



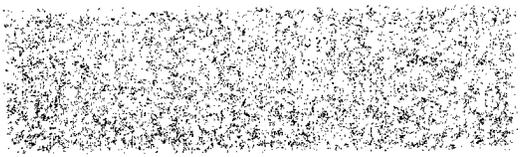
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# *JPRS Report*

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# Epidemiology

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# Epidemiology

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## IVORY COAST

### First Public Conference on AIDS Held

#### National Situation Assessed

54000042 Abidjan *FRATERNITE MATIN* in French  
5 Dec 88 p 2

[Article by Nazaire Breka: "Prevention, The Only Salvation"]

[Text] "AIDS is a disease. It is a public health problem. It is everyone's problem. Our only real weapon against it is prevention, prevention that consists of combatting sexual contamination by limiting the number of partners and using condoms, and of combatting contamination via blood products."

The above are a few recommendations that the president of the National Committee to Combat AIDS, Professor Odiehourri Koudou, made to his audience 1 December at the Maison du Parti during the first public conference on AIDS, held on International AIDS Day.

Officials of the National AIDS Committee took advantage of the day to inform, educate, and communicate with the Abidjan population on this illness that today is spreading terror.

It is easy to understand why the public flocked to the event and why it was so attentive to the presentation of the conference speaker. There were no taboos. The AIDS veil was lifted.

Professor Odiehourri's presentation dealt with general facts about AIDS and the measures to take to avoid it. According to the conference speaker, the first cases of Acquired Immune Deficiency Syndrome (AIDS) were diagnosed in California (United States) by physicians of Atlanta's Center for Disease Control (CDC) in 1981.

During the same year, the CDC discovered that a skin tumor, Kaposi's Sarcoma, was afflicting a sizeable group within the young homosexual population.

Kaposi's Sarcoma is an unusual tumor found in older people, Polish Jews, and inhabitants of the Mediterranean rim. Epidemiological studies conducted quickly showed that the syndrome was not confined to homosexuals alone, as many doctors had thought.

Indeed, Professor Odiehourri indicated, the syndrome was also found in recipients of blood transfusions, drug users who injected their drugs, and hemophiliacs treated with blood products, etc.

The AIDS epidemic quickly affected all continents. In October 1988, the WHO announced 120,000 declared cases in 142 countries. From January to October of the same year 26,000 AIDS cases were declared.

The United States tops the list with 80 percent of declared cases. Africa has a total of 19,150 cases, the majority in central Africa. Actual figures are thought to be 2 to 3 times greater.

#### Three Modes of Transmission

The WHO currently recognizes three modes of transmission: sexual transmission, contact with [contaminated] blood, and mother-to-child transmission.

Members of the public who wanted to know more about the AIDS situation in the Ivory Coast were well served. Figures from epidemiological studies conducted in our country since 1987 show 468 cases of AIDS, according to the professor.

The same studies furnished the following data: a seroprevalence rate of 32 percent among prostitutes, 10 percent among pregnant women, 23 percent among tuberculosis patients, and so on.

Professor Odiehourri concluded by inviting the population to take measures to prevent the disease. In the absence of vaccines and medicines, prevention is, in any case, the road to salvation.

"Better safe than sorry," said the professor. That is why he encouraged the public present at the Treichville Maison du Parti to exercise sexual discipline.

#### Public Opinion Expressed

54000024 Abidjan *FRATERNITE MATIN* in French  
5 Dec 88 p 3

[Text] No disease, it could be fairly said, has ever received as much media attention as AIDS. The mass media revel in it daily, faithfully echoing the conclusions of research studies, seminars, and conferences held here and there on Acquired Immune Deficiency Syndrome. Despite these efforts at information and education on all fronts, public opinion on AIDS remains divided: Some talk of hysterical concern for safety and AIDS complexes, and step up their individual preventive measures, while others go so far as to laugh at it, mock it, call it just a theory, or brush it off with the comment that we all have to die of something anyway.

Street interviews in certain quarters of Abidjan are all that are needed to find this out.

## KENYA

### Kenya HIV Statistics, Measures Reviewed

54000006 Nairobi *DAILY NATION* in English  
1 Dec 88 p 20

[Text] When the Minister for Health, Mr Mwai Kibaki, recently disclosed that by the end of August this year 2,732 cases of AIDS had been diagnosed and 290 people died from the disease, many Kenyans were shocked.

The shock and discomfort could be seen in light of the fact that the first AIDS case in the country was diagnosed as recently as 1983, the second in 1984 and the third only in 1985. That the numbers were now reading in hundreds and thousands was enough to stir an awareness many Kenyans who until then may have paid only passing attention to the information being given out about AIDS.

This disclosure is evident of the Government co-ordinated national efforts at fighting the disease. Since that first case was reported in 1983, the Government has taken measures for research into and collection of information about the disease so as to help in formulating a plan for the national war against AIDS.

With the formation of the National AIDS Committee (NAC) in 1985, it has now become possible to have ready information, facts and figures on the state and extent of the spread of the disease in the country.

It is through the NAC's findings and recommendations that blood screening equipment for HIV have been made mandatory for all hospitals and health centres in the country. As of November this year, the number of hospitals with such equipment had risen from 33 in September to include all provincial and district hospitals as well as most health centres in the country. A total of 44 screening kits were expected by the end of November.

The installation of the equipment has enabled the screening of blood at the point of collection instead of waiting to be done at the hospitals. Making it compulsory to screen all blood donated for transfusion has brought to light a much more clearer picture of the position of AIDS in Kenya today.

The Minister for Health also disclosed that out of the 80,000 blood donors screened, two per cent or 1,600 have tested positive for HIV. Low as the number may appear, and even though some of the positive screening readings may be in error, Kenyans must continue to be educated on the necessity for curbing the disease.

In 1987, the Government declared AIDS a gazetted disease, making it mandatory to report every diagnosis to the Director of Medical Services. All these efforts have yielded hitherto unknown facts about AIDS some of which include:

—Between January and June this year, 1,235 people were diagnosed with AIDS. This means that at least 205 people get infected with HIV every month (roughly six people per day).

—It has also been established that the infection seems to hit hardest at those between 19 and 40 years of age even though cases of people below and above this age group have been reported.

What this means is that the disease seems to be most rampant among people in their most productive years which ultimately may have far-reaching consequences on national productivity unless the situation is reversed.

—It is a myth to assume that sexual relationships with those over 40 reduces the chances of contracting the infection. Anyone who has multiple sexual partners, or has venereal disease especially genital ulcers stands a high chance of contracting HIV infection.

—Indiscriminatory sexual habits and multiple sexual partners are still high on the list of the ways in which an individual can contract the HIV infection.

—In Kenya as in many other parts of Africa, AIDS is mostly transmitted heterosexually and so prostitutes and their clients still form the bulk of the victims.

—AIDS knows no barriers—class, educational, cultural, professional, or national or political. Every individual must be constantly alert in observing the safety measures against spreading or contracting the disease.

The research that has established these and other facts about AIDS are co-ordinated by the National AIDS Committee formed in 1985 to advise the Minister of Health on the disease. The NAC is charged with carrying out research and making recommendations for the preventative measures that can be adopted.

The NAC has a membership drawn from the medical professions including researchers, education, nursing community and epidemiology; academicians from the universities, the Nairobi City Commission and the World Health Organisation (WHO). Under the chairmanship of Prof Mugambi, who is also the Director of the Kenya Medical Research Institute (KEMRI), NAC works through four major sub-committees, each carrying out a specific activity as follows:

Information, education and communications sub-committee is responsible for information gathering and dissemination to the public and the health workers educating both the health workers and the public on preventative and protection measures and also for facilitating communication with interested groups and parties on the developments in the war against AIDS.

The sub-committee disseminates educational information through the media, posters, barazas and talks to organised groups like schools and other institutions.

The clinical sub-committee is charged with ensuring that hospitals and health centres are supplied with disinfectants and other sterilising materials, syringes and other equipment that strengthen the medical staff's efforts in dealing with AIDS patients, protect them and minimise the chances of infection with the HIV within the hospitals and health centres.

The laboratory sub-committee is concerned with supplying all hospitals with HIV screening equipment and for monitoring the screening for quality control so as to avoid positive readings by error.

The epidemiology sub-committee works on collection of and interpretation of statistical data and other information so as to work out and formulate guidelines for workshops, training of counsellors and other personnel and to give them experience in the proper use of equipment and other facilities that are in use on the disease.

"AIDS is a new disease and during my days in medical school we never heard about human immunodeficiency virus (HIV) causing AIDS and we must all join the war to curb its spread," Dr Frank Mueke, the national coordinator of AIDS programmes within the Ministry of Health, told journalists during a seminar on AIDS organised for the local press.

"The only weapon we have against the disease is effective health information on the disease to all sections of the public," said Dr Mueke.

## NIGER

**Health Minister on AIDS Statistics, Strategy**  
*5400028a Niamey LE SAHEL in French 1 Dec 88 p 3*

[Article reprinting the text of an address by Niger Minister of Health Mai Manga Oumara; first paragraph is LE SAHEL introduction]

[Text] "We are in the process of preparing our plan of action for the medium term, which will cover the next 3 years," says Captain Mai Manga Oumara, PH/SA/WA minister:

Ladies and Gentlemen,

Today, 1 December 1988, Niger joins the peoples of the entire world in commemorating the first International Anti-AIDS Day.

The rapid and disquieting spread of this terrible disease which, according to official figures, has already struck nearly 120,000 people throughout the world makes it urgent that we fully mobilize our energies to master the situation. In Africa in particular, we have every reason to feel the utmost concern about this pandemic, which must now be added to the great endemic diseases, natural disasters, and malnutrition that have beset our populations for decades.

Many in Niger still wonder whether our country really needs to be concerned about the situation, given all our national priorities for health, social, and economic development.

To date, 39 AIDS patients have been diagnosed in our health-care establishments .

Moreover, according to studies in Niamey, the seroprevalence rate among the general population in that urban community hovers around 0.5 percent, which means that 5 of every 1,000 Niamey residents are carriers of the infection. The rate of prevalence is particularly high among prostitutes, 7.5 percent of whom are seropositive.

Studies are underway to determine the situation in the rest of the country.

As you can see, the disease is definitely among us also. We must above all avoid misconstruing the significance of the low number of cases detected to date.

Considering:

1. The seriousness of the disease, which is fatal;
2. Its very rapid spread among certain segments of the population;
3. Its predilection for the productive group in society (the majority of those afflicted are between 18 and 45 years of age);
4. And thus its economic and psychosocial impact, there is no question that it is now, starting immediately, that we must resolutely combat the disease.

Immediately following the outbreak of the epidemic, the initial efforts of the Ministry of Public Health, Social Affairs, and the Women's Affairs were directed toward setting up an infrastructure that would enable us to assess and monitor the situation in the country.

We began equipping our hospitals with material for screening, encouraged the participation of our management personnel in conferences and seminars on the question, and began to inform and raise the awareness of medical personnel and the population on the problem.

To keep up with all the information and activities related to AIDS both in Niger and abroad, and to decide the overall orientations of our national policy on information, education, prevention, and control of AIDS, we created a National AIDS Surveillance Committee in 1987. It was the committee's task to draw up, with the support of the WHO and the World Bank, a short-term plan to combat the disease.

The recent nomination of a national director has strengthened the organizational structure of this program, the activities of which will become increasingly decentralized and integrated into the activities of health-care centers. We are in the process of preparing our plan of action for the medium term, which will cover the next 3 years.

Ladies and Gentlemen,

Our message commemorating this International Anti-AIDS Day is not intended to spread anxiety among the people.

- Our objective is to inform you of the existence of a real problem.
- Our duty is to inform you of the risk of a spread of the epidemic in the coming years.
- Our mission is to promote awareness of the steps to be taken to curb the spread of the disease.

We are basing our informational and educational drive on four pivotal ideas that should spur us to action:

1. The fight against AIDS is a long-term proposition because it essentially rests on changing the behavior of individuals.
2. Each of us is individually concerned.
3. Each of us must insure his own protection. Each must take care not to put his health, or that of his neighbor or partner, at risk.
4. Finally, at this time there is no effective medication against AIDS.

The only reliable and available remedy that guarantees us a permanent cure is prevention.

Ladies and Gentlemen,

Health is a social and political aspiration that greatly depends on the commitment made to it on every level.

AIDS, like many other illnesses, is avoidable. I wish each and every one of you good health.

Thank you.

## NIGERIA

**Law on Blood Screening for AIDS To Be Enacted**  
*54000039b Lagos THE GUARDIAN in English*  
*1 Dec 88 p 20*

[Article by Onajomo Orere]

[Text] A Federal law, which may compel private hospitals to screen blood for the Acquired Immune Deficiency Syndrome (AIDS) before transfusion, is on the way.

The news was broken yesterday by a member of the National Expert Advisory Committee on AIDS (NEACA), Dr Clement Anyiwo, during a lecture on "Prophylaxis of hospital acquired infections" organized by the Lagos wing of the Nigeria Medical Association (NMA) at the Armed Forces Hospital, Yaba.

Anyiwo said NEACA, which met recently at Zaria, had proposed the option to the government as a way of curbing the incidence of transfusing patients with the AIDS virus.

He said NEACA had also set up a small committee to look into the cost aspect of allowing private laboratories and hospitals to screen for the AIDS-causing Human Immunodeficiency Virus (HIV).

NEACA, according to him, recommended that hospitals should either take urgent steps to acquire AIDS screening kits or send their blood samples to the nearest of the 21 Federal screening and three confirmatory centers or be forced to close down.

A proposal to set up a Federal task force to enforce compliance was also endorsed by the committee.

He agreed with his medical colleagues that Hepatitis Virus B a deadly communicable blood-borne disease, was more prevalent in Nigeria than AIDS, but stressed that compulsory screening of blood for AIDS before transfusion should take precedence over Hepatitis B, because of the "simple fact that it is both a cure and a vaccine."

Anyiwo, a senior immunology teacher at the University of Lagos College of Medicine, said the Nigeria Medical and Dental Council had begun a nation-wide check of medical laboratories to ensure minimum standards.

He reinforced the stand of his senior colleague, Professor Vincent Rotimi, a virologist, who spoke on "Spectrum of hospital acquired infections and the principles of antibiotic therapy."

According to Rotimi, doctors usually prescribe antibiotics without a sound medical reason and many combine two or more antibiotics for an ailment when just one will do.

The participants also agreed that hospital-acquired infection in Nigeria was substantial, but proffered no solutions.

According to the NMA chairman, Professor Kayode Oduote, it is a problem that will be difficult to solve because in industrialized countries such as the United States with better healthcare facilities and practice, it costs about \$400 (about N2,120) per patient daily to prevent hospital infection.

The association will today hold a symposium at the Institute of Advanced Legal Studies, at the University of Lagos on "Medical practice and the law in Nigeria."

**1200 AIDS Carriers Said To Exist Nationwide**  
*54000039a Lagos THE GUARDIAN in English*  
*1 Dec 88 p 1*

[Article by Seun Ogunseitan]

[Text] On AIDS in Nigeria, probably no issues have attracted more comments than questions pertaining to the extent of the spread of the disease in the country.

Although official claims that only 25 seropositive cases of AIDS have been found in the country are yet to be seriously contradicted with evidence, doctors across the country continue to argue that the active 40 million of Nigeria's 110 million people cannot possibly harbour only 25 AIDS cases.

Dr Doyin Okupe chairman of the AIDS Committee on Education (ACE) has held many medical opinions in Nigeria in the argument that since 12 deaths have been definitely linked with the disease, extrapolation of the number of AIDS carriers using a World Health Organization formula suggests that no fewer than 1,200 AIDS virus carriers may be roaming the streets or living in the cozy comforts of homes across the country, unwittingly spreading the disease by the days.

First hand observations of the AIDS problem in Zaire and Congo Brazzaville, in Kigali, Rwanda; in New York and San Francisco in the United States of America, however, suggest very clearly that there is definitely no epidemic of AIDS in Nigeria.

For one, many of the opportunistic diseases which actually do the killing when the AIDS virus destroys the body's natural defence mechanism, abound in Nigeria.

From discussions with many of America's leading AIDS researchers, it is clear that many of the simple diarrhea, and certain coughs and colds suffered by most Nigerians at least once, over the last 12 months may have remained incurable if their body immune system had been suppressed by the AIDS virus.

It is clear that there is no large number of Nigerians suffering from AIDS-caused immunity deficiencies.

In the badly affected East African lands, nobody can succeed in hiding behind official figures when it comes to AIDS.

On the streets of Kigali in Rwanda, the "slim disease" which also causes tiny sore on the skin is very real. Some victims are very real walking corpses.

The Nigerian experience is also true of many West African countries. It had caused researchers to look into the possibility of something in the blood of West Africans being a cause of immunity to AIDS virus.

The Ivorian health minister Alphones Djedje announced a joint 10 million dollar five-year anti-AIDS programme with the WHO. An apparent booster for the dangerous increase in AIDS seropositive cases in that country was the absence of testing equipment in blood banks.

The government said 45 per cent of admissions in the infectious diseases wards and 25 per cent of patients undergoing treatment for dermatological diseases in the country have been found to be seropositive.

Researchers very vigorously in search of a reason why Nigeria, West Africa's most populous country has such a low number of AIDS cases are now looking into the nature and pattern of the sexually transmitted diseases common among Nigerians for a possible clue.

Dr Harold Jafte, Chief of the Epidemiology branch for the AIDS programme at America's Centre for Disease Control in Atlanta, suggested in an interview with *The Guardian* in the U.S., that the low number of AIDS cases in Nigeria may be linked to the fact that genital ulcers and chancroids are not the common STDs in the country.

Jafte's explanation was that for the transmission of the AIDS virus, there must be an opening which will facilitate the mixing of the body fluids from the infected person with that from the uninfected.

Lagos University Teaching Hospital microbiologist and leading venereal diseases expert, Professor Tolu Odugbemi confirmed to *The Guardian* that gonorrhoea and syphilis are the most common STDs in Nigeria.

The opinion of the scientists are that probably because the sore-causing venereal diseases are not common in Nigeria, the few (or many) Nigerians that have had sexual contact with AIDS-infected foreigners, have benefited from the good fortune of the fact that there is a one in 500 chance of a person without genital ulcers contracting the AIDS at the first ultimate sexual contact with an AIDS infected person.

**Meningitis Kills 774 in Gongola State in 4 Years**  
*54000043b Kaduna NEW NIGERIAN in English*  
*2 Dec 88 pp 1, 3*

[Article by Abu Tapidi]

[Text] A total of 774 persons have lost their lives out of 5,956 recorded cases of cerebro-spinal-meningitis (CSM) in Gongola State, within the last four years.

According to the CSM statistics in the state, in 1985, 22 persons were killed out of 299 cases; in 1986, 105 persons were also killed out of 731 cases, while in 1987, 587 deaths were recorded out of 4,626 cases and 60 persons have so far lost their lives out of 300 cases reported this year.

In a speech at the launching of a statewide campaign against CSM and yellow fever in Yola on Tuesday, the Commissioner for Health, Dr. Mohammed Suleiman, said all hands were now on deck to eradicate the recurrent outbreaks of these deadly diseases which had become a major public health problem in the country.

According to him, the states which had been having yearly outbreaks of CSM during the dry season from November to May are Sokoto, Kano, Borno, Bauchi, Gongola, Benue, Plateau, Niger, Kwara, Kaduna, Katsina and the northern part of Anambra.

He said the Federal Ministry of Health had directed that all the states within the "so-called African meningitis belt" should start active vaccination, health education and other preventive measures early to avoid further outbreaks.

The commissioner said so far a total of 546,420 persons had been vaccinated against CSM and 70,417 persons had been immunised against yellow fever since the campaign started in the state this year.

Dr. Suleiman said 1,166,300 doses of CSM vaccine and 400,000 doses of yellow fever vaccine were bought by the state government this year, while the Federal Government provided 540,000 doses of CSM vaccine and 150,000 doses of yellow fever vaccine, this year so far.

The commissioner said a circular had been dispatched to all local governments to discharge their responsibilities in order to ensure the success of the campaign and that "strategies in this campaign is to mobilise all the resources available at the state level through the Ministry of Health and all the 17 local government councils."

In his own remark, the state Governor, Wing Commander Isa Mohammed, said 2,304,963 Naira was spent on the purchase of CSM doses and 944,300 Naira was also spent on the purchase of yellow fever doses from January to date.

**Typhoid Fever, Gastroenteritis Kill 422 in Kaduna**  
*54000043a Kaduna NEW NIGERIAN in English*  
*2 Dec 88 pp 1, 3*

[Article by Aliyu Modibbo]

[Text] About 422 persons have been killed by typhoid fever and yellow fever as well as gastroenteritis in Kaduna State between June and now.

The state Commissioner for Health, Mrs. Sarah Hassan, told newsmen yesterday that 16 persons died of typhoid fever out of 276 cases reported, while 315 persons died of yellow fever out of over 2,000 cases reported, mostly in Kachia, Saminaka and Jema'a local government areas of the state.

She also said 91 persons were confirmed to have died out of 600 persons affected by gastroenteritis in Zaria, Saminaka and Ikara local government areas.

Mrs. Sarah Hassan said the state recorded a gradual increase in the number of persons attacked by typhoid fever in hospitals within the Kaduna metropolis, but said "typhoid fever cannot be regarded as an outbreak because we have always had it."

She said intensive health education was being carried out within the state on the importance of environmental sanitation and the importance of personal hygiene which are the first prerequisites for typhoid fever control.

The commissioner said the government bought 39,000 doses of the typhoid vaccine for use which had been distributed, while order for more vaccines had been placed.

The commissioner said 575,000 persons were vaccinated against the disease from June to date in the affected areas while the houses of the victims were also sprayed to control the disease from further spread.

She said about 555,750 doses of yellow fever vaccine had been bought by government from January to November this year, while Federal Government donated to the state about 142,800 doses of yellow fever vaccine to be used in controlling the disease.

Mrs. Hassan also said about 650,000 doses of cerebro spinal meningitis (CSM) vaccine were bought by the government, while 50,000 doses were received from the Federal Government for the control of the killer disease.

The commissioner said some of the vaccines had been distributed to local government areas, adding that children under twelve years of age would receive the vaccine "routinely under Expanded Programme on Immunisation (EPI)".

She said already immunisation teams had been despatched to all the local government areas.

## SEYCHELLES

**Precautions Taken To Keep Region AIDS-Free**  
*54000031 Victoria NATION in English 2 Dec 88 pp 1, 2*

[Text] The Health Ministry yesterday launched a series of activities against AIDS which will continue into next year.

Although no AIDS (Acquired Immune Deficiency Syndrome) cases have yet been detected in Seychelles, health officials are anxious that the public be well versed in how to avoid catching the deadly disease so as to prevent its spread should it reach these islands.

In his World AIDS Day message yesterday Health Minister Ralph Adam warned: "It is not a disease to be ignored or hidden away. It is a disease that we must discuss at our work places, in groups, among friends and also in the family."

Urging people not to be afraid or ashamed to speak about AIDS, Mr Adam said: "We should not give this disease the chance to spread through our ignorance or our fear."

"We should know everything we can on AIDS because we can stop it spreading," he stressed.

Future AIDS prevention activities will include talks, debates, radio and television programmes, newspaper articles and exhibitions aimed at convincing people that responsible behavior can protect them from AIDS should it reach Seychelles. Leaflets are available at clinics.

## ZAMBIA

### AIDS Toll Stands at 106 Deaths Out of 1,056 Cases

54000022d Lusaka *TIMES OF ZAMBIA* in English  
2 Dec 88 p 1

[Text] At least 106 people in Zambia have died of AIDS out of 1,056 cases reported to the Ministry of Health.

Minister and Member of the Central Committee Cde Alina Nyikosa appealed to parents and guardians to discuss the issues of AIDS and sex with their children because withholding valuable advice on sex, normally considered taboo, was "killing the nation."

She warned in Lusaka that the threat of the deadly virus was real and was steadily on the increase.

At Nakatindi Hall in Lusaka where hundreds of residents and anti-AIDS clubs performed some dances and displayed posters informing the public about the dangers of AIDS, Cde Nyikosa said only responsible sexual behaviour could save mankind from the calamity.

Zambia joined the rest of the world in observing the first world AIDS day yesterday aimed at creating public awareness on the fatal disease whose cure has not yet been found.

Cde Nyikosa said the World Health Organisation (WHO) and the Government can do little to combat the disease that is sweeping through the continents causing

untold misery to many people, but individual commitment and self-denial to indiscriminate sex can go a long way in containing the plague.

The Government had deliberately incorporated AIDS programmes into the primary health care so that the educational campaigns could reach a wider audience, especially in the rural areas.

WHO representative in Zambia Dr Wilfred Sei Boayue said by the time AIDS was contained it would have brought "havoc" to the world.

In Ndola, Copperbelt Member of the Central Committee Cde Rankin Sikasula urged the AIDS surveillance committee in the province to put the message across about the deadliness of the disease in the most blunt terms to save lives.

It was only by making people aware about the killer virus that the battle against AIDS could be won.

Cde Sikasula paid tribute to the WHO for providing materials, finance and expertise in the fight against the deadly virus and thanked the Norwegian Agency for International Development (Noraid) for giving financial support to the health education project on the Copperbelt.

Southern Province permanent secretary Cde Chishimba Lamba called for responsible behaviour among Zambians to prevent the spread of the disease.

The fight against AIDS was worldwide and Livingstone residents should also reflect seriously on the issue by being aware of the dangers it posed.

He commended the Ministry of Health for playing a cardinal role in educating the public about the scourge.

Zana, Reuter report: More than a million people are likely to have contracted AIDS by 1991, the WHO's chief officer was quoted as saying in Paris.

"If no-one does what is needed to stop AIDS being passed on, we have a great deal to fear from the future," WHO's director-general, Hiroshi Nakajima, said in an interview with the French daily *LE MONDE*.

"It is reasonable to estimate that about five million people were carrying the AIDS virus in 1987, it is therefore likely that more than a million of them will have contracted the disease by 1991."

**High Level of Cadmium Found in Fraser River  
Beets**

54200022 Toronto *THE GLOBE AND MAIL*  
in English 17 Dec 88 p A6

[Text] Vegetables from urban market gardens along the Fraser River have been found to be contaminated with the heavy metal cadmium, says a study conducted for the Greater Vancouver regional district. The study says tests

on soil and crops taken from a market garden in southwest Vancouver indicate that international recommendations for tolerable human cadmium intake "would be exceeded through normal consumption" of the vegetables. Beet roots had cadmium concentrations comparable to "root crops grown on contaminated soils," the study says. Excessive exposure to cadmium can cause kidney disorders and has been associated with prostate cancer.

## INTER-ASIAN

### WHO Workshop Cites Lack of AIDS Preventive Strategies

54004308 Sydney *THE SYDNEY MORNING HERALD* in English 15 Dec 88 p 15

[Article by Pilita Clark: "AIDS Prevention Runs Foul of the Church, Ostriches in the Pacific"]

[Text] One of the saddest facts about AIDS and HIV infection is that the only known weapons against it to date are education, education and more education.

Most Western countries, like Australia, have had relatively well-financed and nationally organised AIDS prevention strategies in place for some years.

But right on Australia's doorstep, there are some countries so far behind the eight-ball in this area that it's frightening.

According to one senior World Health Organisation official, HIV infection is set to "spread like wildfire" in both Fiji and the Philippines unless action is taken soon.

The extent of the problem was driven home at a WHO workshop on AIDS and the print media in Manila last week.

Twelve Western Pacific region countries, including New Zealand and Australia, sent journalists and health department public relations officers to the workshop to discuss ways of motivating the media towards "the proper dissemination" of information on HIV infection, as the WHO put it.

One by one, each of the delegates outlined the main problems faced in reporting on AIDS in their countries and, as they did so, a disturbing pattern of ignorance, religious and cultural sensitivities and possible under-reporting of the extent of infection emerged.

Only this month, for instance, a Papua New Guinea newspaper published a report by a policeman headed "Shoot AIDS victims". In another case PNG, an AIDS sufferer was isolated in a hut far from his village and simply left to die.

And just five minutes' walk from the WHO's Manila office, the Manila Hilton newsagency sells an alarming "AIDS risk test" for about 37 cents—a plastic card that claims to show "potential susceptibility to Human Immunodeficiency Virus", ("based on a specific principle"), according to the colour it changes to when pressed by one's thumb for a count of five.

Apart from the obvious insanity of duping people into thinking a card could show whether they were at risk, the card usually shows a "low risk" colour anyway.

In Fiji, Health Ministry officials still refuse to acknowledge the existence of the virus in that country, despite unofficial reports of at least two cases.

Given Fiji's high rate of sexually transmitted diseases, even Mr Poasa Ravea, the media liaison officer for the Fijian Ministry of Health (and one of Fiji's two WHO workshop delegates), admitted this was surprising.

Mr Ravea said the doctor who claimed there were two cases had been "questioned" and could not provide any names.

But the other Fiji delegates to the WHO workshop, Mr Dennis Rounds, of the Fiji Broadcasting Commission, said the fact that the doctor concerned was actually employed by the Health Ministry, and still stood by his disclosures, meant the Fijian media had become "suspicious" of Health Ministry statements on AIDS.

Mr Rounds said AIDS reports in Fiji were almost entirely based on international wire service stories and thus tended to focus on sensational—rather than educational-items such as Rock Hudson's death.

There was little educational material available and "the effects of the disease on child-bearing mothers, on women generally, and the fact that it is also a heterosexual disease have yet to register, not only in the media, but also among the public at large".

Dr Devi Shrestha, a consultant in the WHO's AIDS unit in Manila, says the virus is set to "spread like wildfire" in both Fiji and the Philippines unless progress is made soon.

He also pointed to problems in countries like Malaysia, which WHO officials visited three months ago to advise on AIDS programs. Government officials there were most reluctant to consider suggestions of sex education on AIDS and sexually transmitted diseases in junior schools, saying it may be appropriate in medical school, but not elsewhere.

"These children will be experimenting with sex at 13 or 14 years, so why not talk about sex?" said Dr Shrestha. "But it was considered you couldn't do that. We didn't want to push them too much."

In the Philippines, Health Department workers are fighting a losing battle to promote condoms as a means of preventing to spread of AIDS.

Although the first case of HIV infection in the Philippines was detected as long ago as May 1985, the country's Health Department has faced major difficulties in organising a national educational campaign, not least because of the overwhelming presence of the Catholic Church.

Mr Peter Resurreccion, the department's public relations officer, said that earlier this year, the department started quietly distributing condoms in a regional area outside Manila, but news "leaked out" to the Church which quickly vetoed the project and now no condoms are being distributed there.

At present there is no concrete strategy in the department for condom use.

"It's a very sensitive issue," Mr Resurreccion said. "It was raised in meetings and reported in the papers and we received a letter from the Catholic Church saying it wouldn't endorse it, so if we promote condom usage, it would be without the Church's blessing and it was felt it was too dangerous to go along that path."

"I think it's a very big problem because if we can't use the condom strategy, the only way to give out the message to the public is for us to ask them to stay in monogamous relationships or abstain from sex, neither of which is very realistic."

The Philippines at present has 17 cases of full-blown AIDS and 87 cases of HIV infection, nearly all of which are female prostitutes working near the US military bases.

Many countries represented at the WHO workshop have put a premium on confidentiality and privacy protection for sufferers, so much so, however, that reporters in some countries have found it extremely difficult to obtain information about AIDS.

One of the Guam delegates for instance, complained about the number of bureaucratic clearances required just to get figures on the incidence of AIDS on the island.

During his last six years on the GUAM TRIBUNE, he was aware of only one case of AIDS. That was revealed only after the victim had died, and even then no information about how the person had contracted the virus was produced to the press.

Most of the countries represented at the WHO workshop have extremely low officially recorded numbers of AIDS cases, certainly none as high as Australia's 1,000-plus cases.

Japan and New Zealand have more than 90 reported cases, but from there, the numbers drop fairly dramatically.

The Philippines has 17 reported cases; Hong Kong 13; Papua New Guinea six; Singapore four; Malaysia four; China three and South Korea three.

The relatively low rate of reported infection has been attributed to a number of factors, such as cultural norms and isolation. But the low rate of testing in some countries has led some to fear that there is substantial under-reporting and the real rates of infection are actually much higher.

## THAILAND

**Experts See Strong Potential for AIDS Deluge**  
*BK2401102389 Bangkok THE NATION in English*  
*24 Jan 89 Afternoon Edition p 1*

[Text] Foreign AIDS experts this morning warned that Thailand has a strong potential for the AIDS deluge and said it should look to the African model instead of the industrialized countries' experiences to study how the disease will be spread.

Dr R. Dwyer, an expert from Australia, speaking at the second international conference on AIDS in Asia said Thailand is in a precarious situation because most carriers are intravenous drug users.

The conference opened this morning at the Hyatt Central Plaza Hotel.

He estimated that in three years, Thailand could have up to 50,000 people infected with the AIDS virus.

Most countries reported that the rate of spread of the disease among drug addicts is very high, he added.

He added that when they have sexual intercourse with others, it sped up the rate of transmission.

Experts said that there are approximately 1500,000-200,000 people with full-blown AIDS in African countries.

This is in comparison with over 90,000 cases in the United States—half of whom have died—and approximately 15,000 in Europe.

Dr Chitphong Chaiwasu said that in all of Asia, there are only 281 reported cases of AIDS and he commented that this number is probably a vast underestimation of the real total, as many Asian governments still do not or refuse to recognize the problem.

Public Health Minister Chuan Likphai said in the opening address that all but one of the 10 AIDS cases in Thailand are dead, including the 13-month baby girl, who died last September.

The minister said that 1989 will be designated as Thailand's Year to Combat AIDS and that this international meeting "gives us a good start".

Dr Thepphanom Muangmaen, dean of the Faculty of Public Health, Mahidol University, and organizer of the conference, said the rate of heterosexual transmission of the disease has doubled since last year.

He said that according to his survey, three percent of Thailand's reported cases were from heterosexual contacts, and only six percent of the cases were reported in 1989.

This suggests a very alarming trend, he said, as heterosexual contact is the primary means of transmission in African countries.

**Spread of AIDS, Drug Use Zones Noted**  
*54004303b Bangkok MATICHON in Thai*  
*25 Oct 88 pp 1, 22*

[Excerpt] [Passage omitted] On 24 October, Dr Thepphanom Muangmaen, the dean of the Faculty of Public Health at Mahidol University, told MATICHON that the Faculty of Public Health has received a grant from the Thailand Farm Research Association (TFRA) to conduct a study on the topic "Knowledge, Views, and Actions of Those at High Risk of Contracting AIDS."

Dr Thepphanom said that a random sample was taken among three groups of people who are high risk. Specifically, the sample consisted of 353 drug addicts, 186 prostitutes, and 162 homosexuals. Of these people, 252 came from the north, 148 came from Bangkok Metropolitan, 154 came from the south, 85 came from the central region, excluding Bangkok, and 61 came from the northeast. The results of the study can be summarized as follows: Of the prostitutes, 67 percent worked only as prostitutes; the rest worked at various companies and earned extra money by working as prostitutes. Forty-seven percent of the homosexuals worked as prostitutes, working at gay bars and other places; 10 percent worked at various companies; 9 percent were involved in private business activities; 4 percent were government officials; and 14 percent did not have a profession.

Dr Thepphanom said that regarding knowledge about AIDS, it was found that 80 percent of the respondents in the three groups knew that engaging in oral, anal, and vaginal sex without using a condom, sharing a needle with others to shoot drugs, and receiving a blood transfusion without first testing the blood could lead to a person contracting AIDS.

A total of 92 percent of the respondents felt that prevention is the best way to control the spread of this disease. Most, 44 percent, received their information about AIDS from the newspapers. This was followed by radio and television, 26 percent, and state units, 14 percent.

As for their views on AIDS, 44 percent felt that they had a chance of contracting AIDS, 52 percent were not worried about contracting AIDS, 37 percent were worried about this, and 81 percent felt that AIDS can be prevented. In short, respondents in all three groups had good opinions on preventing and controlling this disease.

As for taking blood samples to check for AIDS, 65 percent of the drug addicts, 48 percent of the homosexuals, and 42 percent of the prostitutes had never had a blood test for AIDS.

Dr Thepphanom said that besides conducting this study, he sent a questionnaire to 700 people nationwide. Specifically, the questionnaire was sent to 71 provincial public health officials, 15 directors of central hospitals, 67 directors of general hospitals, and 548 directors of community hospitals. A total of 644 people, or 91.8 percent, returned the questionnaire. The results of the survey revealed the following about the AIDS situation in the provinces:

There were 30 cases of AIDS in the north, or 44 percent, the highest percentage in the country. This was followed by 27 cases in the central region, or 27 percent, 13 cases in the northeast, or 19 percent, and 7 cases in the south, or 10 percent. Altogether, there were 69 cases of AIDS. It isn't known how they contracted AIDS, because the respondents didn't provide any information on this.

Dr Thepphanom said that there are 39 places in the north, 43 in the central region, 23 in the northeast, and 29 in the south where people can go to have their blood tested for the AIDS virus. Thus, there are not enough testing sites as compared with the number of people who need to have their blood tested.

Dr Thepphanom said that the questionnaire showed that a total of 20,865 people have had blood tests, of which 69 tested positive for AIDS. That is, the danger of contracting AIDS is about 3 in 1,000 for the people in the at-risk groups.

Dr Thepphanom added that public health officials at the regional, provincial, and district levels are cooperating in monitoring this matter. At present, the northern region has the largest number of AIDS cases. Besides this, only 11 percent of the public health officials involved in public relations activities on AIDS feel that this is an important public health problem. Moreover, AIDS testing services in the four regions are not offered on a large scale. Thus, state units should carry on public relations activities and disseminate more information on this. The data should not be concealed.

"The general feeling is that public health units, including the ministry and the universities, should coordinate things closely in carrying on public relations activities to inform the people. The focus should be on the high-risk

groups, particularly drug addicts. The new administration, particularly the new minister of public health, should implement a resolute policy to solve the AIDS problem. New methods should be used to deal with the problem of foreigners bringing this disease into the country," said Dr Thepphanom.

A news report from the Faculty of Medicine, Chulalongkorn University, stated that at the beginning of October, there were five pregnant women who had AIDS and who were under the care of doctors at Chulalongkorn University. One woman has now given birth; the other four have still not delivered. Delivering the baby of that woman greatly worried the doctor who delivered the baby, because only one doctor helped to deliver the baby. Doctors from other hospitals were fearful about coming in contact with the blood of this patient, because they were afraid of contracting AIDS themselves. If the same thing happens in the case of the other four women, the hospital isn't sure if it will be able to provide good services to the patients in view of the fact that hospital personnel have such views toward AIDS patients.

The news report stated that the AIDS Study Committee sent a report to the Ministry of Public Health stating that there are approximately 50 prostitutes in Bangkok Metropolitan who have tested positive for AIDS. The committee has asked these women to stop working and return to their homes in the north. It has paid for all their expenses. But except for giving them money for their travel expenses, the committee has not monitored the spread of the disease by these 50 women.

In an interview that same day, Mr Suthat Ngoenmun, the deputy minister of public health, said that there are presently only nine people who actually have AIDS. There are four cases in Thailand. Thus, there is no cause for alarm among those who protect themselves. The statistics show that a large number of people have the virus, because the Ministry of Public Health has examined many drug addicts. After discovering the virus, the ministry ordered doctors and nurses to monitor these people and gave them suggestions to prevent spreading the disease to others.

Mr Suthat said that the ministry is very strict about the matter of blood transfusions. Before blood is given to anyone, it is checked carefully. The Center for Communicable Disease Control and the hospitals have equipment to check for the presence of the AIDS virus. There are now 77 such machines throughout the country. Thus, mistakes in giving blood transfusions are very rare. But in an emergency, it may be necessary to give the person a blood transfusion without checking the blood first. But the blood given will be blood from people who do not have any history of drug addiction and who are not in high-risk groups.

As for the discovery of AIDS in Saraburi Province, Mr Suthat said that all of these people are drug addicts. Two of these people are military draftees who have now been

discharged from active duty. He has ordered Dr Surasak Bunyapraphat and Dr Somphat Malikun, the deputy director-general of the Department of Communicable Disease Control, to go examine the matter and provide information to the doctors and nurses in Saraburi.

Dr Prayong Chantharanet, the director of the Zone 8 Venereal Disease Center in Nakhon Sawan, said that approximately 1,000 people have used the services of this Venereal Disease Center, and 100 have been found to have a venereal disease. But in Nakhon Sawan, no one has been found to have AIDS. The center is equipped with equipment to check for the AIDS virus just like hospitals in other provinces. The reason why some hospitals can't check for AIDS is because they lack the proper solutions. We can't wait for funds to be allocated for this. The solution is to use the existing revolving funds to purchase the items needed. The patients can then be charged for the services. This will solve the problem. As for the blood that the Phichit Hospital sent to the center for examination, the blood arrived on 20 October. The blood came from just one patient from Bang Mun Nak District, Phichit Province. It has not yet been examined.

Police Col Thirachit Utama, the police superintendent in Nakhon Sawan Province, said that as soon as he learned that drug addiction was a problem in Chum Saeng District and that this was a breeding ground for AIDS, he ordered Police Lt Col Samrut Phonghiran, the deputy superintendent in charge of that area, to form a team to eliminate drug trafficking and drug use as quickly as possible. He also ordered that action be taken to eliminate drug spots in other areas, too.

Mr Chuan Likphai, the minister of public health, said that the Saraburi Provincial Public Health office began testing donated blood in September 1987. So far, it has tested blood from 6,466 donors and found only two cases of AIDS. It has also tested 1,631 people in high-risk groups and found 28 cases of AIDS. All 30 people have been given tests confirming that they have the AIDS virus. Five are from Saraburi Province. The others are from various other provinces. All of these people are drug addicts. The Zone 2 Communicable Disease Control Office in Saraburi Province, which is responsible for Saraburi, Lopburi, Ang Thong, Chainat, Nakhon Naiyok, and Singburi provinces, has found 199 people with the AIDS virus. The Ministry of Public Health has ordered all provincial public health offices to send a report on the AIDS situation by the end of this week.

**Ties Between AIDS, Drug Use Discussed**  
*54004303c Bangkok MATICHON in Thai*  
*22 Oct 88 pp 1, 24*

[Excerpts] [Passage omitted] A reporter in Phichit Province reported that at approximately 0900 hours on 21 October at the auditorium of the Phichit Hospital, 200 doctors, nurses, and officials concerned held a meeting to discuss the topic "Ways To Prevent the Spread of

AIDS in Hospitals." Attending the conference were Dr Annuai Traisupha, an expert on AIDS, and Mr Wirot Sutkasem, an expert on communicable disease control from the Department of Communicable Disease Control. [passage omitted]

The reporter reported that as for the general situation at the Phichit Hospital, patients continue to come for treatment as usual. There is no alarm over the reports that three patients at the hospital have been found to have the AIDS virus.

A news source said that the three AIDS patients contracted the virus from different sources. The patient from Wang Sai Phun District once worked aboard a fishing boat in Mahachai District and was imprisoned in Vietnam in 1981. He now has an AIDS related complex. The Phichit Provincial Public Health Office is coordinating things with the Bamrat Naradun Hospital, Department of Communicable Disease Control, in order to send this patient for treatment. The second patient, who is from Taphan Hin District, was once a drug addict who received treatment in Phitsanulok Province. This patient has the AIDS virus but does not show any symptoms. Similarly, the third patient, from Bang Mun Nak District, is a drug addict who received treatment in Phitsanulok Province. This patient was once in an accident and received treatment at the Phichit Hospital. But it can be assumed that he did not have the AIDS virus at the time that he entered the Phitsanulok Hospital for treatment, because the results of the blood tests given to people close to him have all been negative.

The news source also talked about the likely place where they contracted the AIDS virus. Investigations have shown that there is a place in Chumsaeng District, Nakhon Sawan Province, that serves its customers using needles. They inject the drugs into the veins of all the addicts who use their services. Sometimes, they clean the needles just by rinsing them in water. The owner is not really interested in this. Whenever a customer comes for an injection, he gives it to him. [passage omitted]

The reporter reported that the relatives of these three patients have all been given blood tests to check for the AIDS virus. Also, addicts who use drug injection services in Nakhon Sawan Province have been tested. The owner of this place has cooperated with officials by telling the addicts to go have their blood checked.

In an article appearing in issue 18 of KHAO SAN ROK AIDS published by Bangkok Metropolitan, Dr Manot Lithochawalit of the Wachira Hospital, stated that AIDS is now spreading very rapidly among drug addicts. This is because the addicts share the same needles. Around

the middle of 1987, Wachira Hospital, in cooperation with the Faculty of Medicine, Sirirat Hospital, conducted a survey among 300 people but did not find any evidence of the AIDS virus. But in a survey conducted in 1988, the AIDS virus was found in 15 of the 103 people examined, which is 14.56 percent. The people examined were from drug rehabilitation centers in Bangkok Metropolitan. At the Thannarak Hospital, which is subordinate to the Ministry of Public Health, 15.6 percent of the addicts examined were found to have the AIDS virus. Every month since then, the percentage of drug addicts found to have the AIDS virus has increased. During the most recent survey, the percentage was 23.24 percent.

The article stated that in Thailand, the AIDS virus is spread more by drug addicts sharing the same needle than by people engaging in sexual relations.

As for those receiving drug rehabilitation at Wachira Hospital, 6-9 percent are women. Of these women, 52 are pregnant, and they have tested positive for AIDS. Thus, in the future, the number of women with the AIDS virus who will give birth at various hospitals in Bangkok Metropolitan will increase greatly. Obstetricians, pediatricians, and doctors who treat communicable diseases will have to deal with this situation.

**Editorial Blames West for AIDS Spread**  
*54004303a Bangkok MATICHON in Thai*  
*22 Oct 88 p 8*

[Editorial: "Don't Be Complacent About AIDS"]

[Excerpt] [Passage omitted] It has been forgotten that AIDS has been spread by Western tourists, who are major customers of ours. They have spread this terrible disease to other countries, with the result that these countries have had to spend huge sums of money to combat the disease, with the amount spent varying depending on the severity of the problem.

As for Thailand, which has only recently come to realize the great danger posed by this disease, concealing reports about this just serves to facilitate the spread of this disease. This will cause great economic and social damage over the long term. Thus, focusing solely on treating the disease is not enough in the present situation. We must also take preventive measures and disseminate comprehensive data and information to the people and public health units concerned.

We must also establish a research center to carry on studies continuously and resolutely. We must invest men and money to defeat this disease. We must be prepared to face this problem and confront the actual situation in a prudent and comprehensive manner.

## CZECHOSLOVAKIA

### **Bacterial Infection of Rosaceae Reported**

54003001 Prague *SVOBODNE SLOVO* in Czech  
7 Sep 88 p 4

[Article: "Infection of Plants in the Rose Family"]

[Text] The bacterial infection is a very serious, rapidly spreading disease caused by *Erwinia amylovora* bacteria. It attacks 184 types of woody plants of the rose family, of which the most seriously threatened are pears, apples, mountain ash, hawthorn, raspberries, (TAVOLNIK), and others. This infection is most widespread in the territory of the capital city of Prague and the Central Bohemia Kraj. A total of 124 centers of infection have been reported here. The most, 52 locations, have appeared around Kolin and 30 have shown up in Prague. New discoveries are also coming in from another seven okreses. The bacteria destroys all parts of the trees and bushes. The affected green parts of the plants, that is, the

flowers, fruit, new growth, and leaves, are first watery and then wither, are deformed, turn brown and then black, and remain hanging on the plant. The dying off and drying out of the upper branches and their bending out of shape are characteristic of the disease. On the larger branches burns, scars, and cancers appear. The surrounding bark is stained up to a cinnamon color. Similar signs of the infection can be caused by a number of other influences, however, and laboratory verification is necessary in each case (at the appropriate okres center for plant protection of the central agricultural control and testing institute). In the case of a positive determination of the disease, a quarantine of the territory is declared and enforced and the users of the land are required immediately to burn the infected plants and their roots on the spot or to bury them at least 50 cm under the ground. Before burying it is necessary to douse all parts of the affected plants with a 10 percent solution of formalin or to sprinkle them with anhydrous lime while maintaining hygienic procedures. Employees of the national committees oversee the clean-up.

AFGHANISTAN

INDIA

**Campaign Against Malaria Intensified**  
54004703 *Kabul THE KABUL TIMES in English*  
19 Dec 88 p 4

[Article by Nahid]

[Text] "Over 720,000 blood slides were examined in the first nine months of the current Afghan year in the institute for campaign against malaria. As a result 265,706 malaria cases were treated. Similarly, leishmaniasis parasite were diagnosed in the blood slide of 6,949 persons and the patients treated also free in this period in the institute" said Dr. Marouf Vice President of the institute for the campaign against malaria in an interview to a KT reporter.

"In addition to the setting up of a well equipped laboratory and supply of anti parasite medicine, the institute set up a laboratory which renders services round the clock to the patients. This institute examines free 10,560 persons per day," he continued.

He said that this institute has 8 zones and 33 malaria units throughout the country. There are 7 wards in this institute and the parasitology and spraying of medicine are the main wards in this institute.

Similarly malathion and DDT were sprayed through the ward for spraying of medicine in 15,884 rooms, 182,133 yards and 173 villages. Therefore 82,187 persons were protected against the malaria disease. About 1,500,000 of Gambozia fish were cast also in the still waters and swamps to eat the flies.

Dr. Marouf added that due to the technical and financial problems and the undeclared war in the country the percentage of malaria and leishmaniasis is diseases were not only not reduced compared with the previous years but it is raised in the majority of the provinces of the country. But with their tireless efforts the workers and employees of this institute try to curtail the spread of these diseases. Similarly the World Health Organisation and the friendly country Soviet Union donate every year vehicles, laboratory equipments, insecticide and antimalaria and leishmaniasis medicines to our institute to prevent the spread of these diseases in the Republic of Afghanistan.

WHO financially assist also our institute in conducting inservice training courses and provides fellowship and scholarship for the personnel of our institute in abroad, he concluded.

**Fish Disease Seen Spreading From Bangladesh**

**West Bengal, Northeast Reports**  
54500038 *Calcutta THE STATESMAN in English*  
26 Nov 88 p 9

[Article: "Fish Disease Spreads in State"]

[Text] While the fish disease spread to two more districts in West Bengal according to reports reaching Calcutta, the State Fisheries Department sanctioned Rs 13.5 lakhs on Friday for application of quick lime in the affected rivers, lakes, and ponds. Mr Kiranmoy Nanda, Minister for Fisheries, said he had toured four affected districts on Thursday and held a meeting with experts at Writers' Buildings during the day. The meeting has come to the conclusion that there is no cause for panic among the people, he added.

Epidemic Form

It was pointed out that the disease had recently spread to Bangladesh and from there to Cooch Behar in West Bengal. It was, therefore, suspected that this river borne disease had entered Cooch Behar from Bangladesh with the flood water. The disease has assumed an epidemic form in three North-Eastern States of Assam, Tripura and Meghalaya where a ban had been imposed by the government on the sale of fish.

The Central Inland Capture Fisheries Research Institute, a central Government undertaking, which had been monitoring the disease in the entire eastern region, had stated in a Press release a couple of days ago that fish had been affected by the disease only in three North Bengal districts—Malad, West Dinajpur and Cooch Behar. But the latest information indicated that it had been reported in Nadia and Murshidabad, too.

Officials on the State Fisheries Department had reservations to admit that the disease had assumed epidemic proportions in the five West Bengal districts but described it as "widespread." The officials observed that it was a peculiar viral disease and the virus could not be identified even by experts. But the diseased fish could be easily identified and should be avoided. The disease was stated to have appeared first in Australia followed by Papua New Guinea, Indonesia, Malaysia, Thailand and Burma.

The Fisheries Minister said a telex message was sent to the Union Agriculture Minister, Mr Bhajan Lal, during the day urging him to send a team of experts to find out the cause of the disease. The message suggested that the assistance of the Food and Agriculture Organization of the United Nations and other international bodies dealing with it could be sought.

The Minister however, repudiated the allegation that the State Fisheries Department had suppressed the news of the outbreak of the disease. It was pointed out to him that local newspapers in the districts had carried stories about the fish disease.

#### Mayor Given Details

54500038 *Calcutta THE STATESMAN in English*  
27 Nov 88 p 3

[Article: "Mayor Briefed on New Fish Disease"]

[Text] The Mayor and the member of the Mayor-in-Council in charge of health of Calcutta Corporation were briefed on Friday by a scientist of the Central Inland Capture Fisheries Research Institute on some aspects of the disease now afflicting certain species of fish. After consuming the diseased fish many people reportedly died in Assam and North Bengal. Apart from Mr Kamal Basu and Dr Subodh Dey, the Director of Fisheries, West Bengal, Mr Paresh Chandra Chakraborty, was also present at the meeting.

Mr C. R. Das, the scientist, showed colour photographs of some diseased fishes. Dark red spots were visible on them. The disease has been diagnosed as "episootic ulcerative syndrome". The causes for it is not known. It cannot be determined if a virus is responsible. While the red spots may spread all over the exterior of the diseased fish and are often dense around the tail region.

The disease has not yet affected brackish-water fish but others, like the "sol", "magur", "puti", "tangra", "arh" and "mourala", have been found affected. Large-sized fishes like the "rohu" and "katla" have not been attached by the disease. He said buyers should look out for red spots on all fish they buy, whether dead or alive. Consuming them might lead to gastric disorders and death.

The Mayor, Mr Kamal Basu, suspected that the diseased fish might have found their way to North Bengal rivers from Bangladesh. Bangladesh, he pointed out, had recently imported a large quantity of fingerlings from European countries and since the disease had been reported in Europe before, it might have been introduced from there.

UNI adds from Agartala: Tripura has not been affected by the fish disease, according to the Minister of State for Agriculture and Animal Husbandry, Mr Billal Mia.

### JORDAN

#### Efforts To Combat AIDS Described

54004511 *Jordan AL-DUSTUR in Arabic* 1 Dec 88 p 2

[Excerpts] On Thursday, Jordan joined the world in a day of rallying to combat the AIDS disease in conjunction with the World Health Organization's decision to set aside 1 December 1988 as a day for informing the world about Acquired Immune Deficiency Syndrome.

The marking of this day was the result of consensus reached by the health ministers of 140 nations, including Jordan, in a summit conference of health ministers about AIDS held in January 1988 for the purpose of harmonizing all the efforts being made governments, world organizations, local groups and federations, and others to discuss and disseminate information on limiting the spread of AIDS and measures to protect against it. These efforts are being made through the preparation and planning of support, educational, and entertainment programs.

The Ministry of Health has prepared a comprehensive program to support activities in programs for World AIDS Day under the slogan, "Jordan joins the world effort to combat the AIDS disease." These activities include the broadcasting of various documentary films about the disease, the extent of its danger, and its effect on the individual and society. They also entail the dissemination of information on numerous AIDS-related topics through various media with the objective of conveying accurate information to citizens and clarifying protective and consciousness-raising methods. [passage omitted] Secondary school students are the group most exposed to this disease because they travel abroad after completing their secondary studies.

Likewise, the Department of Health Education in the Ministry of Health has coordinated with the Ministry of Islamic Affairs, Holy Places, and Religious Trusts to disseminate a discussion of the nature of the disease, its transmission, and measures to protect against it, to the speakers in the mosques for inclusion in their Friday sermons. These sermons will rely on publications issued by the Ministry of Health. Lectures will also be held in universities and colleges to emphasize the importance of helping to put an end to this dangerous disease which threatens the world.

Special educational courses were also organized by the Department of Infectious Diseases and the Health Education Department through the physicians of the National Council to Combat the AIDS Disease. These courses are aimed at assisting physicians and different health cadres and educators in the health centers in the governorates and districts with lectures during World AIDS Day. The Ministry of Health also issued a special poster bearing the slogan, "Jordan joins the world effort to combat the AIDS disease," in commemoration of the campaign undertaken on the occasion of World AIDS Day.

In this regard, knowledge of the disease and its danger has become crucial with regard to raising the consciousness of citizens and protecting them from all of its dangers, because AIDS is linked to sexual abnormality and blood transfusions. Most of the cases are concentrated in the U.S.; however, the disease has spread to more than 141 countries, and there is no inoculation or medication to treat it.

The number of people in Jordan afflicted with the AIDS virus to date totals 18 carriers, 3 of whom have died.

As of April 1988, of the 15 surviving carriers, 53 percent, or 8 cases, contracted the AIDS virus from blood preparations used to treat hemophilia; 27 percent, or 4 cases contacted AIDS from blood transfusions they received abroad, and the remaining 20 percent, or three cases, contacted AIDS as a result of sexual contact.

At present, blood and blood preparations no longer pose a danger because Jordan does not import blood at all, and the blood preparations that it does import are subjected to testing. Moreover, blood preparations are not administered until after the absence of the AIDS virus in them has been confirmed. The major fear stems from cases resulting from sexual contact, especially among groups exposed to AIDS as a result of travel abroad, including students who continue their studies abroad. The National Committee to Combat the AIDS Disease, which was formed by the Ministry of Health, is concentrating on this problem in particular. It has issued a special card to travelers, which contains detailed information on the disease, how it is transmitted, and measures to protect against it.

### Three New AIDS Cases Reported

54004512z Amman JORDAN TIMES in English  
13 Dec 88 p 3

[Article by Najwa Najjar: "Number of AIDS Cases Rises to 20." "Ministry Reports 3 More AIDS Patients"]

[Text] Amman—The number of AIDS patients in Jordan has risen to 20, with the discovery of three additional patients with the incurable disease last week, according to the director of the Anti-AIDS Campaign Project, Dr. Hani 'al-Shammut.

Speaking to reporters Monday, Shammut, who is also head of the Communicable Diseases Department at the Ministry of Health, said that the three cases, although discovered last week, were not new cases.

Of the three patients, two had contracted Acquired Immune Deficiency Syndrome (AIDS) through blood transfusion and blood products, while one had contracted the disease through sexual contact—all prior to 1986.

Of the three patients, two were outside of Jordan, while one patient received blood in Jordan in 1984.

Shammut expects more cases to be discovered in Jordan. However, he stresses that they would be the result of previous contact with the disease.

Shammut said 73 per cent of the patients were males and 27 per cent were females. The reason that the percentage of females were higher than the worldwide figure of 10 per cent, "is that females here have a higher rate of blood exchange during pregnancy," he said.

However, males have a considerably higher ration than females in Jordan, mainly due to a large number of hemophiliacs—al-Na'ur in Arabic—which, Shammut explained affects only male children who begin to bleed profusely and unabated at the slightest cut on the body. 129 children with the disease were checked, nine are AIDS patients.

Blood and blood products are the main causes of AIDS in Jordan. To combat the spread of the disease and any further import of the disease into the Kingdom, Jordan has taken several measures since late 1986 to ensure that the quality of blood imported into the Kingdom would be AIDS-free. The measures include:

- Requiring the person donating blood in the respective country be checked for AIDS.
- Refusing to import any blood or blood product which does not include a certificate insuring the blood to be AIDS-free.
- Forbidding any blood or blood product to be brought into the country if the company or the people in charge refuse to be held responsible for the contact of AIDS.
- Preparing blood and blood products at a temperature of 60 degrees.
- Upon arrival of the blood and blood products, Jordan will conduct additional tests.

Since Jordan's AIDS problem is mainly due to blood and blood products, Shammut noted that these measures have been able to control 80 per cent of the cases. The remaining 20 per cent are mainly due to sexual contacts.

"There is no country in the world without AIDS," Shammut said, pointing out that the worldwide figure of AIDS patients is 125,000 and of AIDS carriers is between five to 10 million.

Since many Jordanian families and students live or study in over 120 countries abroad, "we can do nothing, but spread awareness."

### Health Minister Discusses AIDS, Claims No Blood Imported

54004508 Amman JORDAN TIMES in English  
3 Dec 88 p 3

[Text] Health Minister Zayd Hamzah announced Thursday that Jordan does not purchase any amount of blood from other countries and depends on the blood donors from inside Jordan to provide blood to hospitals during

surgical operations. The Health Ministry continues to encourage citizens to donate blood to the blood bank and subjects all collected amounts of blood to very thorough tests to ensure that they contain no AIDS viruses or other diseases, the minister said in a statement to mark World AIDS Day Thursday.

Hamzah assured citizens that the Health Ministry was maintaining close cooperation with the World Health Organization (WHO) on means and methods of combating the killer disease acquired immune deficiency syndrome (AIDS) and reporting to the organization about AIDS victims or AIDS carrier cases.

The Minister of Health last week reported the discovery of one more AIDS carrier in Jordan thus raising to 17 the total number of carriers of this dangerous disease.

The ministry said that the new addition was a young boy who had contracted the virus through blood transfusion but gave no other details.

Over the past three years only three deaths of AIDS victims were reported by the Ministry of Health which has launched an intensive public awareness campaign in its drive to fight the disease.

WHO has reported that by 1991 over a million people were likely to have AIDS and that about half a million babies would be born carrying the virus by the early 1990s.

At present there are most 80,000 reported cases of AIDS in the U.S., France has 4,000 cases, while Britain is known to have about 2,000, according to WHO estimates.

Hamzah said that there was no need for worry because the Health Ministry was doing all that it can to fight off the disease.

But, he added, cooperation from the public with an ad hoc national committee and extra care to safeguard health were needed in the campaign against the dangerous disease.

#### **Foreign Experts Consulted on Anti-Locust Precautions**

*44040147 Amman AL-DUSTUR in Arabic2 Dec 88 p 2*

[Text] As part of the precautions being taken by the kingdom to confront the possibility of desert locusts invading Jordanian territory, Minister of Agriculture Marwan al-Humud met in Amman yesterday with a number of representatives of the foreign diplomatic corp, the UN Development Program, the German Development Agency, and the EC countries to discuss the assistance the countries and bodies they represent can offer in order to support Jordan's efforts to deal with the potential locust invasion.

Speaking at the beginning of the meeting, the minister expressed fear of desert locusts reaching Jordan, especially after their recent active movements in the Saudi Arabian and the YAR territories, and in view of the arrival of locust swarms to Iran, Iraq, and Turkey and some parts of northern Syria.

He said that should locusts invade Jordan it would pose a serious danger to major agricultural projects which the Jordanian Government had exerted great efforts to build, as well as projects established by the private sector.

He added: "We in Jordan believe that facing this danger is a national responsibility and not just an agricultural problem to be dealt with by the ministry of agriculture. We have therefore initiated coordination with all the other official quarters that can contribute to the success of the ministry's precautionary and operational measures in case of an actual locust invasion. The coordination has led to taking practical measures, including the establishment of operations rooms in all the provinces and districts and the setting up of trained field squads for fighting locusts."

The minister then reviewed Jordan's material needs for fighting locusts.

He said that the anti-locust agency needs pesticide spray equipment, transportation for this equipment, modern communication equipment, (micronair) equipment used by pesticide spraying aircraft as well as reconnaissance planes, pesticides of various types, and locust experts. He said that total cost of these requirements is estimated at \$2,395,680.

The Jordanian Government, he added, would contribute \$842,000 of this cost, while the amount of contributions from foreign countries and bodies is expected to reach \$1,829,000.

Ahmad al-Khasawnah, regional secretary of the committee for fighting locusts in the Middle East area, which comes under the FAO, reviewed the committee's role in following the locust movements, warning countries threatened by the invasion, and providing technical expertise in the field of fighting locusts.

He said that large swarms of locusts have arrived in the Saudi desert and settled there, despite the great efforts being made by the appropriate parties to destroy the swarms. Some swarms have also arrived in western Saudi Arabia, thereby posing a threat to Jordan, Egypt, and the Sudan, where locust swarms have already arrived.

He said that other swarms have reached the Iraq-Iran borders and settled in some parts of both countries. Locust swarms have also arrived in Turkey, northern Syria, and the North African countries.

He affirmed that the mere arrival of locust swarms to some countries does not mean that a catastrophe will occur if the appropriate parties know how to deal with these swarms. The danger becomes a certainty when these swarms settle down and begin multiplying.

He said that locusts are expected to arrive in Jordan during the months of spring, that is, if the warm weather continues and rainfall is late in coming. He said that dense locust swarms have covered long distances and are still advancing. They need to settle on the ground in order to rest and multiply. The Middle East area could be the most suitable place because of the greenery on the ground and the extensive cultivated areas.

Discussion at the meeting then dealt with Jordan's need for assistance in order to complete its readiness to face the expected locust invasion and the role the European countries can play in supporting Jordan's efforts in this field. The participants promised to send recommendations to their governments and the bodies they represent in order to estimate the required aid.

## KUWAIT

### Health Official Discusses Fight Against AIDS 54004509 Kuwait AL-WATAN in Arabic 2 Dec 88 p 5

[Excerpts] Deputy Minister of Public Health Dr Na'il al-Naqib called for the entire world to work together to confront the danger posed by the AIDS disease, which threatens humanity. He also called for establishing a special day every year on which the attention of the health authorities and citizens in every state is directed to their duty to confront the invasive danger posed by this disease and to employ all of their energies to fight it and be free from its talons.

Al-Naqib stated the following in remarks which he made in behalf of the Minister of Public Health, Dr 'Abd-al-Razzaq, on the occasion of World AIDS Day on 1 December, in which Kuwait is participating, along with the World Health Organization and the nations of the world: [passage omitted]

#### Special Concern

Based on the desire of Kuwait to protect its citizens from this dangerous disease, the Ministry of Public Health has devoted great concern to the AIDS problem, and has been in step with the world trend of researching the problem of AIDS, having held two world meetings during the past 3 years to study the causes of this disease, and the results of research performed throughout the world. In addition, the World Health Organization has selected Kuwait to be an authorized center for AIDS testing and detection for the countries of the eastern Mediterranean region. The Ministry of Public Health has also formed a permanent committee to combat the

AIDS disease, whose members include experts in medicine, law, the Islamic Shari'ah, and information, insofar as the AIDS problem is related to the social life of the individual and his public and private rights.

The committee has implemented technical, legal, and information disseminating plans and programs, and it is continuing its efforts to combat this disease.

#### Preventive Measures

The ministry has formulated health measures and procedures to prevent the entrance of AIDS cases into the country. It has also formulated methods and ways to detect AIDS cases and trace the source of the disease.

In view of the fact that the AIDS problem is linked to the lives of people, their private affairs, and their rights, the ministry is currently occupied with a recommendation for legislation to combat the AIDS problem, which includes provisions that enable the health authorities to take preventive measures in order to protect society from this disease and provide the necessary care to those who have the disease. This is being done based on the principle of balancing the rights of society and the individual, with precedence given to the public interest over private interest, while preserving the guaranty of personal rights to people.

#### Ways of Transmission

In the absence of means to prevent and cure AIDS at present, and until such time as God will lead us to such means, we must arm ourselves against it by distancing ourselves from the well-known ways of transmission. The Ministry of Public Health is assuming the task of raising the consciousness of citizens regarding the dangers of the disease and measures to protect against it in order to protect our country, maintain our society, and preserve the health and lives of citizens so that they can play an effective role in society and its development.

From this position, I beseech every citizen to protect himself from this disease by distancing himself from the ways by which it is transmitted, and to make it his duty to protect himself and others. I am relying on your awareness of the dangers of the AIDS disease. We must all work to prevent the infiltration and spread of this disease in our dear country. [passage omitted]

### 24 AIDS Carriers Reported 54004510 Kuwait ARAB TIMES in English 5 Dec 88 p 4

[Text] Kuwait, Dec 4, (KUNA): Twenty-four AIDS carriers had been found so far in Kuwait, according to the director of the Contagious Diseases Hospital, Dr Abd al-'Aziz al-Anzi.

He also said that a young Kuwaiti girl died of AIDS which she contracted as a result of blood transfusion in the U.S. However, he confirmed, that at present, there is no one in Kuwait infected with AIDS.

### Symposium

Al-Anzi was speaking at the symposium held on the occasion of the "International Day of Combatting AIDS."

The legal adviser at the Ministry of Health, Yahya Abu al-Futuh, said that legislation may soon be introduced making it mandatory for people to undergo AIDS tests before getting married to ensure that couples are free of the disease. The implementation of this law will depend upon discussions between the health and local authorities in the country.

Planning Minister and Acting Health Minister, Dr 'Abd al-Rahman al-'Awadi told the symposium that Kuwait is fully equipped to combat the disease. He pointed out that Kuwait has taken preventive measures, including screening foreigners coming to work in the country.

Senior ministry officials and a large number of people participated in the symposium which sought to educate the public on the prevention of AIDS.

### Solidarity

Dr Wahdad al-Naqib from the Ministry of Public Health said that the World Health Organization (WHO) has selected Dec 1 of each year to be marked as AIDS Day. This year, the day was held under the slogan "By international solidarity we can overcome AIDS."

Patients suspected of carrying AIDS are subjected to four tests. Blood samples are tested at the center for examining expatriate manpower, the Blood Bank and the AIDS World Health Centre at Kuwait University's faculty of medicine. A fourth examination is finally done to confirm the results, al-Naqib said.

## SUDAN

### Health Ministry Announces Plan To Fight AIDS

54000076 Khartoum AL-SIYASAH  
in Arabic 16 Nov 88 p 1

[Article by 'Adil al-Rih; "A Medium-Range Plan To Fight AIDS and a Periodic Survey of the Disease; 42 Cases of Infection in the Sudan and World-Wide Infection Expected To Number 10 Million Cases"]

[Text] Dr Uhaj Muhammad Musa, the minister of health, has asserted that his ministry has formulated a medium-range plan to fight AIDS in the country. He further said that there are regulations which require a periodic survey of the disease and which the ministry carries out every year. An intense campaign against AIDS has been organized with the purpose of spreading health awareness among citizens. He added that efforts are underway to develop laboratory units for the purpose of studying the viruses which cause the disease.

These statements were made during an address which the minister gave yesterday during the opening session of the scientific working group for fighting AIDS. He said that men of science are doing their utmost to control this dangerous disease. His excellency praised the efforts of workers and of the National Committee to Fight AIDS [NCF/AIDS].

Dr al-Sadiq Mahjub, rapporteur of NCF/AIDS, delivered a speech during the session. He said that laboratory tests have proved that the cases of AIDS in the Sudan are very few. He also said that efforts are being made to fight the disease through a large-scale national campaign in order to control it and halt its spread.

Likewise, Dr Ibrahim al-Imam, chairman of the committee, delivered a speech in which he said that there are 82 cases of infection with the AIDS virus in the Equatoria Region, and that 47 citizens have undergone laboratory tests in the region. [Sentence as published] He also said that there are 49 cases of infection with the virus in the national capital and other regions. He said that there were about 42 cases in the Sudan where infection with the disease has been confirmed, pointing out that, to date, the infection has not been proved by laboratory tests.

The WHO representative in the Sudan also delivered a speech in which he said that the number of infected persons throughout the world probably adds up to 10 million. He further stated that WHO is exerting great efforts to combat the disease, having devised a strategy to fight AIDS around the world by helping various countries to achieve the basic tools for such a fight.

## DENMARK

### Health Minister Alters AIDS Campaign Following Criticism

#### Physicians, Homosexuals Critical

54002437 Copenhagen WEEKENDAVISEN in Danish  
11 Nov 88 p 3

[Article by Lasse Ellegaard: "AIDS: Condom Campaign  
Must Come Out of the Closet"]

[Text] The medical chairman is criticizing the health directorate for sticking its head in the sand. The health directorate is afraid of scaring the population and of stirring up anti-gay feelings. But both are agreed on one thing: the condom campaign has to come out of the closet.

Closet gays, bisexuals, drag-queen debutantes—in short, those AIDS-vulnerable groups who keep their lifestyle secret—have been to some degree betrayed by the state's condom campaign, which is supposed to disseminate information on the danger of HIV infection, according to the chairman of the Danish Medical Association, Dr Jens K. Gotrik. He says that the health directorate's information campaign should have come out earlier and "said things in a more factual, direct way."

The health directorate's reply is that it is their evaluation of the populace's attitude towards particular types of sexual relations that is the reason why the broadly-based public information campaign on the dangers of AIDS has up to now underplayed the absolutely most dangerous and most frequent source of infection: anal sex.

Danger of infection from this form of sex is generally recognized (it is about 18 times as dangerous as ordinary intercourse). It is also stressed as such numerous times in the health directorate's own interior memos. In one such memo, dated 8 September 1987—more than a year ago, in other words—the "closet" groups are directly named. This is what it says, under the heading, "Interest-group oriented campaigns":

"Gays. Bisexuals. Campaign efforts in openly gay environments will be handled mostly by the National Union (of Gays and Lesbians—ed.). But information aimed at closet gays and bisexuals, which will have to be completely different in nature, will be more a part of the health directorate's general campaign."

This has not yet happened, at least as far as the broadly-based public campaign goes. And almost 2 years and 33.5 million kroner in appropriations went by before a bigger question mark was raised against the quality of the information campaign. Up to now, the campaign has been praised by both domestic and foreign observers, and the Jersild advertising agency received that field's international prize of honor—the Silver Columbus

Egg—in 1987. The chairman of the campaign, Dr Lone de Neergaard, received the PH prize for her work with the informational campaign.

#### Getting A Grip on the Problem

But the campaign's concrete effects and shortcomings were not evaluated on a broader basis until last Sunday, when the Danish Medical Association arranged for a hearing on the topic of AIDS in the historic Common Room of the Folketing, attended by both physicians and laymen, as well as advertising executives and politicians.

An interesting question was raised there. Why has the broadly-based public campaign avoided the direct mention of the most dangerous route of infection for the HIV virus, which has already killed some 150 Danes, and has broken out at a somewhat higher level among the 1,700 or so registered HIV cases. Between 5,000 and 7,000 Danes, according to latest estimates, are carriers of the infection.

The question concerning the health directorate's reticence was dealt with on Friday's entertainment program on TV2, "The Elevator," when two of the participants in the hearing, advertising director Peter Hiorth and health directorate supervising physician Dr Lone de Neergaard, debated on the public screen. What happened was what people in the trade call "good television." The cigarette-smoking, very plain-spoken advertising director Hiorth turned the debate by looking directly into the camera and telling the story of "Mortensen the sign-painter," who, as a bisexual, had two sex lives: one in the course of his evening walks in Orsted Park in Copenhagen, where he was known as a "gay target," and one on Saturday evening in bed with Mrs. Mortensen, where, after a few drinks, he decided to try anal sex. "And there we have the entire story," Peter Hiorth said dramatically, looking the TV-viewers directly in the eye.

In the face of this form of television communication, Lone de Neergaard was powerless, both because she has been responsible for the information campaign up to now, but just as much because she is head physician in the health directorate, and as such must maintain a professional profile towards the public. She could not talk about these matters in a correspondingly interesting and popular way.

#### Fear of Prejudice

But neither the speeches from the AIDS hearing last Sunday nor the TV program a week ago answered the essential question in this matter, namely: What criteria are at the bottom of the fact that any mention of the most dangerous source of infection was kept out of the informational campaign, which by means of TV broadcasts, radio spots, advertisements on buses, and newspaper

announcements, was supposed to inform the entire population about behavior and risks involved in sexual relations with potential HIV-carriers. In other words: Why didn't they call a spade a spade?

According to WEEKENDAVISEN's research, the answer is that the health directorate, together with their most prominent communications consultants, the Jersild advertising agency, conducted a study before the beginning of the campaign in December 1986. This study indicated that it would be alienating to the general population to directly mention anal sex as the most dangerous and absolutely most widespread source of infection. And if the people became alienated from the campaign, it would be of no value, of course.

#### **Danish Medical Association: Campaign Has Failed**

Lone de Neergaard told WEEKENDAVISEN, "We did not want to go beyond certain specific limits in the campaign. I still think that our study indicates this as the most reasonable thing. Currently we are making progress little by little on the problem; but a few years will have to go by before it will take effect." Peter Hiorth called the results of the health directorate study "misleading and patronizing."

He also thinks that the campaign has been a failure. He builds his criticism on the health directorate's own statistics, which show that condoms sales have gone down and the number of induced abortions has gone up; and although fewer and fewer people are contracting other venereal diseases, this is not the result of the condom campaign, since the decline began long before the campaign began. "The health directorate talked about condoms and free love, instead of talking about the substance of the matter, namely, the source of the infection. This is absolutely idiotic, seen from the standpoint of communications," Hiorth said.

Danish Medical Association Chairman Jens K. Gotrik did not want to go so far. He said: "I do not believe that the campaign has failed, but I do think that the TV portion of the campaign has to be more pop-culture oriented than it was informative. And it is our opinion that you should launch a campaign with the entire message—you shouldn't hide anything."

Jens K. Gotrik continued: "I am entirely aware that this is incredibly difficult, and I want to stress that the campaign has worked at least in that it has broken down a lot of taboos concerning what can be talked about. Nowadays you can call things what they are. But at the same time I do think that we could have had some short, forthright messages about the danger of anal sex, for instance, coming out earlier than we did. I do not think that the health directorate has made so much of that message in the campaign, even though we know through research that it is the passive partner in intercourse of

this kind who is the one at risk. This means bisexuals and unacknowledged homosexuals, closet gays that is, as well as young men going through their first homosexual experience."

#### **Positive Effects**

Lone de Neergaard says that the health directorate is currently changing its strategy, and that all along the problem has consisted of figuring out which boundaries in the population should not be crossed without affecting the campaign's general effectiveness. "We have been evaluating the positive effects of the campaign all along," she says. "Nor have we thought that anal sex should not be mentioned in the broad campaign. We included it in the information for the schools, on the county level and in the labor force; and schools are the best place to reach the young people."

WEEKENDAVISEN: But have you done enough for the bisexuals, for example?

"No—and I said that myself, at the hearing. We turned that problem over to the National Union of Gays and Lesbians, who have done a great deal of work in their own environments. But since closet gays and bisexuals don't come into gay environments, it didn't work for them. So we have increased the messages that we used to print, the ones that directly say that there are people who swing both ways."

Advertising Director Allan Knoblauch at Jersild says that the messages that are currently printed in weekly tabloids and magazines, for instance, are getting a grip on the problem, but continue to do it indirectly.

"We have had enormous problems with the announcements. Just getting people to work as models has been a problem. In one ad we wanted to use a man posing as a gay, and we had to go to Sweden to find him. In another case we wanted to use a bathhouse in an ad, but no one wanted us to use their bathhouse. In a third case, we had a flying club magazine refuse one of our ads, since the club did not want to be associated with promiscuity and homosexual behavior."

#### **Two Fronts**

There are, therefore, two fronts in the debate as to how the population ought to be informed. One could describe them as follows.

The health directorate and Jersild have one basic assumption, consisting of the following elements:

They take into consideration their understanding that the people will find out the truth—without taking enough offense to make the effect the opposite of what was intended; and they take into consideration the

prejudices against gays, which might increase under a broadly-based campaign that would be too direct. They did not want to give new life to prejudices that recently have been in decline.

This is why they are still avoiding plain speaking, but that will come later, according to Knoblauch, when it is reasonable to say that it is anal sex that is dangerous.

The Danish Medical Association and Peter Hiorth—despite differences in opinion—have opened up the opposite front by demanding that mention of the most dangerous route of infection—which is at the same time a “bridge” to the infection of heterosexuals—belongs in the broadly-based campaign. People shouldn’t have to translate the messages; they should have them plain and undisguised.

In magazines like the WEEKLY RAPPORT, which is chiefly read by young people between 13 and 19, anal sex is often described as the absolute sexual high. However, the health directorate, according to Lone de Neergaard, has never taken out ads in that magazine, or in other sex magazines. “We tried at the beginning, but it wasn’t received particularly well, so we didn’t try it again,” she says.

#### **Large Information Campaigns Ended**

54002437 Copenhagen BERLINGSKE TIDENDE  
in Danish 7 Dec 88 p 1

[Article by Henrik Qvortrup and George Hilton]

[Text] The big AIDS campaigns have come to an end. Now more money will be invested in fighting popular diseases, according to radical MP Kirsten Lee and Minister of Health Elsebeth Kock-Pedersen (Liberal). In upcoming budgets, greater emphasis will be placed on the prevention of cancer-related diseases, among other things.

“AIDS has gotten all the money that AIDS is going to get.”

This was radical MP Kirsten Lee’s unequivocal reply to the latest figures from the State Serum Institute, which clearly indicate that the fearful prognoses we have been seeing up to now have been highly exaggerated.

It is the end of extraordinary appropriations for the prevention of AIDS and big anti-AIDS campaigns.

The Government has indicated in the proposed budget that the special appropriation for the AIDS information campaign that was given out this year will be eliminated in 1989. The feared epidemic spread of AIDS among the heterosexual portion of the Danish population has failed to materialize.

“We have gone through a very aggressive and costly investment against AIDS, but now the time is ripe to use more money to combat the serious popular diseases which are due to alcohol and tobacco abuse. These are problems which deserve at least as much attention as AIDS does,” Lee says.

Kirsten Lee believes that AIDS has overshadowed health policy discussions, and that the massive AIDS campaign bears a great deal of the responsibility for the fact that, practically speaking, it has been impossible to get through with other health messages to the population—messages as least equally important, according to Lee.

Minister of Health Elsebeth Kock-Petersen (Liberal) agrees with the radical physician:

“We have had very broadly-based and highly comprehensive AIDS campaigns. Now the thing to do is to keep up public knowledge by means of similar, targeted campaigns. We need, among other things, campaigns directed at the youth and at homosexuals.”

The minister of health wants to increase our efforts against popular diseases. This will be made apparent in an accounting which the minister is preparing for early next year.

“Cancer and heart disease will play a central role in these plans,” Minister of Health Elsebeth Kock-Pedersen said.

#### **AIDS Experts Decry Government’s Plan To Halt Program**

54002450c Copenhagen BERLINGSKE TIDENDE  
in Danish 8 Dec 88 p 9

[Article by George Hilton: “Experts: Stopping AIDS Campaign Would Be Catastrophic”]

[Text] A Catastrophe.

AIDS experts shake their heads and warn Minister of Health Elsebeth Kock-Petersen (Radical Liberal Party) against shutting off funds for more nationwide AIDS campaigns.

AIDS expert and Chief physician Jens Ole Nielsen at Hvidovre Hospital said, “It would be a catastrophe and terribly wrong if the politicians cut the investment now, because in the past months there have been fewer AIDS cases than anticipated. That would be like the pilot cutting the engine just as the airplane takes off.”

“The patients who are now being diagnosed as having AIDS were infected 3 or 4 years ago, and therefore before the campaign. We have no direct proof that the campaign helped. We do not know whether we have stopped the spread of the infection.”

The massive condom campaign of the past 1 and ½ years is not the reason that there are fewer AIDS patients today than anticipated. Experts point out, however, that the epidemic is steadily growing, and that in the first 11 months of this year there were 105 new AIDS cases confirmed, which is about 10 percent more than in all of 1987. At the end of November there were 345 people ill with AIDS in this country. But thousands, perhaps more than 10,000, are walking around with the infection in their bodies. "It is just now that we should follow up with new campaigns, aimed at both the population as a whole and at the high-risk groups. In the beginning it was surely correct to focus on condoms. Now we must have more varied campaigns. We run the risk that people will forget the danger if we do not always follow up. And these campaigns cost at least as much as has been spent before," said Nielsen, searching for a long range strategy in the fight against AIDS.

The National Union of Homosexuals and Lesbians believes that Minister of Health Kock-Pedersen contradicts herself when she wants to concentrate the forthcoming AIDS information on youths and homosexuals, among others. "It is unacceptable that she wants to eliminate the special subsidy for the National Union. We are the most high-risk group. The effort requires the organization's work, but it cannot be conducted without money," said Secretary General Bent Hansen of the National Union of Homosexuals and Lesbians.

**Influenza Epidemic From Sweden Still Expected**  
*54002450b Copenhagen BERLINGSKE TIDENDE*  
*in Danish 29 Dec 88 p 2*

[Article by Henning Ziebe: "Influenza Expected"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The Swedish strain of influenza, which is expected in Denmark, is "unpleasant, but not especially malignant."

The latest influenza figures still do not indicate that there is an influenza epidemic in Denmark. But the figures are one week old, so it cannot be excluded that we are at the beginning of an epidemic, or that one will come in a few weeks.

In week 51, which is the week before Christmas Eve, there were 6,000 new cases of influenza. In the 2 preceding weeks there were 4,000 and 5,000 cases respectively.

"But," said Chief physician Henrik Zoffmann, "that is a long way from the approximately 30,000 new cases that we have in an epidemic."

The influenza figures are based on the weekly reports from practising physicians. But in addition there are laboratory tests, which are sent in by hospitals and doctors to get a diagnosis.

They come mainly from older people who are in a medical clinic, or from children who have a fever of undetermined origin. And in certain cases from practicing doctors who have agreed to send in tests if a patient suspects that he has influenza.

The Swedish influenza strain has only been seen in one case among these laboratory tests.

It is known that it is type A, and presumably also subtype H3N2, which is found in Sweden and Norway. That strain, moreover, is considered important in this year's influenza vaccine.

The State Serum Institute has expressly asked Sweden if the influenza epidemic is worse than normal this year, but it is not. There are apparently no more complications with A-H3N2 than with the "normal strains." Influenza is unpleasant, but not especially malignant.

**Serious Streptococcus Infection**

*54002450a Copenhagen BERLINGSKE TIDENDE*  
*in Danish 12 Dec 88 p 2*

[Article by Henning Ziebe: "Serious Throat Infection Coming From Norway and Sweden"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Doctors at the State Serum Institute are alert for a new streptococcus throat inflammation which in certain circumstances can lead to death.

Experts at the State Serum Institute are alert for a streptococcus (bacterial) infection of a somewhat different type, which in rare cases can have serious consequences. It is estimated that the infection this year has cost the lives of 26 Norwegians and 9 Swedes.

Every year there are several hundred thousand cases of throat inflammation in this country which are attributed to streptococci, but in the past 10 years the illness has become much milder than before.

In Oslo last year an accumulation of cases was discovered in which a somewhat changed type of bacteria was blamed, and which, presumably when the patient came under treatment very late, could go into the blood (as blood poison) and have very serious consequences. Later notices were received from Sweden that similar cases had been seen there of the serious streptococcus strain. The cause of the change in the type of bacteria is unknown.

Chief physician Jorgen Henrichsen of the State Serum Institute said that they are carefully following developments and making many type diagnoses in streptococcus infections over the entire country to see if the more aggressive type will appear. In that case they will immediately warn Danish doctors so that they can be aware of the risk and intervene in time and perhaps thereby avoid

the serious consequences. An increased number of infections has not yet been confirmed in Denmark, but there has been a shift in the strain in the cases in Norway and Sweden.

The symptoms are normal for throat inflammation, namely a sore throat. Many do not go to a doctor because they believe it is just a consequence of a common cold. If it is a streptococcus infection it can be treated with antibiotics. When there were fatalities in Norway and Sweden it was presumably because the patients came in for treatment too late, according to Chief physician Jorgen Henrichsen.

There is a minor influenza epidemic going on in Sweden, and it is not unlikely that it will come here. It causes many people to cough and sneeze, and in this way the streptococci are more easily spread from person to person.

At the moment the State Serum Institute has set an alert watch for the entire country, but the Ministry of Health has decided that it will prolong the payments for type diagnoses, and that can mean that the opportunity is lost, according to Jorgen Henrichsen.

## FINLAND

### **Helsinki Area AIDS Fight Seen Succeeding** *54002434 Helsinki SUOMEN KUVALEHTI* *in Finnish 18 Nov 88 p 66*

[Article by Juhani Virkki: "Helsinki Knows How To Stop AIDS: Fewer and Fewer New AIDS Cases Seem To Arise Yearly in Helsinki Than in Other Big Cities of World"]

[Text] As of last week, 41 cases of AIDS had been confirmed in Finland since 1983. Twenty-four of the patients have died, and three have left the country. Shown to be infected with the virus are 233 persons, 37 of whom are foreigners. Seventy percent of those figures are in the Uusimaa region, mainly Greater Helsinki.

In Helsinki, 46 new HIV infections appeared in 1986, 43 in 1987, and 24 by the end of September of this year. The trend would seem to be such that just a few more than 30 persons will fall prey to the infection this year.

According to National Health Board inspector Satu Hovi, the reduction by one-fourth is remarkable and reflects the nationwide situation. According to him, nothing suggests that the seemingly positive picture is deceptive or that a great many of those infected have not been tested for HIV. Hovi believes there are roughly 300 HIV carriers in our country.

"However, what appears to be a good situation is troublesome in the sense that although the epidemic is subsiding, the share of heterosexuals—more than 20 percent—is very high, and the number of infections

acquired abroad is extremely large, approximately half the total. The good situation could be changed by an increase in so-called sex tourism and by people who are lulled into believing that the infection risk is shrinking here at home," says Hovi.

That must not be allowed to happen, according to officials, physicians, and AIDS experts. "There are no grounds for reducing efforts aimed at prevention, because that could quickly backfire and worsen the situation," confirms the Helsinki Public Health Office in its AIDS program.

### **AIDS Strategy II**

Last year, Helsinki proceeded to set an example for other big cities of the world by formulating a program to combat AIDS. By chance, it was made public the same day that the general assembly of the World Health Organization decided to recommend formulation of a similar AIDS strategy.

Each year Helsinki revises its program to combat AIDS. The recent version—and an analysis of measures and resources for 1989-93—appeared a few months ago. "I haven't yet heard about implementation of a similar strategy anywhere else," says Dr Antti Ponka, the city's chief health officer.

There would seem to be a need for it, however. The National Health Board has requested permission to have the Helsinki AIDS program translated into English for worldwide dissemination. The benefit is twofold: other countries acquire a model for dealing with AIDS, and Finns can officially disseminate the methods by which AIDS has been curbed here and the figures which others have found hard to believe.

"Helsinki got off to an early enough start—1983. We've learned what can be done and how to do it. We've succeeded. In other big cities of the world, the number of AIDS cases has doubled yearly on the average, while fewer and fewer new infections have been found in Helsinki," says Ponka.

He compares Finland with Norway. In each country there were five HIV carriers in 1983. There are now 230 in Finland, nearly 900 in Norway.

Credit for the success goes, of course, to ordinary Finns as well as officials, researchers, and other experts. "The percentage of those who participated voluntarily in the screening tests has been astonishingly high, more than 90 percent at maternity clinics, for example," says Ponka.

"Several years ago, Finns believed that the return of polio to this country could be stopped, and practically everyone went and swallowed a sugar lump containing the vaccine. Now they believe that even though there's no vaccine for AIDS, it's possible to combat the disease by other means."

Chief health officer Ponka considers the use of prophylactics remarkably cheap compared with actual treatment for AIDS, which costs roughly 300,000 Finnish marks per patient, whose life expectancy is 1-2 years and whose hospitalization lasts an average 100 days. As new measures in the successful program to combat AIDS, he emphasizes additional information for schoolchildren and distribution of free condoms through school health services. Experimental distribution is under way in one school district.

### **AIDS Campaign Effective in Changing Youths' Sex Practices**

54002438 Helsinki HELSINGIN SANOMAT in Finnish  
10 Dec 88 p 10

[Article: "AIDS Information Has Increased Youths' Sexual Fears; Condom Use Becomes More Common in Two Years"]

[Text] Information about the dangers of AIDS and venereal diseases has clearly increased young people's sexual fears during the last few years.

This information has not affected young people's sexual activity, but the use of condoms as contraceptives has clearly become more common.

Over a 2-year period, Helsinki University has gathered data on the sexual behavior, fears, and attitudes of 13-to-17-year-olds. Approximately 2,600 youths from Helsinki, Uusimaa, and Pohjanmaa were interviewed for the survey in April 1986 and April 1988.

Information about AIDS and the marketing of condoms were shown to have clearly hit home, especially among girls.

### **Girls Fear Pregnancy**

In the 1988 survey, more than 70 percent of the girls said condoms were used the first time they had intercourse. Two years earlier, just 57 percent of the girls said condoms were used.

Only half the boys used condoms the first time they had intercourse.

Fear of AIDS and other venereal diseases increased unmistakably during the information campaign. A little over half the youths were afraid of venereal diseases in 1988, but roughly 70 percent this year. At the same time, fear of pregnancy has increased with fear of disease. Four out of five girls said they were afraid of getting pregnant.

A research team from the Public Health Institute has still not explained why more and more youths fear their own sexual abnormality as well as diseases and pregnancy.

In the interview last spring, roughly 45 percent of the youths said they feared sexual abnormality in themselves, while 2 years earlier approximately 35 percent felt such a fear.

The interviews of ninth graders conducted last spring showed the schools' sex education program to be very superficial.

### **Little Knowledge About Becoming Pregnant**

In school, only 6 percent of the 15-year-olds had been taught about sexual minorities, 26 percent about social life in general, 50 percent about venereal diseases, and 60 percent about contraceptives.

Just one-fifth of the boys and less than half of the girls knew that it is easiest for a woman to become pregnant midway through her menstrual cycle.

According to research, the sexual experience of youths has not increased in recent years. Not quite one-third of the 15-year-olds have had intercourse.

The boys' initiative in acquiring sexual experiences has increased slightly in recent years. In the interviews, the boys said they were about twice as willing as the girls to acquire experiences.

## **SPAIN**

### **University AIDS Study Conclusions Published**

54002441 Madrid YA in Spanish 16 Dec 88 p 16

[Article by Florencio Valladares]

[Excerpts] Only 7.5 percent of Spanish citizens say that their sex lives have changed because of fear of the Acquired Immune Deficiency Syndrome (AIDS), while 86.3 percent say that fear of the virus "has had no influence" on their sexual habits. Changes in habits, moreover, are most clearly seen among prostitutes (57.5 percent), homosexuals (57.2 percent) and drug addicts (44 percent), a study made by the social analysis center at the Menendez Pelayo International University reveals. The conclusions obtained from this study were made public yesterday, a day before the beginning of the World AIDS Campaign, an effort designed to educate people about how to eliminate the risk of contracting this disease insofar as possible.

The greatest changes where the general population is concerned are seen in the avoidance of sex with casual partners and the demand that condoms be used in casual relationships. Moreover, 23.2 percent of those who said they once "used prostitutes" say they have abandoned this practice.

Of the 1,117 persons included in the general population category (200 other persons were interviewed in the intravenous drug user, homosexual and prostitute categories), 35.8 percent said they had only had sexual relations with one person in their lifetime, while 25 percent said they had had between two and five partners, and 14.5 percent said they had had more than six.

In the general population, 70 percent of the individuals interviewed said they have permanent relationships, and more than 60 percent are satisfied or very satisfied with their sex lives. Among those with regular partners, only one quarter said they have been unfaithful.

Ricardo Usieto, a sociologist who directed the Menendez Pelayo University study on Practices Involving Risk and AIDS in Spain, emphasized certain other conclusions derived from the survey.

- Almost half of those surveyed are very poorly informed about the ways in which the disease is transmitted (they believe in or are uncertain about the possibility of contracting the disease through insects, water or breathing).
- Almost 70 percent favor tests to detect antibodies in order to determine if there has been contact with the virus.
- Only 6.2 percent would favor the free distribution of drugs.
- A third of those interviewed believe that the government is concealing a part of the truth about AIDS in order to avoid creating panic in society.
- Sexual relations between men and women are regarded as the only normal kind by 58.9 percent of the population.
- Half of the men interviewed have never used the services of a prostitute [passage omitted].

**Distribution of AIDS Cases in Spain by Risk Factor (as of 30 September 1988)**

Intravenous drug users	1,088
Homosexuals	375
Homosexual intravenous drug users	74
Plasma recipients	125
Transfusion recipients	24
Children of mothers with risk factor	48
Heterosexual couples with risk factor	59
Unknown	55
No data	2
Total	1,850

**Distribution of AIDS Cases in Spain by Age and Sex (as of 30 September 1988)**

Age	Men	Women	Total
0-14	51	24	75
15-19	35	13	48
20-29	760	186	946
30-39	492	60	552
40-49	138	2	140
50-59	46	10	56
Over 60	21	3	24
Age unknown	6	3	9
Total			1,850

**AIDS Throughout the World**

According to the WHO, there are currently between 5 and 10 million individuals infected with the AIDS virus in 142 countries throughout the world. Of this total, a half will develop the disease in the next 10 years. At the present time, 130,000 cases have been reported worldwide, although the WHO believes that the actual total may exceed 300,000. The parts of the world with the highest indices of AIDS patients are Europe, the United States, Mexico, the Dominican Republic and the rest of the Caribbean, Brazil and southern Africa and Australia.

**AIDS Figures Show Drug Addicts Most Affected Group**

*54002441b Madrid YA in Spanish 3 Nov 88 p 16*

[Text] According to the figures published in the BOLETIN EPIDEMIOLOGICO published by the Ministry of Health and Consumer Affairs, 42.08 percent of the Spanish AIDS patients have died. As of 21 June 1988, 1,471 cases of AIDS had been reported nationally, and of these patients, 619 have died.

The Colpisa agency reports that according to the BOLETIN, 1,150 of the total number of 1,471 cases reported meet the criteria according to the old definition, and 321 meet the criteria according to the new definition used since 1 January 1988 on the instructions of the WHO, after the decision was made to include pathologies previously unrecognized as related to AIDS.

The ages of the AIDS patients were concentrated basically between 20 and 39 (1,186 cases, or 80.63 percent of the total). Health authorities say, "When this figure is studied in terms of the various risk groups, differences are seen in the age distribution in the main categories. For example while the cases among homosexuals are concentrated in the older age category, between 30 and 49, patients addicted to drugs through family relationships tend to be younger, with the concentration being found between 20 and 39 years of age."

Of the total number of infected persons reported, 1,236 are male (84.02 percent) and 235 are female (15.98 percent). The largest number of cases, in a breakdown by risk group, continues to be among drug addicts, with 846 cases (57.51 percent), followed by male homosexuals, with 306 cases (20.8 percent), plasma recipients, with 112 cases (7.61 percent), drug addicts infected through relations with family members and male homosexuals, with 63 cases (4.28 percent), children of parents with a risk factor, with 30 cases (2.04 percent), transfusion recipients with 21 cases (1.43 percent), and those engaging in sex with a regular partner with a risk factor, with 18 cases (1.22 percent), these latter cases occurring basically among women.

### Leading Pathologies

Opportunistic infections are the most frequent of the pathologies seen among the AIDS patients, occurring in 1,148 cases. Karposi's sarcoma, seen in 90 cases, as well as in 77 others in connection with opportunistic infections, ranks second. It occurs basically in homosexual males.

The highest rates of incidence per million inhabitants are seen in Madrid, the Balearic Islands, the Basque territory and Catalonia, with 359, 152 and 408 cases, respectively, representing rates ranging between 72.68 and 66 percent. The lowest rates have been seen in Extremadura, Castilla y Leon, Ceuta, Castilla-La Mancha, Galicia and Murcia. The cases reported there total 8, 37, 1, 23, 45 and 17, respectively.

As to the other autonomous communities, Andalusia has 129 reported cases, the Valencia Community 89, Asturias 28, the Canary Islands 27, Aragon 25, Navarre 17, Cantabria 13, and La Rioja 5.

## SWEDEN

### MP Criticizes Government's Policies on AIDS

#### Government To Propose Measures

54002442 Stockholm DAGENS NYHETER in Swedish  
1 Dec 88 p 12

[Article by Magdalena Ribbing: "Daniel Tarschys (Liberal Party) Attacks Government: Fight Against AIDS Delayed"]

[Text] "It is definitely too early to sound 'danger past' as far as the HIV-infection is concerned," says Daniel Tarschys (Liberal Party), chairman of the Committee for Social Affairs in the parliament and member of the AIDS delegation. Tarschys feels that many things are lacking in the fight against HIV that is carried on in Sweden.

"'The plague of our time' is an unfortunate concept," says Daniel Tarschys, who has 10 large binders filled with material on AIDS and HIV in his office. Unlike

HIV, the plague acts immediately, while HIV periodically is very slightly contagious. On the other hand the HIV-infected always carries the risk for transmitting the virus.

Daniel Tarschys is critical of the government for what he feels is the slow handling of the AIDS problem. He says that you should not fool yourself by thinking that the situation is under control:

"In many aspects the government has taken the appropriate steps but it is happening too slowly. Too many things do not work. And we have to hurry. We can probably expect another wave of AIDS, and we must be prepared to meet it."

### Proposal in January

The government will issue a proposal in January about how to fight HIV. The actual content is not clear but the positive evaluation by the National Social Welfare Board of the Lund project with access to clean syringes and needles for drug addicts will probably be taken into consideration in the proposal. The Social Welfare Board has suggested that the Lund experiment be carried out in other parts of the country. Stockholm would be the primary target since that is where the spread of the infection is the greatest.

"A long time ago the addicts should have been able to get clean tools from physicians," says Daniel Tarschys. "For many years only the Liberal Party voted for this in the parliament. Sharing needles is a sure way of getting infected. And Sweden is now one of the few countries which does not allow the purchase of syringes in pharmacies."

### Information in Schools

Daniel Tarschys feels that the most scandalous part of the fight against HIV has been the opportunity for disseminating information in the schools. This is where the Social Welfare Board has made great mistakes:

"Providing the teachers with the information to educate their pupils about HIV and AIDS has been much too slow. School children constitute the most important target group and instead of making a decision and getting the activity underway, the government is discussing which department will be responsible for the money. Time after time the Board of Education has requested money for substitutes so that the regular teachers could be taking courses, but the decisions have been postponed for years. The efforts of the Board of Education are simply being torpedoed by the government."

Tarschys also mentions that humane health care must be created for the final care of the AIDS patients. There will be more and more of them and they have a right to adequate care until the final moment. For the moment it looks as though the worst fears about new HIV-infections are not being realized—as yet. But the risks are there. And the infections continue.

### **New HIV Cases Reported**

54002442 *Stockholm DAGENS NYHETER in Swedish*  
22 Nov 88 p 37

[Unattributed report: "10 HIV-Positive Last Month"]

[Text] During the month of October, 10 new cases of HIV-positive persons were reported in the city and county of Stockholm; eight men and two women. This was evidenced by the monthly statistics published by the State Bacteriological Laboratory. There were a total of 27 new cases in the whole country of which the majority, 15 persons, were homosexual/bisexual. In all 1,294 persons in the city and county of Stockholm have been reported as HIV-positive, 157 of them have developed AIDS and a total of 64 have died through the month of October.

### **Contact Tracing Seen Effective**

54002442 *Stockholm DAGENS NYHETER in Swedish*  
12 Dec 88 p 10

[Article by Sigrid Boe: "Contact Tracing Best Way to Map HIV"]

[Text] Contact tracing is a more effective way of mapping the spread of the HIV epidemic than general testing.

Findings at the Clinic for Infectious Diseases at Danderyd Hospital in Stockholm confirm this.

During the Fall they managed to trace a total of 203 sexual partners of the 209 patients that are being cared for at the clinic.

It was discovered when 187 of them were tested that as many as 34 percent were infected.

"Compare this to the result of general tests where we only find one HIV-positive person in 1,000 tested," says Gunilla Rado, the social welfare officer.

Nearly half of the HIV-infected who were discovered by contact tracing were not aware that they were infected. Among a total of 24 patients, 20 were probably infected heterosexually.

### **Law About Dangerous Diseases**

54002442 *Stockholm DAGENS NYHETER in Swedish*  
19 Dec 88 p 10

[Press Wire Service, Inc. report: "23 Dangerous Diseases in New Law"]

[Text] A new disease protection law will become effective on 1 July 1989. It will replace a 1968 law and lists 23 diseases dangerous to society, as well as 15 other diseases which have to be reported. The new law does not distinguish between venereal and other dangerous diseases as was done previously.

The parliament passed the law last Tuesday with one addition—the sexually transmissible disease, soft chancre, must also be reported but is not considered dangerous to society.

A person who has reason to believe that he or she has been infected by a dangerous disease must report immediately to a physician for an examination and subsequently must follow the rules set by the physician. A report has to be made of where the infection may have originated. The physician has to report such a case to the infectious disease specialist at the county council as well as to the State Bacteriological Laboratory.

### **Forced Isolation**

Less serious infectious diseases have to be reported as well if the spread of the disease is extensive and the form virulent. A person who has a dangerous disease and who does not accept measures designed to prevent the spread of the infection, can be forcibly isolated for an initial period of 3 months. Examination but not treatment is compulsory.

A special law decrees that a person suspected of a crime can in certain cases be examined for the HIV-infection. The condition is that the crime carried with it the risk of infection to another person. This law will become effective as early as 1 January 1989.

The parliament rejected a protest on the part of the Liberal Party and the Left-Wing Communist Party that a person should be able to remain anonymous both during the HIV test and also later if he were found to have the infection.

According to the new law, the diseases that are dangerous to society include: diphtheria, typhus, yellow fever, hepatitis A and B as well as hepatitis non A non B, meningitis, polio, tuberculosis, viral hemorrhagic fevers, relapsing fevers, cholera, anthrax, paratyphoid fever, plague, rabies, salmonella, dysentery, typhoid fever, gonorrhea, HIV-infection, chlamydia, and syphilis.

### **Minister Discusses AIDS Situation, Combat Strategy**

54002453a *Stockholm DAGENS NYHETER in Swedish*  
21 Dec 88 p 12

[Article by Magdalena Ribbing]

[Text] It is impossible to exaggerate the danger represented by AIDS and HIV infection in Sweden. That is the firm opinion of Minister of Health and Social Affairs Gertrud Sigurdson. On Tuesday, she gave the National Board of Education [SO] 3.3 million kronor in additional funds for providing information on AIDS to students in the upper level of comprehensive school and in upper secondary schools.

The SO had requested 28 million kronor for a reorganization of sex and marriage education. Gertrud Sigurdson told DAGENS NYHETER that information on AIDS should be a normal part of such classes.

Are adequate funds now available for providing information on and combating AIDS and HIV?

"No matter how much money you have, there is always a place to spend it," says Gertrud Sigurdson. "I think there is a reasonable balance of funds right now. And Parliament has not said anything different."

The government began allocating money to combat HIV and AIDS in 1985. For fiscal year 1986-87, the appropriation was 75 million kronor, and it was the same the year after that, with the addition of 50 million kronor for the big city areas. For 1988-89, the AIDS appropriation was 89 million kronor, plus 85 million kronor for the big-city areas. In addition to those funds, about 50 million kronor have gone to specified areas for the same purpose.

"It is the public health officials who are responsible for combating AIDS," the minister of health and social affairs explained. "The state should not take responsibility for the cost of a new disease, but it should provide additional money if any is needed—for information, for example. The government also has the job of coordinating efforts by the various authorities."

#### All Can Apply

The 3.3 million kronor granted to the SO on Tuesday will be used for the further training of teachers and for special activities such as theater performances and video films to be used in the fight against AIDS.

Gertrud Sigurdson has been criticized for being slow to make decisions on matters including precisely the training of teachers who reach one of the most important target groups: students. The 3.3 million kronor in question will not be enough to provide substitute teachers for those teachers attending courses so that they can teach students about the threat from HIV and AIDS. The minister of health and social affairs rejects that criticism:

"The AIDS money cannot be used to pay substitute teachers; that would be wrong in principle. Substitute teachers are the responsibility of the municipalities. But teachers are not the only ones who reach the important groups of young people. Soccer coaches, recreational leaders, and leaders of various projects can help, too. They are all free to apply for money—not everyone will get it, but many will."

#### Unknown Numbers

Gertrud Sigurdson admits that the government does not have the AIDS situation under control.

"Nor have I ever said that we have the situation under control. That is impossible with a disease such as AIDS. But since 1985, we have built up an organization for getting in contact with those infected. That is more than most other countries have been able to do. In the United States, for example, they are always talking about the people who are already sick, but not, like us, about those who are infected."

The number of people infected with HIV in Sweden is now said to stand at 2,000.

Gertrud Sigurdson says: "There is a gray area—that is, an unknown number of people who may be infected. The number may be twice as high or more. I am careful not to state an exact number—nobody can do that."

The minister of health and social affairs says that she personally has strong doubts about the appropriateness of distributing clean hypodermic syringes to drug addicts as a way of preventing the spread of the infection.

She says it may mean sending a double message if, after Parliament's approval last July of a law making it a criminal offense to use drugs, we now go along with distributing clean syringes for that very purpose. But she is reading up on the matter and gathering information before deciding what to recommend.

Minister of Health and Social Affairs Sigurdson also said: "Perhaps we know too little about people's sexual behavior. It can be said today that homosexuals have changed their behavior. But it is difficult to get drug addicts to protect themselves. Perhaps we should make a thorough study of cohabitation—carry out a research project—to find out how we can take the right steps."

But at the same time, Gertrud Sigurdson is delighted at what she has recently learned: that students have altered their sexual habits. School nurses have reported that young people are not changing partners as often as before.

"That is good," says Gertrud Sigurdson. "There should be a little stability in people's dating habits—in fact, a little morality."

Young people want limits. Setting limits is a way of caring.

**Influenza Epidemic Affects Record Number**  
*54002453b Stockholm DAGENS NYHETER in Swedish*  
*21 Dec 88 p 6*

[Article by Sigrid Boe]

[Text] One Stockholmer out of 10 stayed home due to illness the week before last. In the country as a whole, nearly 500,000 people are sick, most of them with influenza. At the National Bacteriological Laboratory

[SBL], it is felt that the epidemic will soon reach its peak in central Sweden. But the danger is not over yet, because the next strain of influenza—Taiwan—is waiting just around the corner.

Last week 110,500 people in Stockholm called in sick. This means that nearly 1 out of 10 Stockholmers was sick—an absolute record. Of that number, 27,800 were staying home to take care of a sick child. Compared to the same period last year, the number calling in sick was up by just over 40,000.

The total figure for the entire country was 359,000 the week before last. To that must be added all the school-children, pensioners, and other people not entitled to sick pay. All told, nearly 500,000 people were sick throughout the country.

“Now even our own personnel are starting to get sick. Combined with the tremendous workload, this means that the payment of sick benefits is being delayed,” says Agneta Samfors, public relations officer at the Stockholm Social Insurance Office.

#### Priority

The delay in issuing payments varies among the 56 local offices in Stockholm. In the worst cases, checks may be up to 2 weeks late.

But everyone with a long-term illness, people on parents' leave, and others who depend on payments from the National Insurance Office for their support will be given priority.

Also prevalent in addition to the Sichuan flu are several types of throat infection and colds. Some involve stomach ache and vomiting. But these pass considerably more quickly.

“Most of those who are ill have influenza,” says Monica Grandien, the laboratory chief at the SBL.

It is felt that the epidemic has just about peaked in central Sweden. A slight drop in the number of cases can be expected as the schools close for Christmas. But after the New Year, it will start spreading again.

“In southern and northern Sweden, the epidemic will not peak before the middle of January at the earliest,” says Monica Grandien.

#### Peak Reached

Normally, an epidemic can be expected to fade away about 6 weeks after it peaks. In this case, that would mean around the end of February. But no one is venturing to promise any relief at this time.

“The next strain of influenza—Taiwan—is waiting just around the corner,” warns Monica Grandien. “Someone hit with the first type of influenza has no immunity against the other. On the other hand, the vaccine protects against both.”

Despite the rush to get shots, the supply of vaccine has not been exhausted. It is intended primarily for people who are in weak condition, elderly, or sick. In central Sweden, there is no longer any real reason to vaccinate anyone because the influenza is too widespread.

“It is no longer possible to prevent the influenza from spreading. On the other hand, it is still possible to protect certain individuals—patients at risk who are in isolation or living in a nursing home,” says Monica Grandien.

She also emphasizes that the vaccine is only 60- to 70-percent effective.

So far, no deaths have been reported in influenza's wake. But Sichuan flu is apparently no different than earlier varieties. So there is always a danger that severely weakened individuals will suffer serious harm.

#### Influenza Vaccine Runs Out in Midst of Epidemic

##### Situation Worse This Year

54002444a Stockholm DAGENS NYHETER in Swedish  
1 Dec 88 p 6

[Article by Matts Dahlstrom: “Risk Groups Should be Vaccinated”]

[Excerpts] The most extensive influenza epidemic in several years has broken out in Sweden and will affect the entire country in the middle of the Christmas month.

Persons with chronic heart and vascular diseases, pulmonary diseases and diabetes should be vaccinated immediately, says Dr Monica Grandien of the State Bacteriological Laboratory, SBL.

Monica Grandien says that so far SBL has isolated viruses in Orebro and Stockholm. The flu will strike the population of the entire country, however, Dr Grandien adds.

“There is plenty of vaccine against the influenza. The vaccine is primarily intended for the groups at medical risk. These are persons with chronic heart and vascular diseases, chronic pulmonary diseases, and chronic metabolic diseases.”

Chronic metabolic disease means diabetes, Monica Grandien continues, that is to say diabetics who are under regular medical supervision.

### Hits Hard

The vaccination of risk groups is necessary because the flu can hit these groups particularly hard.

"What we are seeing now is the beginning of an influenza wave which will be somewhat more extensive than in the last few years. Last year, Sweden had no flu at all of the current type, which is called influenza A, subtype H3N2, and comes from the Far East. In early spring of this year there was an outbreak of influenza B, which does not have any epidemic effects, however, adds Dr Grandien. [passage omitted]

So far the flu has affected the major population centers in Dalecarlia, Falun and Borlange, with full force. Health insurance offices there have themselves been decimated by the flu, and more and more people are reporting in sick.

At the main health insurance office in Stockholm, Agneta Samfors reports that the flu has not yet made it to the illness statistics.

"But we are afraid of what will come in the middle of the Christmas month, when the sick report situation usually is high anyway," Agneta Samfors says.

The flu situation in Orebro as well will gradually deteriorate, since it is one of the first places where SBL was able to isolate the influenza virus.

### Risk Groups Concerned

54002444a Stockholm DAGENS NYHETER in Swedish  
8 Dec 88 p 7

[Article by Anders Ohman: "Vaccine Runs Out"]

[Text] The SBL ran out of influenza vaccine Wednesday, at the same time as the flu is slowly spreading in central Sweden. There is not even enough vaccine for sick patients in the risk groups, who are very worried about the situation. Flu can mean death for older persons with heart and pulmonary disease.

A small stockpile of vaccine has been reserved for the remainder of the week for these high risk groups. Not until Monday or Tuesday of next week are 80-90,000 doses expected from the United States and France as well as Holland, which is manufacturing several million doses of flu vaccine.

The Type A influenza virus, Taiwan and Sichuan, has been isolated in Jonkoping and Vaxjo. In Orebro, where cases of flu were determined last week, the number of persons reporting in sick increased by 20 to 30 percent, according to the health insurance office. Many people who have seen physicians have ordinary colds, however.

### Acute Need

SBL's acute need on Wednesday was precisely the 80-90,000 doses which cannot be delivered until next week.

"Those who belong to the medical risk groups should have priority in getting the vaccine," says Sune Tornblom, department director at SBL.

Prioritizing risk groups is difficult. A vaccination center which orders a thousand doses must also provide for those patients outside the risk groups who want protection.

The acute lack of vaccine is blamed on the Social Welfare Administration, which previously removed the definition of who was included in a risk group during an flu epidemic. There are about 200,000 more or less sick persons in these risk groups, who would get priority for stored vaccine during an influenza epidemic.

"I don't understand why Sweden cannot define its risk groups when all other countries do so," Sune Tornblom told DAGENS NYHETER.

In Finland, Norway, and Denmark the risk groups have already been vaccinated against influenza. All those who have heart and pulmonary problems, diabetes, asthma and other diseases that reduce the body's resistance to illness should be vaccinated.

### Does Not Compute

The lack of defined medical risk groups in Sweden has the effect that during a calm influenza year 20,000 doses are needed, while the need during an epidemic year increases drastically to 500,000 doses.

"This just doesn't compute. We have no economic possibility of acquiring that many doses," Sune Tornblom says.

Importers and manufacturers don't like to stock flu vaccine. Last year, three manufacturers lost between 1/2 and 1 million kronor each on their stocks of vaccine. That is why there was no stock when this year's flu epidemic started.

In a letter to the health authorities, SBL said that vaccine has been reserved for the risk groups. Up to 1 December, 30,000 doses of vaccine had been delivered. On Friday, 2 December, the need exploded, and SBL delivered 70,000 doses—in one day.

The Social Welfare Administration regards the lack of vaccine as an information problem and refers to SBL's letter to the health authorities on 1 September.

"It is SBL which is responsible for the epidemiological situation, and then each physician must order for his patients. It has to be the individual physician, who is best

acquainted with his patient," says Margareta Billgren of the Social Welfare Administration. She refers to the Social Welfare Administration's general advice on vaccination.

#### Great Concern

On Wednesday the National Association of Persons With Heart and Pulmonary Disease with 30,000 members expressed great concern over the acute lack of vaccine.

"The existing vaccine is not sufficient for the risk groups. When information about the influenza reaches the general public, sick people don't have the strength to prevail over health persons who want protection. That is the dilemma," says Tonie Andersson at the national association.

A person with heart or pulmonary disease does not have the strength to wait at crowded vaccination centers. Each fall the association admonishes the members to have themselves vaccinated.

#### 73,000 Cases in Stockholm

5400244a Stockholm DAGENS NYHETER in Swedish  
14 Dec 88 p 6

[Article by Anders Lundqvist and Anita Sjoblom]

[Text] The influenza is breaking records. Never before have so many persons reported in sick. In the province of Stockholm the figure is climbing to twice that of a normal week. But the peak of the epidemic will not come until Christmas. The flu has now reached Norrland and Scania as well.

The number of persons reporting in sick in Stockholm now totals more than 73,000. That is 30,000 more than the corresponding week last year. The health insurance offices have never had so many sick reports before.

"We have found flu virus in Scania and Norrland as well, which are facing an epidemic. There are now cases of flu in the entire country, says Dr Monica Grandien of SBL, the State Bacteriological Laboratory. The number of cases in central Sweden are so many that it is a real epidemic. But the number is growing all the time, and is not likely to peak until toward Christmas. In Norrland and Scania the epidemic will peak in January."

#### Showered With Calls

The health information office in Stockholm, which also administers physicians on call, on Tuesday was showered with calls from sick people. Half of the calls were from persons who probably have the flu.

"When people don't get through to Health Information, they call us at 90 000 [emergency number]," says operations manager Mauno Hietanen at the emergency center in Stockholm. "We can only refer them to the medical centers or to the politicians at County Hall, so they get to know how overburdened we are."

When DAGENS NYHETER visited the health information office late Tuesday afternoon, 101 persons were waiting for a physician on call to visit them, primarily in south Stockholm. On Monday, physicians on duty visited 376 homes, 218 of which concerned cases of influenza.

#### Never Before

"We work like crazy and constantly get calls on our 20 lines," says nurse Birgitta Lichtenstein. "I have worked here for 15 years and have never experienced anything like it. People call us and say they have never been so sick. Many have a high fever, over 40 degrees, for 8-11 days. Most are 30-40 years old and have never had the flu before."

"We advise ordinary people, who are of normal age and have not had illnesses affecting the heart, lungs, or vital organs, to take fever-reducing medications and drink a lot. They should also get help in showering and breathing fresh air. Otherwise the flu may be followed by bacterial infections, which lead to pneumonia or sore throat."

The influenza, which is called Sichuan, is characterized by acute high fever, aching joints and muscles, headache, and shivering. Some also get a dry cough and others are nauseated. But at the same time as the Sichuan flu, other virus infections are also going around.

"There have been unusually many infections this fall, both with nausea and swollen throat," Birgitta Lichtenstein says.

#### Heavy Burden

Health care centers throughout the province are hard pressed, with acutely sick persons as well as others, who need a doctor's certificate after 1 week of illness. Many sick people have great trouble contacting doctors in order to obtain the necessary certificate.

"We are therefore thinking of relaxing the 1-week rule and letting people be sick for several days before we require a certificate," says Agneta Sandfors at the Health Insurance Office in Stockholm Province. "Such a decision can be made quickly."

### Surpasses Records

In Stockholm Province 54,500 persons reported in sick during week 47. The figure grew to 60,400 the following week, in order to bounce up to more than 73,000 last week. During the same week last year, the number of persons on the sick list was only 43,000.

Of the 73,000 reports, 25,000 were from parents who are home with sick children, which is an increase of 5,000 in 1 week. For the corresponding week last year there were 10,000 fewer sick reports.

The influenza epidemic has begun to affect the Postal Service, SJ [State Railways], school administration, and local transportation in Stockholm.

"It is a double crisis in the schools in Stockholm, since half of our 350 substitutes are themselves sick or have sick children," says Siw Aspgren-Kaluski at the substitute referral agency. "Primarily, we try to see to it that the lower and intermediate levels have teachers. But there is the risk that many classes may end the term without a teacher."

SL, Greater Stockholm Local Transportation, has had to cancel bus routes but still does not consider there to be a personnel crisis. SJ has more sick people than usual, but is able to manage the train traffic. [passage omitted]

At SBL, which by way of health insurance offices, infection-prevention physicians and health care information follows the spreading of the flu in the country, Monica Grandien advises old people and persons with chronic illnesses to stay away from crowds.

### Epidemic Empties Schools

54002444a *Stockholm DAGENS NYHETER in Swedish*  
15 Dec 88 p 6

[Text] The influenza is setting records in Torsby. Frykenskolan, the municipality's high school with 400 students, on Wednesday had 220 students and about 10 teachers who were sick with the flu, most of them with a high fever.

"In my 30 years as principal I have never experienced anything like it," principal Ake Larsson tells DAGENS NYHETER. "More than 50 percent of all the students are home sick."

### Minister Discounts Reports of Streptococcus Epidemic

#### Nine Deaths in 1988

54002443a *Stockholm DAGENS NYHETER in Swedish*  
13 Dec 88 p 7

[Article by Kerstin Hellbom: "Deadly Bacteria Perplexing"]

[Text] A total of 9 persons have died in 1988 from a new disease caused by streptococcus. It is the same bacteria which normally causes strep throat and scarlet fever, but now has suddenly become "aggressive" and enters the blood directly.

During the first 9 months of the year, a total of 14 cases of this new disease were reported. Five of the infected died. Since October, an additional four persons have died from the disease, and two more people are suspected of being infected.

"It has hit individuals all over Sweden. Of the 14 persons who contracted the disease before October, six were over the age of 60, but those who died were of various ages," says Dr Lars Hambræus, who is with the Department of Epidemiology at the National Bacteriological Laboratory.

The researchers do not know why the bacterium has suddenly become aggressive and entered the blood system. That was quite common during the 1930's when scarlet fever could lead to serious ear infection. But with penicillin treatment, the most savage streptococcal bacteria have been weeded out during the last decades.

"Perhaps we have lost respect for streptococcus. Penicillin has at times been given a little bit too generously, irrespective of whether it has been used to treat virus or bacteria," says Lars Hambræus.

Infections are normally contracted through contact with the diseased—through sneezing, coughing, and skin contact.

In fact, the researchers have no answers to this new deadly germ. A research team, led by Prof Stig E. Holm of the Umea Regional Hospital, is currently analyzing blood from deceased patients, and this analysis is expected to be ready 1 month from now. While waiting for an eventual remedy, doctors are urged to be alert for the new disease. Serious blood poisoning may be a symptom of the deadly streptococcus and requires large doses of penicillin.

### Minister Denies Epidemic Occurring

54002443a *Stockholm DAGENS NYHETER in Swedish*  
16 Dec 88 p 12

[Article from TT: "No New Streptococcus Epidemic"]

[Text] "Nothing indicates an epidemic spread of the streptococcus disease that recently has led to several deaths. No cases fitting this description of the disease have occurred among family members of the people who were taken ill."

This is what Minister of Social Affairs Gertrud Sigurdson said during the question period in the Riksdag on Thursday.

So far this year, 110 persons have been taken ill and 11 have died from streptococcus infection. It is believed that the disease is caused by the same strong bacterial virus that causes scarlet fever. The effect is intensified by

a component that is normally found in intestinal bacteria, and in certain cases, this can lead to shock caused by poisoning resulting in death.

#### Work Fast

"The National Bacteriological Laboratory follows the situation closely, and the Umea Regional Hospital is conducting research to quickly find the reason why this infection can be fatal to certain patients," said the minister of social affairs.

Ingrid Hasselstrom Nyvall (Liberal Party), who made inquiries about measures to create a clear picture of the disease, feared that "excessive" use of antibiotics would lower the resistance against infectious diseases.

"Is there a correlation of recorded side effects in cases of sudden death? Is there any systematic study being made of the use of antibiotics? Has the Health Care Information Service received sufficient information?"

The minister of social affairs made the assumption that the Health Care Information Service had received the information it needed.

**Unknown Fever Illness Halts Hospital Surgery**  
54000244b Stockholm DAGENS NYHETER in Swedish  
14 Dec 88 p 7

[Article by Sture Ryman: "Hospital in Fever"]

[Text] Motala—The hospital in Motala has been forced to halt all non-essential surgery. The reason is that both personnel and patients have been struck with an as yet unanalyzed fever illness.

Chief physician Barbro Beck-Friis says that only acute operations of a life-threatening nature, such as tumors, broken bones, and the like, will be undertaken. The suspension of surgery will last until 8 January.

At one of the three internal medicine wards the admitting of new patients has been halted. By halting all planned surgery, beds have been freed up in the surgery wards, as well as in the gynecology wards. These can now be utilized for patients from the internal medicine wards.

"Patients and personnel are affected by the same fever sickness," says Barbro Beck-Friis, "but at this time we cannot say what type of illness it is. We are waiting for an answer from the laboratory."

"We no longer have any reserves to employ on the personnel side. All part-time employees have gone over to full-time and those who are working are showing enormous loyalty both to patients and each other. That is the strength of this little hospital. Personnel from the surgery ward are caring for internal medicine patients and all are helping each other across ward boundaries," Barbro Beck-Friis says.

#### Increased Concern Rabies Epidemic in Finland May Spread

54002443d Stockholm DAGENS NYHETER in Swedish  
13 Dec 88 p 7

[Article: "Vaccine Against Suspected Rabies"]

[Text] In case of suspected rabies infection, vaccine should be administered immediately. Additional doses should be administered at frequent intervals. This is reported in new general recommendations announced by the social service authorities. The reason for the new regulations is the increased risk of rabies reaching Sweden, and the fact that rabies exists in Finland.

The forthcoming directive about the handling of rabies was announced at the physician's convention on Friday by Prof Ragnar Norrby from Lund. He participated in a symposium about virus infections of the central nervous system.

Norrby discussed in particular two virus diseases, herpes and rabies which can be treated and prevented. He stated that Sweden, Norway, Iceland, Great Britain, and Ireland are currently free of rabies.

**Musk Oxen Hit by Mysterious Illness**  
54002443b Stockholm DAGENS NYHETER in Swedish  
12 Dec 88 p 8

[Article from TT: "Mysterious Illness Threatens Musk Oxen"]

[Text] A mysterious brain disease has begun to affect musk oxen which is now threatening the entire musk oxen stock in Harjedalen.

In the course of 1 year, an entire musk oxen flock of six animals that came from the Harjedalen stock, have died from the disease.

The experts have not yet been able to determine what type of disease it is that has begun to rage among the musk oxen, but there are many indications that it is a feared parasite in the membrane of the brain which has never before been found among musk oxen.

The flock that was hit by the disease belongs to the stock that was transplanted in Norway in the beginning of the seventies and crossed the border and localized in Harjedalen.

Two years ago, the flock moved southward toward Dalarna grazing in Norway during the winter.

"The animals were on the Norwegian side during the time of the disease," states Nils G. Lundh from Fjallnes in western Harjedalen, who followed the flock for many years before being posted in Ostersund.

### Larvae of the Cerebral Membrane

The oldest musk oxen died last winter when it fell from a mountain, probably as a result of the disease. Four musk oxen have been shot by the Norwegian Game Preservation Authorities as the animals showed symptoms of the disease.

"The seventh animal, a 1-year-old calf, disappeared and is probably dead," says Lundh.

The symptoms the musk oxen show are similar to what deer get when they are afflicted with larvae of the cerebral membrane. They suffer from motion disturbance, exhaustion, and progressive paralysis. Before they die, they lie motionless in the field.

The researchers have not yet been able to decide whether the animals are afflicted with larvae of the cerebral membrane. The Norwegian Veterinary Institute in Oslo is currently studying two animals and expects two more for study.

### Great Risks

If the hypothesis of larvae of the cerebral membrane proves correct, it can be a risk to the entire Harjedalen stock.

No one knows for certain today what happened to the remainder of the Harjedalen stock as no inventory has been taken since May.

"There have been fewer reports from hikers than ever this year. I will undertake a new inventory as soon as the snow conditions improve," says Nils G. Lundh.

Lundh estimates the size of the H Jaredalen stock to be between 25-30 animals at present.

## UNITED KINGDOM

### BHU Spreading Among Farm Animals in North Munster

54500042 *Belfast NEWS LETTER in English*  
29 Nov 88 *Supplement p 1*

[Text] Vets have warned farmers in North Munster to take increased care when disposing of animal carcasses to prevent further spread of a killer animal disease.

The disease—bacillary haemoglobinuria (BHU)—has no known cure, and has hit a number of farms in the region over the past few months. There are fears that it could become more widespread, with disastrous results for livestock farmers.

A Department of Agriculture vet said there was no current crisis, and that reports of thousands of animals lost were, in their opinion, "widely exaggerated."

Farmers should be on the alert and vaccinate their animals where the disease is found, said the spokesman. There are a number of suitable vaccines on the market.

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