has the right to judge elected officials—had,

on February 5, dropped charges of failing to assist persons in danger against the three on grounds that it came under a 3-year statute of limitations.

The limit for the new accusations is 10 years, well within the deadline for trying the three Socialist ex-ministers on grounds that they took inadequate and tardy measures to halt the deliberate distribution by a state-run agency of AIDS-tainted blood in 1984 and 1985.

Three leading health officials of the time have been sentenced in connection with the scandal, which resulted in the contamination of at least 1,200 haemophiliacs, 300 of whom have since died.

The officials had said at their trial on fraud charges that they were innocent and had only applied government policy.

Fabius, Herve and Dufoix, in testimony at the trial, had rejected the charges and defended their government’s action.

Fabius, who is now first secretary of the governing Socialist Party, had hinted after the charges were dropped earlier this month that he would welcome a retrial on manslaughter charges to clear his name.

Still, only opposition members of the Senate committee voted on Tuesday to relaunch the legal procedure, while Socialist members stayed away.

Claude Estier, the Socialist Party whip at the Senate, said his group had stayed away because it did “not understand the point of voting a resolution that will, in any case, not be submitted to parliament before its next session.”

The French national assembly has finished its spring session, and will not meet again until legislative elections next month.

## **ICELAND**

### **AIDS Prevention Commission Survey on ‘Safe Sex’**

*93WE0271A Reykjavik NEWS FROM ICELAND  
in English Feb 93 p 6*

[Article: “AIDS Survey: Changing Pattern of Behaviour Among Homosexuals”]

[Text]

### **Gays and Lesbians Likelier To Practise Safe Sex Than Their Straight Counterparts**

Homosexuals are more likely to practice safe sex than heterosexuals, according to a new survey of Icelanders’ awareness of how the HIV virus is spread.

Conducted by *Landvernd* (the National Commission on AIDS Prevention) and the Directorate General of Public

Health, the study gives high marks to efforts to educate the populace on ways the deadly virus is transmitted.

At the same time, results indicate that those acquainted with HIV-positive individuals participate in higher-risk behaviour than those persons not acquainted with stricken individuals.

Icelanders related to HIV carriers or having infected friends responded better when asked to define the term safe sex.

The study also revealed that persons diagnosed with sexual diseases two or more times are more likely to indulge in unsafe sexual practices.

Knowledge of how the AIDS virus is passed was not shown to be in any correlation to sexual preference, with the same holding true for individuals who have had blood tests compared to those who have not.

The survey posted a 65% response rate.

## IRELAND

### AIDS Cases Reported Doubled in 1992

93WE0298 Dublin IRISH INDEPENDENT in English  
2 Feb 93 p 3

[Article by Paula McMahon]

[Text] Anonymous HIV-testing is to be extended to include out-patients and those being admitted to hospital, according to National AIDS Strategy Committee and Department of Health proposals.

Unlinked testing—where blood samples are taken anonymously from donors—began in maternity hospital last October.

Blood that is surplus to clinical requirements is batch-tested for HIV as part of an effort to more accurately estimate the general level of infection.

Testing will be expanded initially to include outpatients and is expected to include those admitted to hospital within a year.

The new form of surveillance is designed particularly to determine the level of infection among the heterosexual population and provide a basis for a more systematic approach to providing services at all levels.

Voluntary, HIV testing as been available since 1985 and will continue to be provided.

The total number of deaths from AIDS reported to the Department of Health up to December 31 last reached 137. And 308 AIDS cases were reported.

The number of AIDS deaths which were reported in 1992 doubled to 42—compared to 21 in 1991—and the number of new cases rose from 50-72.

Largest number of new cases and deaths were among those whose infection was caused by intravenous drug use. IV drug users accounted for 43pc of individuals testing positive for the virus in 1992.

“This category continues to represent the single largest pool of HIV infection in Ireland, and in Dublin in particular,” the report says.

However, recent studies indicate that sexually-transmitted HIV infection may be the most common mode of transmission in the rest of the country, it adds.

Next largest increase was in the homosexual/bisexual category, were there were 15 new cases and 12 deaths.

There were seven new cases and eight deaths in the heterosexual category.

Most cases, 64pc, occur in the 20-34 age group and 85.5pc of cases occurred in males—with only 14.5pc in females, of all ages.

Ireland now ranks 11th among the 12 EC states in terms of cases per 100,000 of the population, at 1.80.

The rate of increase of both reported cases and deaths on an annual basis is less than previously anticipated.

The Department believes this is due to a combination of factors—including a levelling-off of the spread of infection.

### New Statistics on Spread of AIDS Given

93WE0106 Dublin IRISH INDEPENDENT in English  
14 Oct 92 p 1

[Article by Eilish O'Regan]

[Text] Patients in hospitals around the country will have routine HIV blood tests, following figures that show AIDS spreading more quickly among heterosexuals than in any other group.

Six babies born to drug addict mothers were among the country's 129 AIDS death toll, according to the latest Government figures on the disease.

But the director of the support group Aidswise, Ger Philpott said the heterosexual community showed the biggest percentage increase—28 pc—in the past year.

Figures from the Department of Health show 1,283 with the HIV infection and 294 being diagnosed with full-blown AIDS, an increase of nearly 14pc since the beginning of the year. Of the 294 cases of AIDS, a total of 129 or 43.8pc have died—an increase in deaths of 35.7pc since the beginning of 1992.

Among drug abusers, 120 had progressed to the full disease, which claimed the lives of 47.

Seven were homosexual and drug abusers, and six of these have died. While 20 were haemophiliacs, of whom 11 are now dead.

Mr Philpott said: "In its most recent AIDS update Aidwise highlights a 28pc increase of HIV infection among heterosexuals, a 22pc rise among gay men and a 10pc increase among intravenous drug users."

Drug abusers continue to account of the largest number (40.8pc) of AIDS cases, while homosexuals (35.3pc) make up 104.

To date, 63,118 tests have been carried out, and within the past month the number who tested positive has risen by 18.

## ITALY

### Method Discovered to Purify AIDS-Infected Sperm

93WE0114A Rome LA REPUBBLICA in Italian  
27 Nov 92 p 18

[Article by Giovanni Maria Pace: HIV-Positive Men Can Be Fathers and Have AIDS-Free Children]

[Text] Milan, 10 infants born with the new system developed by Professor Semprini

*The Italian method for disinfecting sperm.*

Milan—A method to purify sperm from carriers of the AIDS virus and therefore permit them to beget healthy children has been developed by Milanese researchers, who describe it in this week's issue of the authoritative publication THE LANCET. "The method is very simple," explains 39-year old doctor Augusto Semprini, a university research worker who directed the study at San Paolo Hospital. "It consists basically of the centrifugation of the sperm to separate the infected portion from it: a simple method which, nevertheless, solves a painful problem, that of a couple in which the infected partner can transmit the virus to the mother and the child." After centrifugation, the spermatozoa are subjected to other treatments that select the most vital. These are then placed in the mother's uterus. "Since the life expectancy of an HIV-positive person today is about 12 years," Semprini says, "the possibility of having a child is of great personal and social importance."

Infants are a new group in the sad world of AIDS, in the sense that their number—more than 2,500 in Italy—is increasing rapidly in comparison with the classic groups of drug addicts and homosexuals. A couple in which the man has symptoms of the disease can now have children without fear. So far, Semprini has obtained 15 "purified" pregnancies, five of which are still in gestation. The 10 babies already born—the oldest of which is three—

are HIV-negative, and their mothers are also disease-free. The problem of the increasing number of children born of infected mothers unfortunately remains in the background. The incidence of HIV infection among patients hospitalized for abortion or childbirth is about 2.5 per 1,000, which means that in Latium, for example, there would be 2,600 infected women.

In every case, an HIV-positive woman transmits anti-virus antibodies to the child and, therefore, all of the babies are HIV-positive at birth. However, the actual disease develops only in about one-third of the infants. This leads Fernando Dianzani, director of virology at the University of Rome and member of the National Commission on AIDS, to say that much caution is required in evaluating the work of the Milanese researchers: The number of case studies (of the children) presented by the study's authors is too small to exclude the possibility that the success is due to chance.

In other words, Professor Dianzani, who was supported by an analogous statement from Baccio Bacceti of the University of Siena, believes that purification of the sperm may lessen the possibility of infection but not eliminate it, since it does not exclude the presence of HIV inside the spermatozoa. Semprini admits that caution in science is a good rule when the data are limited, but he believes that having waited for 3 years before publishing the data is an adequate guarantee of their validity. "Furthermore," Semprini adds, "scientific caution cannot ignore the fact that clinical problems move more quickly than our discoveries."

A waiting period of at least 15 months is necessary in order to know with certainty whether or not a child born of an HIV-positive is infected. At the end of that period, the child will have used up all of the mother's antibodies and, if it is not HIV-positive, it will not produce any of its own.

The subject of spouses with AIDS created a moral debate when Monsignor Carlo Caffarra, president of the Institute on Matrimony and a theologian close to the Pope, had held that, when one of the spouses is infected by the virus, sexual relations must cease. But if abstinence should bear the risk, for either of the spouses, of falling into incontinence or of committing adultery, then sexual relations could continue, taking care however not to use condoms. In other words, according to the Vatican theologian, it is morally more acceptable to transmit a mortal disease to the partner than to use the hated instrument recommended moreover by health authorities in all countries as an effective protection against AIDS. Even if the Catholic position has little chance of being shared by anyone who is really at risk, it has provoked a strong reaction because of its integralist character.



## SPAIN

**'Halt' to Anti-AIDS Efforts Alleged**

93WE0093A Madrid DIARIO 16 in Spanish  
1 Nov 92 p 20

[Interview with Rafael Najera by Beatriz Andrada in Bayonne; date not given: "There Is a 'Halt' in Anti-AIDS Action"]

[Text] *In this interview, virologist Rafael Najera, our country's leading specialist in the disease AIDS, warns of the danger of letting down our guard against the pandemic. He claims that there has been an undeniable halt in the prevention and information campaigns for Spanish society. As for the new cases with no virus, but with immunodeficiency, that have appeared recently throughout the world, Najera stresses their enormous importance from a scientific standpoint, but doubts their epidemiological significance.*

**Andrada:** How important is the citizens' effort in the battle against AIDS?

**Najera:** It is fundamental.

**Andrada:** Nevertheless, the organizations are hardly receiving any financial aid from the administration at present.

**Najera:** It's coming very slowly.

**Andrada:** Are we letting down our guard with respect to AIDS?

**Najera:** Not in the scientific area, but I don't know whether we are letting it down politically. With Garcia Vargas, it had a great impetus; there was support, particularly from the citizens' committees, for reaching the areas that the administration by itself didn't reach. But a new minister arrived, remaining less than a year; and there was another change. The entire organization was changed, and of course that caused the action against AIDS to lack the forcefulness that it had previously.

**Andrada:** There have been no prevention campaigns since "put it on yourself, put it on the other."

**Najera:** There has unquestionably been a halt. Apart from the controversy, the campaign of "put it on yourself, put it on the other" served to open up the topic of sexuality in family conversations. It isn't a taboo subject nowadays.

**Andrada:** Is the church's position interfering with the prevention campaigns?

**Najera:** The fact is that the church's official position is one thing, and that of the church's members is something else. They are working directly on the problem, and doing a great job in the shelters. They are distributing condoms to those infected.

**Andrada:** In any event, there is still great fear of those with the disease.

**Najera:** Ancestral fears arise anytime. On the other hand, there has been a great deal of information. There has never been such complete information on any other disease among the population, within such a short time. Over 90 percent know the ways in which it is transmitted; so, the information is there. However, there hasn't been any major campaign for some time. This is an obvious shortcoming, because great emphasis must be placed on this subject.

**Andrada:** Did the campaigns, in their time, have an effect on the control of the disease, and on slowing down its spread among the population?

**Najera:** Yes, they were very important; although, even earlier, and apart from the significant effort by the citizens' committees, all the relevant information was being collected and disseminated by the commission.

**Andrada:** And what about the social exclusion of those infected?

**Najera:** We must admit that, in the specific case of children, there have been very few cases of that here, thanks to the work of the citizens' organizations. The problem has been far more tragic in other countries. In Spain, the AIDS issue has been handled with a certain amount of logic and good deeds. The fact is that the action must be intensified, because it obviously has declined. It must be given the great impetus required by a problem that is far greater now than when it began.

**Andrada:** What is needed at present?

**Najera:** All the authorities, both central and autonomous, must resume placing emphasis on the coordination of activities, on funds, on advertising campaigns, and on support to the citizens' groups. Because otherwise, the population's understanding and consciousness of the problem will diminish and decline.

**Andrada:** And will the breeding ground for the spread of the disease be created?

**Najera:** Of course, because such action obviously has an impact on the transmission of the disease. The homosexual groups have been fully aware of this from the outset, and they are the only risk sector in which contagion has declined.

**Andrada:** Was the plan against AIDS hampered by the fact that, at first, the disease was rampant among socially excluded groups?

**Najera:** Yes, it was undeniably a disease that originated among persons already excluded from social groups. There is no doubt that this imposed conditions on it, but it also lent it a peculiar quality that attracted attention. And it's difficult to determine whether the one factor hasn't offset the other. A disease was created, and that

caused it to be widely discussed, and a large store of information to become available.

**Andrada:** Are you worried about the new cases without a virus but with immunodeficiency?

**Najera:** It's a complex topic that must be studied, because in those 60 cases there may possibly be different features that perhaps have nothing in common with it. This is enormously important from a scientific standpoint, because we must learn what it is. However, it doesn't seem to have epidemiological significance, because in no case does it appear to resemble HIV. There are different particles, which may possibly be far more closely linked with another similar virus previously described in an immune disease. We are working on it, and are in contact with all the specialists in other countries, so as to follow each case, initially. But, as was noted at the Geneva meeting, it doesn't appear to be a communicable disease.

**Andrada:** AIDS didn't seem so at first, either.

**Najera:** For that reason, the contrary can't be precluded either.

**Andrada:** Death from AIDS is tragic.

**Najera:** When the AIDS patient reaches the point where he begins to feel sick, he is fully aware of the progress of his disease; and although, now, precautions are being taken against incidental diseases, giving them a better quality of life and a longer life, in any case, the patient wastes away. He suffers, and his family and social environment suffer. In particular, the fact that the disease affects young people makes it more tragic.

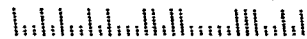
**Andrada:** Is the battle against AIDS the main purpose of your life?

**Najera:** Yes, I've been working on the subject for many years and, now that I've left the Carlos III administration, I'm completely devoted to the laboratory.

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